Sentara® Health Plans

Guide to Initial Submission of CMS 1500 and UB-04 Claim Forms

1. Claim Submission Methods:

- Preferred method is an electronic claim submission through Availity or any clearinghouse that can connect through Availity.
  - To submit claims through Availity, you must log into **Availity Essentials**.

    Once in Availity, go to claims and payments, then claims and encounters to submit claims. (There are tutorials for submitting professional and facility claims.)
  - Paper claims can be mailed to:

    Medical Claims
    PO Box 8203
    Kingston, NY 12402-8203

    Behavioral Health Claims
    PO Box 8204
    Kingston, NY 12402-8204
- Ensure all claims are submitted within the product guidelines to avoid denial as a late claim submission.
- Use the standard CMS 1500 form for professional providers or UB-04 form for facilities.
- Ensure all claims are "**clean claims**." A "clean claim" is a claim that includes all of the following:
  1. Identifies the provider that provided the service with industry-standard identification criteria, including billing and rendering provider names, identification numbers, and addresses.
  2. Identifies the patient with a carrier-assigned identification number so the carrier can verify the patient was an enrollee at the time of service.
  3. Identifies the service rendered using an industry-standard system of procedure or service coding, or, if applicable, a methodology required under the provider contract. The claim shall include a complete listing of all relevant diagnoses, procedures, and service codes, as well as any applicable modifiers.
  4. Specifies the date and place of service.
  5. If prior authorization is required for the services listed in the claim, contains verification that prior authorization was obtained in accordance with the provider contract for those services; and
  6. Includes additional documentation specific to the services rendered as required by the carrier in its provider contract. Notwithstanding the above criteria, a claim shall be considered a clean claim if a carrier has has failed to give a timely notification to the person submitting the claim of any defect or impropriety in accordance with this section.

Timely Filing

A clean claim will generally be processed and paid by Sentara Health Plans within 30 days of receipt. Processing delays may occur for claims that require coordination of benefits, code review, or medical review.

All claims are to be submitted within one year, 365 days of the date of service. This includes first time submission claims and claims that have been previously paid or denied (reconsideration). Sentara Health Plans allows 18 months from the date of service to coordinate benefits.

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2. NPI Requirements:

- Include rendering/individual NPI (Box 24J) unshaded portion of the box.
- Taxonomy codes are required in the shaded portion (Box 24J).
- Group NPI (box 33A) practice NPI numbers are required.

Claims without an NPI number and taxonomy code will be rejected or denied.

Providers will submit the correct taxonomy code, which is required for billing.

Important reminder about the NPI for groups: When requesting an authorization for a provider within a group, please verify that the NPI on the request matches the NPI listed on the claim for the group (i.e. durable medical equipment, hospital, etc.) The additional step of ensuring NPIs match will help prevent the inappropriate denial of claims.

3. Completing the CMS 1500 Claim Form:

- Follow the standard instructions for completing the CMS 1500 form provided by the National Uniform Claims Committee (NUCC) on **nucc.org**.
- Complete all patient-identifying information in boxes 1–13.
- Ensure the member's name on the claim matches the name in Box 12. The member ID and group number should be placed in boxes 1a and 11.
- Include patient's signature or "signature on file."
- Use ICD-10 diagnosis codes on all claims to avoid denial for invalid diagnosis codes.
- Provide English description of services or list of supplies for unlisted or miscellaneous procedure codes.

4. Completing the UB-04 Claim Form

- Fill out the UB-04 form completely and accurately to expedite payment.
- Include all required data elements and industry-standard coding conventions.

5. Helpful Resources (Found under Provider Support/Provider Toolkit on Sentara Health Plans website)

- Avoiding Common Claim Submission Errors
- UB04 Field List and Rejection Reason
- CMS 1500 Field List and Rejection Reason
- Overview of the Appeal, Reconsideration, and Contestment Processes