

14: Claim Guidelines

14.1 Code Sets/Claim Forms

Claims must be submitted to Unison using HIPAA compliant CPT-4 or HCPCS codes. Unison follows National Correct Coding Initiative (NCCI) edits in the processing of provider claims. Hospitals should bill on a UB-92 or CMS 1500 form. Other providers, including Ancillary providers, should bill using the CMS 1500 form. All paper claims must be billed on red and white claim forms. Black and white claim forms will not be accepted.

14.2 Clean Claims

Please allow thirty (30) days for the processing of clean claims. A "Clean Claim" is a claim for payment for a health care service which has no defect or impropriety, such as a lack of required documentation or a particular circumstance requiring special treatment that prevents timely adjudication of the claim, and in compliance with applicable law.

14.3 Payment in Full

Payment by Unison is considered payment in full. In no circumstance, including, but not limited to, non-payment from Unison for non-approved services, may a provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Unison member. In addition, no copayments may be assessed to or collected from a Unison member.

14.4 Electronic Claims (EDI)

14.4.1 Why Submit Electronically?

Unison has the capability of accepting claims electronically through an association with Emdeon/WebMD. Unison prefers and encourages providers to take advantage of electronic claims processing capabilities. Submitting claims electronically offers the following benefits:

- Faster Claims Submission
- Expedited Payment
- Detailed Submission Reports
- Increased Claims Accuracy
- Reduced Paperwork
- Time and Cost Savings

14.4.2 How To Submit Electronically

If you currently submit claims electronically to other insurance carriers, please contact your software vendor for further instructions. Please notify your vendor that **Unison's Payor ID number is 25175**. When submitting claims to Unison, it is particularly important that your Unison provider ID number and the member's Unison ID number be present and accurate for each claim. If you are not presently submitting claims electronically, please contact your Unison Provider Relations Representative for further information.

14.4.3 What Can and Cannot Be Submitted Electronically?

All services submitted on a standard CMS 1500 Form or UB-92 Form will be accepted for electronic submission. Encounter Data must also be submitted using one of the aforementioned form types. There are a few types of claims and attachments which cannot be submitted electronically to Unison, such as:

- Medicaid attachments
- Claims for which Unison is the secondary insurance (EOB required)
- Claims for non-payable Medicaid codes which were negotiated for payment

Because the previously listed claims and attachments cannot be submitted electronically, Authorization numbers should be noted in box 23 on the CMS 1500 layout and in box 63 on the UB-92 layout. To avoid having one of the previously mentioned claims denied, a paper copy of the claim form and the attachment must be sent to the appropriate Unison claims address.

14.5 Received Dates

The “received date” of the claim will be dependent on when the claim is received by Unison from Emdeon/WebMD. Any claim submitted to Emdeon/WebMD and received by 7 PM Monday through Friday will have a “received date” of that business day. Claims received after 7 PM will have a “received date” of the following business day.

14.6 Required Fields

Along with the standard fields required, the following fields must be completed for a claim to be accepted by Unison for processing:

	Field Numbers	
Field Description	CMS 1500 Form	UB-92 Form
Provider ID Number *	Box 33	Box 51
Member ID Number	Box 1a	Box 60
Type of Service Code	N/A	N/A
Date of Service	Box 24A	Box 6 & 45**
DRG Number	N/A	Box 56 (I/P only)
Place of Service ***	Box 24B	N/A

* For EDI claims, your Provider ID Number must contain 12 digits. Please add the appropriate number of zeros in front of your 5 or 6 digit Provider ID Number. For PCP claims, the physician’s individual Provider ID Number is required (Group numbers will not be accepted).

** Date of Service must be listed in box 6 on the UB92. For Outpatient claims, the Date of Service must also be listed on each line in box 45 on the UB92.

*** Medicare Place of Service codes should be used.

14.7 Paper Claims

Providers that do not yet have the ability to submit electronic claims should submit their claims in the traditional paper format. Paper claims may be mailed to the following address:

Unison Health Plan
PO Box 1257
Monroeville, PA 15146

14.8 Submission Requirements

Reimbursement of services is contingent upon proper authorization and member eligibility. Please be sure to submit every claim with a complete and accurate provider number.

14.9 Claims

All encounters and services provided to members must be submitted on a CMS 1500 or UB 92 as appropriate. All paper claims must be billed on red and white claim forms. Black and white claim forms will not be accepted. The submission must include HIPAA compliant codes and valid diagnosis codes. Depending on the service(s), the provider may possess an authorization number, obtained from Unison's UM Department respective to the service. In cases where prior authorization is required, the authorization number should be indicated on the claim in the prior authorization field.

14.10 Timeframes

Unison must receive a properly submitted claim within 90 days from the date of service. In cases where Unison is not the primary payor, the Provider has 180 days to submit a claim. Unison will forward a remittance advice and reimbursement within 30 days from receipt of a claim. However, reimbursement is contingent upon proper authorization and member eligibility.

14.11 Inpatient Readmissions

For admissions paid based upon Diagnosis Related Grouping (DRG), any readmission to the same facility within fifteen (15) days of discharge will be deemed related and bundled into the first admission for payment purposes. Payment will be made based upon the DRG for the first admission and will represent total payment for all services rendered during the original admission and readmission(s). Separate payment will not be made for services rendered during the readmission(s). Disputes regarding readmission payment decisions should be directed to the Appeals Department.

14.12 Reporting Birth Weight on Newborn Claims

Please note that providers are required to report newborn weight to Unison. To report this data, the appropriate value code must be used:

UB-92: Report in block 39, 40 or 41 using value code "54" and the newborn's weight grams.

If billing electronically, please report birth weight in loop 2300, segment HI, with the qualifier BE and the value code "54" in HI01-2 and the newborn's weight in grams in HI01-5.

Unison references the following codes to identify newborn claims. Therefore, please be sure to include birth weight on all claims containing these codes:

ICD-9 Procedure Codes:

- 72.x Forceps, vacuum, and breech delivery
- 73.51 Manually assisted delivery; Manual rotation of fetal head
- 73.59 Manually assisted delivery; Other
- 74.0 Cesarean section and removal of fetus; Classical cesarean section
- 74.1 Cesarean section and removal of fetus; Low cervical cesarean section
- 74.2 Cesarean section and removal of fetus; Extraperitoneal cesarean section
- 74.4 Cesarean section and removal of fetus; Cesarean section of other specified type
- 74.99 Cesarean section of unspecified type

ICD-9 Diagnosis Codes:

- 650 Normal Delivery
- V27.x Outcome of Delivery

The following codes must have a 5th digit equal to 1 or 2:

- 640-648; Complications mainly related to pregnancy
- 651-659; Normal delivery and other indications for care in pregnancy, labor, and delivery
- 660-669; Complications occurring mainly during the course of labor and delivery
- 670-676; Complications of the puerperium.

CPT Codes:

- 59409 Vaginal delivery (with or without episiotomy or forceps)
- 59514 Cesarean delivery only
- 59612 Vaginal delivery only, after previous cesarean delivery (with or with our episiotomy or forceps)
- 59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

14.13 Reporting Date of Last Menstrual Period

Please note that providers are required to report the date of a member's last menstrual period to Unison. If billing on paper, please report the date of the last menstrual period as follows:

UB-92: Report anywhere in blocks 32 -36 using occurrence code "10" in one block with the date of the last menstrual period in the next block.

CMS-1500: Report in block 14 using the date of the last menstrual period.

If billing electronically, please report the date of the last menstrual period as follows:

837I: Report using occurrence code "10" and the date of the last menstrual period in loop 2300, segment HI, qualifier BH.

837P: Report the date of the last menstrual period in loop 2300, segment DTP, qualifier 484.

14.14 Claims Inquiries

Providers may make claims inquiries electronically via WebMD or through our web site at www.unisonhealthplan.com. Please note that Unison is obligated to adjudicate all clean claims within 30 days. Therefore, as a professional courtesy, Unison asks that you please allow 30 days from the submission of a claim to check on its status through communication with our Provider Services Department.

14.14.1 Why Accept Payment Electronically?

Unison has the capability of paying providers electronically through electronic funds transfer (EFT). Unison prefers and encourages providers to take advantage of our EFT capabilities. Accepting payment electronically offers the following benefits:

- Lower administrative costs or bank fees – no paper checks to process and deposits to be taken to the bank
- Receive funds more quickly – payment hits your account the same day the check would otherwise be dropped in the mail
- Reduced risk of lost checks, checks cashed by the wrong person, or other check related fraud
- By making one single payment per Tax ID, the sum of all payments reconciles easily to your 1099 at the end of the year

14.14.2 How to Enroll in Unison's EFT Program

Simply complete and return the "Authorization to Initiate Electronic Funds Transfer (EFT)" form included with this manual, or visit our website at www.unisonhealthplan.com.