Sentara® Health Plans

Claims and Billing Quick Reference Guide

The preferred method of claim filing is electronic.

We accept claims through any clearinghouse that can connect through Availity, Veradigm (Payerpath/Allscripts), or Change Healthcare.

- Sentara Payor ID: 54154

- Change Healthcare submitters **only** should continue to utilize VAPRM for group number VP claims runout activity until further notified.

Our timely filing deadline on all claims is 365 days from the date of service. This includes any corrections or reconsiderations.

Claims must be mailed to:

Medical Claims/LTSS Claims	**Behavioral Health Claims**
PO Box 8203 Kingston, NY 12402-8203	PO Box 8204 Kingston, NY 12402-8204

CMS 1500 Claim Form

For *EDI* claims, the Sentara **member ID**, **SS#** or **Medicaid#** are all acceptable in box 1a. For *paper* claims, the Sentara **member ID** or **SS#** are acceptable in box 1a.

The rendering provider's **NPI** number should be listed in the bottom (unshaded) portion of box 24J

- For services billed under the umbrella of an organization/agency, this should be the organizational NPI (Type 2).

- For routine outpatient services provided by a licensed practitioner, this should be the providers individual NPI (Type 1).

- For all claims, the upper, shaded portion of 24J should contain the **taxonomy** number provided by Sentara for that service. All claims submitted to Sentara Health Plans must include individual and group practice NPI numbers and taxonomy codes. Claims received without an NPI number and taxonomy code will be rejected or denied.

The **Organizational NPI** (Type 2) should always be listed in box **33A**. No number is required in box 33B.