Helpful Hints for Submitting Clean Claims

Compliance with CareCentrix billing requirements is required and can help ensure the timely processing and reimbursement of claims. Below are some helpful hints for submitting clean claims to CareCentrix:

1) Use the correct claim form
   - For traditional home health services, bill using the 837I/UB-04 claim form.
   - For home medical equipment, home infusion, orthotics and prosthetics, bill using the 837P/CMS 1500 claim form.

2) Include the complete and correct subscriber ID number as it appears on the patient’s subscriber ID card on the claim.

3) Include the complete and correct patient name (including prefix and suffix when applicable), address, gender and date of birth on the claim.

4) Ensure the HCPCS/modifier combination on the claim matches the HCPCS/modifier combination on the Service Authorization Form (SAF).

5) Include a taxonomy code and the appropriate qualifier with all claim submissions.

6) Do not use V codes as the primary diagnosis code.

7) Follow all ICD coding rules.

8) Bill using the correct place of service codes based on the location where the services were provided.

9) Ensure the billed units and date spans on the claim match.

10) For all institutional claims, bill using the correct Revenue Code, HCPCS, and Modifiers.

11) Do not submit claims with future dates of services (for example, if the current date is 9/10, you cannot submit a claim for a date range of 9/1 - 9/30).

12) Include all services performed on the same day on the same claim.

13) Include a HIPPS code on all home health claims submitted for Medicare patients.

14) When applicable, include both the referring and attending physician information on the claim.