CORRECTION
CORRECTED CLAIM/ RESUBMISSION REQUIREMENTS

July 31, 2020

In accordance with national standards and AHCCCS guidelines, effective September 1, 2020, Care1st will require the original claim number on all corrected claims, resubmissions and voids in order to prevent duplicate or timely filing denials.

Corrected claims, resubmitted claims and voided claims received September 1, 2020 and after will be denied if not billed according to the guidelines outlined below. Additionally, the EDI Loop information has been corrected below.

CMS1500 claims:
- Corrected claims/ Resubmissions:
    - Include *indicator 7* and the *original claim number in field 22 (EDI Loop 2300 **REF02**)*
- Voided claims:
    - Include *indicator 8* and the *original claim number in field 22 (EDI Loop 2300 **REF02**)*

UB04 claims:
- Corrected claims/ Resubmissions:
    - Include *bill type XX7* with the *original claim number in field 64 (EDI Loop 2300 **REF02**)*
- Voided claims:
    - Include *bill type XX8* with the *original claim number in field 64 (EDI Loop 2300 **REF02**)*

This information along with additional claim submission requirements are available in the ***Billing, Claims and Encounters Section XI*** of the Care1st Provider Manual available on our website: www.care1staz.com > Care1st > Providers > Manual

If you have any questions related to billing requirements, please contact Claims Customer Service at 1-866-560-4042 (options 5, 4).

Thank you!

Care1st Network Management
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