

BlueCross BlueShield of Texas

Claims Processing Center

P.O. Box 660044 | Dallas, TX 75266-0044

Phone: (800) 521-2227 | Fax: (972) 766-8233

April 17, 2026

Pathfinder Billing and Coding

Attn: Claims Resolution Department

4200 Medical Parkway, Suite 300

Austin, TX 78756

RE: Claim Denial Notification

Claim ID: CLM-2026-0892

Member: Michael Torres

Member ID: BCTX-TOR-8827491

Dear Claims Resolution Team,

This letter serves as formal notification that the above-referenced claim has been denied. Please review the details below and take the appropriate corrective action.

CLAIM DETAILS

Field	Value
Claim ID	CLM-2026-0892
Member Name	Michael Torres
Member ID	BCTX-TOR-8827491
Date of Service	03/15/2026
Rendering Provider	Dr. Sarah Chen
Provider NPI	1234567890
CPT Code	99214 - Office Visit, Established Patient, Level 4
ICD-10 Code	E11.65 - Type 2 Diabetes Mellitus with Hyperglycemia
Billed Amount	\$285.00
Allowed Amount	\$0.00
Paid Amount	\$0.00

DENIAL REASON

Code	Description
CARC: CO-16	Claim/Service Lacks Information Which Is Needed for Adjudication

RARC: N382	Missing/Incomplete/Invalid Patient Identifier
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DETAILED EXPLANATION

Our claims processing system was unable to adjudicate this claim because the subscriber identification number submitted on the claim does not match our enrollment records for the member on file. The claim was submitted with subscriber ID BCTX-TOR-8827491, however our records indicate the correct subscriber identification number for Michael Torres (DOB: 07/14/1978) under the BlueCross BlueShield of Texas plan is BCTX-TOR-8872491.

Please correct the subscriber identification number on the claim and resubmit as a corrected claim (Claim Frequency Code 7) referencing the original Claim ID.

REQUIRED CORRECTIVE ACTION

1. Update the subscriber identification number from BCTX-TOR-8827491 to BCTX-TOR-8872491 on the claim submission.
2. Resubmit the corrected claim with Claim Frequency Code 7 (Replacement of Prior Claim) referencing the original Claim ID CLM-2026-0892.
3. Ensure all other claim data elements remain unchanged.

TIMELY FILING NOTICE

Corrected claims must be received within 180 days of the original date of service or within 60 days of this denial notification, whichever is later. Failure to resubmit within this timeframe may result in denial under timely filing provisions.

Sincerely,

BlueCross BlueShield of Texas

Claims Processing Department

Reference Number: ERA-20260417-L3-N382

This document contains confidential health plan information. If you have received this in error, please contact us immediately at (800) 521-2227.