

# Credentialing Process

After you are credentialed with CareSource, you will receive a letter acknowledging your credentialing status.

After all of your information is loaded into our database, you will receive a welcome letter from CareSource.

It will include:

- The effective date of your contract
- The programs you are participating in
- Your CareSource Provider Billing Number

**Please allow up to 30 days for completion of the onboarding process.**

Practitioners are considered out of network until they receive a welcome letter.



# CareSource Claims

## NPI, TAX ID AND TAXONOMY

- Your National Provider Identifier (NPI) number, Tax Identification Number (TIN) and Taxonomy Code are ***required on all claims.***
- Claims submitted without these numbers will be rejected.

Please contact your Electronic Data Interchange (EDI) vendor to find out where to use the appropriate identifying numbers on the forms you are submitting to the vendor.



# CareSource Claims

## TIMELY FILING

- For in-network providers, claims must be submitted within **90 calendar days** of the date of service or discharge.
- For out-of-network providers, claims must be submitted within 365 calendar days of the date of service or discharge.

We will not be able to pay a claim if there is incomplete, incorrect or unclear information on the claim.

## EXCEPTIONS:

- **Newborns:** Services rendered within the first 30 days of life have a 365 day timely filing limit.
- **Coordination of Benefits (COB):** The claim and primary payer's EOB must be submitted to us within 90 calendar days from the primary payer's EOB date. If a copy of the claim and EOB is not submitted within the required time frame, the claim will be denied for timely filing.



# Claim Concerns

## Common Rejection Reasons

- Taxonomy not submitted on claim
- NPI and Taxonomy do not match provider enrollment file CoreMMIS
- Member Information incorrect

## Common Denial Reasons

- TF1 – Submitted After Provider’s Timely Filing Limit
- 346 – Duplicate Claim
- XNC – Invalid Procedure Code
- 8MI – Disallow Last Menstrual Period Date Required (***corrected claim required***)
- 234 – Date requested Prior to Subscriber Effective Date

