

Provider Update

Corrected claim guidance

Summary of update: Amerigroup Iowa, Inc. requires that corrections to previously submitted claims are received within 365 days of the original claim internal control number (ICN) adjudication date. This applies to participating and nonparticipating providers. To prevent denials due to duplicate claims and untimely filing, Amerigroup is reaching out with guidance on corrected claim submission. In summary, it is appropriate to submit a corrected claim when the provider has made an error or there are other significant changes that need to occur to an original claim submission.

Submitting a corrected claim electronically:

If you choose to submit a corrected claim electronically, you must select frequency code 7 and the claim/ICN number of the original claim. If the submission does not meet these requirements, it will result in a duplicate claim submission or timely filing denial because it will be perceived as a new, first-time submission.

Submitting corrections via paper submission:

If you choose to submit a corrected claim via paper submission, you must write *corrected claim* on the top of the form to clearly indicate that it is a correction. If the submission does not meet these requirements, it will result in a duplicate claim submission or untimely filing denial because it will be perceived as a new, first-time submission.

Batch/bulk resubmission of corrected claims:

Amerigroup requires that a corrected claim be submitted for each member and encounter. Corrected claims are not accepted in bulk, batch or packaged fashion.

Additional guidance:

When submitting corrections, please be sure to submit the entire scope of services and payments to be considered in the resubmission. For example, if you bill \$1,000 on the initial claim submission, but you later determine that the total charges should be \$1,200:

- In order for the new charge to be considered in total, it would be appropriate to submit \$1,200 in total billed charges on the corrected claim.
- Only submitting the additional \$200 would prompt the claims processing system to only take \$200 into consideration and would likely generate an offset/overpayment recovery.

What if I need assistance?

More information about corrected claim submissions is available in the [Corrected Claims Reimbursement Policy](#).

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730, Monday-Friday from 7:30 a.m.-6 p.m. Central time.

<https://providers.amerigroup.com>

