

University of Maryland Health Partners Claim Submission

Electronic Data Interchange (EDI) Claims

Electronically (preferred method) through our Clearinghouse; EMDEON – Payor ID 45281
[Click here](#) for additional information about submitting claims through Emdeon.

Paper Claims

Paper using a CMS 1500 or UB04
Mail paper claims to:
University of Maryland Health Partners
P.O. Box 1572
Bowie, MD 20717-1572

All claims, whether paper or electronic, should be submitted using standard clean claim requirements including, but not limited to:

- Member name and address
- Member ID Number
- Place of Service
- Provider Name
- Provider NPI
- Diagnosis (ICD10) code(s) and description(s)
- Applicable CPT/Revenue/HCPCS codes
- Applicable modifier(s)

Claims must be filed within 180 days of the date of service.

If you would like additional information relative to University of Maryland Health Partners' claims submission guidelines, please call our Provider Relations Department at 800-730- 8543.

UM Health Partners offers **ePayment** which replaces paper-based claims payments with electronic fund transfer (EFT) payments that are directly deposited into your bank account. Once you are enrolled you will be able to search, view and print images of the **Electronic Remittance Advice (ERA)** or download HIPAA formatted 835 ERA files to simplify payment posting.

For additional information contact EMDEON at 800-506-2830.

Claims Adjustments

All requests for claims adjustments or reconsiderations must be submitted within 180 days of the date of remittance and mailed to the address below. Please include a written description of the issue and a reference to the initial claim.

University of Maryland Health Partners
ATTN: CLAIMS ADJUSTMENTS
1966 Greenspring Drive
Suite 100
Timonium, MD 21093-4100

