

Rejected and Corrected Claims Rules

In an effort to be consistent for both paper and electronically submitted claims, please follow the guidelines below regarding rejected versus corrected claims. Additionally, **claim frequency code “6” should not** be used when submitting corrected/replacement or voided claims.

Rejected claims are those returned to provider without being processed or adjudicated, due to a billing issue.

- Rejected paper claims have a letter attached with a document control number (DCN).
- A DCN is **not** an AmeriHealth Caritas PA CHC claim number. **Re-billing of a rejected claim should be done as an original claim.**
- If the claim was rejected, it is as if the claim never existed and does not appear on any AmeriHealth Caritas PA CHC remittance advice.
- Since rejected claims are considered original claims, the **timely filing limits** should be followed. Please check your AmeriHealth Caritas PA CHC contract or the Provider Manual for the timely filing limits.

Corrected claims are defined as a claim that AmeriHealth Caritas PA CHC has processed and adjudicated but paid incorrectly. There are various reasons that claims would require correction, including but not limited to, Provider billing the wrong rate or number of units, or AmeriHealth Caritas PA CHC paying incorrectly because of a rate issue.

- In cases where the resubmission serves to correct a claim that has already been denied/paid, the claim must be clearly identified as a corrected claim and resubmitted within 365 days from date of service.
- If there is an identified overpayment beyond 365 days from date of service, please contact Provider Services to arrange repayment. You may either send a refund check with documentation directly to the AmeriHealth Caritas PA CHC claims address below or arrange to have the repayment taken directly from future payments.
- Corrected claims may be submitted electronically through Change HealthCare or NaviNet®, or on paper submission to:

AmeriHealth Caritas PA CHC
P.O. Box 7110
London, KY 40742-7110

or

AmeriHealth Caritas PA CHC/AmeriHealth Caritas VIP
P.O. Box 7143
London, KY 40742-7143

- **Any claim that is resubmitted must be billed as a corrected or replacement claim and must include the original AmeriHealth Caritas PA CHC claim number.**
 - You can find the AmeriHealth Caritas PA CHC claim number from the 835 ERA, the paper Remittance Advice, or from the claim status search in NaviNet®.
 - If you do not have the AmeriHealth Caritas PA CHC claim number, then you may need to wait for the original claim to be processed or conduct further research on NaviNet® to get the AmeriHealth Caritas PA CHC claim number.
- Corrected/replacement and voided claims may be sent electronically or on paper.

- If sent electronically, the **claim frequency code** (found in the 2300 Claim Loop in the field CLM05-3 of the HIPAA Implementation Guide for 837 Claim Files) may only contain the values ‘7’ for the Replacement (correction) of a prior claim or ‘8’ for the void of a prior claim. The value ‘6’ should not be sent.
- In addition, the submitter must also provide the original AmeriHealth Caritas PA CHC claim number in **Payer Claim Control Number** (found in the 2300 Claim Loop in the REF*F8 segment of the HIPAA Implementation Guide for 837 Claim Files). This is not a special requirement of AmeriHealth Caritas PA CHC but rather a requirement of the mandated HIPAA Version 5010 Implementation Guide.
- If the corrected claim is being submitted on paper, the claim needs to have the following in order to be processed as such:
 - On a Professional CMS 1500 Claim, the resubmission code of “7” or “8” along with the AmeriHealth Caritas PA CHC original claim number is required in Field 22.
 - On an Institutional UB04 Claim, bill type should end in “7” or “8” in Form Locator 4 and the AmeriHealth Caritas PA CHC original claim number is required in Form Locator 64A Document Control Number.

REMINDERS:

Unless you have an original AmeriHealth Caritas PA CHC **claim number**, you may **not** resubmit as a corrected claim.

Billing of a rejected claim is **not** considered a resubmission, but an **original claim**.

Please consult your AmeriHealth Caritas PA CHC Account Executive for further information on timely filing or if you have any questions regarding this notice. Contact information may be found here: <http://www.amerhealthcaritaschc.com/provider/index.aspx> (under “Quick contact information”).

Fraud, Waste, and Abuse Tip Hotline: 1-866-833-9718, 24 hours a day, seven days a week.
Secure and confidential. You may remain anonymous. Mandatory provider training available on-line at <http://www.amerhealthcaritaschc.com/provider/claims-billing/fwa.aspx>.