OptimaHealth

Avoiding Common Claim Submission Errors

www.optimahealth.com/providers

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:**
    a) Member suffix – the member number on the claim must contain the correct two-digit suffix that identifies the patient.
    b) Complete Member ID Number: total of nine (9) characters.
    c) No asterisk or spaces
4) **Providers offering multiple services and multiple provider setups**, must bill the appropriate NPI/Taxonomy/Tax ID on the claim to eliminate assignment logic delays.
5) **Claims requiring pre-authorization** must include the correct authorization code on the claim form, box **23.**
6) **Individual NPI** should be listed in box **24J**, "Rendering Provider ID #," in the bottom unshaded portion of the box labeled "NPI".
7) **Group NPI** should be listed in box **33a**, "Billing Provider Info & PH #".
8) **Services requiring pre-authorization can be found on optimahealth.com/providers.** If unsure contact Provider Relations at 757-552-7474 or 1-800-229-8822.
9) **Coordination of Benefits, Optima Health as secondary carrier**. Claims must be submitted with EOB's attached and the identical information included on the original claim.
    a) Providers may not bill one insurance carrier for one charge amount and Optima Health for a different charge amount.
    b) If a claim is filed for a member whose primary insurance is not Optima Health, the provider must submit an EOB with the claims within 18 months of the date of service.
10) **Non par provider**. After the Coordination of Care period, Providers must secure a dually executed contract to participate with Optima Health and service Optima Health members. For more information on joining the network, please visit www.optimahealth.com/providers/join-our-network.

11) Duplicate Denials on Corrected Claim. Please submit "**Corrected Claim**" in **Box 19** of the HCFA 1500 claim form. **Note:** Include the claim number.

PLEASE NOTE: Timely filing deadline on all claims is 365 days from the Date of Service. This includes any corrections, reconsiderations, and/or appeals.