

## Corrected Claims

Occasionally, a provider may need to correct or change information on a claim after it has been processed. Corrections to a claim should only be submitted if the original claim information was wrong or incomplete. Providers may not use the corrected claim in place of the formal grievance or appeal process.

BCBSAZ requires specific information before it will accept a corrected claim for reprocessing and has developed a form that providers should use to submit a corrected claim.

A form is available online at **azblue.com** to assist you in providing the necessary information.

- On the provider home page under “Featured Provider Resources” - “Procedures for submitting a corrected claim”
- On BlueNet in the following locations:
  - Under the “Forms” section for a pdf version of the “Corrected Claim Form”, or
  - Select the “Claims Management” tab and then the “Claims Status look-up” link. Once you are in a claims detail status for a specific claim, select the “Claim Action Request” form. This option auto-populates some fields in the form when correcting a claim from the inquiry. This option allows you to submit the request online. Submitting record attachments is also available with this option.
- Alternatively, providers may submit electronic adjustments for certain claim corrections. Refer to the “Doing Business Electronically” and the “Electronic Adjustment User Guide” on azblue.com for details on this option.

The sample form on the following page lists the information that must accompany a corrected claim and provides addresses for submission. The following are examples of claim information corrections. This is not an all inclusive list:

- Date of service
- Billed charge amount (This form cannot be used for retroactive changes to a charge master.)
- Dispute a duplicate denial (documentation showing procedure repeated on same day)
- Age-related procedure codes
- Different or additional diagnosis code and/or POA indicator
- Different or additional procedure code
- Number of units billed
- Provider ID# correction

Except for FEP, corrected claims must be received within one year of the process date of the claim. For FEP, the deadline is December 31 of the year following the year the service was rendered.

Rev. 4-1-10



## Corrected Claim Form

Date \_\_\_\_\_

Provider Name \_\_\_\_\_

Member Name \_\_\_\_\_

Provider ID \_\_\_\_\_

Member ID \_\_\_\_\_

Provider Fax # \_\_\_\_\_

Claim # \_\_\_\_\_

Provider Phone # \_\_\_\_\_

Patient Account # \_\_\_\_\_

For BCBSAZ to process your request, you must identify the information being changed or corrected, explain why the change or correction is necessary, and provide supporting documentation.

**Information Being Corrected:**

- Date of service
- Billed charge amount
- Dispute a duplicate denial (Medical records required\*)
- Age-related procedure codes
- Changing or adding a diagnosis code and/or POA indicator (Medical records are required.\*)
- Changing or adding a procedure code/modifier (Medical records are required.\*)
- Number of units billed (Medical records are required for changes in anesthesia or medication units.)
- Provider ID# correction
- Submitting late charges (Submitting additional charges/services after you submitted the original claim.)
- Other billing corrections (Describe) \_\_\_\_\_

**Reason for Correction**

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**Information Supporting Correction**

- Copy of the corrected claim
  - Medical records
- Reminder:** Do not send psychotherapy notes. (\*Please do not send records for Blue Card Out-of-Area or Corporate Health Services (CHS) unless specifically requested.)

Attach the supporting information to this form and fax or send to one of the following addresses, based on the line of business and correction request.

<p><b>BlueCard</b> (out-of-state Blue plan) and <b>Corporate Health Services (CHS):</b></p> <p>BCBSAZ P.O. Box 13466 Phoenix, AZ 85002 Fax #: (602) 864-3116</p>	<p><b>Federal Employee Program (FEP):</b> (ID number begins with "R" followed by 8 numeric characters.)</p> <p>FEP Customer Service, Mail Stop P105 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002 Fax #: (602) 864-4670 or (602) 864-2031</p>
<p><b>BCBSAZ</b> (not FEP or Blue Card) diagnosis and procedure code changes/corrections only to:</p> <p>Medical Appeals and Grievances, Mail Stop A116 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002 Fax#: (602) 544-5601</p>	<p><b>All other BCBSAZ</b> corrected claims to:</p> <p>Customer Service Claims Dept., Mail Stop N104 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002 Fax#: (602) 864-3116</p>