



Document Number FOD - 7006

**Attachments for Claim Submissions****Appropriate Attachments for Claim Submissions**

Many providers have been including inappropriate/invalid attachments with their claim forms that have led to claims processing problems. Computer Sciences Corporation (CSC) will reject claim forms with attachments that are inappropriate or are not required for claims processing. ACCEPTABLE ATTACHMENTS are as follows:

1. A letter explaining submission of a claim more than 90 days from the date of service. Please consult your Medicaid Provider Manual for the seven acceptable reasons for late submission of a paper claim (see FOD – 7001) and the ten acceptable reasons for late submission of an electronic 837 claim (see FOD - 7000).
2. A letter from the NYS Department of Health for retroactive enrollment dates.
3. Sterilization Consent Form (DSS-3134). (Available on NYSDOH website: [http://www.health.state.ny.us/health\\_care/medicaid/publications/ldssforms](http://www.health.state.ny.us/health_care/medicaid/publications/ldssforms) )
4. Hysterectomy Receipt of Information Form (DSS-3113). (Available on NYSDOH website: [http://www.health.state.ny.us/health\\_care/medicaid/publications/ldssforms](http://www.health.state.ny.us/health_care/medicaid/publications/ldssforms) )
5. Provider written justification/documentation for resubmission of claims denied for frequency editing.
6. Operative/Anesthesia Reports or invoices of acquisition cost as required for by-report or unlisted procedure codes; Office of Health Systems Management (OHSM) correspondence regarding specific billing.

In addition, the required attachments must be of the same size and paper quality (standard 8.5x11 inch paper) as that of the claim form. Noncompliance with this policy will result in the claim being returned to the Provider. Please alert billing staff to this policy; it will be strictly enforced.

If you have any questions, please contact:

CSC Call Center: (800) 343-9000

Hours of Operation:

**For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment:** Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)

**For provider inquiries pertaining to eligibility, service authorizations, DVS, and pharmacy claims:** Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays) Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time