

How to fix the claim filing indicator rejection?

Last modified on 09/19/2025 12:32 pm EDT

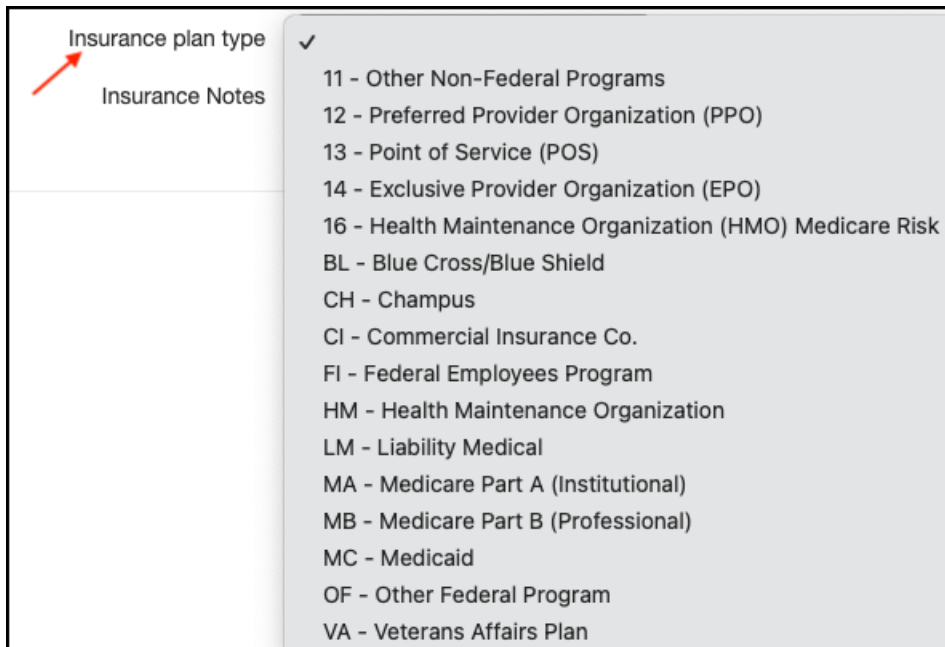
If you have a patient with multiple insurances, one of those payers could deny your claim asking for the *claim filing indicator*. This indicator will identify the payer as the primary or secondary insurance.

If the claim is rejected by the payer for "SBR-09 Subscriber Information, the first occurrence of claim filing indicator must be BL OR ZZ", then we need to select the **Insurance Plan Type** as Blue Cross Blue Shield (for example) to satisfy the error and have the claim accepted for processing.

By selecting the insurance plan type in the patient's account, DrChrono will attach the correct claim filing indicator to the 837P (professional) and 837I (institutional) EDI claim files.

Please follow the steps outlined below to select the Insurance Plan Type:

1. Navigate to **Patients >** and **Patient List**
2. Select the patient > system will take you to the patient demographics.
3. Select the Insurance tab> select **Primary Insurance**.
4. Choose **Insurance Plan Type** as Blue Cross Blue Shield from the drop-down> **Save Demographics**.



Insurance plan type	✓
Insurance Notes	
	11 - Other Non-Federal Programs
	12 - Preferred Provider Organization (PPO)
	13 - Point of Service (POS)
	14 - Exclusive Provider Organization (EPO)
	16 - Health Maintenance Organization (HMO) Medicare Risk
	BL - Blue Cross/Blue Shield
	CH - Champus
	CI - Commercial Insurance Co.
	FI - Federal Employees Program
	HM - Health Maintenance Organization
	LM - Liability Medical
	MA - Medicare Part A (Institutional)
	MB - Medicare Part B (Professional)
	MC - Medicaid
	OF - Other Federal Program
	VA - Veterans Affairs Plan