



September 23, 2022

Web Announcement 2901

Attention All Providers:

Reminder to Enter Claim Filing Indicator Code on Electronic Claims

Providers and clearinghouse/trading partners submitting electronic claims are reminded to select the correct value for the two-digit claim filing indicator code, which is based on the recipient's eligibility and other health care coverage. Claims that do not have a value entered or an incorrect value may deny with error code 4371 (Claim type restriction on the procedure coverage rule).

Note: When the recipient is a Qualified Medicare Beneficiary (QMB), the appropriate claim filing indicator code would be MA (Medicare Part A) or MB (Medicare Part B) to ensure the correct crossover claim type is created. Claims submitted for QMB recipients without the correct claim filing indicator code may deny with error code 4371.

The Fee-for-Service Electronic Data Interchange (EDI) Companion Guides provide instructions and indicate the loop field that needs to be completed with the claim filing indicator code. All Companion Guides are available on the [Electronic Claims/EDI webpage](#).