

Re: New edits for UnitedHealthcare Community Plan and UnitedHealthcare Dual[®] plans' claims — Effective Oct. 1, 2024

Starting with dates of service Oct. 1, 2024, and later, we're making a change to how we process UnitedHealthcare Community Plan and UnitedHealthcare Dual Complete plans' claims. We will use extra claim edits to help ensure all health care providers caring for Medicaid members are properly registered based on state and federal requirements.

The new edits affect both professional (837P) and institutional (837I) claims. You can submit claims electronically through the Electronic Data Interchange (EDI) or with a paper form using our payer ID 95378. After you have confirmed that the necessary updates have been made to your provider file, you must correct and resubmit claims denied by the new edits to be eligible for payment.

If your claims deny with these new edits, you must reach out to TennCare to make the necessary corrections/updates to your provider file; UHC cannot update your effective registration date with TennCare Medicaid. If the date of service is not within your effective registration date, the claim will be denied.

Billing requirements

The new edits will check that 837P and 837I claims follow these billing requirements:

- Any secondary health care provider on the claims must contain a National Provider Identifier (NPI) number Type One for an individual (rendering, referring, etc.) and not an NPI Type 2 for an entity/organization. If it is not an individual NPI in the secondary provider field, we will deny the claim for dates of service on or after Oct. 1, 2024.
- The exception is for servicing facility – this NPI must be a Type 2 for an entity/organization

Timely filing for corrected claims

Follow the timely filing guidelines when you resubmit your corrected claims. Timely filing means the corrected claim is submitted within:

- 120 days of the original date of service for Medicaid primary claims, including CHOICES and Employment and Community First (ECF) CHOICES
- 365 days of the original date of service for Medicare crossover claims
- 180 days of the original date of service for D-SNP primary claims
- 365 days of the original date of service for Intellectual and Developmental Disabilities (IDD) 1915c and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) claims
- 365 days from the original date of service for school-based Individualized Education Program (IEP) and Individualized Family Service Plan (IFP) services
- **OR** within 60 days of the original date of processing/notification of denial, whichever is later

Additional resources

Find more information about submitting claims at UHCprovider.com/claims and UHCprovider.com/guides.

For more information about tracking your electronic claims, please visit UHCprovider.com/edi.



We're here to help

If you have questions, please contact UnitedHealthcare support at **800-210-8315** or ac_edi_ops@uhc.com.