QualChoice® HEALTH INSURANCE

Provider Claim Tips
CMS 1500 and UB04

Please submit claim forms electronically if possible. Payer ID No. is 35174. CMS 1500 and UB04 claims must be submitted on original forms (with the red lines). Non-original forms will be returned and not processed. No copies or faxes. All filed claims must include NPI numbers in the appropriate NPI field(s).

Corrected Claims

CMS 1500 – ANSI 837P (Professional)

- In the 2300 Loop, the CLM segment (Claim Information), CLMOS-3 (Claim Frequency Type Code) must indicate one of the following qualifier codes:
    - 7-REPLACEMENT (Replacement of Prior Claim)
    - 8-VOID (Void/Cancel of Prior Claim)
- In the 2300 Loop, the REF02 segment (Original Reference Number ICN DCN) must include the original claim number issued for the claim being corrected, found on your Remittance Advice.

UB04 – ANSI 837I (Facility)

- In the 2300 Loop, the CLM segment (Claim Information), CLMOS-3 (Claim Frequency Type Code) must indicate the third digit of the Type of Bill being sent. The third digit of the Type of Bill is the frequency, and can indicate if the bill is an Adjustment, a Replacement or a Voided claim as follows:
- 7-REPLACEMENT (Replacement of Prior Claim)
- 8-VOID (Void/Cancel of Prior Claim)
- Please submit all claims electronically. If you are not able to do so, you may submit on paper with "Corrected Claim" written at the top of the claim form, with our *Request for Reconsideration* form. When billing for services in two different years, bill on separate CMS 1500 claim forms.
- Box 31 must have the name of the physician rendering the service.
- Box 24J is for the Rendering Provider NPI# only. Using any other Provider NPI# will result in payment being denied.
- If claim lines exceed one page, do not total until the last page.
- Claims may be rejected if not filed in proper format.
- If billing more than one unit for the same CPT-4 code but different dates of service, each date of service must be on a separate line. Do not combine on one line using date ranges.
- Avoid using stamps (Second Notice, Status, etc.). If a stamp is necessary, place it at top of the form above the "Health Insurance Claim Form" line.
- Dental and oral surgery claims are accepted on either a dental insurance form or the CMS 1500 form. If filing on a dental insurance form and the treatment is related to an injury, a diagnosis code is required. Type the diagnosis code on the form or on your attached letterhead.
- Handwritten forms will not be accepted or processed.

UB04

- DRG numbers must be indicated in Box 31 if filing electronically and Box 31, 56, or 84 if filing on paper.
    - Inpatient claims approved by QualChoice as outpatient require applicable CPT codes.
- Oral surgeons must file with CPT-4 codes rather than 'D' codes for office visits.

DO	DON'T
Do use a 2-digit year in date fields. For example, 2015 would be '15'. Do use a 10-point font if possible when completing claim forms. Do make sure your NPI number is in the NPI 24J field.	Don't highlight information on claim forms. Don't write, black out data or use white-out on the claim form. Don't punch holes in the claim form. Don't hand write claim forms. They will not be accepted.

*Proof of timely filing of a claim can be appealed by using our **Request for Reconsideration** form. It must be accompanied by documentation from the clearinghouse showing that the claim has been accepted by the payer. There must be proof of timely follow-up on the patient's account.*