

Submitting Amerigroup Amerivantage (Medicare Advantage) corrected claims

When submitting a corrected claim, clearly identify the claim is a correction to an original bill.

- **Medical claims**

- **Electronic *CMS-1500* claim:**

- Enter claim frequency type code (billing code) 7 for a replacement/correction or 8 to void a prior claim in the 2300 loop in the CLM*05 03. Enter the original claim number in the 2300 loop in the REF*F8*.

- **Paper *CMS-1500* claim:**

- Amerigroup will continue to accept “corrected claim” written anywhere on the face of the *CMS-1500* claim.
 - Amerigroup will continue to accept the *Amerigroup Provider Adjustment Request* forms clearly identifying the information being corrected.
 - Amerigroup will accept entry in box 22 of the claim: Use resubmission code 7 to notify us of a corrected or replacement claim or insert an 8 to let us know you are voiding a previously submitted claim. Enter the ‘original’ claim number in the Original Ref. No. field, or if that information is not available, enter the original document control number.

22 RESUBMISSION CODE	ORIGINAL REF. NO.
23 PRIOR AUTHORIZATION NUMBER	

- **Facility Claims *UB-04* — electronic or paper**

- Amerigroup will continue to accept the *Amerigroup Provider Adjustment Request* forms clearly identifying the information being corrected.
 - When submitting a corrected claim ensure the type of bill is xx7 (correction/replacement) or xx8 (void) when the correction is within the initial claim one-year timely filing limitation.

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerivantage depends on contract renewal. In New Mexico: Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage Classic depends on contract renewal.

When the need for a claim correction is identified and the claim is beyond the timely filing limit of one calendar year from the "through" date on claim, a reopening request type of bill XXQ should be submitted to remedy the error. Reopenings are typically used to correct claims with clerical errors, including minor errors and omissions, and are conducted at the discretion of the plan therefore is not appealable and the original initial determination stands as a binding decision, and appeal rights are retained on the original initial determination. Omissions do not include failure to bill items/services, such as late charges.

Note: There is a special congressionally mandated time frame for adjustments and reopenings that result in higher weighted DRGs. These must be filed within 60 days from the initial claim determination.