



Claims and Billing FAQs

With the new year 2024 upon us, here are some important Frequently Asked Questions (FAQs) regarding claims and billing.

- 1. How to obtain claim information and a copy of my provider remittance advice (PRA) online?**
General claims status and copies of PRA may be obtained through the portal at [Provider Express](#)
- 2. How can a member update their Coordination of Benefits/Other Insurance information?**
All insurance information must be reported to Medicaid. Call Health Management Systems (HMS) at 1-800-873-5875 if a private health insurance has been terminated or if there is new coverage. Follow up with Optum can be done after one week's time frame.
- 3. How does Optum process claims for coordination of benefits (COB)?**
Optum Idaho is typically the payer of last resort. Optum Idaho will not automatically pay copays/deductibles/coinsurances. Claims are processed in coordination with the primary payers' explanation of benefits at a "lessor of" logic.
- 4. Can you tell me which procedure code/modifier to use?**
We cannot tell providers how to bill. Information on how to bill for services (i.e. usage of modifiers, how many units can be billed per day) can be obtained through [CMS](#).
- 5. What is the timely filing limit to submit claims?**
Claims must be received within 90 calendar days from the date of service or 90 calendar days from a primary payer's explanation of benefits date. See Page 50 of [the Optum Idaho Provider Manual](#).
- 6. What is the timely filing limit to submit corrected claims?**
Corrected claims should be made within 90 days of receipt of the initial claims. See the [Optum Idaho Provider Manual](#).
- 7. What is the encounter code an FQHC, RHC, or an IHS should be billing with?**
T1015 is the correct encounter code and should be billed for each date of service.
- 8. What is the timely filing limit to submit a provider dispute on a claim?**
Provider disputes must be received within 180 days from the date of the Provider Remittance Advice (PRA) See the [Optum Idaho Provider Manual for more information](#).
- 9. May I bill a member?**
Under the terms of the contract, balance billing or billing for correctly denied claims is prohibited.

For providers with third party billers, please be sure to share this information with your billers.

Last, please refer to the [Provider Manual and Alerts](#) for detailed information. Both can be accessed [on the Optum Idaho website](#). If you have any questions, you may also contact Customer Service at 855-202-0983, Prompt 2.