ambetter. of North Carolina Inc.

Upfront Rejections

Claims and Billing Provider Guide

An upfront rejection is defined as an unclean claim that contains invalid or missing data elements required for acceptance of the claim into the claim processing system. View the **Provider and Billing Manual** for a list of common upfront rejections. Upfront rejections do not enter our claims adjudication system, so there is no Explanation of Payment (EOP) for these claims. The provider receives a letter or a rejection report if the claim is submitted electronically. If a claim is rejected, the identified issue must be corrected, and the claim resubmitted as an original claim.

Ambetter of North Carolina Inc. analyzed claims data submitted by providers to identify the top five claims rejection reasons. This provider guide will share billing guidance to assist in reducing up-front claims rejections.

Top Claim Rejection Messages

1. 'Mbr not valid at DOS'
2. 'Invalid or Missing Taxonomy Code
3. 'Invalid Mbr DOB'
4. 'Original Claim Number Required'
5. 'Invalid Diag'

Billing Guidance

Denial Reason	Guidance
Mbr not valid at DOS: Member not valid at date of service:	Correct member ID is required when billing for any Ambetter member. Please be aware that the person indicator is different for the subscriber and dependent(s). This is represented by the last 2 digits of the member ID. The member ID and member eligibility can be verified via the Ambetter web portal. See the **Provider Orientation Presentation** (PDF) for information
Invalid or Missing Taxonomy Code	Taxonomy numbers are required for all Ambetter claims. Claims submitted without taxonomy numbers will be upfront rejected with an EDI Reject Code of 91. If the claim was submitted on paper, a rejection letter will be returned indicating that the taxonomy code was missing. Taxonomy number must be placed for both the rendering and billing providers, as well as referring provider when applicable. For specific guidance for Taxonomy placement on claims, view the **Ambetter Claim Submission Reminder Guide** (PDF). See the most recent **Provider and Billing Manual** (PDF) for additional details
Invalid Mbr DOB: Invalid Member Date of Birth	If you receive a reject related to Date of Birth, please verify that you are billing with the correct Member ID for the patient, not the subscriber. The member ID and member eligibility can be verified via the Ambetter web portal.

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Billing Guidance, continued

<table>
<tr><th>Denial Reason</th><th>Guidance</th></tr>
<tr><td>Original claim number required</td><td>When submitting a corrected claim, the original claim number is required.

<u>On the 1500 HCFA Form Type</u>

Replacement and Void/Cancel of Prior claims is identified by the resubmission code and original reference number in Field 22.

List the original reference number for resubmitted claims in the right-hand side of the field. Please refer to the most current instructions for use of this field.
When resubmitting a claim, enter the appropriate bill frequency code in the left-hand side of the field:

7 – Replacement of prior claim
8 – Void/cancel of prior claim

<u>On the 1450 UB Form Type</u>

Replacement and Void/Cancel of Prior claims is identified by type of bill in Field 4.

0XX7 Replacement of Prior Claim

This TOB code is used when a specific claim needs to be restated in its entirety, except for the identifying information.
The original bill is considered null and void, and the information on this bill completely replaces the previous claim.

0XX8 Void/Cancel of a Prior Claim

This code indicates that this claim eliminates and cancels a previously submitted claim.
Use this code to indicate that this bill is an exact duplicate of an incorrect bill, previously submitted. A code 0XX7 claim must be submitted to show the corrected information

</td></tr>
<tr><td>Invalid Diag: Invalid Diagnoses</td><td>A valid ICD-10 diagnosis code must be including on the claim when billing. Before resubmitting the claim, please review diagnoses rejected. View CMS guidance for ICD-10 information.</td></tr>
</table>

Additional Billing Resources

- Ambetter Claim Submission Reminder Guide (PDF)
- Ambetter Provider and Billing Manual

Support

Ambetter Providers can reach out to their assigned **Provider Engagement Administrator** for additional support and information. Providers can also reach Provider Services by calling **1-833-863-1310**.

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