

Claims Submission Instructions

11/28/17

Recent feedback from our providers included the need for clearer instructions on submitting claims. To help clarify the claims process, please refer to the below table for filing instructions for **ALL dates of service** (unless otherwise indicated). **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 <ul style="list-style-type: none"> Timely Filing: 180 days from date of service 	<ul style="list-style-type: none"> Official CMS 1500 or UB RED & WHITE claim form with NO HAND-WRITTEN information 	<ul style="list-style-type: none"> Web Portal: Claims can be submitted free of charge through the Secure Web Portal EDI: Electronic Clearinghouse Emdeon Payor ID = 22348 1-866-506-2830 Paper Claims Mail to: Maryland Physicians Care P.O. Box 5080 Farmington, MO 63640-5080 <p>Claims sent to any other address will be returned</p>
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 	<p>Claims sent to any other address will be returned</p>
Claim Resubmission <ul style="list-style-type: none"> Reconsiderations must be submitted within 90 days of the claim Remittance Advice or it will be denied untimely 	<ul style="list-style-type: none"> Claim Reconsideration Form (located online at MarylandPhysiciansCare.com) Original Claim (RED & WHITE) Explanation of Payment or Remittance Advice Any other supporting documentation 	Maryland Physicians Care MCO Attn: Reconsideration PO Box 5080 Farmington, MO 63640-5080 Claims sent to any other address will be returned
Recoupment for Pre 7/1 Dates of Service	<ul style="list-style-type: none"> Check for the applicable amount paid to: Maryland Physicians Care Original Explanation of Payment Original Claim (RED & WHITE) 	Maryland Physicians Care MCO Attn: Recoupments PO Box 955165 St Louis, MO 63195-5165 Claims sent to any other address will be returned
Recoupment for Post 7/1 Dates of Service	MPC will recoup the refund amount through the auto-recoupment process which will draw against future claims payments	N/A
Provider Appeals <ul style="list-style-type: none"> Must be submitted within 90 working days of the decision or it will be denied untimely 	<ul style="list-style-type: none"> Claim Appeal Form (located online at MarylandPhysiciansCare.com) Original Claim (RED & WHITE) Original Explanation of Payment Any other supporting documentation 	Maryland Physicians Care MCO Attn: Provider Appeals PO Box 5080 Farmington, MO 63640-5080 Appeals sent to any other address will be returned
Member Appeals (Pre-Service) <ul style="list-style-type: none"> 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 1201 Winterson Road, 4 th Floor Linthicum Heights, MD 21090

Note: FedEx, UPS or certified mail can be sent to: One Centene Drive, Farmington, MO 63640

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.MarylandPhysiciansCare.com) for further instructions and remember to check the website for continued updates. Please contact us at **1-800-953-8854** with further questions.