Job Aid:
Replacement Claim Guidelines (Institutional Claims)

Overview

Vaya Health (Vaya) network providers can submit replacement claims through our Provider Portal or via an 837 transaction set. Replacement claims must be submitted within 365 days from the original date of service.

Upon receiving a replacement claim, Vaya will deny the original claim and process the replacement claim according to billing guidelines Voided claims will be reverted from our system and the original claim payment will be recouped.

This job aid details how providers submit replacement claims to correct or void an institutional/UB04 claim.

Click any section below for details:

Section 1: Replacement Claim Submitted via the Provider Portal

In Box 4 on the UB04 form, enter the appropriate bill type:

- When billing for a replacement claim, the third digit of the bill type must be a 7 (e.g., xx7).
- When billing for a void claim, the third digit of the bill type must be an 8 (e.g., xx8).

Choose the Claim Change Reason Code that best describes the adjustment request in the Condition Codes Field 18 -28:

- D0: Change dates of service
- D1: Change charges
- D2: Change revenue/HCPCS code
- D7: Change to make Medicare secondary
- D8: Change to make Medicare primary
- D9: Other/multiple changes
- E0: Change patient status

When no other codes apply, select D9.

Enter the original claim number in field 64 as the reference number found on the RA where the claim was paid or denied.

Note that resubmission of a corrected claim must include the entire episode of care, not just a single claim line. Upon resubmission, the original claim will be recouped, and the replacement claim will replace the original claim.

Job Aid: Submission Process for Replacement Claims (Institutional Claims)

Section 2: Replacement Claim Submitted via an 837 Transaction Set

Enter one of the following in Loop 2300 CLM05-3 (Claim Frequency Type Code):

- When billing for a replacement claim, the third digit of the bill type must be a 7 (e.g., xx7).
- When billing for a void claim, the third digit of the bill type must be an 8 (e.g., xx8).
- Choose the Claim Change Reason Code that best describes the adjustment request in the Condition Codes Field 18 - 28:
    - D0: Change dates of service
    - D1: Change charges
    - D2: Change revenue/HCPCS code
    - D7: Change to make Medicare secondary
    - D8: Change to make Medicare primary
    - D9: Other/multiple changes
    - E0: Change patient status
- When no other codes apply, select D9.
- Include REF segment with the original claim number from the RA, REF01 = “F8”, REF02 = Original claim number.

Note that resubmission of a corrected claim must include the entire episode of care, not just a single claim line. Upon resubmission, the original claim will be recouped, and the replacement claim will replace the original claim.