

Claim Submission

All claims must be submitted within 90 calendar days from the date of service for contracted providers unless otherwise stated in service agreement. Please submit complete claim forms to the following addresses:

Fee for Service Claims **Vantage Medical Group**
2115 Compton Avenue, Dept. 100
Corona, CA 92881

Encounter Claims **Vantage Medical Group**
2115 Compton Avenue, Dept. 200
Corona, CA 92881

Complete Claim Definition

Complete claims are defined as containing the following information:

- **Complete Member Eligibility**
- **Date of Service**
- **Valid Diagnosis Codes (ICD-9) – submit with highest level of specificity**
- **Valid CPT, HCPCS, Revenue Codes**
- **National Drug Code (NDC) for physician-administered drugs**
- **Billed Amount**
- **Days and Units**
- **Place of Service Code**
- **Itemization of Services**
- **Rendering Facility**
- **Referring Provider Name and NPI**
- **Rendering Provider Name and NPI**
- **Provider Demographic Information (including Tax ID#)**

Acknowledgement of Claims

Providers may contact the Claims Customer Service Department at (951) 280-7896 to verify receipt of claims. Please allow 15 business days from the date of submission to verify receipt of claim. Please allow 60 business days prior to submitting tracer claims to allow for processing of original claim.

Reimbursement of Claims

Complete claims will be processed within 45 business days for contracted HMO managed care claims upon receipt of claim. Incomplete claims will be contested and a letter will be mailed to the provider requesting the additional information necessary to render claim determination. Upon receipt of the additional information, the claim will be processed within 45 business days upon receipt of the necessary information.

In the event a complete claim is not reimbursed within this timeframe, interest will automatically be reimbursed as follows:

Commercial, Healthy Families, Healthy Kids and Medi-Cal:

- Emergency Claims will be reimbursed at the greater amount of \$15.00 per annum or 15% interest per annum
- All other claims will include 15% interest per annum

Failure to automatically pay the interest reimbursement for a late claim within 5 days from the payment date of the claim will result in an additional reimbursement of \$10.00 to the provider.

Fee Schedule Reimbursement

Please refer to your service agreement contract for fee schedule reimbursement rates. A link to the Medi-Cal and Medicare fee schedules is available on Vantage Medical Group website, www.vantagemedicalgroup.com.

Claims Processing Standards

Vantage Medical Group utilizes claims processing standards accepted by nationally recognized medical societies and organizations, federal regulatory bodies and major credentialing organizations.

CPT/HCPCS Modifiers

Vantage Medical Group recognizes both the CPT (Current Procedural Terminology) and Medi-Cal guidelines for modifiers. The addition of a modifier will be reviewed to determine the reimbursement for the procedure.

Multiple Surgical Procedures Reimbursement

Multiple surgical procedures performed during the same operative session will be reimbursed as follows:

- The major procedure will be reimbursed at 100% of the allowable amount
- Each subsequent or minor procedure will be reimbursed at 50% of the allowable amount unless the procedure is excluded from the multiple procedure reduction or is inclusive of another procedure performed during the same operative session

Bi-Lateral Procedure Reimbursement

Bi-lateral procedures will be reimbursed at 150% of the procedure reimbursement.

Assistant Surgeon Reimbursement

Assistant surgeons are only payable if the surgery warrants an assistant surgeon. Payable services for an assistant surgeon are payable as follows:

- If the reimbursement is based on Medicare rates, the assistant surgeon will be paid 16% of the primary surgeon's allowable reimbursement
- If the reimbursement is based on Medi-Cal rates, the assistant surgeon will be reimbursed based on the Medi-Cal fee schedule rates listed for Procedure Type "O" for assistant surgeons
- The above applies unless otherwise defined in the provider service agreement

Global Surgery Days

AMA guidelines will be applied to determine the surgical follow-up period for all surgeries. Office and hospital visits related to a surgery and billed during the surgical follow-up period of the surgery, are not separately reimbursable if billed by the surgeon or assistant surgeon. The initial consult is only payable to the surgeon on an emergency basis to determine the need for surgery.

Global Reimbursement and Case Rates

Services that are contracted at a global reimbursement or case rate will be paid according to the service agreement rate. All other services will be denied as inclusive of the global reimbursement or case rate unless otherwise stated in the provider service agreement.

Per Diem Rates

Services that are contracted at a per diem rate will be paid at the contracted rate for each day billed. All other services will be denied as inclusive of the per diem rate unless otherwise stated in the provider service agreement.

Immunizations and Injectables

Immunizations and injectables are reimbursable according to the provider service agreement unless covered by the VFC (Vaccines for Children) program for Medi-Cal recipients or by another entity. In the event an administration fee is billed on the same date as an office visit, the administration charge will be considered inclusive of the office visit charge. If an office visit is not billed in conjunction with the administration charge, the administration charge will be allowed separately from the immunization.

Unlisted Procedures

For services that do not have a listed reimbursement rate and are considered unlisted procedures, Vantage Medical Group will evaluate reimbursement for each procedure unless otherwise defined in the provider's service agreement.

Provider Dispute Resolution Process

A provider dispute is a written notice from the contracting provider that:

- Challenges, appeals or requests reconsideration of a claim (including a bundled group of similar multiple claims) that has been denied, adjusted or contested
- Challenges a request for reimbursement for an overpayment of a claim
- Seeks resolution of a billing determination or a contractual dispute

Effective January 1, 2004, provider disputes must be submitted within 365 calendar days from the date of Vantage Medical Group's claim determination. Please submit PDR forms to the following address:

Vantage Medical Group
2115 Compton Avenue, Dept. 300
Corona, CA 92881

The provider dispute must include provider's name, identification number, contact information, including telephone number, and:

- If the dispute is regarding a claim or a request for reimbursement of an overpayment, a clear identification of the disputed item, the date of service, a clear explanation of the payment amount, and any additional pertinent information
- If the dispute is not about a claim, a clear explanation of the issue
- If the dispute involves a member, the member's name, identification number, and a clear explanation of the disputed item, including the date of service
- If the dispute is regarding a denial for timeliness, written proof of previous billings must be included

Provider disputes must be submitted on the *Provider Dispute Resolution Request Form*. The provider dispute must be submitted using the same number assigned to the original claim. If the provider dispute does not include the required submission elements as discussed above, the dispute will be returned to the provider along with a written statement requesting the missing information necessary to resolve the dispute. The provider must resubmit the dispute along with the missing information within 30 business days from the receipt of the request for additional information.

A provider dispute that is submitted on behalf of a member will be processed through the member dispute appeal process. When a provider submits a dispute on behalf of a member, the provider is assisting the member with his or her member dispute appeal process.

Vantage Medical Group will acknowledge receipt of a provider dispute in writing within 15 business days upon receipt. Providers may also contact the Claims Customer Service Department at (951) 280-7896 to verify receipt of a provider dispute.

Vantage Medical Group will resolve each provider dispute within 45 business days upon receipt of the provider dispute. A written determination will be mailed to the provider notifying them of the outcome of the provider dispute. Provider disputes that are resolved in the favor of a provider will be reimbursed within 5 calendar days from the date the determination is rendered.