

Claims and Billing Quick Reference Guide

The preferred method of claim filing is electronic.

We accept claims through any clearinghouse that can connect through Availity.

- Sentara Payor ID: 54154

Our timely filing deadline on all claims is 365 days from the date of service. This includes any corrections or reconsiderations.

Claims must be mailed to:

Medical Claims/LTSS Claims

PO Box 8203
Kingston, NY 12402-8203

Behavioral Health Claims

PO Box 8204
Kingston, NY 12402-8204

CMS 1500 Claim Form

For **EDI** claims, the Sentara **member ID number for Medicare, Medicaid, or commercial** are all acceptable in box 1a. For **paper** claims, the Sentara **member ID number for Medicare, Medicaid, or commercial** are acceptable in box 1a.

The rendering provider's **NPI** number should be listed in the bottom (unshaded) portion of box 24J

- For services billed under the umbrella of an organization/agency, this should be the organizational NPI (Type 2).
- For routine outpatient services provided by a licensed practitioner, this should be the providers individual NPI (Type 1).
- For all claims, the upper, shaded portion of 24J should contain the **taxonomy** number provided by Sentara for that service. All claims submitted to Sentara Health Plans must include individual and group practice NPI numbers and taxonomy codes. Claims received without an NPI number and taxonomy code will be rejected or denied.

The **Organizational NPI** (Type 2) should always be listed in box **33A**. No number is required in box 33B.

Paper submissions must be submitted on the Proper Red Ink Approved CMS or UB Claims forms and not Black and White copies as these will be rejected as these cannot be processed.