Billing and Reimbursement

Replacement claims



A replacement claim is billed when a specific claim needs to be entirely replaced with new claim information. The original claim is considered null and void and is completely replaced by the information on the replacement claim submission.

Providers may submit replacement claims electronically and must be submitted 60 days from the date of the first Explanation of Payment of the original claim. Claims submitted outside the 60-day timeframe will be denied for timely filing and cannot be resubmitted. Once a replacement claim has been received, the original claim will be considered null and void. Any payments made on the original claim will be retracted. Consider payments made on your replacement claim as payment in full. If the replacement claim has been denied, your original payment will not be reinstated.

Replacement claims FAQ

- If the replacement claim I want to submit is over the 60-day timely filing timeframe, should I still submit the replacement claim?
 - No. You should submit a CRRF (Claims Research Request Form) with a specific reason of why the replacement claim was not submitted timely. Our claims research analysts will review.
- What will happen if the replacement claim is within the 60-day timely filing timeframe and I call or send in written correspondence on a claim that requires a replacement claim?

Our customer care center representatives will point you to the replacement claim process. Our claims research analysts will return a letter pointing you to the replacement claim process. The adjustment will not be completed over the phone or through written correspondence (unless a timely filing dispute is involved; see question #1).

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.