



Claims/Billing Cheat Sheet

FREQUENTLY USED ADDRESSES

SUBMIT PAPER CLAIMS & COORDINATION OF BENEFITS TO:

Coordinated Care Health
P.O. Box 4030
Farmington, MO 63640-4197

***Timely Filing is 365 days from date of service**

ELECTRONIC CLAIMS SUBMISSION

1-800-225-2573 ext. 25525

Via email at EDIBA@centene.com

Payer ID# 68069

Clearinghouse Vendors:

- Emdeon
- Gateway EDI
- SSI
- Availity

THERAPY MODIFIER REQUIREMENTS

ALL PT, OT, and ST services must billed with the following modifiers in the M1 position

- **GN – Speech Therapy**
- **GO – Occupational Therapy**
- **GP – Physical Therapy**

Physicians, ARNPs, PA-Cs, and audiologists must use the following modifier in the M2 position when billing any therapy services:

- **AF – All PT, OT, ST services**

POA Indicator

All inpatient facilities are required to submit a **Present on Admission (POA) indicator** on all claims. Claims will be denied (*or rejected*) if the POA indicator is missing. Please reference the CMS billing guidelines regarding POA for more information and for excluded facility types.

NDC Requirements

- NDC is required for all injectable drugs administered in the provider's office.
- NDC is required when billing REV code 634-637.

The NDC is entered in the supplemental information section of the cms1500 for field 24A-G. The NDC is entered in box 43 of the UB04. For more detailed instruction please refer to the Coordinated Care Billing Manual.

Anesthesia

- Providers must report the number of actual anesthesia minutes (calculated to the next whole minute) in the appropriate field of the claim form.

For more detailed instruction on Anesthesia billing and modifier requirements please refer to the Coordinated Care manual.

Vaccinations

Immunizations covered under the EPSDT program that are obtained free from DOH.

Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90707 SL). DO NOT BILL the admin codes 90471-90472 for the administration.

Taxonomy Codes

Taxonomy codes must be billed with NPI on ALL claims for rendering provider, billing provider, and attending provider (where acquit able). Failure to submit the taxonomy codes will result in a rejected claim.