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**To:** AmeriHealth Caritas Delaware Providers  
**Date:** May 1, 2018  
**Subject:** **Effective June 1, 2018 – Corrected Claims Must Contain Appropriate Identifiers to Avoid Rejection**

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Effective June 1, 2018, AmeriHealth Caritas Delaware will require corrected, replacement, or voided claims to be resubmitted with appropriate identifiers to avoid rejection.

### What is changing?

All corrected, replacement, or voided claims resubmitted to AmeriHealth Caritas Delaware will be **subject to rejection** if they are missing:

- A valid, original claim number and/or resubmission or frequency code indicator for corrected, replacement, or voided claims.
- A valid member ID and billing provider tax ID that both match the original claim.

### Who is impacted?

All providers submitting corrected, replacement, or voided claims to AmeriHealth Caritas Delaware.

### When does the change take effect?

Resubmitted claims that do not contain the identifiers outlined below will be rejected starting **June 1, 2018**.

### What action must be taken?

To avoid claim rejections when resubmitting electronic and paper claims, please follow the steps 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 the resubmission code <b>and</b> original claim number in <b>Field 22: Resubmission Code and/or Original Ref. No.</b>	Include the frequency code as the last digit in <b>Field 4: Type of Bill</b> . Include the original claim number in <b>Field 64: Document Control Number (DCN)</b> .
	Please note: For resubmitted paper claims, AmeriHealth Caritas Delaware no longer accepts handwritten notes as indicators of a corrected claim.	
EDI (Electronic)	Include the resubmission code by using <b>bill type in loop 2300, CLM segment (CLM05-03)</b> . Include the original claim number in <b>loop 2300, segment REF01=F8, and REF02=the original claim number</b> , with no dashes or spaces.	Include the frequency code by using <b>bill type in loop 2300</b> . Include the original claim number in <b>loop 2300, segment REF01=F8, and REF02=the original claim number</b> , 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 needs to be correction, **void** the original claim (using resubmission or frequency code 8) and submit a new, clean claim using the correct member ID or billing provider tax ID.

### Additional Information:

This communication *does not* contain a complete set of claim submission guidelines.

- For a complete set of claim submission guidelines, please refer to the AmeriHealth Caritas Delaware Claims and Billing Guide. The complete Claims and Billing Guide is available on our website at [www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com) → Providers → Claims and Billing.

### Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-855-707-5818.