



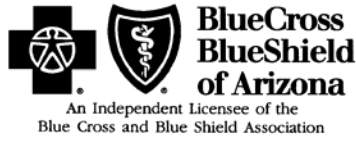
An Independent Licensee of the Blue Cross and Blue Shield Association

Procedure for Submitting Corrected Claims

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 form lists the information that must accompany a corrected claim and provides correct 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

The BCBSAZ Corrected Claim Form can be found on the following page.



Date _____

Corrected Claim Form

Provider Name _____ **Provider ID** _____

Member Name _____ **Member ID** _____

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 (documentation showing procedure repeated on same day)
- Age-related procedure codes
- Changing or adding a diagnosis code
- Changing or adding a procedure code
- Number of units billed
- Provider ID# Correction
- Other billing corrections (describe) _____

Reason for Change

Information Supporting Change

- Copy of the original EOB
- Copy of the corrected claim
- Supporting documentation for the requested change
- Medical Records if requesting a diagnosis or procedure code change

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

BLUE CARD	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	Send Federal Employee Program (FEP) – ID number begins with “R” corrected claims to: FEP Customer Service Mail Stop P105 BCBSAZ P.O. Box 13466 Phoenix, AZ 85002
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. Rev. 07/01/06