



January 27, 2026

Aetna Better Health[®] of Kentucky

Corrected Claims Submission Education

ABHKY values the strong partnership we have with our providers and is committed to supporting accurate and efficient claims processing. To help ensure timely reimbursement and compliance with billing standards, we would like to share the following important information regarding the submission of corrected claims. These guidelines outline the proper steps and requirements for submitting corrected claims through paper or electronic channels.

A corrected claim needs to be submitted when incorrect coding or missing information prevents Aetna Better Health of KY from correctly processing the claim.

Corrected Claim Submission Guidelines

Providers have the option to rectify any necessary information on the CMS-1500 (Professional) and UB-04 (Institutional) claim forms. Corrected claims are treated as new claims for processing purposes. Corrected claims must include all original claim lines, including those previously paid correctly. Resubmitted claims without all original claim lines may result in the recoupment of correct payments.

Key Requirements

Complete All Required Fields

- Ensure all applicable fields on the 837I (Institutional) or 837P (Professional) transaction are completed.
- Correct Coding
- Include accurate indicators:
- For 837I: Specify if the claim is a replacement claim.
- For 837P: Use the correct resubmission code.
- Claims without proper coding will be denied.

Paper Claim Requirements

- Must be submitted on a standard UB-04 or CMS-1500 form.
- Insert the original claim number:
- UB-04: Field 64
- CMS-1500: Field 22
- Include the appropriate frequency/resubmission code:
- UB-04: Field 4
- CMS-1500: Field 22

Electronic Claim Requirements

- Include the original claim number in the applicable 837 transaction loop.
- Apply the correct frequency/resubmission code per transaction standards.

Frequency Code

This code tells whether the claim is new or a correction of a previously submitted and processed claim. Use one of the following codes:

- 1 — Original Claim: First-time submission of the claim.
- 7 — Replacement of Prior Claim: Corrected claim that replaces an earlier one.
- 8 — Void/Cancel Prior Claim: Used to cancel a previously submitted claim.

Important Considerations

- Timely Filing: Corrected claims can be submitted up to 2 years from the original/first remittance date.
- Wait for Processing: Always wait for the original claim to be processed (paid or denied) before submitting the correction.

Reference

- Frequency/resubmission codes can be found in:
- NUCC Manual for CMS-1500 forms
- UB Editor for UB-04 forms

Thank you for your attention to this matter and for your continued partnership in providing quality care.

Questions?

If you have general questions about this communication, contact Provider Relations at **1-855-300-5528** (TTY: 711). We're here for you Monday through Friday, 7 AM to 7 PM ET.

[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)

©2026 Aetna Inc.
<Aetna-2459>