PROVIDER NOTIFICATION

New Claim Form Required & Handwriting on Claims No Longer Acceptable

Cenpatico has changed our policy as it relates to corrected claim and some COB claim submissions. Effective October 1, 2014, Cenpatico only accepts the new version of the CMS-1500 form dated 2/12. Additionally, effective December 1, 2014 both CMS-1500 and UB-04 should be free of handwritten verbiage. This includes corrected claims and coordination of benefit claims submitted under the "90 day provision."

CMS-1500 version (2/12)

As of October 1, 2014 Cenpatico only accepts the CMS 1500 (02/12) version. If other versions of the form are received you will receive a B8 reject indicating:

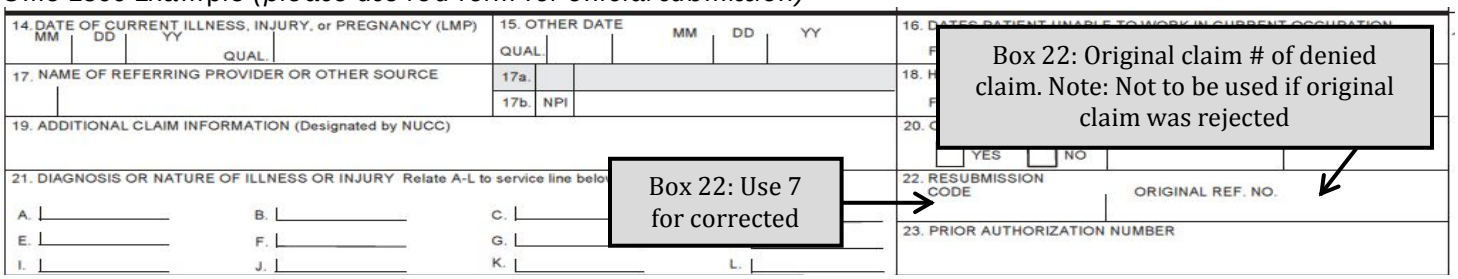
"Effective 10/01/2014, we only accept the CMS 1500 (02/12) version. Please resubmit the claim via your Health Plan Web Portal, Electronic Clearing House or the correct paper form in accordance with the CMS guidelines. "

Corrected Claims

Currently, Cenpatico requires providers to handwrite "corrected claim" to be written at the top of the claim if you are asking that a denied claim be reprocessed. As of December 1, 2014 corrected claims should be submitted as follows:

- CMS-1500 should be submitted with the appropriate resubmission code (value of 7) in field 22 of the paper claim with the original claim number of the corrected claim. EDI 837P, the data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the original claim number for which the corrected claim is being submitted.
- UB-04 should be submitted with the appropriate resubmission code in the 3rd digit of the bill type (for corrected claim this will be 7) and the original claim number in field 64 of the paper claim. EDI 837I, the data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the original claim number for which the corrected claim is being submitted.

CMS-1500 Example *(please use red form for official submission)*



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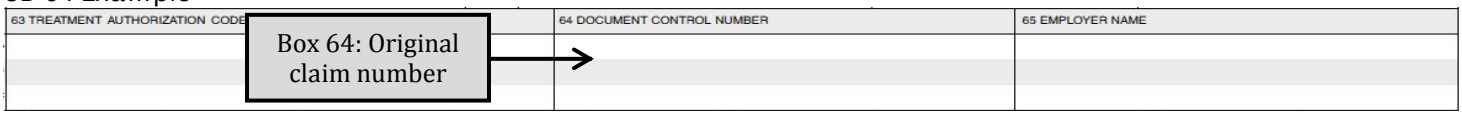
UB-04 Example



If a corrected claim is submitted without this information, the claim will be processed as a first time claim and will deny as a duplicate. Additionally, this process is for correcting denied claims only, not correcting rejected claims.

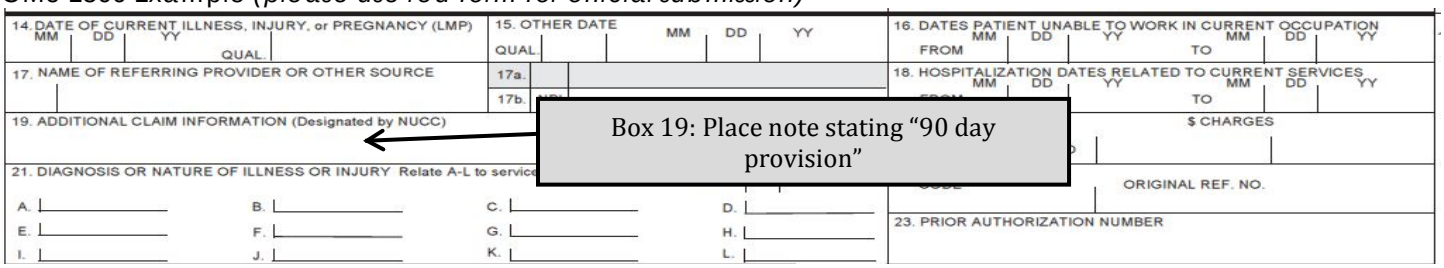
Cenpatico encourages you to submit corrected claims via EDI with the information in the appropriate loop list above. However you may choose to also utilize our website. While it is not necessary to attach the original Cenpatico EOP indicating the denial, when submitting through the web, you may attach if you choose.

COB "90 day provision"

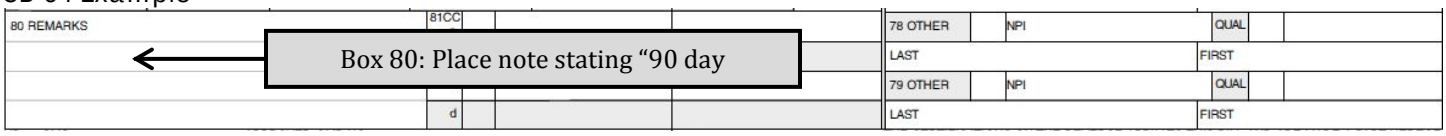
If the primary carrier has not provided a response to a primary bill within 90 days of submission, Cenpatico follows IHCP guidelines and accepts your verification that attempts to bill the primary carrier within 90 days of service occurred. Currently Cenpatico requires providers to write "No response after 90-days" at the top of the claim, and provide documentation of billing the primary payor. As of December 1, 2014 providers must include a statement within the claim itself, instead of writing the information on the top of the claim.

Please place a note stating "No response after 90 days" in Box 19 of the CMS 1500 or Box 80 on the UB-04 OR if you are including an attachment, you may write "No response after 90 days" on the attachment. We encourage providers to make these submissions via our web portal when the supporting document can be attached and the claim process electronically vs a paper submission.

CMS-1500 Example *(please use red form for official submission)*



UB-04 Example



If you need assistance or have additional question, please contact MHS Provider Services at 1- 877-647-4848 or you may contact your local Provider Relations Specialist Mary Schermer at 1-317.684.9478 ext. 20268 or LaKisha Browder, at 1- 317-684-9478 ext. 20224

Thank you,

Cenpatico Provider Relations

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