

## Reminder: Use of Corrected/Voided Claim Request Form

September 1, 2024

Neighborhood Health Plan of Rhode Island (Neighborhood) is reminding providers to use the updated [Corrected \(Replacement\)/Voided Claim Request Form](#) when submitting changes or voiding a previously processed paper claim. **Effective November 1, 2024**, Neighborhood will no longer accept the previous version of the form with paper claim submissions. Any submissions using the outdated form will be returned.

Please note that the updated form was introduced in **March 2024** and includes a self-identified audit check box. Providers submitting the form can check the box if they are correcting an overpayment greater than 365 days from the date of service.

This update is part of Neighborhood's ongoing effort to enhance the efficiency and accuracy of our claims processing. By complying with these guidelines providers can avoid claim delays or denials as well as incorrect payment.

### Claim Submission Guidelines

**Form Usage:** Providers must use a Corrected (Replacement)/Voided Claim Request Form to assist with accurate processing of corrected (replacement) and voided paper claims. This form should be used to void or to submit changes, such as correcting a diagnosis code, CPT or HCPCS code, or date of service, or adding additional information such as an NDC number or modifiers, to a previously processed claim.

**Note:** While Neighborhood encourages electronic claims submission, we will accept paper claims when additional documentation is required to process the claim. Please refer to our [Provider Manual](#) for guidance.

**Claim Forms:** Attachments must be on an original red form, CMS1500, or UB04. Copies, other forms of replication, or handwritten submissions will not be accepted. Attachments must also be free of stamps, correction fluid, staples, or handwritten markings.

**Correct Coding:** Corrected or voided claims replace the previously submitted claim. Always use the corrected or voided bill type and populate the applicable resubmission code on a CMS-1500 claim or the type of bill on the UB-04 form.

For more information on the use of the [Corrected \(Replacement\)/Voided Claim Request Form](#), please refer to Neighborhood's [Provider Manual](#).

If you have any questions about any of the information in this notification, please contact our Provider Services team at 1-800-963-1001.

**Note:** *This notice was mailed via USPS to all contracted providers and sent via email on September 1, 2024 to all providers registered for Neighborhood's News and Updates. If you would like to be added to the distribution list, please [click here](#) to sign up.*