6 Wellness Way • Latham, NY 12110

TIP SHEET FOR PRIMARY CARE PHYSICIANS

Contact Information

Resource Coordination . . . . (518) 641-4100	Member Services (for Member Inquiries) . . (518) 641-3700
Resource Coordination Toll-Free 1-800-274-2332	Behavioral Health Services 1-888-320-9584
Provider Services (PS) . . . . (518) 641-3500	Capital Rx (CDPHP pharmacy benefit manager) . 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 website: www.cdphp.com

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 the CDPHP secure online network through 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

• Refer **ONLY** to participating physicians and providers. Consult "Find-A-Doc" on our website, your *Directory of Participating Practitioners and Providers*, or call the provider services department. Check the member's benefit plan coverage to be sure referrals are issued to providers that participate in the member's program.

• Utilize the CDPHP preferred laboratory and radiology network.

• It is the responsibility of the authorizing practitioner to determine the length of treatment.

• You may utilize the PCP/OB-GYN *Patient Treatment Waiver* if you are not designated as the member's PCP.

• After seeking services from a specialist, if a member requests another referral to a different physician of the same specialty, the PCP will issue another referral.

• 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.

• A complete list of services that require prior authorization is available by logging into the secure area of www.cdphp.com.

Admissions

• Inpatient facilities should contact the CDPHP resource coordination department within 24 hours or the next business day when a CDPHP member is admitted.

• CDPHP no longer requires its physicians to notify us in advance of a hospital admission.

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. Valid CPT-4 / HCPCS procedure code(s) and description.

  5. Valid ICD-9 diagnosis code(s) and description.

  6. Date(s) of service.

  7. Itemized charges.

  8. Place of service code(s).

- 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* or 835 transactions 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.

- Locum tenens (LT) are required to bill for services under the practice's supervising physician's identification number.

- 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, 6 Wellness Way, Latham, NY 12110.

- 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 the CDPHP 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.