



Claim Submissions - New Policy

A MESSAGE FROM CENPATICO

Cenpatico providers are advised of the following policy changes:

- Effective Jan. 1, 2015, all Corrected Claims, and effective Feb. 1, 2015, all Paper Claims submissions should be free of handwritten verbiage and submitted on a standard red and white UB-04 or CMS1500 claim form along with the original Explanation of Payment (EOP).
- Any Uniform Billing (UB)-04 or CMS1500 forms received that do not meet the Centers for Medicare and Medicaid Services (CMS) printing requirements will be rejected back to the provider or facility upon receipt.
- In addition to submitting corrected claims on a standard red and white form, the previous claim number should be referenced in field 64 of the UB-04 and 22 of the CMS 1500 as outlined in the National Uniform Claim Committee (NUCC) guidelines.
- The appropriate frequency code/resubmission code should also be billed in field 4 of the UB-04 and 22 of the CMS 1500.

Omission of these data elements may cause inappropriate denials, delays in processing and payment.

The printing requirements are outlined in the Medicare Claims Processing Manual Chapter 26 – Completing and Processing Form CMS-1500 Data Set (Pub.100-04). Find the regulations online here:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>

If you have questions about this bulletin or other provider resources, please contact your Provider Representative, or call Customer Service, at 1-866-896-7293.