

PH Tech Paper Claim Submission Guidelines



Performance Health Technology (PH Tech) has a policy in place to verify that paper claims received are valid prior to allowing entry in our Community Integration Management (CIM) database, which helps to assure claims are processed with quality, consistency and compliance. Paper claims are processed using optical character recognition (OCR) scanning. A small number of paper claims are unable to be scanned and are manually data entered. Paper claims may also be manually data entered if an exception is made by PH Tech management.

PH Tech accepts the following claim forms:

- **Professional:**
 - Health Insurance Claim Form, NUCC, Approved OMB-0938-1197 FORM CMS 1500 (02-12)
 - This form will only be accepted when submitted on the red and white form. Photocopies of the form will not be accepted.
- **Institutional:**
 - UB04 CMS 1450, NUBC, Approved OMB NO. 0938-0997
 - This form will only be accepted when submitted on red and white form. Photocopies of the form will not be accepted.

To purchase forms from the U.S. Government Printing Office, call 202-512-1800

Please consider the following information when preparing your claim(s) for submission:

- PH Tech will open all claim mail addressed to plans that they currently service. In accordance with US Code - Section 1702, all mail addressed to plans that they do not service will not be opened and will be returned to the sender. Be sure to address all mailed claims to 'CareOregon' to ensure claims are processed accurately.
- Providing a correct and complete plan/carrier name on the claim form increases PH Tech's ability to process the claim without extra handling and delay.
- All required fields of the paper claim form must be completed with valid information. It is essential that information entered on the claim aligns in the appropriate boxes.
 - For most cases and as a general rule, PH Tech uses the information found in the Medicare Claims Processing Manual to determine required fields.

CMS 1500

[cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf)

CMS 1450

[cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf)

- To ensure PH Tech’s OCR scanning process functions with the highest level of accuracy, all claim forms must be the same size, scale and alignment as the standard professionally printed version of the form.
- Paper claims that have been completely typed or printed are accepted. Additionally, claims that have been completely handwritten are accepted. Individual claims that contain a combination of these two methods will not be accepted.
- A label, correction tape or other editing media may not be used to change/edit information in a required field.
- Stamped information on a claim (e.g., “tracer,” “corrected claim,” provider signature, etc.) is considered informational and can be accepted on both handwritten and typed claims. Labels that are informational are also acceptable.
- Paper claims with attached documentation that is not standard 8.5”x11” size cannot be scanned and processed until extra handling is performed. This will delay processing of the claim. It is strongly encouraged that providers submit standard size documentation.
- In accordance with HIPAA, attachments submitted with a claim may not contain information for individuals who are not the member indicated on the claim.
- Limit claims to services provided by one provider per claim.
- Limit claims to services covered by one authorization per claim.
- If your agency provides services to CareOregon members for both mental health and substance use disorder (SUD), please limit each claim to services for only mental health or only SUD services.
- SUD claims will be required to have a program tag to identify that claim as a SUD claim.
 - Box 24J on the CMS 1500, the top/shaded portion of that field, please enter “CD.”

Exceptions to any of the above guidelines require approval by a PH Tech manager or supervisor.

Paper claims that are received, reviewed and found not to meet these guidelines will be rejected and returned to the billing address of the provider indicated on the claim. A send back cover sheet will notify the provider of the reason for rejection. We do not keep copies of claims we have returned.

In an effort to improve our ability to provide you faster service and timely payment, we encourage you to consider submitting your claims electronically. Please contact our EDI Support at edi.support@phtech.com for more information.

Tips for Submitting Clean CMS-1500 Paper Claims*

Font and Printing

- Use Courier New font for computer-generated claims. Do not print in italics, bold or script. Do not mix fonts.
- Use Pica 10 or 12-point typeface for claims typed on a typewriter.
- Do not type in italics or script.
- Use upper case letters for all claim data.
- Ensure none of the characters touch.
- Ensure no lines from the printer cartridge are anywhere on the claim.
- Do not use special characters (dollar signs, decimals, dashes, asterisks or backslashes) unless otherwise specified.
- Use an ink jet or laser printer to complete the CMS-1500 claim form. Because claims submitted with dot matrix printers have breaks in the letters and numbers, OCR equipment is unable to properly read these claims. Providers using dot matrix printers risk slow or incorrect processing of their claims.

Ink Color

- The OCR equipment is sensitive to ink color. Follow these guidelines on ink color:
- Submit the scannable, red-ink version of the CMS-1500 claim form.
- Do not use red ink to complete a CMS-1500 claim form. OCR scanners “drop out” any red that is on the paper.
- Use true black ink. Do not use any other color ink such as blue, purple or red.
- Avoid using old or worn ink cartridges, toner cartridges or printer ribbons.

Alignment

- To process a claim correctly, proper alignment of the CMS-1500 form information is necessary.
- The OCR equipment may not read information that is not aligned properly, resulting in unnecessary denials or incorrect payment. To properly align data on the claim form, do the following:
- Center information vertically within the confines of each box on the CMS-1500 claim form.
- Align all information on the same horizontal plane.
- Do not include more than six line items on a CMS-1500 claim form.
- Do not squeeze two lines of information on one line.

* Data gathered from CMS:

med.noridianmedicare.com/web/jddme/claims-appeals/claim-submission/guidelines