

Claims Submission Overview

Provider / Biller Training

This Training Includes:

- Timely Filing Guidelines
- Resources and General Information
- Submitting a Claim: CMS-1500 & UB-04
- Submitting a Corrected Claim: CMS 1500 & UB04
- Primary Insurance Updates

PerformCARE[®]

Presented by: PerformCare Claims

Timely Filing Guidelines

Initial Claim

Capital Area = 60 Days from DOS

TMCA = 60 Days from DOS

BHSSBC = 90 Days from DOS

Secondary Claim

CABHC and TMCA = 60 Days from the date of the primary insurance company's EOB and the DOS is less than 365 days.

BHSSBC = 90 days from the date of the primary insurance company's EOB and the DOS is less than 365 days.

Please note: A claim that is returned or rejected electronically is not entered into our system, therefore it is considered an original claim and NOT a correction. The provider must submit the returned / rejected claim following the original claim submission guidelines.



Corrected Claim

- Replacement of a claim that denied in full = 365 Days from the date of service.
- Replacement of a claim that overpaid or underpaid = 365 Days from the date of service.
- Replacement of a claim that overpaid after 365 days = Provider must send in a refund check with documentation of overpayment (replacement claim should not be submitted).
- **Replacement of a claim that underpaid after 365 days = Provider must do an Administrative Appeal.**
- A Void Request = There is no time limit on a void claim request.

When in doubt = A replacement claim MUST be received within the allotted 365 day timeframe.

Resources and General Information

CMS-1500 Professional Claim Form Version 02/12: <http://www.nucc.org/>

UB-04 Institutional Claim Form: <http://www.nubc.org/>

PerformCare web address: <http://pa.performcare.org/>

Sign up for Network News for Important Provider Updates!
<http://pa.performcare.org/apps/icontact-networknews/index.aspx#signup>

Location of Online Presentations:
<http://pa.performcare.org/providers/training-education/performcare-presentations.aspx>

NaviNet Enrollment Guide:
<http://pa.performcare.org/pdf/providers/resources-information/navinet/navinet-enrollment-guide.pdf>

Provider Claims Services 1-888-700-7370
Option #1, 8am to 4:30pm M—F

Authorization Questions, Care Managers, Pre-Certs, AE's = 1-888-700-7370, Option #2 or follow the prompts.

TPL Claims can be submitted electronically or mailed in, one sided, claim first then EOB, and mailed to:

PerformCare
PA Health Choices
PO Box 7308
London, KY 40742

OON (Out of Network) Agreements must be attached to the submitted paper claim.

Administrative Appeals can be mailed to:

PerformCare
PA Health Choices
PO BOX 7301
London, KY 40742



Network News = Provider Memos!

2018:

BHRS 18 100: Differential Reimbursement of TSS with the RBT Credential (07/01/18)

2017:

AD 17 107: New NaviNet Electronic Claim Inquiry Enhancement (12/31/17)

AD 17 106: Clarification of Rejected and Corrected Claim Rules (12/15/17)

AD 17 105: NaviNet Authorization and Claims Reports for Providers (10/01/17)

2016:

AD 16 106: Information System Update and Timeline (11/21/16)

BHRS 16 102: CPT Codes & Modifiers for ABA Services (11/14/16)

AD 16 102: Additional Pre-Payment Claims Edit for Duplicate / Disallowed Services (04/01/16)

**IMPORTANT
INFORMATION**

Submitting a Claim

Important Fields for the CMS-1500 Form 02/12

Refer to the Provider Manual for a complete list of required fields

<http://pa.performcare.org/pdf/providers/resources-information/provider-manual.pdf>

1—Medicaid

1a—Insured's I.D. (Member's MAID)

9a—Other Insured's Policy or Group number:

IMPORTANT! If 11d has **YES** checked off, then this must be filled out!

9d—Insurance Plan Name or Program Name:

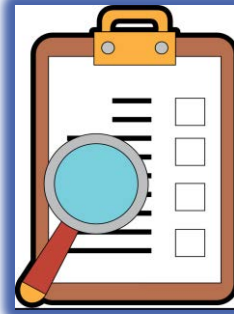
IMPORTANT! If 11d has **YES** checked off, then this must be filled out!

11d—Is there another health benefit plan? **IMPORTANT!** If the answer is **YES**, then you must fill out fields 9a and 9d. If the answer is **NO**, then fields 9a and 9d should be left **BLANK!**

17a—Enter the 9-digit MA provider number of the attending, prescribing, or supervising physician (if required for your provider type)

17b—National Provider Identifier (NPI) of the attending, prescribing, or supervising physician (if required for your provider type)

19—ZZ qualifier and Rendering Taxonomy (if different from Billing Taxonomy in 33b)



21—Diagnosis Code(s) ICD-10

22—Medicaid Resubmission Code and Original Claim # -- used for corrected claims (7) and voids (8) + Claim #

23—Authorization Number—if the service requires an authorization, then this field is required.

24A—G— Dates of service, Place of service, CPT code, Modifiers, Diagnosis Pointer(s), Charges, # of units

24I— ZZ qualifier

24J—The rendering taxonomy code (unshaded area) if different from billing provider and not listed in field 19. The rendering NPI if rendering NPI is different from the billing NPI (from box 33a)

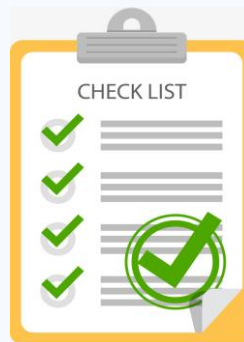
25—Federal Tax ID (must match billing information)

26—Patient Account number

27—Accept Assignment? Check off “yes” or “no” (see back of form or the CMS website for explanations)

32—Name and address of facility where services were provided (if other than home or office)

33—Billing Information 33a = NPI; 33b = ZZ qualifier and Billing Provider's Taxonomy Code.



Submitting a Claim

Important Fields for the UB04 Form

Refer to the Provider Manual for a complete list of required fields

<http://pa.performcare.org/pdf/providers/resources-information/provider-manual.pdf>

- 1—Provider Name and Address
- 3—Patient Control Number / Medical Record #
- 4—Type of Bill (examples: 111, 112, 113, 114, 117, 861, 862, 863, 864, 867)
- 5—Federal Tax No.
- 6—Statement Covers Period (From & Through)
- 12 through 15—Admission Information
- 16—Discharge Hour (leave blank if member is still a patient)
- 17—Discharge Status (ensure that this status matches the Bill Type in box 4)
- 42—Revenue Code
- 45—Service Date (**ONLY** used for OP facility claims, example: Bill Type 13x)
- 46—Service Units (days member was Inpatient MINUS the discharge day)
- 47—Total Charges
- 50a—Payer Name



52 & 53—Must have either a “Y” or “N”, please refer to your UB04 provider manual for explanations

54a—Prior Payments

56—NPI #

58 through 60—You MUST have the member’s MAID in 60

63—Authorization #

64—Original claim # (required for corrected claims or voids)

66—Diagnosis and Procedure code qualifier (ICD version indicator)

67—Principal diagnosis codes and Present on Admission indicator

69—Admit Diagnosis code

71—PPS code (DRG) if necessary

76—In the appropriate boxes, enter the NPI of the provider; the 2-digit qualifier of G2; the 9-digit MA number; and the Last Name and First Name. This can be the provider that ordered the admission or the provider who is responsible for determining the diagnosis or treatment of the patient.

81—B3 qualifier plus the Taxonomy code (no spaces)



Submitting a Corrected Claim

Important Information—

Refer to the Provider Manual for an explanation between returned / rejected claims and corrected claims
<http://pa.performcare.org/pdf/providers/resources-information/provider-manual.pdf>

Submitting a Corrected Claim on the CMS-1500 02/12 Form

- ❖ Enter the correct code in Field 22: Resubmission code can be either of the following:
 - “7” for a Replacement of a prior claim
 - “8” for a Void of a prior claim
- ❖ Enter the PerformCare Original Claim Number in Field 22- (Original Ref. No.)

Submitting a Corrected Claim on the UB-04 Form

- ❖ Enter the correct Bill Type in Field 4— Please note the last digit of the four-digit Type of Bill is used to determine a replacement or void / cancel request. For example, Bill Type 0117 indicates a replacement claim whereas Bill Type 0118 indicates a void request.
- ❖ Enter the PerformCare Original Claim Number in box 64A (Document Control Number)

Remember: Corrections are timely when submitted within 365 days from date of service.
If you are outside that time frame, then you would need to submit an Administrative Appeal.

Primary Insurance Updates

PA Autism Insurance Act (ACT 62) Denial Letters / EOB's

- Providers must submit a denial / non-covered letter per calendar year.
- Denials can be submitted attached to paper claims or faxed to 717-671-6522
Attention: ACT 62 Updates
- After the denial is submitted and is on file, providers can submit directly to PerformCare as primary.

TPL Updates

- Providers can submit TPL updated via NaviNet. When the policy is confirmed to be terminated, claims impacted will be reprocessed.
- Weekly TPL Underpayment job is run every Thursday to reprocess claims.
- If unable to submit via NaviNet, providers can submit termination information attached to the claim or fax to 717-671-6522 Attention: TPL Updates