

ELEMENTS OF A CLEAN CLAIM

The Lakeland Care District pays 90% of clean claims within 30 days of receipt of the claim and 100% of claims within 90 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.

Jan 2010