

FAX and Address Reference Guide for Providers

Name of Link: FAX and Address Reference Guide

Introduction: Utilize the chart below to determine the correct address or fax number to submit a claim or correspondence to Oxford Health Plans, A UnitedHealthcare Company.

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Commercial Addresses

Commercial Claims		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
Initial Claim	<p>Electronic Claims: Oxford's Payer ID 06111</p> <p>Or</p> <p>Paper Claims: Oxford Health Plans LLC. P.O. Box 7082 Bridgeport, CT 06601-7082</p>	<p>Per Oxford's policy, all claims should be submitted electronically to Oxford using our Payer ID (06111) and include the rendering Provider's Oxford Provider ID and Tax ID. For more information on submitting your claims electronically, please contact our Provider e-Solutions team at 1-800-599-4334.</p>
Additional Information Submissions	<p>Oxford Health Plans LLC. Attention: Corrected/Resubmitted Claims Department P.O. Box 7027 Bridgeport, CT 06601-7027</p>	<p>As of January 1, 2007, Oxford requires that all participating providers utilize the Participating Provider Claim(s) Review Request Form when submitting additional information.</p> <p>Additional information request by Oxford may be medical notes or missing information, such as date of service, ICD-9 codes, procedure codes, EOBs from primary insurance carrier, patient information provider information, place of service, etc.</p> <p>The following items must be included with claim resubmissions and corrected claims:</p> <ul style="list-style-type: none"> A completed CMS-1500 or UB92 claim form with the corrected or resubmitted information The words "Corrected Claim" or "Resubmitted Claim" written or stamped in Field 19 (Reserved for Local Use) of the CMS-1500 form or Field 84 (Remarks) of the UB92 form A copy of Oxford's Remittance Advice for the claim or Oxford's claim number written on the claim form in Field 19 (Reserved for Local Use) of the CMS-1500 form or Field 84 (Remarks) of the UB92 form.

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FAX and Address Reference Guide for Providers, Continued

Commercial Claims		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
Inquiry and Correct Claim Submissions	Oxford Health Plans LLC. Attention: Correspondence Dept. P.O. Box 7081 Bridgeport, CT 06601-7081	<p>As of January 1, 2007, Oxford requires that all participating providers utilize the Participating Provider Claim(s) Review Request Form when submitting an inquiry and/or corrected claim.</p> <p>Inquires can be:</p> <ul style="list-style-type: none"> Corrected information not requested by Oxford for a previously processed claim (e.g., corrected date of service etc.). Claim was originally submitted with incorrect information and is being resubmitted not on the request of Oxford. When submitting corrected claims, please indicate what is being added, deleted or changed in the comment section below.) Submitting proof of timely filing. (Please attach valid proof of timely filing, such as the EDI Acceptance Report for electronic claim(s), notice from another insurance carrier which proves claim was timely, etc.) Claim is denied in error as a duplicate. Disputing reimbursement policy (e.g., Payment Amount, Contract Rate, Bundling, Global Days Frequency per date, etc. <p>The following items must be included with claim inquires and corrected claims:</p> <ul style="list-style-type: none"> A completed CMS-1500 or UB92 claim form with the corrected or resubmitted information The words "Corrected Claim" or "Resubmitted Claim" written or stamped in Field 19 (Reserved for Local Use) of the CMS-1500 form or Field 84 (Remarks) of the UB92 form A copy of Oxford's Remittance Advice for the claim or Oxford's claim number written on the claim form in Field 19 (Reserved for Local Use) of the CMS-1500 form or Field 84 (Remarks) of the UB92 form.
Appeals for Medical Necessity	Oxford Health Plans LLC. Attention: Clinical Appeals Department P.O. Box 7078 Bridgeport, CT 06601-7078	If you would like to dispute a medical necessity determination regarding services requested for an Oxford Member, you should mail a written request with relevant supporting clinical documentation (e.g., hospital records) that shows why the denial of services should be reversed.

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Commercial Claims		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
Appeals for Claims	Oxford Health Plans LLC. Attention: Provider Appeals Department P.O. Box 7016 Bridgeport, CT 06601-7016	As of January 1, 2007, Oxford requires that all participating providers utilize the Participating Provider Claim(s) Review Request Form or the New Jersey Department of Banking and Insurance Health Care Provider Application to appeal a Claim Determination Form , depending on the Member's plan, when submitting an inquiry and/or corrected claim. If you would like to dispute the payment of a claim that does not request additional information or involve a medical necessity decision: <ul style="list-style-type: none"> Indicate why you feel the claim was processed incorrectly (i.e., the claim was denied for no referral on file. However, a referral was submitted on [date] with Reference #XXX).
Commercial Member Second Level (2 nd) Appeals	Grievance Review Board 48 Monroe Tpke. Monroe, CT	If you would like to dispute a medical necessity determination regarding services requested on behalf of an Oxford Commercial Member , submit a written request, with member consent, and relevant supporting clinical documentation that demonstrates why the denial of services should be reconsidered.

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Commercial Specialty Addresses

Specialty Claims for Commercial Claims		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
PT/OT and Orthopedic Claims (Orthonet)	<p>Electronic Claims: Oxford's Payer ID 06111</p> <p>Or</p> <p>Paper Claims: Oxford Health Plans LLC. P.O. Box 7082 Bridgeport, CT 06601-7082</p>	<p>Per Oxford's policy, all claims should be submitted electronically to Oxford using our Payer ID (06111). For more information on submitting your claims electronically, please contact our Provider e-Solutions team at 1-800-599-4334.</p> <ul style="list-style-type: none"> Oxford filters specific participating provider claims to Orthonet. Adjustment codes of Z545 or Z546 on your Remittance Advice identify claims that have been filtered to Orthonet.
Orthonet Voluntary Prior Approval form and corresponding Medical Documentation	<p>Faxed Documentation: 1-866-733-7871</p> <p>Or</p> <p>Orthonet P.O. Box 5021 White Plains, NY 10602-5021 Attention: Voluntary Prior Approval Program</p>	To submit your Voluntary Prior Approval Agreement Forms, please use this address.
Orthonet Non-Utilization Management Appeals for Claims Paid by Orthonet	<p>Orthonet P.O. Box 5021 White Plains, NY 10602-5021 Attention: Claims Department</p>	Orthonet is responsible for reviewing and resolving appeals for participating providers ONLY for claims that Orthonet has processed. Adjustment codes of Z545 or Z546 on your Remittance Advice identify claims that have been processed by Orthonet.
Orthonet UM Appeals	<p>Faxed Documentation: 1-877-220-7537</p> <p>Or</p> <p>Oxford Health Plans LLC. Attention: Clinical Appeals Department P.O. Box 7078 Bridgeport, CT 06601-7078</p>	If you would like to dispute a medical necessity determination regarding PT/OT or Orthopedic services requested for an Oxford Member, you should fax or mail a written request with relevant supporting clinical documentation that shows why the denial of services should be reversed.
Chiropractic Claims (Triad)	<p>Electronic Claims: Oxford's Payer ID 06111</p> <p>Or</p> <p>Paper Claims: Oxford Health Plans LLC. P.O. Box 7082 Bridgeport, CT 06601-7082</p>	<p>Per Oxford's policy, all claims should be submitted electronically to Oxford using our Payer ID (06111). For more information on submitting your claims electronically, please contact our Provider e-Solutions team at 1-800-599-4334.</p> <ul style="list-style-type: none"> All claims must be submitted to Oxford. Oxford filters specific chiropractor claims to Triad. Adjustment code Z547 on your remittance advice identifies claims that have been filtered to Triad.

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Specialty Claims for Commercial Members		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
Triad Medical Documentation	Faxed Documentation: 1-866-225-1033 Or Triad Healthcare, Inc. Dept. U P.O. Box 905 Plainville, CT 06062-0905	Forms of medical documentation include: <ul style="list-style-type: none"> Initial Care Plan (ICP) Extension of Care (EOC) Voluntary Prior Approval Agreement All documentation related to a claim should be submitted directly to Triad. It is preferred that documentation is sent via fax.
Triad Non-UM Appeals for Claims Paid by Triad	Triad Healthcare, Inc. Dept. A P.O. Box 905 Plainville, CT 06062-0905	Triad is responsible for reviewing and resolving appeals for participating chiropractors ONLY for the claims that Triad has processed. Adjustment code 547 on your remittance advice identifies claims that have been processed by Triad.
Triad UM Appeals	Faxed Documentation: 1-203-459-7354 Or Oxford Health Plans LLC. Attention: Clinical Appeals Department P.O. Box 7078 Bridgeport, CT 06601-7078	If you would like to dispute a medical necessity determination regarding chiropractic services requested for an Oxford Member, you should mail a written request with relevant supporting clinical documentation that shows why the denial of services should be reversed.
Radiology Claims (CareCore)	Electronic Claims: CareCore's Payer ID 14180 Or Paper Claims: CareCore National P.O. Box 61098 Anaheim, CA 92803	For all CT and NJ radiologists, claims should be submitted directly to Oxford (P.O. Box 7082) for processing. <ul style="list-style-type: none"> For all participating CareCore radiologists in NY, claims should go to CareCore for processing. Claims being submitted to CareCore can be submitted electronically using their Payer ID (14180). For all nonparticipating CareCore radiologists in NY, claims should be submitted to Oxford for processing.
Radiology Claims for Members with COB (CareCore)	CareCore National P.O. Box 798 Lake Katrine, NY 12449	If the Member has another insurance carrier as primary, send the claim and primary carrier's explanation of benefits (EOB) to this address for processing.
CareCore Non-UM (Payment) Appeals	CareCore National P.O. Box 798 Lake Katrine, NY 12449	CareCore is responsible for payment appeals from participating providers for the claims that CareCore National has processed.
CareCore UM Appeals	Oxford Health Plans LLC. Attention: Clinical Appeals Department P.O. Box 7078 Bridgeport, CT 06601-7078 Fax Documentation: 1-877-220-7537	If you would like to dispute a medical necessity determination regarding radiology services requested for an Oxford Member, you should mail a written request with relevant supporting clinical documentation that shows why the denial of services should be reversed.

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Specialty Claims for Commercial Members		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
CareCore Remittance Advice Requests	CareCore National Provider Reimbursement 169 Myers Corners Rd Wappingers Falls, NY 12590	Remittance Advice requests for claims processed by CareCore may be submitted in writing.

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Medicare Addresses

SecureHorizons/Oxford Medicare Advantage®		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
Initial Oxford Medicare Advantage Claims	<p>Electronic Claims: Oxford's Payer ID 06111</p> <p>Or</p> <p>Paper Claims: UnitedHealthcare SecureHorizons/Oxford P.O. Box 7082 Bridgeport, CT 06601-7086</p>	Per Oxford's policy, all claims should be submitted electronically to Oxford using our Payer ID (06111) and include the rendering provider's Oxford Provider ID and Tax ID. For more information on submitting your claims electronically, please contact our Provider e-Solutions team at 1-800-599-4334
Montefiore-CMO Claims	<p>Electronic Claims: Montefiore's Payer ID 13174</p> <p>Or</p> <p>Paper Claims: Contract Management Organization, LLC. Attention: Oxford Claims Department 200 Corporate Drive Yonkers, NY 10701</p>	Only providers who participate in a delegated risk agreement for MedicareComplete or Evercare Plan DH Members in Bronx County should submit claims to this address.
CareCore National Claims	CareCore National P.O. Box 61098 Anaheim, CA 92803	Only providers who are contracted with CareCore National should submit claims to this address.
Appeals for Medical Necessity	UnitedHealthcare SecureHorizons/Oxford Attention: Medicare CAG Dept. P.O. Box 7070 Bridgeport, CT 06601-7070 FAX: 203-459-3326	<p>If you would like to dispute a medical necessity determination regarding services requested for a MedicareComplete or Evercare Plan DH Member, you should mail or fax a written request with relevant supporting clinical documentation that shows why the denial of services should be reversed.</p> <p>Please note: Providers are required to be appointed as the enrollee's representative in order to initiate a standard appeal regarding the denial of coverage for a requested service. An Appointment of Representation form is available from the Medicare CAG department, and will be provided whenever a request for standard appeal requires this documentation.</p>

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SecureHorizons/Oxford Medicare Advantage®		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
Appeals for Claims	<p>For Par- Provider Liability Claims (e.g., denial because there is no authorization on file): Oxford Health Plans LLC. Attention: Provider Appeals Department P.O. Box 7016 Bridgeport, CT 06601-7016</p> <p>For Member Liability Claims (e.g., denial as not a covered service): UnitedHealthcare SecureHorizons/Oxford Attention: Medicare CAG Dept. P.O. Box 7070 Bridgeport, CT 06601-7070 FAX: 203-459-3326</p>	<ul style="list-style-type: none"> If you would like to dispute the payment of a claim, you should submit a written appeal. Indicate why you feel the claim was processed incorrectly (i.e., the claim was denied for no referral on file. However, a referral was submitted on [date] with Reference #XXX.). <p>Please note: Providers contracted with Oxford for its Medicare Advantage Members are required to be appointed as the enrollee’s representative in order to appeal the denial of a member liability claim. Provider’s who are not contracted with Oxford must submit a Waiver of Fee form in order to appeal a claim denied with member liability. Both the Appointment of Representation form and the Waiver of Fee Form are available from the Medicare CAG department, and will be provided whenever a request for appeal requires this documentation.</p>
CareCore Appeals	<p>For Par- Provider Liability denials (e.g., denial because there is no authorization on file): CareCore National Attn: Appeals Department P.O. Box 798 Lake Katrine, NY 12449</p> <p>For Member Liability denials (e.g., denial as not a covered service): UnitedHealthcare SecureHorizons/Oxford Attention: Medicare CAG Dept. P.O. Box 7070 Bridgeport, CT 06601-7070 FAX: 203-459-3326</p>	<p>If you would like to dispute a determination issued by CareCore regarding radiology services requested for a MedicareComplete or Evercare Plan DH Member, you should mail or fax a written request with relevant supporting clinical documentation that shows why the denial of coverage for services should be reversed.</p> <p>Please note: Providers contracted with Oxford for its Medicare Advantage Members are required to be appointed as the enrollee’s representative in order to appeal the denial of a member liability claim. Provider’s who are not contracted with Oxford must submit a Waiver of Fee form in order to appeal a claim denied with member liability. Both the Appointment of Representation form and the Waiver of Fee Form are available from the Medicare CAG department, and will be provided whenever a request for appeal requires this documentation.</p>

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SecureHorizons/Oxford Medicare Advantage®		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
<p>Montefiore-CMO Claim Appeals</p>	<p>For Par- Provider Liability Claims (e.g., denial to contracted Montefiore-CMO provider because there is no authorization on file): Contract Management Organization, LLC. Attn: Oxford Claim Department 200 Corporate Drive Yonkers, NY 10701</p> <p>For Member Liability Claims (e.g., denial as not a covered service): UnitedHealthcare SecureHorizons/Oxford Attention: Medicare CAG Dept. P.O. Box 7070 Bridgeport, CT 06601-7070 FAX: 203-459-3326</p>	<p>If you would like to dispute a determination issued by Montefiore – CMO regarding a denial of coverage for services provided for a MedicareComplete or Evercare Plan DH Member, you should mail or fax a written request with relevant supporting clinical documentation that shows why the denial of coverage for services should be reversed.</p> <p>Please note: Providers contracted with Oxford for its Medicare Advantage Members are required to be appointed as the enrollee’s representative in order to appeal the denial of a member liability claim. Provider’s who are not contracted with Oxford must submit a Waiver of Fee form in order to appeal a claim denied with member liability. Both the Appointment of Representation form and the Waiver of Fee Form are available from the Medicare CAG department, and will be provided whenever a request for appeal requires this documentation.</p>

Documentation Requests/Updates

Documentation Requests:		
Type of Claim/Correspondence	Address/Fax/Electronic ID	Submission Guidelines
<p>Updates to Facility Information</p>	<p>Oxford Health Plans LLC. Policy Requests/Information ATTN: Contract Management 48 Monroe Turnpike Trumbull, CT 06611</p>	