Molina Healthcare Corrected Claims
Billing Requirements Tip Sheet

Providers can submit corrected claims when changing or adding information, such as a change in coding. There are three ways to submit a corrected claim to Molina Healthcare:

1. Paper claim submission
2. Electronic Data Interchange (EDI)
3. Molina Healthcare's Provider Web Portal

When submitting corrected claims to Molina Healthcare, follow these billing requirements:

- **Always** submit through the Web Portal, electronically or via paper as indicated in the steps below.
- **Do not** submit corrected claims through the claims reconsideration process.
- **Always** include the original claim in its entirety with the corrections made.
- **Do not** submit a corrected claim with only codes that were edited by Molina Healthcare on the original claim.

1. **Paper Claim Submission**

   o On CMS 1500s forms, indicate your submission is a corrected claim in Box 22 and Box 22A
      Box 22-Value 7 for Corrected 8 for Void   Box 22A Molina's Original Claim #
   o On a UB04, indicate your submission is a corrected claim by inputting the value of 7 or 8 in Box 4 in the third digit of the Type of Bill [XX7 or XX8].
   o Mail paper claims to:

Medicaid/Marketplace	Medicare
Molina Healthcare of Utah	Molina Healthcare of Utah
P.O. Box 22630	P.O. Box 22811
Long Beach, CA 90801	Long Beach, CA 90801

2. **Web Portal Submission**

   - Log in with your username and password.
   - Select "Create a professional claim" from the left menu.

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- Select the radio button for the correct claim option.
- Enter the ID number of the claim you want to correct.
- Make corrections and add supporting documents explanation of benefits (EOB).
- Submit your claim.

3. **Electronic Submission**

CMS 1500
- In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
  - o "7" – REPLACEMENT (replacement of prior claim)
  - o "8" – VOID (void/cancel of prior claim)
- The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

UB04
- Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the 7 or 8 goes in the third digit for "frequency."
- The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.