



If you need to adjust, or correct, a previously *adjudicated* claim, the adjustment must contain the following three items:

1. Frequency Code “7” (Adjustment) in CMS-1500 Box 22 (Resubmission Code).

22. RESUBMISSION CODE <b>7</b>	ORIGINAL REF. NO. <b>6D208455800005</b>
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This corresponds to the CLM05-3 segment in the 2300 Loop of the electronic claim file.

**CLM\*436944\*271\*\*\*11:B:7\*Y\*A\*Y\*Y~**

2. The BCBSSC claim number (aka “ICN” or “DCN”) of the previously paid claim in CMS-1500 Box 22 (Original Ref. No.).

22. RESUBMISSION CODE <b>7</b>	ORIGINAL REF. NO. <b>6D2084558005</b>
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This corresponds to an REF segment with an F8 qualifier in the 2300 Loop of the electronic claim file.

**REF\*F8\*6D208455800005~**

3. A brief description of the reason for the adjustment (new service line, different tooth number, etc.) in CMS-1500 Box 19 (Additional Claim Information).

**19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)**  
**SERVICE LINE 1 - CHANGE PROCEDURE CODE TO 99211**

This corresponds to an NTE segment in the 2300 Loop of the electronic claim file.

**NTE\*ADD\*SERVICE LINE 1 – CHANGE PROCEDURE CODE TO 99211**