Corrected Claim Submission Process Reminder

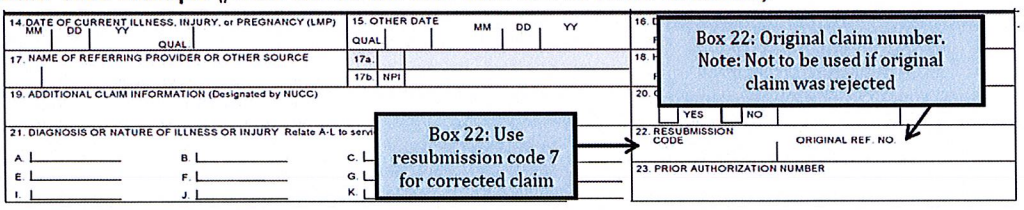
Dear Valued Provider:

The iCircle plan is committed to providing continued communication to the provider community. As a reminder, effective November 1st, 2017, iCircle will only accept the new version of the CMS-1500 claim form, which is version 02/12. Additionally, both the CMS-1500 and UB-04 should be free of handwritten verbiage, free of white-out or correction liquid and should be typed. Effective immediately, iCircle will require the use of the appropriate claim resubmission code and original claim number when submitting a corrected claim.

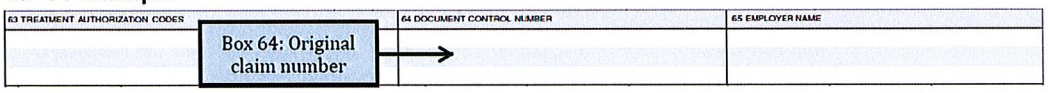
CMS 1500 version (2/12) – this form should be submitted with the resubmission code (use the code "7") in Box 22 of the paper claim, and pair it with the original claim number in the same box (please see inset). If you are billing electronically, please send in the 2300 Loop, segment CLM05 (use the code "7") along with an additional loop in the 2300 loop, segment REF*F8* with the original claim number for the corrected claim that is being submitted.

UB-04 should be submitted with the appropriate resubmission code in the third digit in the bill type (use the code "7") along with the original claim number in Box 64 of the paper claim. If you are billing electronically, please send in the 2300 Loop, segment CLM05 (use the code "7") along with an additional loop in the 2300 loop, segment REF*F8* with the original claim number for the corrected claim that is being submitted.

CMS-1500 Example *(please use red and white claim form for official submission)*



UB-04 Example



If a corrected claim is submitted without the information from the above instructions, then it will process as a first time claim, and will be denied as a duplicate.

Ordering Forms and Submitting Claims:

Forms may be ordered at: http://bookstore.gpo.gov, or by calling 202-512-1800

Submitting Claims:
All paper claims can be submitted to:

iCircle
PO Box 1320
Webster, NY 14580

For electronic claim submission, the electronic details are:
Clearinghouse: Change Healthcare (formerly known as Emdeon)
Payer Name: iCircle
Payer ID: 33884
Authorization Number: Provided on Authorization from iCircle
Member Account Number: Provided on Authorization from iCircle

For any additional questions, please contact your Provider Relations Representative at ProviderNetwork@iCircleCNY.org.

Thank you for your continued participation and for the quality that you provide to our members on a daily basis.

Thank you,

Michael Loete
Director of Provider Network Operations
iCircle Care