Sentara® Health Plans

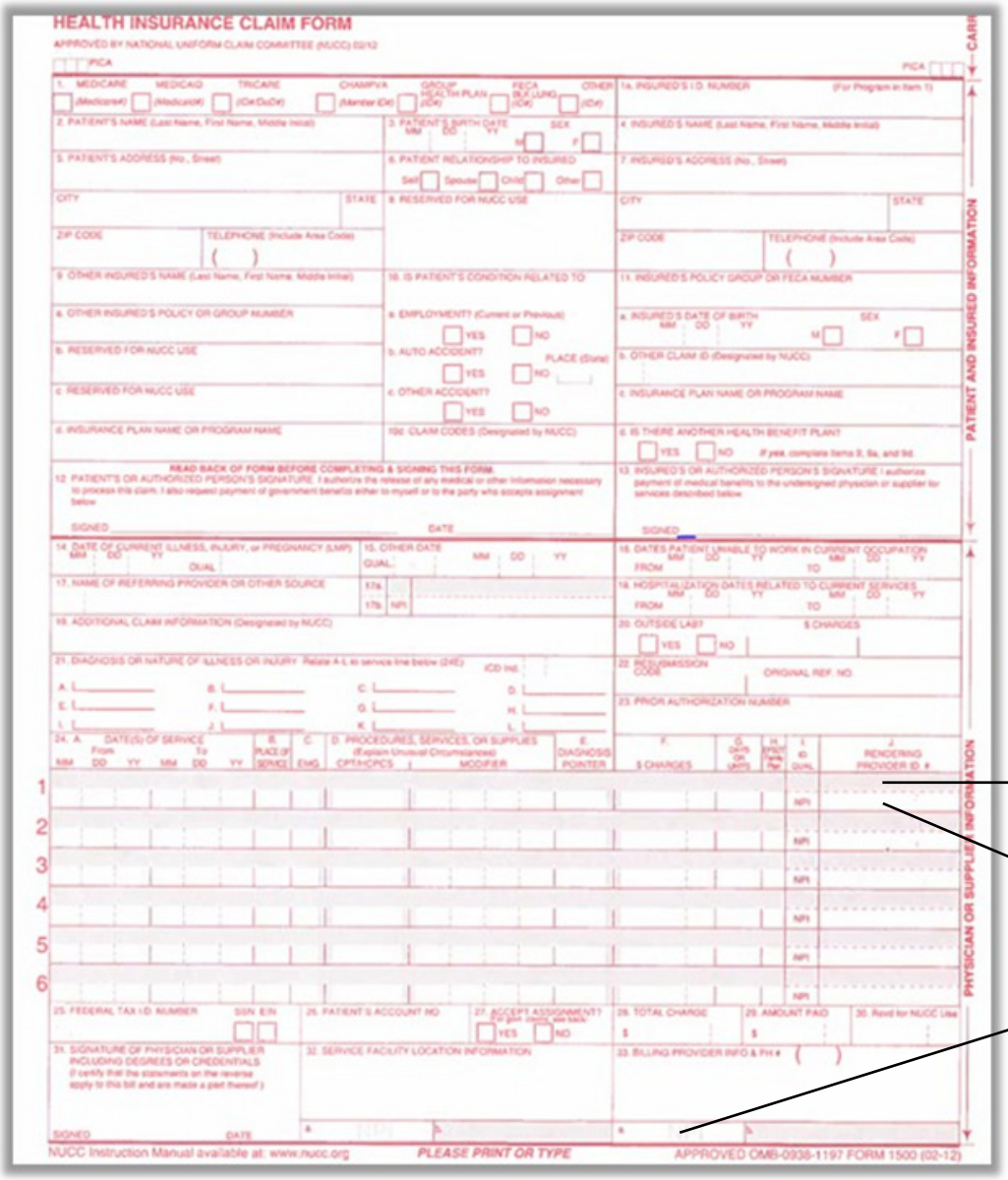
Avoiding Common Claim Submission Errors

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**.

Avoiding Common Claim Submission Errors

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.



Sentara® Health Plans