

## Claims Submission Instructions

Rev. 03/08/2023

To help clarify the claims process, please refer to the below table for filing instructions for claim submissions. **This replaces all previous notifications regarding the claim submission process.**

Claim Category & Timely Filing:	What we need to process your request:	Submission Method/Address:
<b>Initial Claim Submission</b> Timely Filing: <b>180 days</b> from date of service	<ul style="list-style-type: none"> <li>Official CMS 1500 or UB claim form with <b>NO HAND-WRITTEN</b> information</li> </ul>	<ul style="list-style-type: none"> <li><b>EDI:</b> Electronic Clearinghouse - Availity Payor ID = 76498 Phone: 1-800-AVAILITY</li> <li><b>Manual data entry of claims</b> The Availity Essentials Portal allows providers to manually submit transactions through the portal.</li> <li><b>Paper Claims Mail to:</b> Maryland Physicians Care P.O. Box 21099 Eagan, MN 55121 <b>Claims sent to any other address will be returned</b></li> </ul>
<b>Claim Resubmission</b> Reconsiderations must be submitted <b>within 90 days</b> of the claim Remittance Advice or they will be denied untimely.	<ul style="list-style-type: none"> <li>Original Claim</li> <li>Explanation of Payment or Remittance Advice</li> <li>Any other supporting documentation</li> </ul>	
<b>COB Submission</b> <ul style="list-style-type: none"> <li>When MPC is secondary, provider has <b>12 months</b> from the date of service</li> <li>COB claims are accepted up to <b>6 months</b> after a Remittance Advice date up to <b>18 months</b> from the date of service</li> </ul>	<ul style="list-style-type: none"> <li>Original Claim</li> <li>Explanation of Payment or Remittance Advice</li> <li>Any other supporting documentation</li> </ul>	
<b>Recoupments</b>	<ul style="list-style-type: none"> <li>Check for the applicable amount paid to: Maryland Physicians Care</li> <li>Original Explanation of Payment</li> <li>Original Claim</li> </ul>	Maryland Physicians Care PO Box 22655 New York, NY 10087-2655
<b>Provider Appeals</b> Must be submitted within <b>90 business days of the decision</b> or it will be denied untimely	For Electronic Claims Appeals (preferred): <ul style="list-style-type: none"> <li>Claim Number</li> <li>Provider's contact Information</li> <li>PDF Attachment max limit 256 MB</li> </ul> Written Claim Appeal Forms can be found at: <a href="http://MarylandPhysiciansCare.com">MarylandPhysiciansCare.com</a> <ul style="list-style-type: none"> <li>Original Claim</li> <li>Original Explanation of Payment</li> <li>Any other supporting documentation</li> </ul>	Submit electronic Claim Appeals to: <a href="https://providerappeals.marylandphysicianscare.com/">https://providerappeals.marylandphysicianscare.com/</a> Maryland Physicians Care MCO Attn: Provider Appeals PO Box 1104 Portland, ME 04104 Fax: 833-656-0648 <b>Appeals sent to any other address will be returned</b>
<b>Member Appeals (Pre-Service)</b> Must be submitted within <b>60 days of the date you received the letter saying MPC would not cover the services</b>	<ul style="list-style-type: none"> <li>Medical Records</li> <li>Any other supporting documentation</li> </ul>	Maryland Physicians Care MCO Attn: Member Appeals P.O. Box 893, Portland, ME 04104 Fax: 866-831-0790 <b>Appeals sent to any other address will be returned</b>

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.MPCMedicaid.com](http://www.MPCMedicaid.com)) for further instructions and remember to check the website for continued updates. Please contact us at **1-800-953-8854** with further questions.