



Provider FAQ

1. How to submit a claim?

- Electronic Claims Submission – MyTruAdvantage encourages electronic claims submission as it results in quicker claims payment and processing.
 - Using a Clearinghouse: Use Payer ID # **MTAMA**
 - Not using a Clearinghouse: You may still be able to submit electronically if your system has the necessary functionality.
 - Your system must be able to generate an ASC X12N 837 (004010X098A1) file.
 - Your system must be able to split claims by payer so that we only receive claims from MyTruAdvantage members.
 - Your system must be able to submit both Individual and Group NPI numbers.
- **Paper Claims Submission**
 - Claims submitted by mail should be addressed to:
MyTruAdvantage
P.O. Box 428
Columbus, IN 47202

2. What is a Clean Claim?

- A clean claim is a claim that has all fields required by CMS for both 1500 and UB 04 claim forms completed. A claim will not be considered clean if it is missing any of the fields or attachments required to adjudicate the claim. If a claim does not meet all the criteria listed below, the statutory period for processing will not apply. In some cases, if the information is incomplete or incorrect we will be required to return the claim with a cover letter that will include what is necessary to process the claim.
- To be considered “clean,” a claim must meet the following criteria:
 - HIPAA compliant
 - EDI compliant format
 - Have all required fields completed
 - National provider identifier (NPI) numbers
 - Electronic Transactions: NM1 *85 segment contains the Group NPI; MN1 *82 segment contains the Individual NPI
 - Paper Claims: Box/field 24j displays the rendering provider (Individual NPI); box/field 33a displays the billing provider location (Group NPI)
 - Provider’s Name
 - Provider’s federal tax identification number. (TIN) (EIN) (Tax ID)
 - Vendor (Group) name and address
 - Member’s full name, date of birth, and ID number
 - Date of service
 - Valid diagnosis code(s)
 - Valid procedure code(s) and modifier code(s), if applicable
 - Valid place of service
 - Charge information and units
 - National Drug Codes, when applicable
 - Not require further investigation by the plan
 - MyTruAdvantage timely filing limit is one (1) year from date of service.
 - Have all information necessary to adjudicate a claim including any necessary supporting documentation (primary carrier explanation of benefits (EOB), medical records, etc.)

3. When should I resubmit a claim?



- Prior to resubmitting a claim, check the claim's status through the MyTruAdvantage website or call the MyTruAdvantage Call Center.
 - Website:
 - www.MyTruAdvantage.com
 - MyTruAdvantage Call Center:
 - Toll Free (844) 425-4280
 - Local (812) 348-4576
 - TTY: 1-800-743-3333 or 711
 - Hours are 8:00 a.m. to 8:00 p.m., local time, 7 days a week. You will need to leave a voicemail on Thanksgiving, Christmas Day; and weekends from April 1 through September 30. We will return your call within one business day.
- The provider should only resubmit the claim if one of the following is not received within 30 days:
 - Payment
 - Remittance advice
 - Letter requesting additional information
 - Any other form of notification from MyTruAdvantage regarding the status of a submitted claim