



Claims Billing Aid

<p><b>Electronic Claim Submissions:</b>  Payer ID: 68069 (Medical)  Clearinghouse Vendors: Emdeon, Gateway EDI, Availity, SDS and SSI.</p>	<p><b>Paper Claim Submissions:</b>  New Hampshire Healthy Families  P.O. Box 4060  Farmington, MO 63640-3831</p>
<p>* Timely filing limit for an electronic or paper (first time) claim is 365 calendar days from the date of service. Providers are encouraged to make their best effort to submit claims within 180 calendar days from the date of service.</p>	
<p><b>The Rendering Practitioner MUST bill their individual NPI in the Rendering Provider ID section of the Claim form. Failure to bill the accurate rendering NPI information may result in a full claim reject/denial.</b></p>	
<p><b>Modifier Requirements:</b>  <u>Therapy:</u>  All PT, OT, and/or ST services must be billed with the following modifiers in the 1<sup>st</sup> position:</p> <ul style="list-style-type: none"> <li>• GN – Speech Therapy</li> <li>• GO – Occupational Therapy</li> <li>• GP – Physical Therapy</li> </ul> <p><u>Hearing Aids:</u>  All hearing aids must be billed with LT or RT</p> <p><u>Appropriate Use of Modifier 25:</u>  25 Modifier should be used when a significant and separately identifiable E&amp;M service is performed by the same physician on the same day of another procedure (e.g., 99381 and 99211-25)</p>	<p><b>Anesthesia</b>  Total minutes must be billed in the appropriate loop/segment of the 837P / box 24G of the CMS1500 paper claim and must be submitted with the accurate ASA CPT/modifier combination.</p> <p>Anesthesiologists must bill one of the following ASA modifiers: AA, QK, QY, AD</p> <p>CRNAs must bill one of the following ASA modifiers: QZ, QX</p> <p>Qualifying circumstances are billed in addition to ASA with a count of 1.</p>
<p><b>POA Indicators:</b> Present on Admission (POA) Indicator is required on all inpatient facility claims.</p>	<p><b>EPSDT:</b> All EPSDT service must be billed with the EP modifier in the 1<sup>st</sup> position.  Indicator E for EPSDT screening  Indicator F if service is Family Planning related  Indicator B if both</p>
<p><b>NDC:</b>  The 11 digit National Drug Code (NDC) must be reported on all qualifying claim forms when injectable drugs are administered in the office or outpatient setting, excludes applicable vaccinations/immunizations related to health check services.</p>	<p><b>Vaccinations obtained free from DHHS:</b>  Providers must bill appropriate immunization codes with SL modifier along with the administration code w/out a modifier.</p>
<p><b>CLIA:</b>  In order for providers to perform tests that require complex procedures, a CLIA certification is required to be billed.  Report the CLIA certification or waiver number in: X12N 837 (HIPAA version) loop 2400, REF02. REF01 = X4 Box 23 of the CMS1500</p>	<p><b>Notice:</b> NH Healthy Families will not accept hand written claims forms and will only allow forms printed in the Flint OCR Red, or exact ink match.</p>