

Claims Submission FAQ

How much does it cost to submit claims online?

[MD On-Line](#) is free for all Healthfirst claims submissions. If you already have a claims clearinghouse, you should speak with your software vendor. They can explain any costs associated with using Emdeon.

How do I set up online claims submission?

Contact your software vendor and request that your Healthfirst claims be submitted through Emdeon or have your current clearinghouse forward your claims to Emdeon. If you don't have a clearinghouse, sign up for a free account with [MD On-Line](#).

What if my software vendor uses another clearinghouse?

Emdeon is the leading clearinghouse in the country and almost every other claims clearinghouse forwards claims to Emdeon for processing. Contact your software vendor for details.

How many claims should I send the first time I submit electronically?

Send 20-50 claims with your first submission to make sure there are no issues with your claims.

Where do I send behavioral health and chemical dependency claims?

Healthfirst has agreements with various facilities and individual practitioners, as well as other organizations to provide behavioral healthcare and chemical dependency treatment to Healthfirst members.

To determine a member's hospital affiliation and what steps to take to submit claims (see Provider Manual section 9), call the Behavioral Health Care Unit at 1-888-394-4327.

Why isn't my claim on file if submitted by EDI?

Healthfirst utilizes the Emdeon claims clearinghouse for all electronic claim submissions. Providers billing electronically using Emdeon will receive a detailed status report for each claim. This report indicates whether claims are pending or have been accepted or rejected. Rejected claims must be resubmitted within 60 days from the date of the EOP.

What information is needed to resubmit a claim denied for lack of Modifier-25?

Submit the corrected claim along with a copy of the medical record supporting the use of Modifier-25.

If my claim is denied for missing 4th- and/or 5th-digit, what do I do?

Submit corrected claims denied for missing 4th- and/or 5th-digit diagnosis information within 45 days of receiving a denial notice from Healthfirst. Verify codes are supported by the medical record and that medical records reflect the codes submitted.