

How to fix the claim filing indicator rejection?

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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 ID Number	<input type="text" value="-----"/>	
Insurance group name	<input type="text"/>	*if available
Insurance group number	<input type="text"/>	*if available
Insurance plan name	<input type="text"/>	*if available
→ Insurance plan type	<input checked="" type="checkbox"/>	
Insurance claim office number		
Number visits allowed per year		
Card issued date		
Primary Insurance Notes		
Insurance Photo Front		
Insurance Photo Back		
HCFA Options		
Default Onset Date		
Default Initial Visit Date		
Prepopulate Last Related Visit		

- ✓ 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)
- Preferred Provider Organization (PPO)
- Title V
- Veterans Affairs Plan
- Workers' Compensation Health Claim