



500 Patroon Creek Blvd. • Albany NY 12206-1057  
(518) 641-3000 • 1-888-258-0477

## TIP SHEET FOR SPECIALISTS

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### Contact Information

Resource Coordination . . . . .	(518) 641-4100	Member Services (for Member Inquiries) . .	(518) 641-3700
Resource Coordination Toll-Free . . . . .	1-800-274-2332	United Behavioral Health (UBH) . . . . .	1-888-320-9584
Provider Services (PS) . . . . .	(518) 641-3500	Caremark® Benefit Information . . . . .	1-888-292-6330
PS Toll-Free . . . . .	1-800-926-7526	Caremark® Specialty Pharmacy Services . .	1-800-237-2767
Electronic Data Interchange (EDI) Team .	(518) 641-4EDI	To order claim forms, waivers, etc. . . . .	(518) 641-3500
EDI E-mail address . . . . .	edi_team@cdphp.com	Credentialing and Provider File Maintenance . .	(518) 641-3321
CDPHP Web site: <a href="http://www.cdphp.com">www.cdphp.com</a>			

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*All consultations, laboratory testing, and treatments must be communicated back to the primary care physician (PCP).*

### Member Eligibility

*These suggestions are not a guarantee of coverage.*

*Please remember to:*

- Verify eligibility of all patients by checking the member's ID card, or accessing CDPHP's secure online network, [www.cdphp.com](http://www.cdphp.com). For further assistance, please call the provider services department.
- Collect the applicable copayment for services rendered at the time of the visit.
- Deductibles and coinsurance should be collected after receipt of the CDPHP payment.

### Referrals/Authorizations

- Upon scheduling an appointment with the patient, remind him/her that a referral may be needed from his/her PCP.
- Referrals are valid for the length of time and number of visits designated by the PCP or referring physician, based on medical necessity.
- If a specialist feels that additional visits are required beyond those requested by the PCP or referring physician, communication must occur between the medical professionals to determine the required care. The discussion should be documented in both physicians' records.
- PCPs, orthopedic surgeons, neurosurgeons, physiatrists, hand surgeons, vascular surgeons, pulmonologists, neurologists, podiatrists, and rheumatologists may refer for physical therapy services.
- Utilize CDPHP's preferred laboratory and radiology network.
- Contact the resource coordination department for prior authorization of services from non-participating physicians/providers.
- Some CDPHP products provide coverage for non-participating physician/provider services without the prior authorization requirement. These services may increase the member's out-of-pocket responsibility.
- The most up-to-date policies can be accessed by logging into the secure area of [www.cdphp.com](http://www.cdphp.com).
- A complete list of services that require prior authorization is available by logging into the secure area of [www.cdphp.com](http://www.cdphp.com).

### Admissions

- Contact CDPHP's resource coordination department when a CDPHP member is admitted under the following circumstances:
  1. Elective medical and surgical admissions—at least five business days in advance of the admission, or as soon as admission is scheduled.
  2. Emergency admissions—within 24 hours or the next business day unless the hospital notifies CDPHP on your behalf.
  3. Some CDPHP self-insured contracts require the member to notify CDPHP of emergency inpatient admissions.
- Be sure to obtain a prior authorization number from the CDPHP case manager.

*Continued* ►

## Claims

*Not following these instructions may result in a delay in payment or a claim denial.*

*Please remember to:*

- Submit all claims within established filing limits from the date of service to CDPHP, P.O. Box 66602, Albany, NY 12206-6602.
- Submit all COB claims within the established filing limits from the date of the primary carriers EOP.
- Complete the following sections of the CDPHP claim form:
  1. CDPHP member ID# (include suffix number), name, and date of birth.
  2. CDPHP provider name, address, and tax ID#.
  3. Your national provider identification number (NPI).
  4. The name and NPI of the referring physician.
  5. Valid CPT-4 / HCPCS procedure code(s) and description.
  6. Valid ICD-9 diagnosis code(s) and description.
  7. Date(s) of service.
  8. Itemized charges.
  9. Place of service code(s).
  10. Use the “ET” modifier on your claim when billing for one follow-up visit when the member has been referred from the emergency room or urgent care center. (This visit must occur within 10 business days of the emergency visit.)
- If submitting a paper claim, ensure the claim is clear and legible with a font size of 10 or greater.
- Avoid using a dot matrix printer.
- Do not highlight anything on the claim form or Provider Review Form.
- We recommend you include your specific patient account number in field #26 of the CMS 1500 form, when submitting paper or electronic claims. If billed, the information will appear on your weekly explanation of payment for account reconciliation purposes.
- Include a copy of the operative report when billing for multiple surgical procedures and extensive or unusual procedures, or any unlisted procedure ending in “99.”
- Check your CDPHP *Payment Vouchers* weekly to determine the disposition of claims submitted.
- When submitting electronic claims, check your reject reports, make necessary corrections, and resubmit within established claim filing limits.
- Please allow for the claim to appear as a paid or denied claim on your voucher before resubmitting the claim, to avoid duplicate claims in the system.
- If you are covering for another CDPHP participating physician, please notify the credentialing and provider file maintenance department regarding on-call arrangements in your practice.
- You have six months from the adjudication date of a claim to request a claim appeal. All claim appeals should be submitted on a fully completed Provider Review Form with additional supporting documents attached to CDPHP, Provider Services Department, 500 Patroon Creek Blvd., Albany, NY 12206-1057.
- Locum tenens (LT) and mid-level practitioners, including nurse practitioners (NP), physician assistants (PA), certified nurse midwives (CNMW), certified registered nurse anesthetists (CRNA), and certified genetic counselors (CGC), are required to bill for services under the practice’s supervising physician’s identification number.
- Calling the provider services department to obtain the status of a claim is not considered acceptable follow-up. It is necessary to either provide additional information verbally that was not initially available or additional supporting documentation via the Provider Review Form to be considered acceptable follow-up within six months.
- Access CDPHP’s secure online network to obtain the status of a claim and call the provider services department with any questions.

**This tip sheet provides an overview of the claims process.**

**Refer to Section 9 of this *Provider Office Administrative Manual* for additional information.**

Capital District Physicians’ Health Plan, Inc.  
Capital District Physicians’ Healthcare Network, Inc.  
CDPHP Universal Benefits, Inc.