

## 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. 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-Participating Providers After the Coordination of Care period, providers must secure a fully executed contract to participate with Sentara Health Plans. For details on joining the network, visit: sentarahealthplans.com/providers.

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Please note: Timely filing deadline on all claims is 365 days from the date of service. This applies to initial submissions, corrections, reconsiderations, and appeals.

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