

# Avoiding Common Claim Submission Errors

## Please ensure claims contain:

- 1. Correct member name** – the patient name on the claim must match the patient name as listed on the member ID card.
- 2. Correct date of birth.**
- 3. Member ID number, including:**
  - member suffix: member number on claim must contain the correct two-digit suffix that identifies the patient
  - complete member ID number
  - no asterisk or spaces
- 4. Providers offering multiple services and multiple provider setups**, must bill the appropriate NPI/Tax ID on the claim to eliminate assignment logic delays.
- 5. Rendering/Individual NPI** should be listed in box **24J**, "Rendering Provider ID #," in the bottom unshaded portion of the box labeled "NPI."
- 6. Taxonomy code** should be listed in the top shaded portion of box **24J**. Claims submitted without the correct taxonomy code will be rejected or denied.
- 7. Billing/Group NPI** should be listed in box 33a, "Billing Provider Info & PH #."
- 8. Services requiring pre-authorization can be found on [sentarahealthplans.com/providers](https://sentarahealthplans.com/providers).** If unsure, contact provider services at **757-552-7474** or **1-800-229-8822**.
- 9. Coordination of Benefits, Sentara Health Plans as secondary carrier.** Claims must be submitted with Explanations of Benefits (EOBs) attached and the identical information included on the original claim.
  - Providers may not bill one insurance carrier for one charge amount and Sentara Health Plans for a different charge amount.
  - If a claim is filed for a member whose primary insurance is not Sentara Health Plans, the provider must submit an EOB for the claims within 18 months of the date of service.
- 10. Non par provider.** After the Coordination of Care period, providers must secure a dually executed contract to participate with Sentara Health Plans and service Sentara Health Plans members. For more information on joining the network, please visit: [sentarahealthplans.com/providers/join-our-network](https://sentarahealthplans.com/providers/join-our-network).

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Please note: Timely filing deadline on all claims is 365 days from the date of service. This includes any corrections, reconsiderations, and/or appeals.

The image shows a detailed Health Insurance Claim Form (NUCC 0212) with various sections for patient and insured information, provider details, and service information. The form is divided into two main vertical sections: 'PATIENT AND INSURED INFORMATION' and 'PHYSICIAN OR SUPPLIER INFORMATION'. The 'PHYSICIAN OR SUPPLIER INFORMATION' section includes a table for listing services with columns for date, procedure, diagnosis, and provider identification.

Taxonomy Code  
 Individual NPI, Box 24J  
 Group NPI, Box 33a