

Claim resubmission requirements

Claims resubmitted with or without attachments that don't have a claim reference number listed in the required field will be processed as a new day claim and treated as a first-time submission. These claims may be denied as duplicate claims or based on timely filing requirements.

A claim reference number is assigned to all claims received and processed by UnitedHealthcare Community Plan. Chapter 25 of the **Arizona Health Care Cost Containment System (AHCCCS) Fee-For-Service Provider Manual** states that all claim resubmissions, corrections or void requests must be submitted with the following claim reference number, along with all previously submitted line items. If any previously paid line items are missing, we'll assume they should be removed. If payment for those line items was processed, we'll attempt to recover it.

Resubmission of a CMS 1500 Claim Form

- Field 22 (Medicaid Resubmission Code)
 - Claim Resubmission Frequency Code
 - 1 – Original claim submission
 - **7 – replacement**
 - **8 – void**
 - Original Ref. No. (CRN)

Resubmission of a UB-04 Claim Form

- Form Locator 4 (Type of Bill)
 - xx1 – Original claim submission
 - **xx7 – Replacement**
 - **xx8 – void**
- Form Locator 64 (Document Control Number)
 - Claim Reference Number (CRN)

We're here to help

If you have questions, please contact your Provider Advocate. You can call Provider Services at 800-445-1638 for AHCCCS Complete Care (ACC) and Developmental Disabilities (DD) or 800-293-3740 for Arizona Long Term Care System (ALTCS). Thank you.