

ValueOptions and Great-West Healthcare

Claims Tip Sheet

The information on this "Tip Sheet" is designed as a quick reference guide for providers who submit claims to ValueOptions. For more detailed information, please visit us on-line at www.valueoptions.com.

Please note the following claims guidelines:

- ValueOptions must receive clean claims within 90 days from the date of service.
- All payments or denials from the provider are final unless adjustments or an appeal request is received within 60 days from the date indicated on the Explanation of Benefits form sent by ValueOptions on behalf of payer.
- Providers are reimbursed by the applicable payer at the contracted or negotiated rate for covered services.
- A member can only be charged for the applicable account-specific co-payment, co-insurance, or deductible portion of such rate for covered services.
- Members may not be charged for any fees above the contracted rates.
- Providers are not allowed to "balance-bill" members. This includes any balance billing because a claim was denied for failure to obtain a required authorization for care, or for timely filing.
- A separate claim form must be submitted for each member for whom the provider bills and contain all of the required data elements.
- Please limit each billing line to one date of service and one procedure code.
- When resubmitting a previously denied claim, please indicate on the claim that this is a resubmission. Please do not add new services that were not included on the original claim, these should be submitted separately.
- Clean claims must be submitted on one of the two national industry standard billing forms: Center for Medicare and Medicaid Services/CMS-1500 (formally known as HCFA-1500); or Uniform Billing Form/UB92
- Please submit typed claims on the original (red) Standard forms as described above. Use of a photocopied claim form requires manual intervention and delays claims processing.
- If the patient has other primary health insurance, please submit the paper EOB from the other insurance carrier along with your completed claim form.

Customer Service

If you have questions regarding the status of a claim submission, please visit us on-line at www.valueoptions.com. To reach a Customer Service Representative, please call **866-714-2960 (effective 4/1/06)** to access our new improved TeleConnect system. TeleConnect is a voice recognition software that will allow for eligibility verification, claims status, and to request a clinical and network update form.

CMS-1500 Claim Form Key Fields

- | | |
|--|---------------|
| • Member ID Number | Box 1A |
| • Member Name | Box 2 |
| • Member Date of Birth | Box 3 |
| • Patient's relationship to the insured | Box 6 |
| • Insured's address, city, state, zip code | Box 7 |
| • Patient's status-married/single | Box 8 |
| • Is the patient's condition related to: Employment? | Box 10 |
| • Auto accident? Other accident? | Box 10 |
| • Diagnosis Code(s) | Box 21A |
| • Dates and Place of Service | Box 24A and B |
| • Procedures, Services, OR Supplies CPT/Modifier | Box 24D |
| • Charges | Box 24F |
| • Number of Days or Units | Box 24G |
| • Federal Tax-ID Number | Box 25 |
| • **Provider Name, Number, and Licensure | Box 31 |
| • Service Location (Address) | Box 32 |
| • Billing (PAY TO) Address | Box 33 |

**Please be certain to use enter the correct Licensure in Box 31 as well as the service provider's degree.

UB92 Claim Form Key Fields

• Facility Name and Address	Box 1
• Type of Bill	Box 4
• Federal Tax-ID Number	Box 5
• Statement Covers Period	Box 6
• Patient Name	Box 12
• Patient's Address	Box 13
• Birth Date	Box 14
• Member's Sex	Box 15
• Marital Status	Box 16
• Admission Date	Box 17
• Admission Hour	Box 18
• Admission Type	Box 19
• Admission Source	Box 20
• Discharge Hour	Box 21
• Patient Status	Box 22
• Responsible Party Name and Address	Box 38
• Contract Revenue Codes (Must be Valid and Recognized Codes)	Box 42
• HCPCS Codes	Box 44
• Service Date, when using HCPCS codes	Box 45
• Service Units	Box 46
• Total Charges	Box 47
• Payer	Box 50
• Release of Information Certification Indicator	Box 52
• Assignment of Benefits	Box 58
• Patient's relationship to insured	Box 59
• ID Number	Box 60
• Group Name	Box 61
• Principal Diagnosis	Box 67
• Admitting Diagnosis	Box 76
• Attending Physician ID # and Licensure Level	Box 82
• Provider Representative	Box 85
• Date	Box 86

Electronic (EDI) Billing Guidelines / Single Claims Submission (eProvider):

ValueOptions' Online Provider Services are designed to give providers easy access to eligibility inquiry, claims status inquiry, and electronic claims. These services are provided at no cost. Submitting claims electronically improves accuracy, increases the speed of claim payment, and reduces your administrative office costs.

- ValueOptions encourages providers to sign-up for electronic claims submissions, or, for smaller volume provider offices, Single Claim Submissions.
- Claims filed electronically are received and processed quicker
- Contact the EDI Helpdesk at (888) 247-9311 if you have any questions.
- Please use your correct Provider Number and Vendor Number for electronic claims.
- When the member has other insurance coverage, ValueOptions requires the paper EOB from the other coverage, therefore, we do not recommend electronic filing of claims when coordination of benefits applies.

Claims Mailing Address:

ValueOptions Inc.
P.O. Box 1980
Latham, NY 12110

Claims Appeal Address:

ValueOptions Inc.
P.O. Box 1980
Latham, NY 12110