

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 a corrected claim in place of the formal grievance or appeal process. This process is used to correct a single claim for a specific member. If you have more than ten (10) claim corrections for the same situation please contact your Network Contract Specialist.

To expedite your request, 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 the submission of electronic adjustments.

BCBSAZ requires specific information before it will accept a corrected claim for reprocessing. If you are not able to submit the request electronically, you should use the Corrected Claim form 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:
 - 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, or
 - Under the "Forms" section for a pdf version of the "Corrected Claim Form"

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 correction
- Billed charge amount correction (Note: This form cannot be used for retroactive changes to a charge master.)
- Documentation showing procedure repeated on same day in order to dispute a duplicate denial
- Addition, change or removal of a diagnosis code and/or POA indicator
- Addition, change or removal of a procedure code and/or modifier
- Change in number of units billed
- Provider ID# correction
- Submission of late charges (i.e., additional charges/services submitted after the original claim was submitted.)

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. 4-01-12



Corrected Claim Form

Date _____

Provider Name		Member Name	
Provider ID		Member ID	
Provider Fax #		BCBSAZ Claim #	
Provider Phone #		Patient Account #	
		Group # (CHS Only)	

This form must accompany each corrected claim request. Requests that are sent without a completed form will be returned. You must identify the information being changed or corrected, explain why the change or correction is necessary, and provide supporting documentation.

Medical records* must accompany requests to change a diagnosis code, document justification for duplicate procedures in the same day, change a procedure code, change a DRG, or add a modifier such as "59" or "22".

Information Supporting Correction

- Copy of the original claim showing the corrected information
 - Medical records (Do not send psychotherapy notes.)
- *Please do not send records for BlueCard Out-of-Area or Corporate Health Services (CHS) unless specifically requested.

Requested Correction and Justification:

Fax this form with supporting documentation to one the following fax numbers based on the line of business.

Fax Numbers:

- **BlueCard** (out-of-state Blue plan): (602) 864-3116
- **Corporate Health Services (CHS)**: (602) 864-2249
- **Federal Employee Program (FEP)**:
 - (ID number begins with "R" followed by 8 numeric characters.)
 - (602) 864-4670 or (602) 864-2031
- **All other BCBSAZ** corrected claims to:
 - (602) 864-3116

Or mail this form with supporting documentation to:

**BCBSAZ
P.O. Box 13466
Phoenix, AZ 85002**