



Effective January 01, 2015, Cenpatico will only accept the new version of the CMS-1500 form dated 2/12. Additionally, 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." After January 01, 2015, Cenpatico will reject other versions of the form with a B8 reject indicating:

"Effective January 01, 2015, 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

Previously, Cenpatico required providers to handwrite "corrected claim" at the top of the claim if you are asking that a denied claim be reprocessed. As of January 01, 2015, 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)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. NPI	18. HOSPITALIZATION FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below A. _____ B. _____ C. _____ E. _____ F. _____ G. _____ I. _____ J. _____ K. _____		22. RESUBMISSION CODE ORIGINAL REF. NO.
		23. PRIOR AUTHORIZATION NUMBER

Box 22: Original claim # of denied claim. Note: Not to be used if original

Box 22: Use 7 for corrected claim

UB-04 Example

	Box 64: Original claim number	
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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 also choose to utilize our website

www.cenpatico.com

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 "90-day provision" at the top of the claim, and provide documentation of billing the primary payor. As of January 1, 2015, 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 "90 day provision" in Box 19 of the CMS 1500 or Box 80 on the UB-04 OR if you are including an attachment, you may write "90 day provision" on the attachment. We encourage providers to make these submissions via our web portal when the supporting document can be attached.

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE MM DD YY QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI	17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY GES
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		

UB-04 Example

Box 19: Place note stating "90 day provision"

80 REMARKS	81CC	78 OTHER	NPI	QUAL
If you need assistance or have additional questions, please contact our Cenpatico Provider Services line at 1-800-589-3186.				
	d	LAST	FIRST	

Box 80: Place note stating "90 day provision"