



## **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.