

Claims Submission Instructions

Rev. 02/07/2023

To help clarify the claims process, please refer to the below table for filing instructions for claim submissions. **This replaces all previous notifications regarding the claim submission process.**

Claim Category & Timely Filing:	What we need to process your request:	Submission Method/Address:
Initial Claim Submission Timely Filing: 180 days from date of service	<ul style="list-style-type: none"> Official CMS 1500 or UB claim form with NO HAND-WRITTEN information 	<ul style="list-style-type: none"> EDI: Electronic Clearinghouse - Availity Payor ID = 76498 Phone: 1-800-AVAILITY Manual data entry of claims The Availity Essentials Portal allows providers to manually submit transactions through the portal. Paper Claims Mail to: Maryland Physicians Care P.O. Box 21099 Eagan, MN 55121 Claims sent to any other address will be returned
COB Submission <ul style="list-style-type: none"> When MPC is secondary, provider has 12 months from the date of service COB claims are accepted up to 6 months after a Remittance Advice date up to 18 months from the date of service 	<ul style="list-style-type: none"> Original Claim Explanation of Payment or Remittance Advice Any other supporting documentation 	
Recoupments	<ul style="list-style-type: none"> Check for the applicable amount paid to: Maryland Physicians Care Original Explanation of Payment Original Claim 	Maryland Physicians Care PO Box 22655 New York, NY 10087-2655
Provider Appeals Must be submitted within 90 business days of the decision or it will be denied untimely	For Electronic Claims Appeals (preferred): <ul style="list-style-type: none"> Claim Number Provider's contact Information PDF Attachment max limit 256 MB Written Claim Appeal Forms can be found at: MarylandPhysiciansCare.com <ul style="list-style-type: none"> Original Claim Original Explanation of Payment Any other supporting documentation 	Submit electronic Claim Appeals to: https://providerappeals.marylandphysicianscare.com/ Maryland Physicians Care MCO Attn: Provider Appeals PO Box 1104 Portland, ME 04104 Fax: 833-656-0648 Appeals sent to any other address will be returned
Member Appeals (Pre-Service) Must be submitted within 60 days of the date you received the letter saying MPC would not cover the services	<ul style="list-style-type: none"> Medical Records Any other supporting documentation 	Maryland Physicians Care MCO Attn: Member Appeals P.O. Box 893, Portland, ME 04104 Fax: 866-831-0790 Appeals sent to any other address will be returned

We encourage you to use **Code Checker** (located on the web portal) to identify whether or not a service requires prior authorization.

Please refer to the **Provider Manual** located on our website (www.MPCMEdicaid.com) for further instructions and remember to check the website for continued updates. Please contact us at **1-800-953-8854** with further questions.