



6 Wellness Way • Latham, NY 12110  
(518) 641-3000 • 1-888-258-0477

## TIP SHEET FOR SPECIALISTS

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### Contact Information

Resource Coordination . . . . .	(518) 641-4100	Member Services (for Member Inquiries) . .	(518) 641-3700
Resource Coordination Toll-Free . . . . .	1-800-274-2332	Behavioral Health Services . . . . .	1-888-320-9584
Provider Services (PS) . . . . .	(518) 641-3500	Capital Rx (CDPHP pharmacy benefit manager) .	1-888-292-6330
PS Toll-Free . . . . .	1-800-926-7526	Caremark® Specialty Pharmacy Services . .	1-800-237-2767
Electronic Data Interchange (EDI) Team .	(518) 641-4EDI	To order claim forms, waivers, etc. . . . .	(518) 641-3500
EDI E-mail address . . . . .	edi_team@cdphp.com	Credentialing and Provider File Maintenance . .	(518) 641-3321
CDPHP website: <a href="http://www.cdphp.com">www.cdphp.com</a>			

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*All consultations, laboratory testing, and treatments must be communicated back to the primary care physician (PCP).*

### Member Eligibility

*These suggestions are not a guarantee of coverage.*

*Please remember to:*

- Verify eligibility of all patients by checking the member’s ID card or accessing the CDPHP secure online network, [www.cdphp.com](http://www.cdphp.com). For further assistance, please call the provider services department.
- Collect the applicable copayment for services rendered at the time of the visit.
- Deductibles and coinsurance should be collected after receipt of the CDPHP payment.

### Referrals/Authorizations

- Upon scheduling an appointment with the patient, remind him/her that a referral may be needed from his/her PCP.
- Utilize the CDPHP preferred laboratory and radiology network.
- Contact the resource coordination department for prior authorization of services from non-participating physicians/providers.
- Some CDPHP products provide coverage for non-participating physician/provider services without the prior authorization requirement. These services may increase the member’s out-of-pocket responsibility.
- The most up-to-date policies can be accessed by logging into the secure area of [www.cdphp.com](http://www.cdphp.com).
- A complete list of services that require prior authorization is available by logging into the secure area of [www.cdphp.com](http://www.cdphp.com).

### Admissions

- Inpatient facilities should contact the CDPHP resource coordination department within 24 hours or the next business day when a CDPHP member is admitted.
- CDPHP no longer requires its physicians to notify us in advance of a hospital admission.

*Continued ►*

## Claims

*Not following these instructions may result in a delay in payment or a claim denial.*

*Please remember to:*

- Submit all claims within established filing limits from the date of service to CDPHP, P.O. Box 66602, Albany, NY 12206-6602.
- Submit all COB claims within the established filing limits from the date of the primary carriers EOP.
- Complete the following sections of the CDPHP claim form:
  1. CDPHP member ID# (include suffix number), name, and date of birth.
  2. CDPHP provider name, address, and tax ID#.
  3. Your national provider identification number (NPI).
  4. The name and NPI of the referring physician.
  5. Valid CPT-4 / HCPCS procedure code(s) and description.
  6. Valid ICD-9 diagnosis code(s) and description.
  7. Date(s) of service.
  8. Itemized charges.
  9. Place of service code(s).
  10. Use the “ET” modifier on your claim when billing for one follow-up visit when the member has been referred from the emergency room or urgent care center. (This visit must occur within 10 business days of the emergency visit.)
- If submitting a paper claim, ensure the claim is clear and legible with a font size of 10 or greater.
- Avoid using a dot matrix printer.
- Do not highlight anything on the claim form or Provider Review Form.
- We recommend you include your specific patient account number in field #26 of the CMS 1500 form, when submitting paper or electronic claims. If billed, the information will appear on your weekly explanation of payment for account reconciliation purposes.
- Include a copy of the operative report when billing for multiple surgical procedures and extensive or unusual procedures, or any unlisted procedure ending in “99.”
- Check your CDPHP *Payment Vouchers* weekly to determine the disposition of claims submitted.
- When submitting electronic claims, check your reject reports, make necessary corrections, and resubmit within established claim filing limits.
- Please allow for the claim to appear as a paid or denied claim on your voucher before resubmitting the claim, to avoid duplicate claims in the system.
- You have six months from the adjudication date of a claim to request a claim appeal. All claim appeals should be submitted on a fully completed Provider Review Form with additional supporting documents attached to CDPHP, Provider Services Department, 6 Wellness Way, Latham, NY 12110.
- Locum tenens (LT) are required to bill for services under the practice’s supervising physician’s identification number.
- Calling the provider services department to obtain the status of a claim is not considered acceptable follow-up. It is necessary to either provide additional information verbally that was not initially available or additional supporting documentation via the Provider Review Form to be considered acceptable follow-up within six months.
- Access the CDPHP secure online network to obtain the status of a claim and call the provider services department with any questions.

**This tip sheet provides an overview of the claims process.**

**Refer to Section 9 of this *Provider Office Administrative Manual* for additional information.**

Capital District Physicians’ Health Plan, Inc.  
Capital District Physicians’ Healthcare Network, Inc.  
CDPHP Universal Benefits, Inc.