

Claims Processing Guidelines

- **ICW only accepts claims submitted electronically**
 - Payer ID 91164
 - COB claims must be submitted electronically
- **Timely filing requirements**
 - From date of service, date of primary payor payment, or date recouped by another payor, whichever is later
 - ICW contracted providers: 6 months timely filing
 - Non-ICW contracted providers: 365 days timely filing
- **Claims payment turnaround time (TAT)**
 - 7-14 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
 - Include provider name, patient name, health plan ID number, date of service, billed amount and description of dispute