

Lakeland Care District

Enriching members' lives by honoring their values through high quality, cost effective long-term care.

ELEMENTS OF A CLEAN CLAIM

The Lakeland Care District pays at least ninety (90) percent of clean claims from providers or subcontractors within thirty (30) calendar days of receipt; and For at least ninety nine (99) percent of clean claims from providers or subcontractors within ninety (90) calendar days of receipt; and For one hundred (100) percent of clean claims from providers or subcontractors within one hundred eighty (180) calendar days of receipt.

1. Claim submitted within allowable time frame:
 - a. 45 days from date of service if Lakeland Care District is the primary (only) payer
 - b. 365 days from date of service if Lakeland Care District is not the primary payer (service covered by Medicare or private insurance)
2. Separate bill for each member's services
3. Member's full name
4. Copy of the letter of authorization or the authorization number
5. Date of EACH service
6. Number of units provided for service
7. Total Fee
8. Amount paid by third party payer
9. Net Fee
10. National Code or local procedure code (both indicated on Letter of Authorization)

For **medical claims only** (i.e. medical equipment & supplies, therapy, home health care):

11. The Healthcare Common Procedure Coding System (HCPCS) code and required modifiers
12. Medicare or Third Party payer explanation of benefits
13. Diagnosis code for medical service to member
14. Acceptable formats include, but are not limited to: HCFA 1500, UB92, UB04

Note: The claim elements listed above were determined for manual claims submission. For required elements of an 837 HIPAA standard transaction, please refer to the EDI instructions and forms.

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