

## Claims Processing Guidelines

- **ICW only accepts claims submitted electronically**
  - Payer ID 91164
  - COB claims must be submitted electronically
- **Apple Health is the payer of last resort**
  - The clinic is responsible for identifying other insurance or third party liability
  - Private and third party carriers must be billed prior to billing ICW
- **Six months timely filing**
  - From date of service, date of primary payor payment, or date recouped by another payor, whichever is later
- **Claims payment turnaround time (TAT)**
  - 7 days from the claims receipt date for clean claims
- **Paid claims for services not supported by the medical record will be recouped**
  - Medical record must be signed before claim is submitted
  - Denied services will be reconsidered for payment
    - Must be documented by an amended medical record
    - Must be re-submitted timely
- **Provider reconsiderations**
  - ICW contracted providers must submit for reconsideration within 1 year of the date of payment
  - Send formal written requests in letter format to ICW by fax to 206-834-6000 or secure e-mail to [claims@ic-wa.org](mailto:claims@ic-wa.org)
  - Include provider name, patient name, health plan ID number, date of service, billed amount and description of dispute