How to submit EDI HIPAA late charge claim requests (Claim Frequency Code 5) using 837 Institutional Transactions

Applies to all products, except Medicare Advantage

You can submit late charge claim requests (frequency code 5) using electronic data interchange (EDI) 837 transactions in addition to the current options to request adjustments. You can use frequency code 5 for all claims, ***except Medicare Advantage***.

IMPORTANT: You must be approved to submit 837 files to Blue Cross Blue Shield of Massachusetts. These claims must only include services that were *not initially included* on the original claim.

To access the ***Blue Book*** office manual mentioned in this guide, log on to **bluecrossma.com/provider**, then go to **Office Resources>Policies & Guidelines>Provider Manuals**. Our *Late Charges* payment policy can also be accessed by logging in and going to **Office Resources>Policies & Guidelines>Payment Policies**.

Rules and instructions for submission

A late charge claim request must:

- Include only the additional services and/or charges that were not initially included on the *original* claim (a 1:1 request).
- Meet the same timely filing submission guidelines for newly added services or late charges as the services on the original claim. Refer to the *Blue Book* for our timely filing submission guidelines.

Use frequency code 5

- When adding services that were not billed on the original transaction. EDI late charge requests require 2 fields at the loop 2300 level to process through our claim system.

For the:	You must submit:
Claim Frequency Code (this is a required field)	• Claim segment, field CLM05-3 • Value 5 indicates a late charge Note: Alpha values are not acceptable for late charges.
Claim Note (this is a required field)	NTE segment Loop 2300, with qualifier UPI and the narrative or claim change reason code that explains what is being added. For example: "Add 3 new charges and add units of services to CPT or HCPCS code xxx."

The only reasons to request a late charge adjustment are to:

- Add units of service
- Add charges for services not previously billed

Do not use claim frequency code 5:

- On **Medicare Advantage claims**, according to Section 110, Chapter 4 of the CMS Claims Processing Manual. Use frequency code 7 instead.
- On claims originally denied for exceeding the timely filing limit. Refer to our timely filing appeals guidelines in the *Blue Book*.
- If the original claim is processed and the late charges exceed the filing limit as outlined in our *Late Charges* payment policy.
- To change the type of bill from inpatient to outpatient, or from outpatient to inpatient on a facility claim.
- On professional 837P transactions.
- For claims that were rejected on the EDI front end for which you are requesting adjudication or resubmission. Please resubmit this type of claim as a new-day claim with claim frequency = 1.
- To correct the subscriber ID. Please submit a new day claim with claim frequency = 1.

About denials

Blue Cross will not process any EDI submitted late charge request if the value in CLM05-3 does not = 5, and if the NTE field is blank.

Document updates

October 2016: Noted that you cannot use frequency code 5 on Medicare Advantage claims.