

Recent feedback from our providers included the need for clearer instructions on submitting claims. To help clarify the claims process, please refer to the below table for filing instructions for claim **dates of service after 1/1/21**. **This replaces all previous notifications regarding the claim submission process.**

Claim Category & Timely Filing:	What we need to process your request:	Submission Method/Address:
Initial Claim Submission <ul style="list-style-type: none"> Timely Filing: 180 days from date of service 	<ul style="list-style-type: none"> Official CMS 1500 or UB claim form with NO HAND-WRITTEN information 	<ul style="list-style-type: none"> Web Portal: Claims can be submitted free of charge through the Secure Web Portal EDI: Electronic Clearinghouse Emdeon Payor ID = 76498 1-866-506-2830
COB Submission <ul style="list-style-type: none"> When MPC is secondary, provider has 12 months from the date of service COB claims are accepted up to 6 months after a Remittance Advice date up to 18 months from the date of service 	<ul style="list-style-type: none"> Original Claim Explanation of Payment or Remittance Advice Any other supporting documentation 	<ul style="list-style-type: none"> Paper Claims Mail to: Maryland Physicians Care P.O. Box 21099 Eagan, MN 55121 <p>Claims sent to any other address will be returned</p>
Claim Resubmission (After 1/1/21 Dates of Service) <ul style="list-style-type: none"> Reconsiderations must be submitted within 90 days of the claim Remittance Advice or it will be denied untimely 	<ul style="list-style-type: none"> Claim Reconsideration Form (located online at MarylandPhysiciansCare.com) Original Claim Explanation of Payment or Remittance Advice Any other supporting documentation 	<p>Maryland Physicians Care MCO Attn: Reconsideration PO Box 21099 Eagan, MN 55121</p> <p>Claims sent to any other address will be returned</p>
Recoupment for After 1/1/2021 Dates of Service	<ul style="list-style-type: none"> Check for the applicable amount paid to: Maryland Physicians Care Original Explanation of Payment Original Claim 	<p>Maryland Physicians Care PO Box 22655 New York, NY 10087-2655</p> <p>Claims sent to any other address will be returned</p>
Provider Appeals <ul style="list-style-type: none"> Must be submitted within 90 working days of the decision or it will be denied untimely 	<ul style="list-style-type: none"> Claim Appeal Form (located online at MarylandPhysiciansCare.com) Original Claim Original Explanation of Payment Any other supporting documentation 	<p>Maryland Physicians Care MCO Attn: Provider Appeals PO Box 1104 Portland, ME 04104 Fax: 833-656-0648</p> <p>Appeals sent to any other address will be returned</p>
Member Appeals (Pre-Service) <ul style="list-style-type: none"> Must be submitted within 60 days of the date you received the letter saying MPC would not cover the services 	<ul style="list-style-type: none"> Medical Records Any other supporting documentation 	<p>Maryland Physicians Care MCO Attn: Member Appeals P.O. Box 893, Portland, ME 04104 Fax: 866-831-0790</p> <p>Appeals sent to any other address will be returned</p>

We encourage you to use **Code Checker** (located on the web portal) to identify whether or not a service requires prior authorization.

Please refer to the **Provider Manual** located on our website (www.MarylandPhysiciansCare.com) for further instructions and remember to check the website for continued updates. Please contact us at **1-800-953-8854** with further questions.