

UnitedHealthcare Community Plan Behavioral Health Billing Training



Today's speakers

- Kendell Andrus, Network Trainer
- Kirk Redmann, Network Provider Liaison



Today's agenda

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



Ways To Submit A Claim ?



Claims 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 CMS-1500 form
- 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 **(866) 842-3278**

Claims 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

Claims 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 <http://www.uhccommunityplan.com/health-professionals/la/electronic-data-interchange.html>
and www.uhcprovider.com



Claims Submission Option 3 – Hardcopy

- Use the CMS 1500 claim form:
 - 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: (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 **(866) 842-3278**, option 5, or go to www.uhcprovider.com > Quick Links > Electronic Payments and Statements*

Claims Form CMS-1500



Claims form – CMS-1500

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

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member Use) GROUP HEALTH PLAN (Group Health Plan) FECA (FECA) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) _____

3. PATIENT'S BIRTH DATE (MM/DD/YY) _____ SEX M F

4. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other _____

5. PATIENT'S ADDRESS (No., Street) _____

6. RESERVED FOR NUCC USE

7. INSURED'S NAME (Last Name, First Name, Middle Initial) _____

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) _____

10. IS PATIENT'S CONDITION RELATED TO: YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER _____

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (for alternate payment of medical benefits to the undersigned physician or supplier for services described below) _____ DATE _____

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) _____

15. OTHER DATE (MM/DD/YY) _____

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PHYSICIAN 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? YES NO \$ CHARGES _____

21. RESPONSE ON NATURE OF ILLNESS OR INJURY (Indicate to assess the below (24)) A B C D E F G H I J K L

22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____

23. PRIOR AUTHORIZATION NUMBER _____

24. A. DATES (B) OF SERVICE (C) FROM MM/DD/YY TO MM/DD/YY (D) PROCESSES, SERVICES, OR SUPPLIES (E) RAZE OF SERVICE (F) OPTIMIZER (G) MODIFIER (H) CPT/HCPCS (I) POINTS (J) \$ CHARGES (K) \$ AMOUNT PAID (L) \$ AMOUNT PAID (M) \$ AMOUNT PAID (N) \$ AMOUNT PAID (O) \$ AMOUNT PAID (P) \$ AMOUNT PAID (Q) \$ AMOUNT PAID (R) \$ AMOUNT PAID (S) \$ AMOUNT PAID (T) \$ AMOUNT PAID (U) \$ AMOUNT PAID (V) \$ AMOUNT PAID (W) \$ AMOUNT PAID (X) \$ AMOUNT PAID (Y) \$ AMOUNT PAID (Z) \$ AMOUNT PAID

25. FEDERAL TAX ID NUMBER _____ SSN/EIN _____

26. PATIENT'S ACCOUNT NO. _____

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ _____

29. AMOUNT PAID \$ _____

30. PAID FOR NUCC USE

31. 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)

32. SERVICE FACILITY LOCATION INFORMATION

33. 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 : CMS-1500 Claims Form

Licensed Mental Health Providers (LMHPs)*	Non-Independently Licensed Behavioral Health Providers
<ul style="list-style-type: none"> ▪ Enter the name, licensure and NPI number of the independently licensed clinician who is directly rendering services: <ul style="list-style-type: none"> ○ Box 24J: NPI number of LMHP ○ Box 31: Name and licensure of LMHP ○ Box 33: Agency name, address, and phone number ○ Box 33a: Agency NPI number <p>The name and license should be exactly the same as it appears on the agency roster.</p> <p>*LMHPs include: Psychiatrist, Advanced Psychiatric Nurse Practitioner, Medical Psychologist, Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Addiction Counselor, and Licensed Marriage and Family Therapist.</p>	<ul style="list-style-type: none"> ▪ The rendering provider's information does not need to be included anywhere on the claim[^]: <ul style="list-style-type: none"> ○ Box 24J: Leave blank ○ Box 31: Agency name ○ Box 33: Agency name, address, and phone number ○ Box 33a: Agency NPI number <p>[^] The claim is recognized by the appropriate modifier that must be included to indicate what level of staff provided the service.</p>

- Licensed Mental Health Professionals billing CPT Codes
- Non-Licensed Behavioral Health Providers billing HCPCS Codes

CMS-1500 Provider Section

- **Box 24J:** Licensed Mental Health Professionals (LMHPs) who render services enter their **NPI number** in the non-shaded portion
- **Box 24J:** Non-licensed providers who render services **should not** enter an NPI number in Box 24J



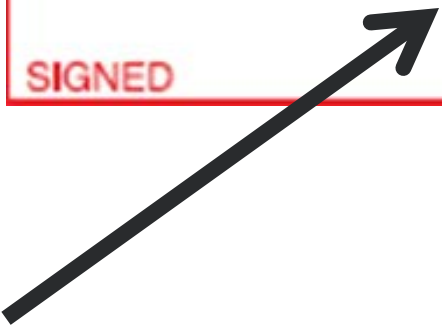
24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To						CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY				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

CMS-1500 Provider Section (continued)

- **Box 31:** Licensed Mental Health Professionals (LMHPs) who render services enter their name and licensure in Box 31
- **Box 31:** Non-licensed providers who render services should leave Box 31 blank.

**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**



CMS-1500 Provider Section (continued)

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

33. BILLING PROVIDER INFO & PH # ()

a.	NPI	b.
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The diagram shows a red-bordered box representing the CMS-1500 form. The top section is labeled '33. BILLING PROVIDER INFO & PH # ()'. Below this is a large empty space. At the bottom, there is a row with two columns: 'a.' and 'b.'. The 'a.' column contains the text 'NPI'. A black arrow points from the bottom left towards the 'NPI' text. Another black arrow points from the top right towards the main empty space of the box.

CMS 1500 Service Location Information

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI	b.
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Corrected Claim Submission for CMS-1500 Form

Box 22 – CMS-1500 Claim Form

<input type="checkbox"/> YES <input type="checkbox"/> NO	
M22. MEDICAID RESUBMISSION	
CODE	ORIGINAL REF. NO
7	17H123456789
M22. MEDICAID AUTHORIZATION NUMBER	

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

Claims & Billing Tips



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 claims 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.

One Exception: H2017 Individual vs. Group:

- For Individual Rehab – H2017, providers should bill their services with all proper modifiers and omit modifier HA, HB, and HQ. This will allow reimbursement to be paid at the individual PSR rate.
- For Group Rehab – H2017, providers should bill their services with all proper modifiers and include modifier HQ and/or the age modifier HA/HB, corresponding to the age of the member. This will allow reimbursement to be paid at the group PSR rate.

UnitedHealthcare Community Plan Reimbursement Policies

Important policies that can help resolve common errors:

- These and other helpful reimbursement policies can be located at: www.uhccommunityplan.com > Health Professionals > Louisiana > Reimbursement Policy
- 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 CMS-1500 claim form 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.

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 CMS-1500 Claims Form.*

Timely Claims Submissions

- Providers must submit claims using the current CMS 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 rostered 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

(866) 675-1607

or

networkse@optum.com

