



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Hospital Providers
Date: May 9, 2024
Subject: Submitting Adjustments for Previously Paid Claims

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) wishes to remind providers that the submission of duplicate claims will result in invalid additional payment due to auto-adjudication. When submitting an adjustment for a previously paid claim that processed under your NPI, you must submit your adjusted claim in the same manner.

You may submit institutional corrected claims on the UB-04 paper form. Refer to these requirements for corrected claims using the UB-04 paper form:

- Use “7” for replacement of a prior claim utilizing bill type in loop 2300, CLM05-03 (837P).
- Use “8” to void a prior claim.
- Include the original claim number in field 64, “DCN” (Document Control Number).
- Do include the plan’s claim number in order to submit your claim with the 7 or 8.
- Corrected claims for which the original claim number cannot be validated will be rejected.
- Do use this indicator for claims that were previously processed (approved or denied).
- Do not use this indicator if the corrected claim is for a different enrollee ID or Provider Tax ID. The original claim must be voided, and a new claim submitted for these situations.
- Do not use this indicator for claims that contained errors and were not processed (rejected upfront).
- Do not submit corrected claims electronically and via paper at the same time.

For more information, please contact the EDI Hotline at 888-656-2383 or EDI.DC@amerihealthcaritasdc.com.

Providers using our NaviNet portal (www.navinet.net) can view their corrected claims faster than available with paper submission processing. You may open a claims investigation via NaviNet with the claims adjustment inquiry function. Send all corrected or resubmitted paper claims to:

Claim Processing Department
AmeriHealth Caritas DC/Medicaid
Attn: Claims Processing Department
P.O. Box 7342
London, KY 40742

OR

AmeriHealth Caritas DC/Alliance
Attn: Claims Processing Department
P.O. Box 7354
London, KY 40742

Please note that claims originally rejected for missing or invalid data elements must be corrected and resubmitted within 365 calendar days from the date of service. Rejected claims are not registered as received in the claim processing system.

For additional guidance, view the AmeriHealth Caritas DC Provider Claims and Billing Manual at www.amerhealthcaritasdc.com/pdf/provider/billing-manual.pdf.

Thank you for your continued support and commitment to the care of our enrollees. If you have questions about this communication, please contact your Provider Account Executive or call Provider Services at 202-408-2237.

Sincerely,
AmeriHealth Caritas DC