SECTION 5 SUBMITTING CLAIMS TO MEDICAID

Time Limits for Filing Claims

All Medicaid claims, except inpatient claims and nursing facility claims, must be received by EDS within 365 days of the **first date** of service in order to be accepted for processing and payment. All Medicaid hospital inpatient and nursing facility claims must be received within 365 days of the **last date** of service on the claim.

Submitting Claims on Paper

When completing the paper claim form, use black ink only. Do not submit carbon copies or photocopies, and do not highlight the claim or any portion of the claim. For auditing purposes, all claim information must be visible in an archive copy. EDS uses optical scanning technology to store an electronic image of the claim, and the scanners cannot detect carbon copies, photocopies, or any color of ink other than black. Carbon copies, photocopies, and claims containing a color of ink other than black, including highlighting, will not be processed and will be returned to the provider.

Processing Paper Claims without a Signature

Providers are allowed to file **paper** claims without an original signature on each claim if the provider submits a **Provider Certification for Signature on File** form. (Providers who file claims electronically are not required to complete this form. Refer below to **Submitting Claims Electronically**, below.) Please note that out-of-state providers (providers more than 40 miles from the North Carolina border) are required to have a signature on the claim.

Forms that must be signed must contain the provider's original signature; stamped signatures are not accepted. For group physician/practitioner practices or clinics, each attending provider must sign a certification. Groups whose claims do not require an attending provider number - such as home health agencies, hospitals, and facilities (including adult care) - should have the certification signed by an individual who has authority to sign contracts on behalf of the provider.

To avoid EOB 1350 denials (which indicate that a **Provider Certification for Signature on File form** has not been submitted), please contact EDS Provider Services at 1-800-688-6696 or 919-851-8888 prior to submitting claims to verify that the system has been updated.

A copy of the form is available in Appendix G-21 or on the DMA Web site at http://www.dhhs.state.us/dma/forms.html. Fax or mail completed certifications two weeks in advance of submitting claims without a signature.

Submitting Claims Electronically

Providers who plan to submit claims electronically must indicate their intention to do so by agreeing to abide by the conditions for electronic submission outlined in the Electronic Claims Submission Agreement.

The process of submitting claims to Medicaid through electronic media is referred to as Electronic Commerce Services (ECS). EDS will process claims submitted through FTP and asynchronous dial-up.

Billing electronically requires software that complies with the transaction standards mandated by HIPAA. Refer to Section 10, Electronic Commerce Services, for additional information about electronic billing and ECS services.

Billing on the CMS-1500/ CMS-1500 (08/05) Claim Form

Listed below are some of the provider types who bill Medicaid using the CMS-1500 claim form:

- Ambulatory surgery center*
- Audiology or speech pathology, physical therapy, occupational therapy, and psychological services, case management services (DSS)
- Certified registered nurse anesthetist*
- Chiropractor*
- Community Alternatives Program
- Durable medical equipment*
- Federally qualified health center*
- Free standing birthing center*
- Head Start
- Health department
- Hearing aid dealer
- HIV case management
- Home infusion therapy
- Independent diagnostic testing facility*
- Independent laboratory*
- Independent mental health provider
- Independent practitioner
- Local education agency
- Mental health center
- Nurse midwife*
- Nurse practitioner*
- Optical supply dealer
- Optometrist*
- Orthotics and prosthetics*
- Personal care services
- Physician*
- Planned Parenthood (non-medical doctor)*
- Podiatrist*
- Portable X-ray
- Private duty nursing services
- Residential evaluation services
- Rural health clinic**

*Some provider types are mandated to bill Medicaid using modifiers. Please refer to the **April 1999 Special Bulletin II,** *Modifiers*, for Medicaid modifier usage guidelines.

**Modifier usage is subject to non-core services only.

Medicaid special bulletins are available on DMA's Web site at **http://www.ncdhhs.gov/dma/cptclickbulletin.htm**.

Note: Before billing, please refer to program-specific instructions for completing a claim. These are available on DMA's Web site at: http://www.ncdhhs.gov/dma/clinpolicy.htm. Please note claim form information in Appendix G.

Billing on the UB-92/UB-04 Claim Form

Listed below are some of the provider types who bill on the UB-92/UB-04 Claim form:

- Adult care home
- Ambulance
- Area mental health center
- Dialysis facility
- Home health agency
- Hospice
- Hospital
- Intermediate care facility for mental retardation
- Nursing facility
- Psychiatric residential treatment facility
- Residential child care facility (Level II, III, and IV)

Billing on the ADA 2002/ADA 2006 Claim Form

Listed below are some of the provider types who bill on the American Dental Association (ADA) claim form:

- Dentist
- Federally Qualified Health Center (dental services only)
- Health Department Dental Clinics (dental services only)
- Rural Health Clinic (dental services only)

Refer to Clinical Coverage Policy #4, Dental Services, on DMA's Web site at: http://www.ncdhhs.gov/dma/dental.htm, for instructions on completing the ADA claim form.