How to fix the claim filing indicator rejection?
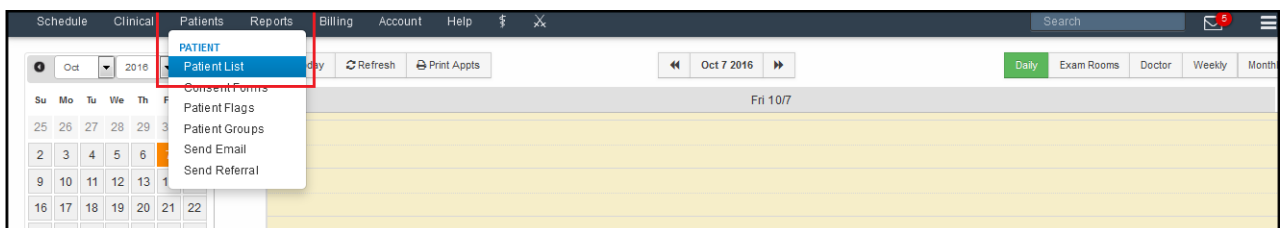
09/16/2024 11:37 am EDT

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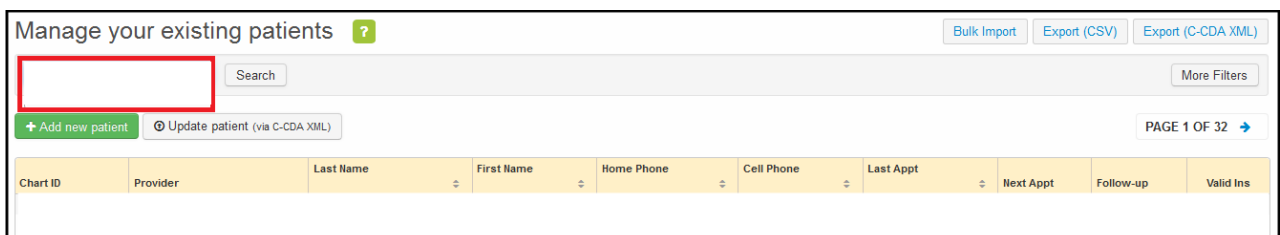
By selecting the Insurance plan type in the patient's account, DrChrono will attach the correct claim filing indicator on the 837P (professional) and 837I (institutional) EDI claim files.

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. Click on the Insurance tab> select **Primary Insurance.** Choose **Insurance Plan Type** as Blue Cross Blue Shield from the drop-down > **Save Demographics**.

+ Add new patient

Demographics

Appointments

Clinical Dashboard

Documents

Tasks   0

Problem List   0

Medication List   0

Send eRx

Allergy List   0

Drug Interactions   0

CQMs

Intake Data

Lab Orders

Immunizations

Growth Charts

| Primary Ins | Secondary Ins | Tertiary Ins | Primary Hosp | Secondary Hosp | Auto Accident | Worker's Comp | Durable Med Eqpt |

Default Primary Insurance   Manage Alternative Insurances & History

Subscriber is the Patient

Insurance Company

| Automobile Medical |
| Blue Cross/Blue Shield |
| Champus |
| Commercial Insurance Co. |
| Dental Maintenance Organization |
| Disability |
| Exclusive Provider Organization (EPO) |
| Federal Employees Program |
| Health Maintenance Organization |
| Health Maintenance Organization (HMO) Medicare Risk |
| Indemnity Insurance |
| Liability Medical |
| Medicaid |
| Medicare Part A |
| Medicare Part B |
| Mutually Defined |
| Other Federal Program |
| Other Non-Federal Programs |
| Point of Service (POS) |

Carrier Payer ID

TPL Code

Insurance ID Number

Insurance group name

Insurance group number

Insurance plan name

Insurance plan type   *if available

Insurance claim office number   *if available

Number visits allowed per year

Card issued date   *Required for checking eligibility of CA Medicaid

Primary Insurance Notes

Insurance Photo Front   Browse...   No file selected.

Insurance Photo Back   Browse...   No file selected.

FA Options

Default Onset Date   HCFA Box #14

Default Initial Visit Date HCFA Box #15

Prepopulate Last Related Visit ☐ HCFA Box #19

Save Demographics