Reference Claim Required on Corrected Claim Submission

Failure Could Result In Claim Rejection

**For claims received effective 07/28/2023 and later, CountyCare will require the submission of a reference claim on corrected claims (bill type XX7 or frequency 7).** All 837I and 837P corrected claims are required to have the payor claim reference number populated in Segment CLM (Billing Provider Loop 2000A), Element 05-3 when the resubmission code is 6 (corrected claim) or 7 (replacement of prior claim). For UB-04 paper claims, the reference claim information needs to be populated in Box 64. For CMS/HCFA 1500 paper claims, the claim reference information needs to be populated in box 22. **Failure to submit the reference claim will result in a claim rejection.**

**CONTACT US**

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at CountyCareProviderServices@cookcountyhhs.org or your Provider Relations Representative.