To: **AmeriHealth Caritas DC Providers**

Date: **April 28, 2021**

Subject: **Effective 12/1/2020 Providers Can Submit Corrected Claims via the Provider Web Portal or through Clearinghouse Files (EDI)**
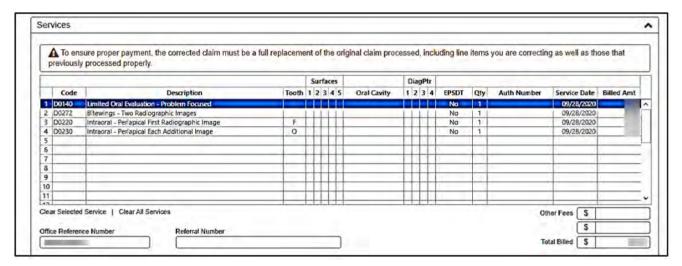
Effective 12/1/2020 Providers Can Submit Corrected Claims via the Provider Web Portal or through Clearinghouse Files (EDI)

At SKYGEN USA, we have enhanced our system to intake electronic submission of corrected claims. Please see a summary below of this new feature available on **December 1, 2020**. Providers can submit their corrected claims via the Provider Web Portal or through clearinghouse files. SKYGEN USA will continue to accept paper corrected claims but encourage providers to submit electronically going forward.
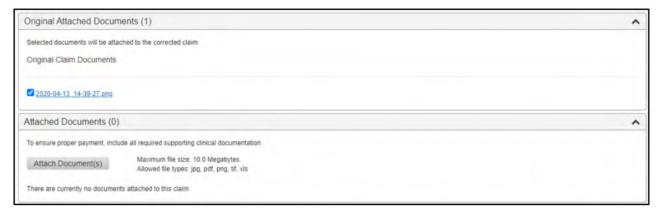
Submitting Corrected Claims via the Provider Web Portal

Providers will be able to make corrections on original claims via the Provider Web Portal. Providers will have the ability to:

- Edit or correct ADA dental claim form fields

- Review attachments/documents associated with the original claim to determine if they should remain attached to the corrected claim
- Remove attachments/documents that either no longer apply to the corrected claim, or were originally attached in error
    - Note: By default, all original documents will be attached to the new, corrected claim. Providers will have to select the option to remove document(s) as needed.

Corrections will be allowed one time on an original dental claim when submitted via PWP.

- **If additional corrections are required after a corrected claim is submitted, the provider will need to submit the correction based on the most recently submitted corrected claim, not the original claim.**
  - The portal will provide a message stating the claim can no longer be corrected if the provider attempts to correct the original claim more than once.

Submitting Corrected Claims via EDI

Corrected claims via Clearinghouse File will be accepted when a specific set of criteria is met to ensure the original claim can be identified. In order for a submission to be considered a corrected claim, it must include:

- Claim frequency code of 7 (Replacement) or 8 (Void/Cancel) in CLM05-3 element along with claim or encounter identifier in REF*F8 element
- Original claim in a paid status.
- Original claim does not have previously resubmitted services or a corrected claim already processed.
- Original claim does not have associated service adjustments or refunds
- Corrected claim must have a data match to original claim on at least three of the four items: Enrollee ID, Provider ID, Location ID, and/or Tax ID.

If a corrected claim submitted via Clearinghouse File does not meet these requirements, our system will consider the submission to be a new claim.

- The provider would then need to send another submission on the file that does meet the above requirements for consideration.

If you have questions, please email us: providerservices@skygenusa.com. We thank you for your continued participation in our network.