

Occasionally, a provider may need to correct or change information on a claim after it has been processed. BCBSAZ requires specific information before it will accept a corrected claim for reprocessing and has developed a form that providers should use to submit a corrected claim.

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 changes. This is not an all inclusive list:

- Date of service
- Billed charge amount
- Dispute a duplicate denial (documentation showing procedure repeated on same day)
- Age-related procedure codes
- Different or additional diagnosis code
- Different or additional procedure code
- Number of units billed
- Provider ID# correction

Scroll down to the form to submit by mail or fax.

Online submission option

The BCBSAZ Corrected Claim Form can be also be accessed on BlueNet. Once you are in the claim 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 form can be submitted electronically, with or without record attachments.

Timeframes

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.

HIPAA 837 transactions - electronic adjustments

Providers also have the option of submitting electronic adjustments for certain claim corrections. Refer to the “Doing Business Electronically” and the “Electronic Adjustment User Guide” on azblue.com for details on this option.



Corrected Claim Form

Date _____

Provider Name _____
 Provider ID _____
 Provider Fax # _____
 Provider Phone # _____

Member Name _____
 Member ID _____
 Claim # _____
 Patient Account # _____

For BCBSAZ to process your request, you must identify the information being changed or corrected, explain why the change or correction is necessary, and provide supporting documentation.

Information Being Changed:

- Date of service
- Billed charge amount
- Dispute a duplicate denial (Medical records required)
- Age-related procedure codes
- Changing or adding a diagnosis code and selected other (Medical records are required.)
- Changing or adding a procedure code/modifier (Medical records are required.)
- Number of units billed (Medical records are required for changes in anesthesia or medication units.)
- Provider ID# correction
- Submitting late charges (Submitting additional charges/services after you submitted the original claim.)
- Other billing corrections (Describe) _____

Reason for Change

Information Supporting Change

- Copy of the original EOB
- Copy of the corrected claim
- Proof of timely filing
- Medical records **Reminder. Do not send psychotherapy notes.*

Attach the supporting information to this form and send, or fax it, to one of the following addresses, based on the line of business and change request.

BlueCard®	Federal Employee Program (FEP)
Send BlueCard (out-of-state Blue Plan) corrected claims to: Blue Card Host Claims, Mail Stop E106 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002 Fax #: (602) 864-5120	Send FEP corrected claims to: (ID number begins with "R" followed by 8 numeric characters.) FEP Customer Service, Mail Stop P105 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002 Fax #: (602) 864-4670 or (602) 864-2031
BCBSAZ Local – MEDICAL REVIEW	BCBSAZ Local – NON-MEDICAL
Send BCBSAZ (not FEP or Blue Card) diagnosis and procedure code changes/corrections only to: Medical Appeals and Grievances, Mail Stop A116 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002	Send all other BCBSAZ corrected claims to: Customer Service Claims Dept., Mail Stop N104 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002

Note: Corporate Health Services (CHS) claims are handled by the claims administrator or TPA. Please contact them directly.
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