

# Claims Payment Guidelines

## General Instructions:

- All claims must be computer generated or typed. No handwriting except signature on claims forms will be accepted.
- Each claim must contain complete member information (i.e. name, address, SCAN identification number, etc.)
- Claim may not contain dates of service for more than one member or more than one month. (i.e. all May dates of service on one form and all June dates of service on a separate form.)
- Claims received by SCAN without this information will be reviewed retrospectively, which may delay payment.
- Providers will be reimbursed the contracted amount minus any applicable co-payment.

- **All Claims are to be mailed to:**

**Claims Department  
SCAN  
P.O. Box 22698  
Long Beach, CA 90801**

- **Claims Customer Service - Status Line:** (562) 989-5100 x-3435.
- **Claims Dispute Resolutions:** Provider is responsible for submitting appropriate documentation within 90 days of payment or denial on disputed claims.

- **All Claim Disputes are to be mailed to:**

**Claims Disputes/Appeals  
SCAN  
P.O. Box 22698  
Long Beach, CA 90801**

## Independent Living Power™ Providers Only: (Includes Assisted Living/Residential Facilities for In-Patient Respite Care)

- All claims must be submitted on CMS 1500 forms.
- In Box 21 on CMS 1500 form, you must enter 780 for the Diagnosis or Nature of Illness or Injury Code.

- In Box 23 on CMS 1500 form, you must enter the SCAN Independent Living Power™ Authorization number.

*For In-Patient Respite Care Only:*

- In Box 24 D on CMS 1500 form, you must enter Revenue code 669 under CPT/HCPCS, for Respite Care.
- In Box 33 on CMS 1500 form, you must enter your SCAN provider identification number, next to PIN #, which is located under the space for your company name and address.

**Skilled Nursing Facility (SNF) Providers Only:**

- All claims must be submitted on UB92 forms.
- In Box 21, you must enter your SCAN provider Identification number.
- For Respite care only, you must enter Revenue codes 669 in Box 42 and enter Respite as level of care in Box 43.
- For Custodial care only, you must enter Revenue code CUS in Box 42 and enter Custodial in Box 43 as level of care.

**Please Note:** Billing with Revenue Code 120 and adding the Level of Care in Box 84 of the UB92 Form, will no longer be accepted. You must use the Revenue coding referenced below, in the appropriate boxes to ensure prompt payment.

- For Respite care only, you must enter 780 for the Diagnosis or Nature of Illness or Injury Code in Box 67 on the UB92. For all other levels of care, enter the appropriate diagnosis code in Box 21 of the CMS1500.

**Revenue/Levels of Care Coding:**

<u>Definition</u>	<u>Code</u>
Revenue Code 550 =	
SNF Level 1 =	SNFL1
SNF Level 2 =	SNFL2
SNF Level 2, Step 1 =	SNF21
SNF Level 2, Step 2 =	SNF22
SNF Level 3 =	SNFL3
SNF Level 3, Step 1 =	SNF31
SNF Level 3, Step 2 =	SNF32
SNF Level 4 =	SNFL4
SNF Level 4, Step 1 =	SNF41
SNF Level 4, Step 2 =	SNF42