



Best Practices  
Provider Claim Submissions

**Purpose of this communication:**

- To inform providers with multiple locations credentialed with CareCentrix under the same rendering National Provider Identifier (NPI) of potential claim rejections due to failure to obtain authorization for billed services.
- The following information pertains to all health plan claims processed by CareCentrix except for Florida Blue and Horizon Healthcare Services, Inc.

**What do I need to know?**

- Requests for service, whether for the initial start of care or reauthorization for continued care, must be requested prior to the service being provided. If a provider fails to obtain an authorization **prior** to providing services, those services performed may not be reimbursable and are not billable to the patient. Exceptions to this requirement may exist for certain health plans. The authorization is required for our claims processing system to determine which servicing branch has provided the billed services when multiple locations share a rendering NPI.
- Claims billed prior to obtaining authorization may reject for reason code A315382 or A312285 when the claim contains a rendering NPI that is shared by multiple provider locations credentialed with CareCentrix.

**What do I need to do?**

- Ensure that authorization has been obtained prior to claim submission for rendered services.
- If authorization was not obtained prior to rendering services, submit the service authorization request via Provider Portal: HomeBridge<sup>SM</sup>. Please note, service authorization requests submitted after the services have been rendered may not be accepted and/or authorized.

**Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to CareCentrix Network Services Team at (877) 725-6525.**