



Date: October 24, 2017

Reminder: Corrected Claims Must Contain Appropriate Identifiers to Avoid Rejection

This is a reminder that effective August 24, 2017, corrected, replacement, or voided claims resubmitted to AmeriHealth Caritas Iowa via electronic (EDI) or paper processes will reject for the following reasons:

- Missing a valid, original claim number **in addition to the resubmission or frequency code** to indicate that the claim is a corrected, replacement, or voided claim.
- Missing a valid Member ID and Billing Provider Tax ID that match the original claim.

Important note: For resubmitted paper claims, AmeriHealth Caritas Iowa no longer accepts handwritten notes as indicators of a corrected claim. **Resubmitted paper claims must contain a resubmission or frequency code to indicate that the claim is a corrected, replacement, or voided claim.** The only exception is the [Claim for Targeted Medical Care \(ACIA-1522-142\)](#). We will be adding a new “corrected claim” section for providers who use this claim form to complete when submitting a corrected claim. The [Claim for Targeted Medical Care Instruction Form \(ACIA-1522-166\)](#) will also be updated to reflect the new corrected claim section on the claim form.

Action Needed:

To avoid unnecessary claim rejections when resubmitting EDI and paper claims, please follow the guidelines below:

1. Use one of the following resubmission or frequency codes to indicate that the claim is a corrected, replacement, or voided claim:
 - 7 = Replacement of prior claim
 - 8 = Void prior claim
2. Include the **resubmission or frequency code and original claim number** in the correct location(s) on your claim:

SUBMISSION METHOD:	TYPE OF CLAIM:	
	CMS-1500	UB-04
Paper	Include resubmission code <u>and</u> original claim number in Field 22: Resubmission Code and/or Original Ref. No.	Include frequency code as the last digit in Field 4: Type of Bill . Include the original claim number in Field 64: Document Control Number (DCN) .
	<i>Important note: AmeriHealth Caritas Iowa no longer accepts handwritten notes on resubmitted paper claims as indicators of a corrected claim.</i>	
EDI (Electronic)	Include the resubmission code by using bill type in loop 2300, CLM segment (CLM05-03) . Include the original claim number in loop 2300, segment REF01=F8 and REF02=the original claim number ; with no dashes or spaces.	Include the frequency code by using bill type in loop 2300 . Include the original claim number in loop 2300, segment REF01=F8 and REF02=the original claim number ; with no dashes or spaces.



3. Check to make sure the corrected claim contains a valid Member ID and Billing Provider Tax ID that match the original claim. If the Member ID or Billing Provider Tax ID need to be corrected, the procedure is to VOID the original claim (using resubmission or frequency code 8) and to submit a new, clean claim using the correct Member ID or Billing Provider Tax ID.

Additional Information:

Denied claims are those that were registered in the claim processing system but **did not** meet requirements for payment under AmeriHealth Caritas Iowa guidelines. Denied claims must be resubmitted as corrected claims. Effective August 24, 2017, corrected claims will reject unless they meet the guidelines listed above.

As a reminder, a claim may be rejected or denied for noncompliance with AmeriHealth Caritas Iowa's guidelines. This communication does not contain a complete set of claim submission guidelines; for more information on filing a claim with the health plan please refer to the complete [Claims and Billing Guide](#) available in the **Providers** section, then **Claims and billing** at www.amerihealthcaritasia.com.

Please contact your [Provider Network Account Executive](#) or Provider Services at **1-844-411-0579** if you have additional questions about corrected claims.

For a complete list of our provider notifications, view the [Latest updates](#) at www.amerihealthcaritasia.com.