

To: AmeriHealth Caritas Louisiana Providers

Date: July 17, 2017

Subject: Effective August 24, 2017 – Corrected Claims Must Contain Appropriate Identifiers to Avoid Rejection

Summary: Effective August 24, 2017, claims resubmitted to AmeriHealth Caritas Louisiana via electronic (EDI) or paper processes will reject unless they contain the identifiers outlined below, including a resubmission or frequency code and original claim number, as well as a valid Member ID and Billing Provider Tax ID that match the original claim.

Impact:

Effective August 24, 2017, corrected, replacement, or voided claims resubmitted to AmeriHealth Caritas Louisiana 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.

Please note, for resubmitted paper claims AmeriHealth Caritas Louisiana no longer accepts handwritten notes as indicators of a corrected claim. **All resubmitted claims must contain a resubmission or frequency code to indicate that the claim is a corrected, replacement, or voided claim.**

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

Continued on page 2.

Continued: Effective August 24, 2017 – Corrected Claims Must Contain Appropriate Identifiers to Avoid Rejection

2. Include the **resubmission or frequency code** and **original claim number** in the correct location(s) on your claim:

SUBMISISON 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>Please note, for resubmitted paper claims AmeriHealth Caritas Louisiana no longer accepts handwritten notes 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 Louisiana guidelines. Denied claims must be resubmitted as corrected claims. Starting 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 Louisiana’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 Filing Instructions* available on our website at www.amerihealthcaritasla.com > providers > billing and claims.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana’s Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.