



UnitedHealthcare Community Plan Behavioral Health Billing Training



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Today's Speaker

- Kendell Andrus, Network Trainer



Today's Agenda

- Ways to Submit a Claim
- Claims Form 1500
- Claims and Billing Tips

Ways To Submit A Claim

- Electronic Submission
- Hardcopy Submission
- Claims Reconsideration Request
- Electronic Payment & Statements



Claim Submission Option 1 - Online

Entry through www.uhcprovider.com:

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500
- Allows claims to be paid quickly and accurately

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free **1-866-842-3278**

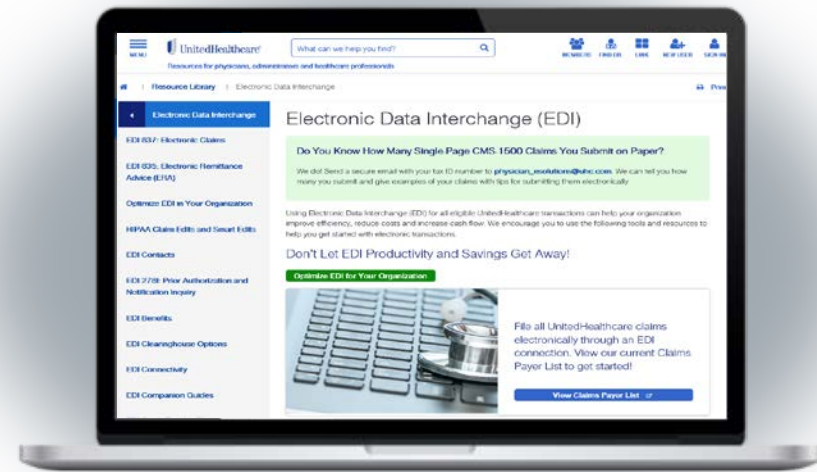
Claim Submission Option 2 – EDI/Electronically

- Electronic Data Interchange (EDI) is an exchange of information
- Performing claim submission electronically offers distinct benefits:
 - **It's fast** - eliminates mail and paper processing delays
 - **It's convenient** - easy set-up and intuitive process, even for those new to computers
 - **It's secure** - data security is higher than with paper-based claims submission
 - **It's efficient** - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
 - **It's complete** - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
 - **It's cost-efficient** - you eliminate mailing costs, the solutions are free or low-cost

Claim Submission Option 2 – (continued)

- You may use any clearinghouse vendor to submit claims
- Payer ID for submitting claims is **87726**
- Additional information regarding EDI is available on

[Electronic Data Interchange Resource Page on \[www.uhcprovider.com\]\(http://www.uhcprovider.com\)](#)



Claim Submission Option 3 – Hardcopy

- Use the Form 1500:
 - Claim elements include but are not limited to diagnosis **DSM-5**
 - Member name, Member date of birth, Member identification number, dates of service, type and duration of service, name of clinician (e.g., individual who actually provided the service), provider credentials, tax ID and NPI numbers
 - Paper claims submitted via U.S. Postal Service should be mailed to:
United Healthcare Community Plan of Louisiana
PO Box 31341
Salt Lake City, UT 84131-0341
- Use DSM-5 for assessment and the associated ICD-10 coding for billing

Submitting a Claims Reconsideration Request

- In order to submit a claims reconsideration request, you must log into LINK on the www.uhcprovider.com webpage.
- Click on the box that says "UHC Claims Management" or "UHC Claims Reconsideration" to submit your request. **From the dropdown box, please ONLY select "Louisiana Behavioral Health Appeals Only".**
- Please refer to the training materials available in the Help section of the website for live webinars and Quick Reference Guides to assist with using LINK.
- **Please contact Louisiana Provider Services for questions regarding claim reconsideration requests, denials, or filing appeals.**

Louisiana Provider Services: 1-866-675-1607

Electronic Payment & Statements (EPS)

With EPS, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through EPS you need to enroll at myservices.optumhealthpaymentservices.com. Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form


*Note: For more information, please call **1-866-842-3278**, option 5, or go to www.uhcprovider.com > Service Links at the bottom of homepage) > Electronic claims and payment > Enroll in Electronic Payments and Statements*

Claims Form 1500

- Specific Boxes
- CPT and HCPC Codes
- Corrected Claim Submission



Claims Form 1500



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (GHP) <input type="checkbox"/> FECA (FMLA) (FCA) <input type="checkbox"/> OTHER FECA <input type="checkbox"/> <input type="checkbox"/>		1. INSURED'S ID NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE (MM DD YY) SEX <input type="checkbox"/> M <input type="checkbox"/> F	
6. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
CITY STATE		CITY STATE	
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (Include Area Code)	
8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
9. OTHER INSURED'S POLICY OR GROUP NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Indicate the address of any medical or other information necessary to process this claim. Also request payment of governmental benefits either to recipient or to the party who accepts assignment below.)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (Indicate the address of any medical or other information necessary to process this claim. Also request payment of governmental benefits either to recipient or to the party who accepts assignment below.)	
14. DATE OF CLAIM (ILLNESS, INJURY, BIRTH, PREGNANCY (LMP)) (MM DD YY) QUAL		15. OTHER DATE (MM DD YY) QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. RESPONSE ON NATURE OF ILLNESS OR INJURY (Indicate to process the below (24))		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE (MM DD YY) B. PLACE OF SERVICE (EMS) C. PROCESSES, SERVICES, OR SUPPLIES (Indicate Unusual Circumstances) D. MODIFIERS E. DIAGNOSES F. CHARGES G. ICD-9-CM H. ICD-9-CM I. RENDERED BY PROVIDER ID #		23. PRIOR AUTHORIZATION NUMBER	
1 NPI		2 NPI	
3 NPI		4 NPI	
5 NPI		6 NPI	
24. FEDERAL TAX ID NUMBER SSN EIN		25. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (Indicate Yes/No/Partial) <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. TOTAL CHARGE \$		28. AMOUNT PAID \$	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including address or credentials) (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		30. BILLING PROVIDER INFO & PII # ()	
31. SERVICE FACILITY LOCATION INFORMATION		32. BILLING PROVIDER INFO & PII # ()	
33. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including address or credentials) (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		34. BILLING PROVIDER INFO & PII # ()	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Billing Reference : Claims Form 1500

Behavioral Health Providers

Enter the name, licensure and NPI number who is directly rendering services when required:

- Box 24J: NPI number of Behavioral Health Provider
- Box 31: Name and Licensure of Behavioral Health Provider
- Box 33: Agency Name, address, and phone number
- Box 33a: Agency NPI number

***The name and license should be exactly the same as it appears on the agency roster**

Billing Reference : Claims Form 1500

CPT Codes

- All CPT codes require an individual NPI in box 24J for the provider rendering the service.

HCPCS Codes

- H0036, H2017, H2020, H0039/AM, H0049, H0050, H0045 ,H2033, H2011, S9485 require an individual NPI in box 24J for the provider rendering the service.
- These are the only HCPCS Codes that should be billed with a rendering NPI in box 24J.

Form 1500 Provider Section

Box 24J:

- Behavioral Health Provider's individual NPI number is entered here when required.



24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To						CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY									
													NPI	
													NPI	1234567890
													NPI	
													NPI	
													NPI	
													NPI	
													NPI	

Form 1500 Provider Section (continued)

Box 31:

- Behavioral Health Provider's individual NPI number is entered here when required

31. SIGNATURE OF PHYSICIAN OR SUPPLIER
INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse
apply to this bill and are made a part thereof.)

SIGNED

DATE


Form 1500 Provider Section (continued)

- **Box 33:** Agency name, address, and phone number
- **Box 33a:** Agency NPI number

The diagram shows a rectangular box representing Form 1500 Box 33. The top portion of the box is labeled "33. BILLING PROVIDER INFO & PH # ()" in red text. Below this, the box is divided into two horizontal sections. The left section is labeled "a." and contains the text "NPI" in large, light orange letters. The right section is labeled "b." and is shaded light orange. A black arrow points from the top right of the box down towards the "NPI" text in section "a". Another black arrow points from the top right of the box down towards the "33. BILLING PROVIDER INFO & PH # ()" text.

Form 1500 Service Location Information

32. SERVICE FACILITY LOCATION INFORMATION	
a.	NPI
b.	



Corrected Claim Submission for Form 1500

Box 22 – Claim Form 1500

22. RESUBMISSION CODE 7	ORIGINAL REF. NO. 17H123456789
---------------------------------------	--

Please input the number 7 for the Resubmission Code and the original UnitedHealthcare Claim Number under original Ref. No

Claims & Billing Resources

- Claims and Billing Tips
- Reimbursement Policies
- Same Day Billing
- Timely Claims Submissions



Claims Requirements

Federally Qualified Health Centers & Rural Health Clinics

Billing Codes and Claim Information:

- H2020 must be billed separately from T1015
- H2020 must be billed with charges greater than \$0.
- Billing Provider must be the FQHC or RHC NPI and submitted in Boxes 33/33a

Rendering Provider's NPI goes in Box 24J and must be one of the following:

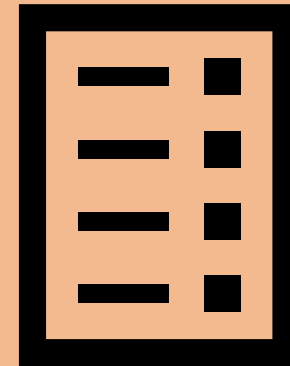
- Physician with a psychiatric specialty
- APRN or Clinical Nurse Specialist with a psychiatric specialty
- Licensed Clinical Social Worker
- Clinical psychologist
- Licensed Professional Counselor
- Licensed Family and Marriage Therapist

Claims Requirements (continued)

Federally Qualified Health Centers & Rural Health Clinics

Detail Lines

- Detail Lines must be submitted and include the following qualified service for the assessment diagnosis and/or treatment of a behavioral health disorder
- This includes services such as psychotherapy, mental health assessment, psychiatric evaluation, psychological testing and medication management

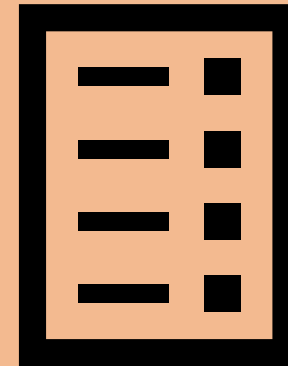


Telehealth Services

Federally Qualified Health Centers & Rural Health Clinics

POS 02 and Modifier 95

- For FQHC Telehealth claims, POS 02 and Modifier 95 need to be billed on all lines of the claim whether the H2020 all-inclusive code or the face-to-face code(s).
- Example: FQHC's must bill the 02 and 95 modifier on the H2020 line as well as the encounter line. Otherwise the claim will reject through encounters.
- Providers will have to bill corrected claims if not billed this way.



Claims Tips

To ensure clean claims, remember:

- NPI numbers are always required on all claims
- Rule of thumb is rendering's NPI for CPT codes in Box 24J & 35B, left blank for HCPCS codes (with FIVE exceptions), Agency NPI in 33A.
- A complete diagnosis is required on all claims

Claims filing deadline:

- Louisiana Community Health Plan allows claim submission of up to 365 days from the date of service

Claims Processing:

- 90% of all clean claims will be paid within 15 business days of receipt
- 99% of all clean claims will be paid within 30 business days of receipt

Balance Billing:

- The member cannot be balance-billed for behavioral services covered under the contractual agreement

Claim Tips, (continued)

Member Eligibility:

- Provider is responsible to verify member eligibility through www.uhcprovider.com

Examples of coding Issues related to claims denials:

- Incomplete or missing diagnosis
- Inappropriate primary diagnosis codes
- Invalid or missing HCPCS/CPT codes
- Use of codes that are not covered services
- Required data elements missing, (e.g., number of units)

Provider information missing/incorrect

- NPI number entered as 9999999999

Common Prior Authorization Issues:

- Required authorization missing
- Units exceed authorization (e.g., 10 inpatient days were authorized, facility billed for 11 days)

Billing Tips

U8 Modifier:

- Always use the U8 modifier with the compatible Place of Service (POS) code. Example: U8 cannot be used with POS 11

Age Modifiers:

- Use the appropriate age modifier when indicated on the fee schedule.

H2017 and H0036:

- Members may only receive MHR services (H2017 and H0036) from one rendering provider and one MHR Agency in one day, unless one of the MHR services uses the modifier TG.

Act 370:

- Act 370 limits the total number of reimbursable hours of CPST and PSR (H2017 and H0036) to 12 hours (48 units) per rendering provider, per calendar day

UnitedHealthcare Community Plan Reimbursement Policies

Important policies that can help resolve common errors:

- Inappropriate Primary Diagnosis Code Policy
 - UnitedHealthcare Community Plan will deny claims where an inappropriate diagnosis is pointed to or linked as primary in box 24E on a Claim Form 1500 or its electronic equivalent. When a code on the Inappropriate Primary Diagnosis List is pointed to or linked as the primary diagnosis on the claim form, the entire claim will be denied.
- Procedure to Place of Service Policy
 - This policy addresses the appropriate places of service for certain CPT and HCPCS procedure codes. Appropriate places of service are designated for CPT and HCPCS codes in this policy.
- These and other helpful reimbursement policies can be located [UHCprovider.com](https://www.uhcprovider.com)

Same Day Billing Tips

MD and LCSW: E & M and Therapy (e.g., 99214 & 90832)

- Allowable on the same day, and each rendering provider must bill the service with their individual NPI

LCSW and LCSW: Assessment and Therapy (e.g., 90791 & 90832)

- Not allowable on the same day for either same LCSW or two LCSWs

LCSW and LCSW: Group and Individual Therapy (e.g., 90853 & 90832)

- Allowable for either the same LCSW or two different LCSWs on the same day, as long as the rendering providers' NPI number(s) are included for each appropriate, separate and distinct service... along with appropriate modifiers appended to CPT 90832.

NOTE: *Only 1 rendering provider's NPI per claim form. If billing 2, must submit 2 Claims Form 1500's.*

Timely Claims Submissions

- Providers must submit claims using the current Form 1500 or UB-04 with appropriate coding including, but not limited to, ICD-10, CPT, and HCPCS coding
- Louisiana Community Health Plan requires that you initially submit your claim within 365 days of the date of service
- When a provider is contracted as a group, the payment is made to the group, not to an individual
- Resubmissions and Corrected Claims should be submitted within 365 days of the DOS or you risk Timely Filing denials.
- All claim submissions must include:
 - Member name, Medicaid identification number and date of birth
 - Provider's Federal Tax I.D. number
 - National Provider Identifier (NPI) (unique NPI's for all clinicians)
 - Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at www.cms.gov

Contact information:

Louisiana Provider Services

1-866-675-1607

or

networkse@optum.com

Thank you.

