

Claims Processing Guidelines

- **Submit claims electronically to ICW**
 - Payer ID 91164
 - Include Coordination of Benefits (COB) details. Private and third-party carriers must be billed before submitting the claim to ICW.
 - Corrected claims must be billed with Frequency Code 7 or Type of Bill ending in 7
- **Timely filing requirements**
 - Timely claim submissions are assessed from the date of service, date of primary payor determination, or date recouped by another payor – whichever is later
 - ICW contracted providers have 6 months timely filing requirement
 - Non-ICW contracted providers have 365 days timely filing requirement
- **Claims Status Inquiries**
 - Allow at least 45 days from claim submission before submitting an inquiry
 - Submit inquiries via secure email to claims@ic-wa.org
 - Use the **Claims Status Inquiry Form** available on our Provider Resources page
 - A maximum of 50 claims can be reviewed per inquiry
 - Phone inquiries are limited to a maximum of three claims per day for review
- **Paid claims for services not supported by the medical record will be recouped**
 - Medical record must be signed before claim is submitted
 - Denied services can be reconsidered for payment
 - Must be documented by an amended medical record
 - Must be re-submitted timely
- **Provider reconsiderations**
 - Timely reconsideration requests are assessed from date of initial claim determination or recoupment:
 - ICW contracted providers have 1 year to submit a reconsideration
 - Non-ICW Medicare contracted providers have 1 year to submit a reconsideration
 - Non-ICW Medicaid contracted providers have 2 years to submit a reconsideration
 - 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. Do not include medical records.