

<p>CLAIMS MAILED TO:</p>	<p>Claims which need to go out on paper (i.e., prior authorizations) must be printed and sent from the Provider's office and mailed to:</p> <p>800 North Pearl Street Albany, NY 12204 Or P.O. Box 4444 Albany, NY 12204</p>
<p>CLAIM FILING GUIDELINES</p>	<ul style="list-style-type: none"> ▪ Maximum of 20 procedure lines per claim. ▪ Provider number must be 8 digits. ▪ Recipient (Insured) ID number must be 8 characters. Two letters followed by five digits followed by one character. (i.e., XXNNNNNX)
<p>MEDICAID SPECIFIC PROVIDER ITEMS</p> <p>Category of Service</p> <p>Location Code</p> <p>Rate Code</p>	<ul style="list-style-type: none"> ▪ Category of service, location code and rate codes are assigned by Medicaid. ▪ This information must be coordinated with Emdeon Business Services Provider Enrollment so that we may maintain these values for your claims. ▪ Should any of these values change in the future, please contact Emdeon Business Services Provider Enrollment so that we may update our systems.
<p>MEDICAID SPECIFIC CLAIM ITEMS</p> <p>Co-pay Exception Code</p> <p>Service Authorization Exception Code</p>	<p>Current data processing software and networked electronic claims systems may not allow this Payer specific information to be passed through on your claims.</p> <p>To submit such exception items along with your claim, please use the remarks (comments) area with the following guidelines:</p> <ul style="list-style-type: none"> ▪ Co-pay Exception Code Values with a keyword of "COPAY=" <ul style="list-style-type: none"> ▪ 01 = Pregnancy ▪ 02 = Resident of an OMH/OMRDD Certified Community Resident or OMRD Home and community Based Services (HCBS) waiver Program e.g., In your remarks area of the claim type "COPAY=02". ▪ Service Authorization Exception Code values with a keyword of "SVCAUTH=" <ul style="list-style-type: none"> J = Urgent Medical Care K = Services rendered in a retroactive period

