

Optum Care -- Provider Claims

Welcome to Optum Care

Optum Care Provider Claims Quick Reference Guide (QRG) contains important information about the Optum Care claims submission and reconsideration process.

Submitting a claim

- For electronic submissions, use payer ID: **LIFE1**
 - Claim submissions should be in a HIPAA-compliant 837 I or P format
- For paper submissions and correspondence, use:

Mid-West	Optum Care Claims
<ul style="list-style-type: none"> Indiana Ohio 	P.O. Box 30781 Salt Lake City, UT 84130

Mountain West	Optum Care Claims
<ul style="list-style-type: none"> Arizona Colorado Nevada New Mexico Utah 	P.O. Box 30539 Salt Lake City, UT 84130

Northeast	Optum Care Claims
<ul style="list-style-type: none"> Connecticut 	P.O. Box 2500 Rancho Cucamonga, CA 91719 Attn: Claims Intake/Claims Manager

Pacific Northwest	Optum Care Claims
<ul style="list-style-type: none"> Oregon Washington 	P.O. Box 30788 Salt Lake City, UT 84130

Tristate	Optum Care Claims
<ul style="list-style-type: none"> New York 	P.O. Box 30781 Salt Lake City, UT 84130

Timely Filing Guidelines

When submitting claims, whether it is electronic or paper, there are required time frames that must be kept by all parties involved.

Submitter: Timely filing limit is 90 days or per the provider contract. A claim submitted after this time frame may be denied.

Common Billing Errors

- Professional (1500) bill type:
 - Resubmission code of 7 required in box 22 with the original reference/claim number.
- Facility (1450) bill type:
 - Resubmission code of 7 (type of bill) required in box 4.
- Include all codes for rendered services that should be considered for payment.
- Resubmission code of 8 required in box 22 for a voided claim.
- The billing terms of the contractual agreement, if applicable, along with federal and state statutes and regulations shall control.

Helpful Billing and Claims Tips

- EDI submission is Optum Care's preferred method of claims submission. It's fast, easy, and cost effective.
- Always verify the patient's eligibility at the time of service.
- Submit the most current information. This will support with accurate payment processing.
- Provide accurate data and complete all required fields on the claim.
- If the provider has time limits for claims submission in the contract, be sure to know what they are and submit accordingly.

- Know the contract(s). Be sure all billing staff is familiar with current billing and contract requirements.
- To verify and view claims status, go to the Optum Care provider portal at: secure.optumcare.com/provider/account/logon or contact the Optum Care provider service center.

Common Denial Codes

Code	Definition
CDD	Duplicate of service previously submitted
ST/S23	Claimant not effective or terminated for this date of service
TF1	Claim not received within the timely filing limit
H31	Category II Reporting Code(s) and/or Category III Emerging Technology Code(s)
OIT	Not a clean claim. Billed information not complete or inconsistent with level of service. Please resubmit corrected billing.
WFL	Not a credentialed provider with this group on the date of service
Z88	LCD/NCD: Missing or invalid Part B Diagnosis

CARC and Descriptions	RARC and Descriptions
18—Exact duplicate claim/service.	Not applicable
27/26—Expenses incurred prior to coverage. /Expenses incurred after coverage terminated.	Not applicable
29—The time limit for filing has expired.	Not applicable
246—This non-payable code is for required reporting only.	Not applicable

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Common Denial Codes Continued

CARC and Descriptions	RARC and Descriptions
16—Claim/service lacks information or has submission/billing error(s).	N380—The original claim has been processed, submit a corrected claim.
B7—This provider was not certified/eligible to be paid for this procedure/service on this date of service.	Not applicable
50—These are non-covered services because this is not deemed a 'medical necessity' by the payer.	N115—This decision was based on a Local Coverage Determination (LCD).

Provider Dispute Resolution

A provider dispute is a provider's written notice challenging and requesting the reconsideration of a claim that has been denied, adjusted, or contested; or disputing a request for reimbursement of an overpayment of claims.

Each provider dispute must contain the following information:

- Member demographic information
- Provider's name, TIN, and contact information

Helpful Provider Dispute Submission Tips

- Provider dispute forms must be completed in full and included with the dispute.
- All required information must be included; disputes that are missing information will be returned to the submitter.

To submit a dispute, contact the Optum Care service center at:

- Mid-West Indiana:
 - 1-866-565-3361 - Monday – Saturday, 8 a.m. - 9 p.m., EST

- Mid-West Ohio:
 - 1-866-566-4715 - Monday – Saturday, 8 a.m. - 8 p.m., EST
- Mountain West Arizona/Utah:
 - 1-877-370-2845 - Monday – Saturday, 8 a.m. - 8 p.m., MST
- Mountain West Colorado:
 - 1-888-685-8491 - Monday – Saturday, 8 a.m. - 8 p.m., MST
- Mountain West Nevada:
 - 1-855-893-2297 - Monday – Saturday, 8 a.m. - 8 p.m., MST
- Mountain West New Mexico:
 - 1-800-620-6768 - Monday – Saturday, 8 a.m. - 8 p.m., MST
- Northeast Connecticut:
 - 1-888-556-7048 - Monday – Saturday, 8 a.m. - 8 p.m., EST
- Pacific Northwest Oregon:
 - 1-866-565-3664 - Monday – Friday, 8 a.m. - 5 p.m., PST
- Pacific Northwest Washington:
 - 1-877-836-6806 - Monday – Friday, 8 a.m. - 5 p.m., PST
- Tri-state New York:
 - 1-866-565-3468 - Monday – Saturday, 8 a.m. - 8 p.m., EST
- Or send an email to our claims team at:
 - Mid-West/Tri-State – ocTSMWDispute@optum.com
 - MTW – claimdispute@optum.com
 - NE – occtclaimsdispute@optum.com
 - PNW – ocndisputewa@optum.com
- Or download a copy of the Optum Care provider dispute resolution request form; visit the resources section at the following website: professionals.optumcare.com.

Out-of-Network (OON) Appeals and Disputes

UnitedHealthcare Appeals:

UnitedHealthcare Medicare & Retirement
P.O. Box 6106
Cypress, CA 90630 MS: CA124-0157

Humana Appeals and Disputes:

Humana Inc Appeals and Grievance
Department

P.O. Box 14165

Lexington, KY 40512-4165

Fax: 1-800-949-2961

Anthem Appeals - Nevada only:

Anthem Blue Cross and Blue Shield Medicare
Advantage

Mail stop: OH0205-A537

4361 Irwin Simpson Rd.

Mason, OH 45040

Anthem Disputes:

Optum Care Provider Dispute Resolution
P.O. Box 30539

Salt Lake City, UT 84130

Premiera Appeals:

Premiera Blue Cross Medicare Advantage
Plans

Attn: Appeals and Grievances

P.O. Box 262527

Plano, TX 75026

Premiera Disputes:

Optum Washington Network

P.O. Box 30788

Salt Lake City, UT 84130-0788

Claims Editing System (CES)

Optum Care uses the Claims Edit System® from Optum to automatically check each claim for errors, omissions, and questionable coding relationships by testing the data against an expansive database containing industry rules, regulations and policies governing health care claims.