

## Claims and Billing Quick Reference Guide

 **Preferred method of claim filing is electronic**

- We accept claims through any clearinghouse that can connect through **Payerpath/Allscripts**
  - Optima Health Payor IDs: Medical/ LTSS: 54154  
BH/CMHRS: 5415M  
Facility(NF): 00453

 **Our timely filing deadline on all claims is 365 days from the date of service**

- This includes any corrections, reconsiderations, and/or appeals
- Please make sure to include “Reconsideration” or “Corrected claim” in box 19.

**Turnaround time for claim (correctly submitted) claims:**

Electronic: 14 days

Paper: 25 days\*

\*All LTSS/CMHRS/NF claims are processed within 14 days

**Paper Claims must be mailed to:**

**Medical Claims/LTSS Claims**

PO Box 5028  
Troy, MI 48007-5058

**Behavioral Health Claims**

PO Box 1440  
Troy, MI 48099-1440

## CMS 1500 Claim Form

- For **EDI** claims the **OHCC member ID**, **SS#** or **Medicaid #** are all acceptable in box 1a. For **paper** claims the **OHCC member ID** or **SS#** are acceptable box 1a.
- The rendering provider's **NPI** number should be listed in the bottom (unshaded) portion of box 24J
  - For services billed under the umbrella of an organization/agency this should be the organizational NPI (Type 2).
  - For routine outpatient services provided by a licensed practitioner this should be the providers individual NPI (Type 1).
  - For all claims, the upper, shaded portion of 24J should contain the **taxonomy** number provided by Optima Health for that service. **Claims submitted without taxonomy numbers may take longer to process**
- The **Organizational NPI** (Type 2) should always be listed in box **33A**. No number is required in box 33B