

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

Services

**⚠ To ensure proper payment, the corrected claim must be a full replacement of the original claim processed, including line items you are correcting as well as those that previously processed properly.**

Code	Description	Surfaces					DiagPtr				EPSDT	Qty	Auth Number	Service Date	Billed Amt
		Tooth	1	2	3	4	5	1	2	3					
1 D0140	Limited Oral Evaluation - Problem Focused										No	1		09/28/2020	
2 D0272	Bitewings - Two Radiographic Images										No	1		09/28/2020	
3 D0220	Intraoral - Periapical First Radiographic Image	F									No	1		09/28/2020	
4 D0230	Intraoral - Periapical Each Additional Image	O									No	1		09/28/2020	
5															
6															
7															
8															
9															
10															
11															

Clear Selected Service | Clear All Services

Office Reference Number:  Referral Number:

Other Fees: \$   
Total Billed: \$

- 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.

Original Attached Documents (1)

Selected documents will be attached to the corrected claim

Original Claim Documents

2020-04-13 14-39-27\_eng

Attached Documents (0)

To ensure proper payment, include all required supporting clinical documentation.

Maximum file size: 10.0 Megabytes.  
Allowed file types: jpg, pdf, png, tif, xls

There are currently no documents attached to this claim.

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](mailto:providerservices@skygenusa.com). We thank you for your continued participation in our network.

© 2020 SKYGEN USA, LLC. All Rights Reserved.

SKYGEN USA W140 N8981 Lilly Rd. Milwaukee WI 53051 USA

You received this email because you are subscribed to Marketing Information from SKYGEN USA.

Update your [email preferences](#) to choose the types of emails you receive.

[Unsubscribe from all future emails](#)