

Claims Submission

Providers who render or supervise services or supplies are responsible for the claims submitted to South Country Health Alliance.

1. Submit claims only after you provide South Country-covered services to our member
2. Bill only for dates of service when services were provided except in the case of EW services for environmental accessibility adaptations (EAA) when the payments must be prorated over several months due to EW budgets and are specified on the Service Authorization.
3. A claim cannot be submitted if a member does not show up for the appointment
4. Bill only one calendar month of service per claim
5. Bill the provider's usual and customary (U&C) charge
6. All claims require the most appropriate procedure code(s) and a valid diagnosis code
 - a. As part of the [2011 Minnesota Legislative session](#), all claims for supplies or services that are based on an order or referral must include the ordering or referring provider's National Provider Identifier (NPI) ([MN Stat. sec. 256B.03, subd. 5](#)). The ordering or referring provider must also be enrolled in DHS Minnesota Health Care Program (MHCP). Claims submitted without this information will deny as "referring/ordering provider is not registered with MHCP."
 - b. If attending, rendering, or referring providers are present in the claim transaction, the NPI or Unique Minnesota Provider Identifier (UMPI) must be present for South Country to adjudicate the claim. If not present, the claim will be rejected back to the provider.
7. Submit all claims electronically
 - a. All claims submitted to South Country by health care providers must be transmitted electronically.
 - i. Follow [HIPAA](#) EDI standards as outlined in the [X12](#) or [National Council for Prescription Drug Programs \(NCPDP\) Implementation Guides](#)
 - ii. Follow standards outlined in the [Minnesota Uniform Companion Guides](#)
 - iii. South Country does not have any specific file naming conventions when submitting claims
8. South Country follows CMS on the ordering/referring provider enrollment requirement. If the ordering/referring provider listed on claims for Medicare eligible/covered services is not enrolled with CMS, the claim will be denied. If this information is missing or incorrect, the claim will be denied.
9. South Country uses a claims editing system (CES) in processing claims. The CES incorporates Medicare Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) policies in claim processing. South Country's CES is continuously updated to remain in compliance with State and Federal regulatory mandates as well as general industry standards.