

# Paper Claims Guidelines

## Institutional and Professional

Failure to adhere to the following guidelines may result in processing/payment delays or claims returned unprocessed.

- **Basic information and guidelines:**

- Date of birth (DOB) must be eight characters without dashes or slashes in the format MMDDCCYY.
- Date of service (DOS) and any other dates must be 6 characters in the format MMDDYY. Make sure the dates are within the appropriate boxes on the form.
- Use only black ink.
- Do not write or print on the claim, except for the Provider Signature Certification.
- Handwritten claims are not acceptable.
- UPPER CASE alphabetic characters are recommended.
- Do not use italic, script, orator, or proportional fonts.
- 12-point type is preferred.
- Make sure the type is even (on the same horizontal plane) and within the boxes.
- Do not use punctuation marks (e.g., commas or periods).
- Do not use special characters (e.g., dollar signs, decimals, or dashes).
- Only service line data can be on a claim line. Do not squeeze comments below the service line.
- Do not send damaged claims that are torn, glued, taped, stapled, or folded. Prepare another claim.
- Do not use correction fluid or correction tape, including self-correcting typewriters.
- If a mistake is made, start over and prepare a clean claim form.
- Do not submit photocopies.
- Claim forms must be mailed flat, without folding, in 9" x 12" or larger envelopes. Do not fold the form.
- Separate each claim form if using the continuous forms and remove all pin drive paper completely. Do not cut the edges of forms.

- **Providing attachments (Primary Insurance EOB):**

- Must be directly behind the claim it supports and be identified with the beneficiary's name and Federal Tax ID Number.
- Attachments must be on 8 ½" x 11" white paper and one-sided. Do not submit two-sided materials.
- Multiple claims cannot be submitted with one attachment. Each claim form that requires an attachment must have a separate attachment.
- Do not staple or paperclip the documentation to the claim form.
- Mail claim forms with attachments flat, with no folding, in 9" x 12" or larger envelope.
- Do not send attachments unless the attachment is required. Any unnecessary attachments, such as statement detail or client account information, will delay processing of claims.

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- Mailing address for all paper claims:

Michigan BCCCP/WW/CRC

Attn: Claims

109 Michigan Ave.

WSB - 5th Floor

Lansing, MI 48913

866-930-6324 – Phone

517-335-8752 – Fax

Claims will **not** be accepted via fax.

- Claim forms

Must be on red-ink forms

- Institutional claims: red-ink form with UB-04 CMS-1450 in the lower left hand corner.
- Professional claims (CMS-1500): red-ink with the numbers OMB-0938-0999 in the lower right hand corner.

- Equipment

Keep equipment properly maintained to avoid the following:

- Dirty print elements with filled character loops.
- Light print or print of different density.
- Breaks or gaps in characters.
- Ink botches or smears in print.
- Worn out ribbons.
- *Dot matrix printers should not be used as they result in frequent misreads by the OCR (Optical Character Reader).*