PROVIDER*Update*

Health Net®

NEWS AND ANNOUNCEMENTS | JUNE 27, 2018 | 1 PAGE

How to Submit a Corrected Claim- Resubmission Process

Allwell from Health Net and Ambetter from Health Net have noticed a significant increase in provider claims denying for duplicate claim submissions. All exact duplicate claims or claim lines are auto-denied (absent appropriate modifiers or corrected claim indicators). Suspect duplicate claims and claim lines are suspended and reviewed by the Medicare contractors to make a determination to pay or deny the claim or claim line.

Providers receiving the following claim denial: EX83- Duplicate claim submission should thoroughly review this communication as a means to prevent further denials.

CORRECTED CLAIMS SUBMISSIONS

If a provider is attempting to change the information on the original claim submission a corrected claim is required. Corrected claims must clearly indicate they are corrected in one of the following ways:

- CMS 1500 professional claims require box 22 to be populated with the original claim number and correct submission code to be placed on the claim the two correct resubmission codes are 7 and 8. 7 (the "Replace" billing code) is used to notify us of a corrected or replacement claim. 8 (the "Void" billing code) is used to notify us that you are voiding a previously submitted claim.
- A UB-04 requires correct bill type xx7 for corrections, and the original claim number in box 64. If the claim does not contain this information, it will process as an original claim and deny as a duplicate.
- Corrected claims must be submitted on standard red and white forms. Handwritten corrected claims will be rejected upfront.
- Corrected claims can also be submitted via our secure Provider Portal: provider.healthnetarizona.com - Follow the instructions on the portal for submitting a correction.

HOW ARE DUPLICATES IDENTIFIED

Please be aware that Medicare contractors examine and compare to the prior bill or any bill that is identified as a suspect duplicate. If the services (revenue or HCPCS codes) on a claim duplicate the services for the other, contractors will check the diagnosis. If the diagnosis codes are duplicates, contractors will request an explanation before making payment. The official instruction for CR8121 spells out what your Medicare contractor looks for when analyzing the history of paid and pending claims, duplicate claims and the criteria for detecting suspect duplicate claims.

For further information please review https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2678CP.pdf

ADDITIONAL INFORMATION

Most provider inquiries can be resolved by logging on to our secure provider portal: provider.healthnetarizona.com. If further questions arise please contact your Provider Engagement Specialist.

THIS UPDATE APPLIES TO THE FOLLOWING **HEALTH NET OF ARIZONA** PROVIDERS TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Ambetter/ CommunityCare HMO
- Allwell/ Medicare Advantage (HMO)

PROVIDER SERVICES

Allwell from Health Net (Medicare Advantage)
BW_ProviderRelations@centene.com
1-800-977-7522
Allwell.healthnetadvantage.com

Ambetter from Health Net (Health Insurance Marketplace)
BW_ProviderRelations@centene.com
1-888-926-5057
www.ambetterhealthnet.com

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