

Claim Correction Worksheet

Document what changed between the original and corrected claim before resubmission

CLAIM IDENTIFICATION

Patient Name:	<i>[Patient Full Name]</i>
Date of Birth:	<i>[MM/DD/YYYY]</i>
Member / Policy ID:	<i>[Member ID]</i>
Original Claim No.:	<i>[Original Claim Number]</i>
Date of Service:	<i>[MM/DD/YYYY]</i>
Payer:	<i>[Insurance Company Name]</i>
Denial / Error Code:	<i>[Denial Code or Reason]</i>
Date of Denial / Error:	<i>[MM/DD/YYYY]</i>
Corrected Claim Date:	<i>[MM/DD/YYYY]</i>
Staff Completing:	<i>[Name / Title]</i>

ROOT CAUSE OF ERROR

- Incorrect diagnosis code
- Incorrect CPT/HCPCS code
- Missing or incorrect modifier
- Wrong date of service
- Wrong place of service code
- Wrong NPI (rendering / billing / referring)
- Missing prior authorization number
- Incorrect patient/insured information
- Timely filing — resubmitting with proof
- Duplicate submission error
- Coordination of benefits issue
- Other (describe below)

Other / Notes: *[Describe error root cause]*

CORRECTIONS MADE — BOX BY BOX

List each corrected field. Leave blank if no change was made to that field.

Box #	Field Name	Original Value	Corrected Value	Done
21	Diagnosis Code			<input type="checkbox"/>

Box #	Field Name	Original Value	Corrected Value	Done
	(A)			
21	Diagnosis Code (B)			<input type="checkbox"/>
24A	Date of Service			<input type="checkbox"/>
24B	Place of Service			<input type="checkbox"/>
24D	CPT Code			<input type="checkbox"/>
24D	Modifier			<input type="checkbox"/>
24E	Dx Pointer			<input type="checkbox"/>
24F	Charge Amount			<input type="checkbox"/>
24G	Units			<input type="checkbox"/>
24J	Rendering NPI			<input type="checkbox"/>
17	Referring Provider			<input type="checkbox"/>
23	Auth Number			<input type="checkbox"/>
33a	Billing NPI			<input type="checkbox"/>
Other				<input type="checkbox"/>
Other				<input type="checkbox"/>

RESUBMISSION CONFIRMATION

Resubmission Method: Electronic (EDI) Paper Portal
Frequency Code Used: 7 — Replacement 8 — Void
Resubmission Date:
Confirmation / Tracking #:
Follow-Up Date:
Completed By: