

Name of Data Element	837P Loop and Data Element	Data Element Information
Claim Frequency Type Code	2300 / CLM05 - 3	7 (Replacement of a Prior Claim)
Payer Claim Control Number Qualifier (Original Reference Number Qualifier)	2300 / REF01	F8
Payer Claim Control Number (Original Claim Number)	2300 / REF02	The original Blue KC assigned claim number
Claim Note Reference Code	2300 / NTE01	ADD (Additional Information)
Claim Note Text	2300 / NTE02	Free-form text field (80 characters) to provide a description of correction. Entering "Corrected Claim" is not acceptable.

Please use the following listing to determine if you can submit a corrected electronic claim. If a corrected claim cannot be submitted, please submit your corrected claim request on a claim inquiry form.

Submit a corrected electronic claim for the following:	<u>Do not submit a corrected electronic claim</u> for the following (use a claim inquiry form)
COB – Original claim was denied for other carrier info. Send a corrected claim with the necessary COB data elements.	CPT, HCPCS, DX code changes. Send a claim inquiry form with a corrected paper claim and any other supporting documentation.
Date of Service change	Adding, changing, or deletion of a modifier. Send a claim inquiry form with a corrected paper claim and any other supporting documentation.
Original claim was denied for additional information, such as – NDC code, CPT or HCPCS description (NOC code). Send corrected claim with full code description in the Claim Note Text.	Any other corrections or changes that will increase or decrease the reimbursement of the original claim. Send a claim inquiry form with a corrected paper claim and any other supporting documentation.
Original claim for DME, Clinical Lab, or Specialty Pharmacy denied for no referring physician. Send corrected claim with the referring physician info.	