

REMINDER: Submitting a **Voided** or Replacement Medicare Payers

Claim Electronic

Date: 11/11/2015

If you want to submit a Voided or Replacement claim to a payer please see guidelines listed below:

******Medicare will not accept a Voided or Replacement Claim******

If you are submitting claims in a **Print Image format**, the following information must be located in Box 19 of the CMS1500 form:

Replacement claims will need the word "REPL" followed by a space or hyphen followed by the original claim number.

Example: REPL 123456789 or REPL-123456789

Voided claims will need the word "VOID" followed by a space or hyphen followed by the original claim number.

Example: VOID 123456789 or VOID-123456789

If you are submitting claims in the **ANSI 837P format** you must populate your claim file with the following information:

- Replacement claims will need the Claim Type Code Value "7" (Replacement of prior claim) in Loop 2300 CLM05-3. REF01 must contain the value "F8" and REF02 must contain the original claim number.
- Voided claims will need the Claim Type Code Value "8" (Void of prior claim) in Loop 2300 CLM05-3. REF01 must contain the value "F8" and REF02 must contain the original claim number

To File a Replacement or Voided Claim on Infindi NetCorrect Editor:

- Click on Audit light>Edit>Claim Data>Edit Button>Control Number Tab>Change Claim Frequency Code to 7 or 8>Add Original Claim Number>Update.
- Make any other edits to the claim if appropriate and resubmit edited claim.

Additional instructions can be found [here](#).

Provider Action:

Use the above instructions to submit a "Voided" or "Replacement" claim electronically.