

## Corrected Claim Form Basics

- **A Corrected Claim Form is required in order to make corrections to a claim that has fully or partially paid.**
  - ✓ Do **NOT** submit another standard claim VS a corrected claim to fix an error on an original claim that paid in full or partially paid. The new claim will deny as a duplicate claim (Denial Codes: CDD, AAM, AHP, or AHO) since a claim containing some or all of those same dates of service had previously paid.
  - ✓ If the claim was **denied fully with no payment** due to an error, you would submit a **new** accurate claim and would **not** utilize the Corrected Claim Form.
- **Corrected claims can only be submitted on the designated Corrected Claim Form located here:**
  - ✓ <https://www.wpshealth.com/resources/files/famc-corrected-claim-form.pdf>
    - Tip sheet: <https://www.wpshealth.com/resources/files/famc-claim-fQorm-tipsheet.pdf>
  - ✓ Providers cannot use the Family Care Paper Claim, Spreadsheet Claim, UB04, CMS-1500, or PC-ACE to correct a claim. While there is a “Type of Bill” code available to identify a claim as a corrected claim, WPS will only accept corrected claims on the paper Family Care Corrected Claim form.
- **Submit one claim # per Corrected Claim Form.**
  - ✓ Multiple Claim #'s and multiple members cannot be included on the same Corrected Claim Form.
  - ✓ Claim #'s are found on your Payment Remittance Advice (PRA). Claim #'s can also be found in the WPS Provider Portal if you are registered to use it.
  - ✓ The Original Claim number should be indicated on the Corrected Claim Form in the designated field.
    - An alternative to entering the claim # on the Corrected Claim Form is to send a copy of the PRA highlighting the claim # that needs to be corrected along with the corrected claim.
- **The Corrected Claim Form has a required field for “Member/Participant ID”**
  - ✓ Please indicate the member’s “WPS ID #” that is listed on the member’s authorization.
  - ✓ This is the same number that you indicate in the “Member ID” field on your standard claims.
- **You can complete multiple corrections for the same individual claim # on one Corrected Claim Form**
  - ✓ An example of this may include a scenario where a provider wants to correct the # of units billed, the amount billed, and the dates of service billed.

## ➤ Common Claims issues requiring Corrected Claim Completion

- 1) Original Claim was submitted for incorrect Amount
  - ✓ If a claim is inadvertently submitted for less than the authorized rate per unit, the claim will pay at the lesser amount.
- 2) Original Claim was submitted with the incorrect authorization number
  - ✓ If a claim was submitted with the incorrect authorization number, the completion of a Corrected Claim Form will initiate a Refund at WPS. You will then need to submit a new claim via your normal method (Spreadsheet, PC ACE, Paper Claim, etc.) using the correct Authorization number. WPS cannot transfer a paid claim between different authorization numbers.
  - ✓ If due to billing the incorrect authorization number, the incorrect HCPC or Revenue code was billed, you can also indicate that on the corrected claim. Regardless, a refund will be required for the authorization and code that was billed, and a new claim submitted with the correct authorization number and code.
- 3) Original Claim was submitted for the incorrect amount AND incorrect number of units
- 4) Original Claim was submitted with incorrect dates of service
- 5) Original Claim was submitted for the incorrect number of units
  - ✓ WPS will pay out the # of units billed on the claim up to but not exceeding the total units authorized for the entire authorization date span.
  - ✓ This can also result in subsequent “FAE” denials. See more info below.
- 6) Original claim only partially paid due to there not being enough available units on the authorization (Denial code = FAE – “The authorized number of units for this service has been exceeded”)
  - ✓ This issue typically occurs due to 1 of 3 scenarios:
    - 1) Inclusa entered the incorrect # of units on the authorization. In this case, please outreach to Inclusa. Inclusa will revise the units if approved by the member’s Care Team and assist with claim reprocessing.

2) Provider performed and billed for more services/units than approved & authorized.

- **Example:** Authorization is for 20 units per month
- Authorization starts 1/1/2024 and ends 6/30/2024.
- Authorization is for 6 months; therefore 120 total units are available for the entire authorization span.
- Provider billed & was paid 80 units in January and submitted a claim for 80 units in February.
- Since the entire authorization has 120 available units and 80 of those paid in January, only 40 were available for February claim. Therefore, 40 units paid for February and 40 denied for “FAE” units exceeded.
- Additionally, due to overbilling, there are not enough units to cover any claims for March through June 2024.
- In this situation, Providers should outreach to the member’s Care Managers if you are requesting more units. Please note that all services must be prior authorized and approved by the Care Managers.
- If the Care Managers agree that additional units are needed, the care team will direct the Inclusa Authorization and claims team to add more units to the authorization. The provider would complete the Corrected Claim Form to facilitate more units being paid out, based on what the Care Managers approved.
- If the Care managers do not approve additional units, the provider would complete the Corrected Claim Form to correct the January and February claims to reflect the authorized 20 units per month. In this case, it will initiate a refund at WPS for the 60-unit overage in January and the 20-unit overage in February.

3) The provider unintentionally submitted a claim for more units than intended, resulting in subsequent claims denying for “FAE” exceeds units.

**Example:** Authorization is for 91 days/units

- Authorization starts 1/1/2024 and ends 3/31/2024
- In January 2024, the provider billed for 31 units.
- In February 2024, the provider billed for 31 units (overage of 2 units)
- When it is time to bill for March 2024, the provider will be short by 2 units due to overbilling of units in February.
  - a. Provider will need to submit a corrected claim for “Decrease” to fix the units billed on the February claim. If the amount billed for February equated to more than 29 unit/days, the corrected claim would be completed to “Decrease” the units and the amount, which would initiate a refund at WPS.

## Corrected Claim Timeframe Limitations & Tips to avoid Denials for Timely Filing

- Corrected Claims are also subject to Timely Filing and must be submitted within 120 days of the date(s) of service being corrected. If submitted after 120 days, the corrected claim will deny for timely filing. (Denial Codes: TFO, AMR, or AMT – “The claim was submitted after the timely filing limit”)
- When submitting your original claim consider the following:
  - WPS has up to 30 days to process claims. Try to avoid submitting your original claim on or close to the 120-day limit if possible. You will want to ensure you submit the original claim in a manner that allows for WPS processing time and allows you ample time to submit a Corrected Claim Form if you identified an error that requires correction on the original claim that paid or partially paid.

## Tips to avoid the need for a Corrected Claim

- Check the Inlusa Provider Portal for any authorization revisions that you should be aware of prior to submitting claims. Authorizations that are revised will appear in the “Provider authorization confirmation” section of the Portal.
- Consider utilizing the WPS Provider Portal. The WPS Provider portal provides claim status and payment data for submitted claims. The portal also provides real-time authorization detail, including the # of available units on this authorization, which can help to prevent “FAE” - The authorized number of units for this service has been exceeded. Information about the WPS Provider portal can be found here:
  - [WPS Provider Portal Information.docx](#)
  - [WPS Provider Portal Login/Register](#)
- Reconcile your claims timely. After the claim is submitted and then processed by WPS, audit the claim to ensure it paid as intended. If not, follow the steps to correct the claim within the timely filing limit.
- Double check the following areas on your claim before submission. This is especially important when you are re-using the same claim form/spreadsheet, from a prior claim submission. **Example:** Your authorization may be for 1 unit per day. You may use the same claim form to submit for February 2024, that you used for January 2024. There are 31 days in January, but only 29 in February. You need to be sure to update dates, units, and amounts to avoid overbilling of units/amounts for the February claim.
  - Dates of Service
  - # of units billed
  - Total amount to be paid
  - Authorization Number
  - HCPCS code and/or Revenue code

## Special Considerations related to Electronic Visit Verification (EVV) Quarter Hour Codes T1019 & S5125

- If after a claim has paid, the visit key for that date of service is modified resulting in an increase or decrease to units provided on that date, a corrected claim would be required to adjust the claim.
  - **Example:** Original Visit Key = Punch in at 7:00 AM, Punch out at 8:03 AM. After rounding rules, visit key supported 1 hour/4 units, which is what was billed and paid. Following payment of this claim, the visit key was revised to extend the Punch out to 8:20 AM because additional services were provided that date. After rounding rules, visit key now supports 80 minutes/5 units. Provider should submit a corrected claim to increase the amount and the units to 5.
  
- **NOTE:** If an EVV claim denies because the # of units billed on the claim line exceeded the # of units the Visit Key supported after rounding, Providers should submit a new claim with the correct # of units that match the visit key. If the visit key is incorrect, the visit key should be modified, and new claim resubmitted after the visit key revision. Visit Keys should accurately reflect the amount of care that was provided to the member.
  
- EVV Resources
  - EVV Provider Billing Facts:
    - [36499\\_electronic-visit-verification-provider-billing-facts.pdf \(wpshealth.com\)](#)
  
  - EVV Unit Rounding Tool:
    - <https://www.inclusa.org/wp-content/uploads/Electronic-Visit-Verification-EVV-Rounding-Table-Reference-Website-Portal.docx>

## Special Considerations for Skilled Nursing Facilities

- When completing a Corrected Claim Form for an “increase” or “decrease” to amount billed due to an error/change to the 0022 HIPPS Score that was initially billed, please indicate the old and new HIPPS Code in the “CPT/HCPCS/REV/HIPPS” section. This is a DHS requirement effective 5/1/2024.

## Examples of Common Corrections

### ➤ Example #1: Corrected claim for “FAE” Claim Exceeded Units

- Authorization date span was 7/1/2023 – 12/31/2023
- Authorization was for 10 units per month (60 total units for entire authorization date span)
- 50 units were previously billed/paid for 7/1/2023 – 11/30/2023.
- Provider provided member with additional services in December and submitted claim for 20 units vs 10.
- 10 units paid, but 10 units denied “FAE”.
- Provider outreached to Care Managers, who approved 10 additional units.
- Authorization was updated to include 10 additional units, to = total of 70 units for the entire authorization date span. Provider to re-confirm the authorization on the portal.
- Provider completes a Corrected Claim Form for FAE, utilizing the claim # for December that paid out 10 units.
- Tip sheet indicates:

### FAE claim denials—Claim denied in full or partial denial

- Once your service authorization is updated to allow an additional dollar amount or units, use this check box. You do not need to fill out any other information on the bottom of the form.

### Corrected Claim Form is completed as follows:

**WPS** HEALTH INSURANCE

**FAMILY CARE/CLTS CORRECTED CLAIM FORM**  
(ONE CLAIM PER FORM)

**THIS FORM CAN ONLY BE USED FOR CORRECTIONS TO PAID OR PARTIALLY PAID SERVICES – IF CLAIM WAS DENIED IN FULL, SUBMIT AS A NEW CLAIM TO WPS**

Claims denied in full for reason code as duplicate, please contact the appropriate WPS Contact Center listed below for resolution.

BILLING PROVIDER NAME:	Lambeau Field
TAX ID (EIN or SSN):	121212121
BILLING ADDRESS:	1212 Aaron Rodgers St Green Bay WI
PHONE NUMBER:	121-121-1212

MEMBER/PARTICIPANT ID:	121212121
MEMBER /PARTICIPANT (LAST NAME, FIRST NAME):	Love, Jordan
ORIGINAL CLAIM NUMBER:	12A121212121
<i>If not provided, this form will be returned.</i>	

**YOU MUST CHECK AND COMPLETE ALL BOXES THAT ARE APPLICABLE AND ATTACH YOUR PROVIDER REMITTANCE ADVICE – IF NOT COMPLETED, THE FORM WILL BE RETURNED.**

CLAIM PARTIALLY PAID AND PARTIALLY DENIED WITH REASON CODE ‘FAE’ AUTHORIZATION MUST BE UPDATED PRIOR TO SUBMISSION OF CORRECTED CLAIM FORM

MEDICARE OR OTHER INSURANCE HAS MADE AN ADJUSTMENT TO A PRIOR PAYMENT REPROCESS THE PAID CLAIM USING THE ATTACHED MEDICARE OR OTHER INSURANCE EOB

INCREASE OR  DECREASE

BILLED AMOUNT	ORIGINAL AMOUNT	NEW AMOUNT
UNITS BILLED	ORIGINAL UNITS	NEW UNITS

CHANGE TO REASON FOR CHANGE:

DATE OF SERVICE	ORIGINAL DATE	NEW DATE
AUTHORIZATION	ORIGINAL AUTH	NEW AUTH
CPT/HCPCS/REV	ORIGINAL CODE	NEW CODE

Additional comments regarding reason for correction:

➤ **Example #2 – Corrected claim for “Increase”**

- Authorization is for 1/1/2024 – 12/31/2024
- Authorization is for 12 months and a total of 365 units (based on 1 unit per day)
- Rate is for \$100 per day
- Provider submitted a claim, which paid, for 2/1/2024 to 2/29/2024 – 28 units - \$2800
- Provider meant to bill for 29 units in the amount of \$2900
- In this example, the provider wants to correct and **increase** the # of units and the amount on the claim that paid for February
- Tip sheet indicates:

Do not send the difference in these fields, send the new total.

- **Corrected Claim Form is completed as follows:**



**FAMILY CARE/CLTS CORRECTED CLAIM FORM**  
(ONE CLAIM PER FORM)

**THIS FORM CAN ONLY BE USED FOR CORRECTIONS TO PAID OR PARTIALLY PAID SERVICES – IF CLAIM WAS DENIED IN FULL, SUBMIT AS A NEW CLAIM TO WPS**

Claims denied in full for reason code as duplicate, please contact the appropriate WPS Contact Center listed below for resolution.

BILLING PROVIDER NAME:	Lambeau Field
TAX ID (EIN or SSN):	121212121
BILLING ADDRESS:	1212 Aaron Rodgers St. Green Bay WI
PHONE NUMBER:	121-121-1212

MEMBER/PARTICIPANT ID:	121212121
MEMBER /PARTICIPANT (LAST NAME, FIRST NAME):	Love, Jordan
ORIGINAL CLAIM NUMBER: <i>If not provided, this form will be returned.</i>	<b>12A121212121</b>

**YOU MUST CHECK AND COMPLETE ALL BOXES THAT ARE APPLICABLE AND ATTACH YOUR PROVIDER REMITTANCE ADVICE – IF NOT COMPLETED, THE FORM WILL BE RETURNED.**

- CLAIM PARTIALLY PAID AND PARTIALLY DENIED WITH REASON CODE 'FAE' AUTHORIZATION MUST BE UPDATED PRIOR TO SUBMISSION OF CORRECTED CLAIM FORM
- MEDICARE OR OTHER INSURANCE HAS MADE AN ADJUSTMENT TO A PRIOR PAYMENT REPROCESS THE PAID CLAIM USING THE ATTACHED MEDICARE OR OTHER INSURANCE EOB

INCREASE OR  DECREASE

BILLED AMOUNT	ORIGINAL AMOUNT	2800.00	NEW AMOUNT	2900.00
UNITS BILLED	ORIGINAL UNITS	28	NEW UNITS	29

<input type="checkbox"/> CHANGE TO	REASON FOR CHANGE:		
DATE OF SERVICE	ORIGINAL DATE		NEW DATE
AUTHORIZATION	ORIGINAL AUTH		NEW AUTH
CPT/HCP/REV	ORIGINAL CODE		NEW CODE

Additional comments regarding reason for correction: Billed for 28 units instead of 29

- WPS will pay out the additional \$100 that is owed.

➤ **Note:** When completing a Corrected Claim for an “Increase,” WPS will only pay up to the authorized rate and/or MA rate.

➤ **Example #3 – Corrected claim for “Decrease” to Units and Amount billed**

- Authorization is for 1/1/2024 – 12/31/2024.
- Authorization is for 12 months and a total of 365 units (based on 1 unit per day).
- Rate is for \$100 per day.
- Provider submitted a claim, which paid, for 2/1/2024 to 2/29/2024 – 31 units - \$3100
- Provider meant to bill for 29 units in the amount of \$2900.
- In this example, the provider wants to correct and **decrease** the # of units and the amount on the claim that paid for February.
- Tip sheet indicates:

**Do not send the difference in these fields, send the new total.**

- **Corrected Claim Form is completed as follows:**



**FAMILY CARE/CLTS CORRECTED CLAIM FORM**  
(ONE CLAIM PER FORM)

**THIS FORM CAN ONLY BE USED FOR CORRECTIONS TO PAID OR PARTIALLY PAID SERVICES – IF CLAIM WAS DENIED IN FULL, SUBMIT AS A NEW CLAIM TO WPS**

Claims denied in full for reason code as duplicate, please contact the appropriate WPS Contact Center listed below for resolution.

BILLING PROVIDER NAME:	Lambeau Field
TAX ID (EIN or SSN):	121212121
BILLING ADDRESS:	1212 Aaron Rodgers St. Green Bay WI
PHONE NUMBER:	121-121-1212

MEMBER/PARTICIPANT ID:	121212121
MEMBER /PARTICIPANT (LAST NAME, FIRST NAME):	Love, Jordan
ORIGINAL CLAIM NUMBER: <i>If not provided, this form will be returned.</i>	12A121212121

**YOU MUST CHECK AND COMPLETE ALL BOXES THAT ARE APPLICABLE AND ATTACH YOUR PROVIDER REMITTANCE ADVICE – IF NOT COMPLETED, THE FORM WILL BE RETURNED.**

CLAIM PARTIALLY PAID AND PARTIALLY DENIED WITH REASON CODE ‘FAE’  
AUTHORIZATION MUST BE UPDATED PRIOR TO SUBMISSION OF CORRECTED CLAIM FORM

MEDICARE OR OTHER INSURANCE HAS MADE AN ADJUSTMENT TO A PRIOR PAYMENT  
REPROCESS THE PAID CLAIM USING THE ATTACHED MEDICARE OR OTHER INSURANCE EOB

INCREASE OR  DECREASE

BILLED AMOUNT	ORIGINAL AMOUNT	3100.00	NEW AMOUNT	2900.00
UNITS BILLED	ORIGINAL UNITS	31	NEW UNITS	29

<input type="checkbox"/> CHANGE TO	REASON FOR CHANGE:			
DATE OF SERVICE	ORIGINAL DATE		NEW DATE	
AUTHORIZATION	ORIGINAL AUTH		NEW AUTH	
CPT/HCPCS/REV	ORIGINAL CODE		NEW CODE	

Additional comments regarding reason for correction:	Billed for 31 units instead of 29
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- This corrected claim for “decrease” will initiate a refund request at WPS for the \$200 overpayment.
- Providers can initiate a refund without completing a Corrected Claim:
  - <https://www.inclusa.org/providers/claims-billing/provider-refund-request-for-wps-2/>

➤ **Example #4 – Corrected Claim for “Decrease” to Units**

- Authorization is for 1/1/2024 – 12/31/2024
- Authorization is for 12 months and a total of 365 units (based on 1 unit per day)
- Rate is for \$100 per day
- Provider submitted a claim, which paid, for 2/1/2024 to 2/29/2024 – 31 units - \$2900
- Provider meant to bill for 29 units in the amount of \$2900
- In this example, the provider wants to correct and **decrease** the # of units on the claim that paid for February to avoid running out of units for future claims.
- Tip sheet indicates:

**Do not send the difference in these fields, send the new total.**

- **Corrected Claim Form is completed as follows:**



**FAMILY CARE/CLTS CORRECTED CLAIM FORM**  
(ONE CLAIM PER FORM)

**THIS FORM CAN ONLY BE USED FOR CORRECTIONS TO PAID OR PARTIALLY PAID SERVICES – IF CLAIM WAS DENIED IN FULL, SUBMIT AS A NEW CLAIM TO WPS**

Claims denied in full for reason code as duplicate, please contact the appropriate WPS Contact Center listed below for resolution.

BILLING PROVIDER NAME:	Lambeau Field
TAX ID (EIN or SSN):	121212121
BILLING ADDRESS:	1212 Aaron Rodgers St. Green Bay WI
PHONE NUMBER:	121-121-1212

MEMBER/PARTICIPANT ID:	121212121
MEMBER /PARTICIPANT (LAST NAME, FIRST NAME):	Love, Jordan
ORIGINAL CLAIM NUMBER: <i>If not provided, this form will be returned.</i>	<b>12A121212121</b>

**YOU MUST CHECK AND COMPLETE ALL BOXES THAT ARE APPLICABLE AND ATTACH YOUR PROVIDER REMITTANCE ADVICE – IF NOT COMPLETED, THE FORM WILL BE RETURNED.**

- CLAIM PARTIALLY PAID AND PARTIALLY DENIED WITH REASON CODE ‘FAE’ AUTHORIZATION MUST BE UPDATED PRIOR TO SUBMISSION OF CORRECTED CLAIM FORM
- MEDICARE OR OTHER INSURANCE HAS MADE AN ADJUSTMENT TO A PRIOR PAYMENT REPROCESS THE PAID CLAIM USING THE ATTACHED MEDICARE OR OTHER INSURANCE EOB

INCREASE OR  DECREASE

BILLED AMOUNT	ORIGINAL AMOUNT		NEW AMOUNT	
UNITS BILLED	ORIGINAL UNITS	31	NEW UNITS	29

CHANGE TO REASON FOR CHANGE:

DATE OF SERVICE	ORIGINAL DATE		NEW DATE	
AUTHORIZATION	ORIGINAL AUTH		NEW AUTH	
CPT/HCPCS/REV	ORIGINAL CODE		NEW CODE	

**Additional comments regarding reason for correction:** Entered 31 units on claim VS 29 Billed amount was correct and does not need to change.

- No refund is owed here because the correct amount was billed/paid.
- WPS will correct the claim to reflect 29 units and will make 2 units available again on the authorization to use for future dates of service.

➤ **Example #5 – Corrected Claim for “Change” - Date of Service**

- Authorization is for 1/1/2024 – 12/31/2024.
- Authorization is for 12 months and a total of 365 units (based on 1 unit per day).
- Rate is for \$100 per day.
- Provider submitted a claim, which paid, for 2/1/2024 to 2/28/2024 – 29 units - \$2900
- Provider billed the correct # of units and amount but intended the end date to be 2/29/2024 vs 2/28/2024.
- In this example, the provider wants to correct and **change the dates of service** on the claim that paid for February.
  
- **Corrected Claim Form is completed as follows:**



**FAMILY CARE/CLTS CORRECTED CLAIM FORM**  
(ONE CLAIM PER FORM)

**THIS FORM CAN ONLY BE USED FOR CORRECTIONS TO PAID OR PARTIALLY PAID SERVICES – IF CLAIM WAS DENIED IN FULL, SUBMIT AS A NEW CLAIM TO WPS**

Claims denied in full for reason code as duplicate, please contact the appropriate WPS Contact Center listed below for resolution.

BILLING PROVIDER NAME:	Lambeau Field
TAX ID (EIN or SSN):	121212121
BILLING ADDRESS:	1212 Aaron Rodgers St Green Bay WI
PHONE NUMBER:	121-121-1212

MEMBER/PARTICIPANT ID:	121212121
MEMBER /PARTICIPANT (LAST NAME, FIRST NAME):	Love, Jordan
ORIGINAL CLAIM NUMBER: <i>If not provided, this form will be returned.</i>	<b>12A121212121</b>

**YOU MUST CHECK AND COMPLETE ALL BOXES THAT ARE APPLICABLE AND ATTACH YOUR PROVIDER REMITTANCE ADVICE – IF NOT COMPLETED, THE FORM WILL BE RETURNED.**

- CLAIM PARTIALLY PAID AND PARTIALLY DENIED WITH REASON CODE 'FAE' AUTHORIZATION MUST BE UPDATED PRIOR TO SUBMISSION OF CORRECTED CLAIM FORM
- MEDICARE OR OTHER INSURANCE HAS MADE AN ADJUSTMENT TO A PRIOR PAYMENT REPROCESS THE PAID CLAIM USING THE ATTACHED MEDICARE OR OTHER INSURANCE EOB

INCREASE OR  DECREASE

BILLED AMOUNT	ORIGINAL AMOUNT	NEW AMOUNT
UNITS BILLED	ORIGINAL UNITS	NEW UNITS

CHANGE TO REASON FOR CHANGE:

DATE OF SERVICE	ORIGINAL DATE	NEW DATE
AUTHORIZATION	ORIGINAL AUTH	NEW AUTH
CPT/HCPCS/REV	ORIGINAL CODE	NEW CODE

Additional comments regarding reason for correction: Billed for 29 units, but entered incorrect end date on original claim.

- If the provider billed the incorrect dates of service, # of units, and amount, the provider can utilize the same Corrected Claim to note all of those changes. See previous examples for “increase” and “decrease” corrected claims

➤ **Example #6 – Corrected Claim for “Change” – Authorization #**

- Member has two authorizations for different services/supplies, with the same provider.
- Each authorization may have different rates. WPS will pay at the rate per the authorization # that was used on the claim.
- A common example would be a situation where a member has two authorizations for two different types of DME/DMS OR a member who has two residential auths, one for the Single daily rate and the other for a Temporary Service Enhancement.
- The provider submitted the claim utilizing the incorrect authorization number for the service/supply that they were billing for.
- The tip sheet indicates:

**\*Changes to authorization:** Providers may voluntarily refund the original claim and submit a new claim under the new authorization without submitting the corrected claim form. When using the corrected claim form, WPS will request a refund of the original paid claim under the old authorization. WPS will return the corrected claim form, and providers are then required to submit a new claim under the new authorization.

- **The Corrected Claim Form is completed as follows:**



**FAMILY CARE/CLTS CORRECTED CLAIM FORM**  
(ONE CLAIM PER FORM)

**THIS FORM CAN ONLY BE USED FOR CORRECTIONS TO PAID OR PARTIALLY PAID SERVICES – IF CLAIM WAS DENIED IN FULL, SUBMIT AS A NEW CLAIM TO WPS**

Claims denied in full for reason code as duplicate, please contact the appropriate WPS Contact Center listed below for resolution.

BILLING PROVIDER NAME:	Lambeau Field
TAX ID (EIN or SSN):	121212121
BILLING ADDRESS:	1212 Aaron Rodgers St Green Bay WI
PHONE NUMBER:	121-121-1212

MEMBER/PARTICIPANT ID:	121212121
MEMBER /PARTICIPANT (LAST NAME, FIRST NAME):	Love, Jordan
ORIGINAL CLAIM NUMBER: <i>If not provided, this form will be returned.</i>	<b>12A121212121</b>

**YOU MUST CHECK AND COMPLETE ALL BOXES THAT ARE APPLICABLE AND ATTACH YOUR PROVIDER REMITTANCE ADVICE – IF NOT COMPLETED, THE FORM WILL BE RETURNED.**

- CLAIM PARTIALLY PAID AND PARTIALLY DENIED WITH REASON CODE 'FAE' AUTHORIZATION MUST BE UPDATED PRIOR TO SUBMISSION OF CORRECTED CLAIM FORM
- MEDICARE OR OTHER INSURANCE HAS MADE AN ADJUSTMENT TO A PRIOR PAYMENT REPROCESS THE PAID CLAIM USING THE ATTACHED MEDICARE OR OTHER INSURANCE EOB

<input type="checkbox"/> INCREASE OR <input type="checkbox"/> DECREASE		ORIGINAL AMOUNT	NEW AMOUNT
BILLED AMOUNT			
UNITS BILLED	ORIGINAL UNITS		NEW UNITS

<input checked="" type="checkbox"/> CHANGE TO		REASON FOR CHANGE:	
DATE OF SERVICE	ORIGINAL DATE	NEW DATE	
AUTHORIZATION	ORIGINAL AUTH	NEW AUTH	100001010101
CPT/HCPCS/REV	ORIGINAL CODE	NEW CODE	

Additional comments regarding reason for correction: billed using the incorrect authorization number.

- This corrected claim to change an authorization # will initiate a refund request at WPS for the claim that paid on the incorrect auth.
- WPS will return the corrected claim form through the mail after a refund request is initiated alerting the provider that a new claim must be billed under the new authorization.
- WPS will NOT initiate payment for a new claim on the new authorization #. Rather, the provider

- will need to submit a NEW claim with the correct authorization number.
- Providers can initiate a refund without completing a Corrected Claim:
  - <https://www.inclusa.org/providers/claims-billing/provider-refund-request-for-wps-2/>

## How do I submit a Corrected Claim?

- Corrected Claim Forms can be mailed or Faxed to WPS.
  - **Fax:**
    - 608-327-6332
    - Please do **NOT** include a coversheet
    - Provider should consider saving their Fax Confirmations until the corrected claim is processed.
  - **Mail:**
    - Family Care  
C/P WPS Health Insurance  
P.O. Box 211595  
Eagan, MN 55121
- Providers CANNOT email Corrected Claim Forms to WPS or upload them through EDI or PC-Ace.

## Resources

- <https://www.wpshealth.com/resources/files/famc-corrected-claim-form.pdf>
  - Corrected Claim Form
- <https://www.wpshealth.com/resources/files/famc-claim-form-tipsheet.pdf>
  - Corrected Claim Form Tip Sheet
- <https://www.inclusa.org/wp-content/uploads/Inclusa-Claim-and-Payment-Question-and-Issue-Contacts-1.docx>
  - Contact List, Including Inclusa Authorization and Claims Department contacts and WPS contacts for assistance with Corrected claims.
- [Claims & Billing – Inclusa – Managed Care Organization – Family Care – Wisconsin – Community](#)
  - Claims and Billing resources available on the Inclusa Website
- [33233-famc-claim-ex-codes.pdf \(wpshealth.com\)](#)
  - Denial Code Explanations