

# How to Get Credentialed and Bill Insurance

Presented by:

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# Agenda:

- Prep work for starting your business
- Getting credentialed
- Organization



# Prep Work for Starting Your Business

- If you are sued for Malpractice, having a LLC does not stop clients from suing you personally as well.
- If the LLC is serving as your sole income it may serve some tax benefits but not always.
- A LLC will protect each individual if the business has more than one owner by disclosing how much each owner “owns” in the company.

## Should I start an LLC?

Limited Liability Company

- Sign a lease on an office space for yourself.
- Sign a lease on an office space with the intent of renting out room(s).
- Find another therapist who is looking to sublease some space in their office.
- Time share a single office with other therapists who have different schedules.
  - Rent, utilities, lawn maintenance, kitchen space, waiting room, receptionist area.

Do I want to be the sole operator of the business or do I want others in my practice?



- To start the credentialing process you must have a checking account that funds can be deposited into.
- For tax purposes and organization it is best to have a separate account from your personal checking and credit cards.

## Banking

Checking account and credit card under the business name

# Getting Credentialed

In order to start the credentialing process, you must have a practice address for insurance companies to share with their members.

# What documentation do I need?

- Professional Liability Policy
  - 1,000,000 each claim
  - Self-employment
  - Consulting services
  - A typical policy can cost between \$100 and \$400 yearly.
  - HPSO



# What documentation do I need?

- Copy of most current LPC license including letter and card.
  - Initial date of licensure
- National Counselor Examination for Licensure and Certification (NCE) test scores
- Curriculum Vitae (CV) or Resume
- Diplomas from Bachelor, Masters, and Doctorate Degrees.
- Transcript from Master's Degree Program

# Before Credentialing:

## NPI Number

- National Provider Identifier
- NPI is given by the National Plan & Provider Enumeration System
- <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

## CAQH Provider ID

- Council for Affordable Quality Healthcare
- Universal Provider DataSource
  - Insurance companies will verify you are up to date with CAQH in order to list you as “in good standing” or “meets all requirements.”
- Will ask for your NPI
- Have to reattest every 3 months
- Have to upload updated personal liability insurance and LPC license.

# Credentialing: The process of becoming an In-Network Provider

- Some Insurance Companies accept the Louisiana Standardized Credentialing Application.
- Others have their own Credentialing Application you must fill out.
- How you submit the Credentialing Application varies: online, email, mail, and fax.
- Do not start seeing clients until the entire credentialing process is complete
- No back billing is allowed
- The process can take between 2 weeks and 6 months.

# Blue Cross Blue Shield of LA

- Accepts the Louisiana Standardized Credentialing Application
- <https://www.bcbsla.com/Providers/Credentialing/Pages/default.aspx>
- Typically takes 3 months to become an initial provider.
- Takes an additional month on average to become an In-Network Provider.

# Tricare

- Must become Tricare certified by calling PGBA at 1-800-403-3950.
- Join Tricare South Region
  - <https://www.humanamilitary.com/provider/mental-health/join-network>
  - Requires application to be notarized

# Value Options (Tricare) Beacon Health Options

- Call 1-800-397-1630 to inquire about becoming a provider.
- No online application.

# American Behavioral

- Can submit an inquiry at <http://americanbehavioral.com/join-our-network/> or call and speak to a representative about becoming a provider at 1-877-660-6646 ext. 404.
- Primarily works with Employee Assistance Programs (EAP).

# Aetna, Coventry, First Health

- Credentialing Customer Service 1-800-353-1232.
- No online application, it must be requested.

## Cigna

- [http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/doing-business-with-cigna/credentialing-and-recredentialing?WT.z\\_nav=healthcare-professionals%2Fjoin-our-network%3BBody%3BCredentialing%20option](http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/doing-business-with-cigna/credentialing-and-recredentialing?WT.z_nav=healthcare-professionals%2Fjoin-our-network%3BBody%3BCredentialing%20option)
- 1-800-88Cigna
- No online application, it must be requested.



# Optum Healthcare United Healthcare

- Follow the instructions at <https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/jon.html> in order to determine if your specialty is currently being accepted in your service area.
- Submit a request for network participation if they are currently accepting applications.
- No online application.

# Employee Assistance Program (EAP)

- EAP's may call and ask if you wish to sign a contract with their agency to provide counseling services.
- You can contract with multiple EAP's.
- Typically, clients being serviced under an EAP cannot have a clinical diagnosis and are only seen due to stressful life/work events.

# Single-Case Agreements

- If you have an individual that desires to be your client but you are not In-network with their insurance company, the client can request a Single-Case Agreement be made with you.
- You would sign a contract authorizing you to be considered In-Network for billing purposes for that specific client only.

- The insurance company will send you a contract to sign and send back stating you agree to their rates of service.
- You will receive information on billing, provider hotlines, and newsletters
- **SAVE all documentation you submit and receive!**

What happens next?



# Billing Insurance Companies

# Tips for Billing:

- Each insurance company will have a different way for providers to submit claims including web portals, mail, and fax.
- After you have become credentialed you will receive instructions on how to submit claims. DO NOT put off signing up for web portals and making accounts for billing services. Often times these web portals require PIN numbers that have to be mailed to you before you can log in. This can delay your billing by weeks
- Write down all username and passwords! Often these must be changed every 90 days.

# Tips for Billing:

- Health Insurance Claim Form
  - Can be found at Office Depot or Office Max (100 forms for \$40)
  - Must be used for submission of claims via mail or fax.
  - You can list up to 6 dates of service on each claim form.

# Tips for Billing:

- Some billing sites require you to use specific Internet web browsers.
  - For example, you must use Internet Explorer for BCBS claims submission, Mozilla Firefox for American Behavioral claims submission.
  - BCBS claims cannot be submitted on a MAC computer.
  - If you submit a claim online, print a copy out BEFORE you submit the claim. Often times you must re-type the data in each time you submit a claim.



# HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA		PICA <input type="checkbox"/>	
1. MEDICARE    MEDICAID    TRICARE    CHAMPVA    GROUP HEALTH PLAN    FECA (B & LUNG)    OTHER <input checked="" type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (C/D/CDD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (A#) <input type="checkbox"/> (B#) <input type="checkbox"/> (D#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Ace, Sample</b>		3. PATIENT'S BIRTH DATE    SEX MM   DD   YY    M <input checked="" type="checkbox"/> F <input type="checkbox"/> <b>05   23   11</b>	
5. PATIENT'S ADDRESS (No., Street) <b>111 1st street</b>		7. INSURED'S ADDRESS (No., Street) <b>111 1st street</b>	
CITY    STATE <b>san benito    tx</b>		CITY    STATE <b>san benito    tx</b>	
ZIP CODE    TELEPHONE (Include Area Code) <b>78586    (956) 7894561</b>		ZIP CODE    TELEPHONE (Include Area Code) <b>78586    (956) 7894561</b>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH    SEX MM   DD   YY    M <input checked="" type="checkbox"/> F <input type="checkbox"/> <b>08   26   13</b>	
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 8, 9a and 9d.</i>	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED: <b>SIGNATURE ON FILE</b> DATE: <b>5/23/2011</b>		SIGNED: <b>SIGNATURE ON FILE</b>	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (EMP): MM   DD   YY    QUAL:		15. OTHER DATE MM   DD   YY    QUAL:	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>Dr. Ima Doctor</b>		17a.    17b. NPI: <b>34552</b>	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?    \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24D))    ICD (incl.) <b>9</b>		22. RESUBMISSION CODE    ORIGINAL REF. NO.	
A. <b>290.0</b> B. <b>478.6</b> C. <b>711.2</b> D. _____ E. _____    F. _____    G. _____    H. _____ I. _____    J. _____    K. _____    L. _____		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From To    B. PLACE OF SERVICE    C. EMG    D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)    E. DIAGNOSIS POINTER		F. \$ CHARGES    G. QNXT OR UNITS    H. BPO# FROM QNXT    I. O. QUAL.    J. RENDERING PROVIDER I.D. #	
04   11   14    04   11   14    11    92507    ABC		100.00    1    NPI    1234567890	
04   11   14    04   11   14    11    92507    ABC		100.00    1    NPI    1234567890	
04   11   14    04   11   14    11    92526    ABC		50.00    1    NPI    1234567890	
04   11   14    04   11   14    11    92507    ABC		100.00    1    NPI    1234567890	
04   11   14    04   11   14    03    92507    ABC		100.00    1    NPI    1234567890	
04   11   14    04   11   14    1    92507    ABC		100.00    1    NPI    1234567890	
25. FEDERAL TAX I.D. NUMBER    SSN    EIN    26. PATIENT'S ACCOUNT NO.    27. ACCEPT ASSIGNMENT? (For gov. claims, see back)		28. TOTAL CHARGE    29. AMOUNT PAID    30. Revid for NUCC Use	
<b>7200000</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>1148</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		\$ <b>550.00</b> \$ <b>0.00</b>	
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.) <b>Joe Williams, DCC SLP</b>		32. SERVICE FACILITY LOCATION INFORMATION <b>DEMO 123 Main Street Raleigh, NC 27609</b>	
33. BILLING PROVIDER INFO & PH # <b>(919) 5430000</b>		SIGNED    DATE: 4/18/2014    a. <b>234567</b> b. <b>ZZ 235200000X</b> a. <b>123456</b> b. <b>ZZ 235200000X</b>	

1  
2  
3  
4  
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6

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

# Tips for Billing:

- ICD-10 codes must be used to document diagnosis information.
  - ICD-9 codes can no longer be used.
  - Codes can be found at <http://www.icd10data.com/ICD10CM/Codes>
  - Most, not all, claim forms require that you not put a period (.) in the ICD-10 code.
    - For example... the ICD-10 code for Anxiety Disorder, Unspecified is F41.9. When documenting this on the online BCBS form, you must put F419 with no period for the claim to be accepted.

# Billing Tips:

- Place of Service = 11 (Office)
  - CPT Codes
    - Most used for Counselors include
      - 90791 – Diagnostic Evaluation
      - 90832 – Psychotherapy 30 min
      - 90834 – Psychotherapy 45 min
      - 90837 – Psychotherapy 60 min
- \*\*CPT codes for Workman's Comp claims are different.

# Ethics in Billing

- LPC's cannot bill for services using their NPI number if a PLPC is providing the service. This is considered fraudulent.

# Good Luck!

- If you have any questions or would like a copy of today's presentation please email us at

- [St.pierrelpc@gmail.com](mailto:St.pierrelpc@gmail.com)

- [kiffb562@yahoo.com](mailto:kiffb562@yahoo.com)