



Claims/Encounter Data Filing Guide

- Ensure all required and conditional data elements are populated on the CMS 1500 form or UB-04 as outlined in section 9.0 of the Physician and Health Care Professional Manual.
- Use the most current CPT and ICD-10 codes when submitting claims to Horizon NJ Health.
 - Please note that all seven alphanumeric digits must be included in the diagnosis code if required or the claim will deny for invalid diagnosis code.
 - All diagnosis codes relevant to that member should be on the claims.
- Use appropriate coding for Pediatric preventive care visits. There is an enhanced payment for the provision of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.
- When submitting claims/encounters for treatment of high-risk members, utilize the diagnosis code appropriate to those members that captures all the diagnoses relevant to that member.

Electronic Claims Submissions

Horizon NJ Health encourages all hospitals, physicians and health care professionals to submit claims electronically. For those interested in electronic claim filing, call Trizetto Trading Partner Systems (TTPS) to determine if their clearinghouse will submit claims to TTPS. Providers can contact TTPS by calling **1-800-556-2231**.

Electronic Data (EDI) allows faster, more efficient and cost-effective claim submission for hospitals, physicians and health care professionals EDI, performed in accordance with nationally recognized standards, supports the industry's efforts to reduce overhead administrative costs. The benefits of billing electronically include:

- Reduction of overhead and administrative costs. EDI eliminates the need for paper claims submission. It has also been proven to reduce claim rework (adjustments).
- Receipt of reports as proof of claim receipt. This makes it easier to track the status of claims.
- Faster transaction time for claims submitted electronically.
- An EDI claim averages about 24 to 48 hours from the time it is sent to the time it is received. This enables providers to easily track their claims.
- Validation of data elements on the claim. By the time a claim is successfully received electronically, information needed for processing is present. This reduces the chance of data entry errors that occur when completing paper claim forms.
- Quicker claim completion. Claims that do not need additional investigation are generally processed quicker. Reports have shown that a large percentage of

EDI claims are processed within 10 to 15 days of their receipt appropriate to those members that captures all the diagnoses relevant to that member.

For more information on EDI, review Section 9.3, Procedures for Electronic Submission – Electronic Data Interchange in the *Provider Administrative Manual*.

Timely Filing Requirements

- Claims must be submitted **within 180 calendar days** from the date of service. The claim will be denied if not received within the required time frames.
- Corrected claims must be submitted **within 365 days** from the date of service.
- For retracted claims (claims submitted and paid, but retracted through HCAPP), if the corrected claim is received **within 60 days** from the date of the retraction, it will bypass timely filing. Corrected claim must be submitted with the appropriate resubmission code.
- COB claims must be submitted **within 60 days** from the date of primary insurers EOB.

Claim Submission Addresses

Claims, corrected claims, other billing forms and any claims correspondence:

Horizon NJ Health
PO Box 24078, Newark, NJ 07101-0406

No hand-written or Black & white paper claims

For information on how to submit a corrected claim, visit horizonNJhealth.com/correctedclaims.

horizonNJhealth.com

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