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UnitedHealthcare Community Plan

Behavioral Health Adult Crisis Response Services Billing Training

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Today’s speaker & agenda

- Adult Crisis Response Services
- Adult Crisis Services
  - Fee Schedule
  - Commonly Used Modifiers
- Adult Crisis Response Services Defined
- Adult Crisis Services
  - Fee Schedule
  - Commonly Used Modifiers

Member eligibility for crisis response services

- Members twenty-one (21) years and over to his/her best age-appropriate functional level
- Crisis Intervention and Stabilization services for youth (under age 21) are defined in the Behavioral Health Services Provider Manual
- All members who self-identify as experiencing a seriously acute psychological/emotional change, which results in a marked increase in personal distress, and which exceeds the abilities and resources of those involved to effectively resolve it.

Who can render adult crisis response services?

- Providers licensed by the Louisiana Department of Health and identified as having completed the Intensive Crisis Response Training facilitated by the Center for Evidence to Practice.

- **Note**: To bill for these services, UnitedHealthcare Community Plan will require proof of completing the Intensive Crisis Response Training.

Crisis Stabilization (CS)

- CS for adults is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement.
  - CS operates 24 hours a day, seven days a week as short-term mental health crisis response, offering a voluntary home-like alternative to more restrictive settings, such as the emergency departments, or coercive approaches, such as Physician Emergency Certificates (PECs), law enforcement holds, or Orders of Protective Custody (OPCs).

NOTE: Crisis care should continue until the crisis is resolved and the member no longer needs crisis services. Readiness for discharge is evaluated on a daily basis.

Crisis Stabilization

Code	Description	Modifier	Unit
H0045	CRISIS STABILIZATION INDIVIDUAL – Effective *12/1/22*	TG	Day

Mobile Crisis Response (MCR)

- MCR services are an initial or emergent crisis response available 24 hours a day, 7 days a week, with response times of no more than 1 hour urban or 2 hours rural.

- These time-limited, face-to-face crisis supports and services are intended to provide sufficient relief, resolution and intervention resulting in a member being able to remain in the community and return to existing services OR be linked to alternative behavioral health services which may include a higher level of care.

  - Only direct staff face-to-face time with the member, family or other individuals having a primary relationship with the member are Medicaid billable for the initial response/contact.
  - The time spent by the LMHP with the member is billed separately (risk assessment; mental status, and medical stability is completed by the LMHP). The CPT code billed should best describe the care provided.

- The MCR rates include all other services provided for up to 72 hours, including follow-up with the member, contact with collaterals, and referral activities.

Mobile Crisis Response

Code	Description	Modifier	Unit
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - *Effective 3/1/22*	TG, U8	Per Diem
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - *Effective 3/1/22*	TG, 95	15 Minutes
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - *Effective 3/1/22*	TG, U8	15 Minutes

Community Brief Crisis Support (CBCS)

- CBCS services are an **ongoing** crisis response available 24 hours a day, 7 days a week, intended to be rendered for **up to fifteen (15) days.**

- These **time-limited, face-to-face** crisis support, and services are designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers.

- **Only** direct staff **face-to-face** time with the member, family or other individuals having a primary relationship with the member are Medicaid billable.

- CBCS services are not intended for and should not replace or duplicate existing behavioral health services **BUT** CBCS and existing behavioral health services may be billed on the **same day ONE time** to allow for a warm handoff/transition to the accepting provider, when appropriate.

Community Brief Crisis Support

Code	Description	Modifier	Unit
H2011	COMMUNITY BRIEF CRISIS SUPPORT - *Effective 12/1/22*	HK	15 Minutes

Behavioral Health Crisis Care (BHCC)

- BHCC services are an **initial or emergent** psychiatric crisis intervention response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis for adults.

- BHCC Centers operate 24 hours a day, 7 days a week as a walk-in center providing short-term behavioral health crisis intervention, offering a community based voluntary home-like alternative to more restrictive settings, such as emergency departments, or coercive approaches, such as Physician Emergency Certificates (PECs), law enforcement holds, or Orders of Protective Custody (OPC).

- BHCC Centers are designed to offer recovery oriented and **time limited services up to twenty-three (23) hours per intervention**, generally addressing a single episode that enables a member to return home with community-based services for support OR be transitioned to a higher level of care as appropriate if the crisis is unable to be resolved.

Behavioral Health Crisis Care

Code	Description	Modifier	Unit
S9484	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - *Effective 12/1/22*	HK	One Hour
S9485	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - *Effective 12/1/22*	HK	Per Diem
S9484	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - *Effective 12/1/22*	TG	One Hour
S9485	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - *Effective 12/1/22*	TG	Per Diem

How to request authorization for crisis services

- Authorization Requests for Crisis Services are made through The Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form.

- The Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form is located on the Louisiana Resource Page in the Authorization Template Section.

Prior authorization for crisis services

- **Mobile Crisis Response (MCR)** – **No prior authorization** required, but providers are required to notify the MCO when its member presents.
  - **NOTE**: Such initial encounters will be subject to retrospective review. **IF** it is determined that the response time exceeded allowable timeframes, and/or if available/reviewed documentation does NOT support the crisis, the payment might be subject to recoupment.

- **Community Brief Crisis Support (CBCS)** – **Requires prior authorization** based on medical necessity, with the option to request approval of additional units until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. For more information, please see the LDH Behavioral Health Medicaid Services Manual section 2.3 page 27.

- **Behavioral Health Crisis Care (BHCC)** – **No prior authorization** required **UNLESS** the referral is made from **CBCS to BHCC**. Providers are required to notify the MCO when its member presents.
  - **NOTE**: Such initial encounters will be subject to retrospective review. **IF** it is determined that the available/reviewed documentation does NOT support the crisis, the payment might be subject to recoupment.

Commonly used modifiers for billing

- **Modifier HK (**SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH-RISK POPULATIONS) - Used to bill CBCS and BHCC/BHS - H2011, S9484, S9485

- **Modifier TG** (COMPLEX HIGH-TECH LEVEL OF CARE) - Used to bill MCR, MCR Telehealth Follow-Up(Modifier 95), CBCS and BHCC/CRC - H2011, S9484, S9485

- **Modifier U8** (SERVICES PROVIDED IN NATURAL ENVIRONMENT) - Used to bill for services provided in the community - H0036, H2017, H0020, H0047, H2011

Ways to submit a claim

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

Claim submission option 1 - online

Entry through 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

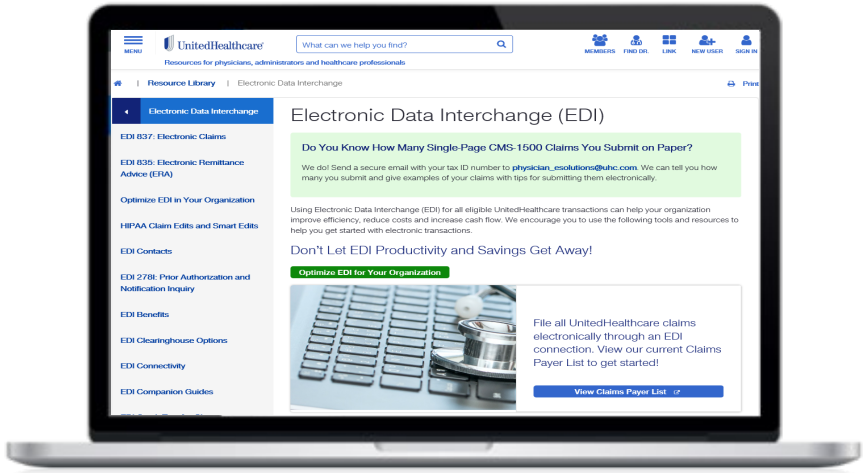
- Electronic Data Interchange (EDI) is an exchange of information

- 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 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 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, go to uhcprovider.com
- 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 filing a claims reconsideration request.
- **Please contact Louisiana Provider Services for questions regarding claim reconsideration requests, denials, or filing appeals**.

Louisiana Provider Services: 1-866-675-1607

Optum Pay (formerly known as Electronic Payments & Statements (EPS)

You've got better things to do with your time - Sign up for Optum Pay™

- Today's health care environment doesn't afford the luxury of wasted time or waiting longer than necessary to be paid. Which is why you should consider enrolling in Optum Financial Services, Opens In New Window Optum Pay, formerly known as Electronic Payments & Statements (EPS).

- With Optum Pay, claim payments are deposited directly into your bank account as soon as possible. That shortens your revenue cycle, which can make running a successful business a whole lot easier.

Optum Pay is a highly secure transaction

- Now with an added layer of security, claims payments made by electronic funds transfer from health plans can be deposited directly into your designated bank.

- Even better, Optum Pay can dramatically shorten your revenue cycle. In fact, you may be paid five to seven days faster than by paper checks received through regular mail. And that leaves you more time to do the things that will help grow your practice.

Enroll in Optum Pay today

To enroll by phone call 877.620.6194 (7:00 am to 6:00 pm CST Monday – Friday). Or click here to get started today.

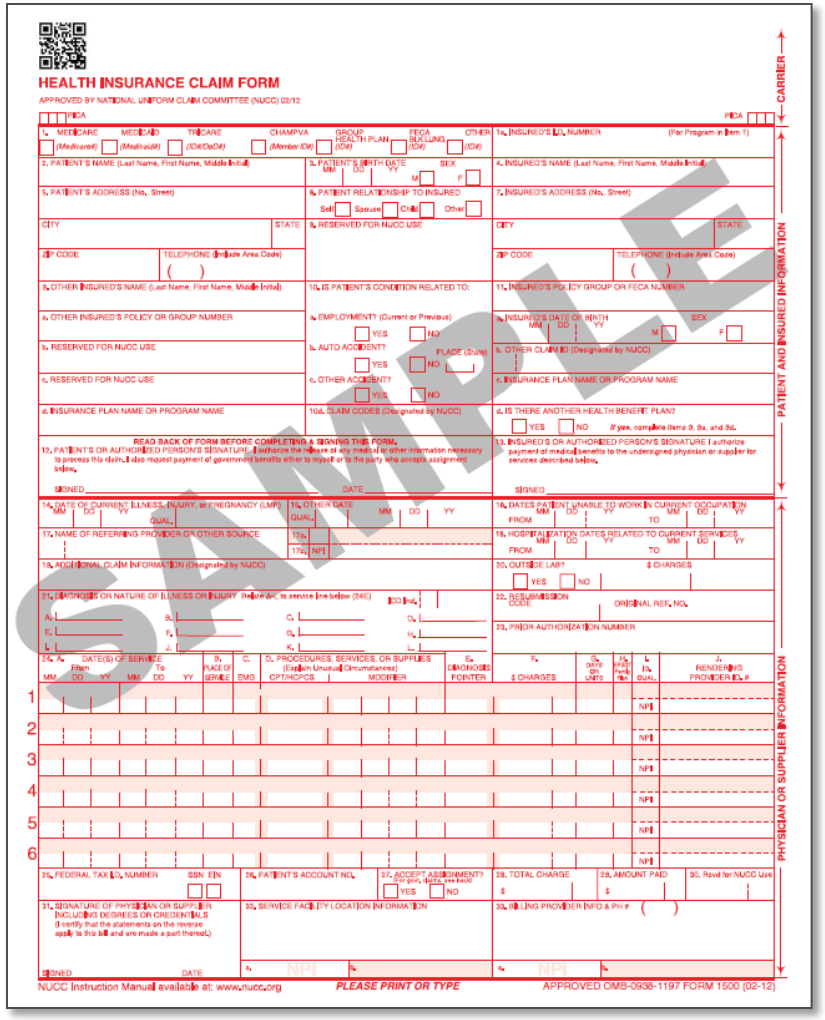
Claim Form 1500

- Specific Boxes
- CPT and HCPC Codes
- Corrected Claim Submission
- Timely Claims Submissions

Claim Form 1500

- Specific Boxes
- CPT and HCPC Codes
- Corrected Claim Submission
- Timely Claims Submissions

Claim Form 1500



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**

Corrected Claim Submission For Form 1500

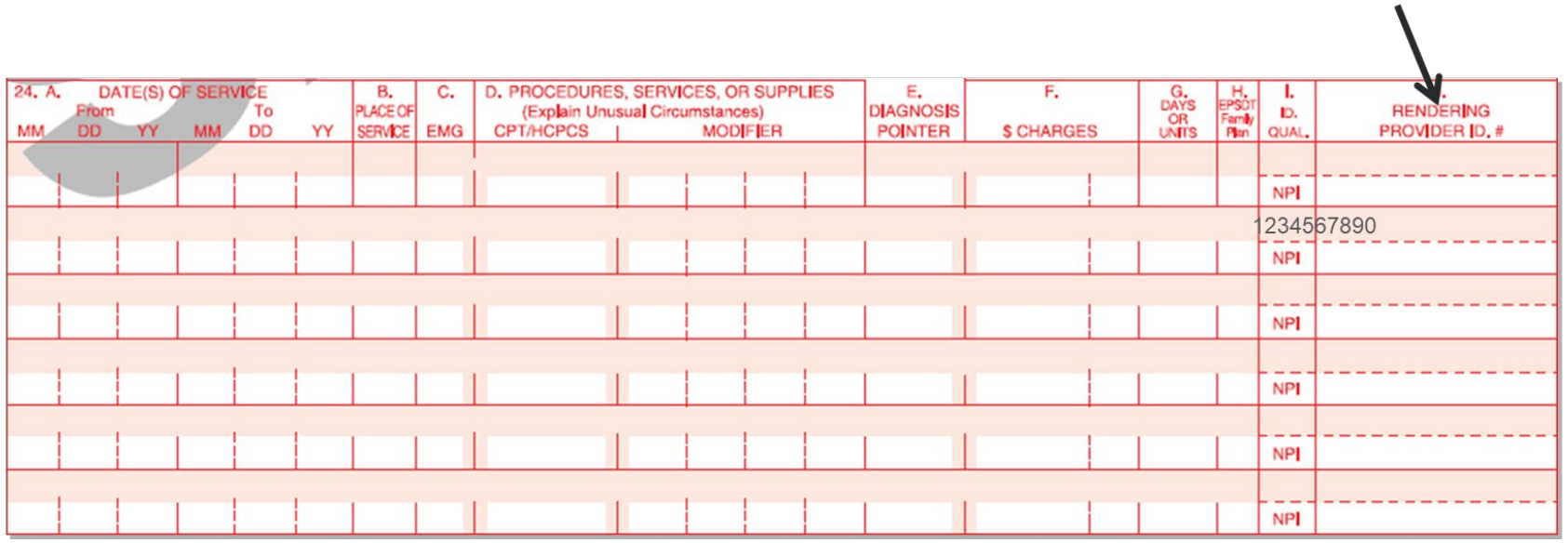
Box 22 – Claim Form 1500

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

Claim Form 1500

Box 24J:

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



Claim Form 1500

The following Crisis Services require an NPI in Box 24j:

For youth:

- H2011 MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW UP
- H2011 MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP
- H2011 COMMUNITY BRIEF CRISIS SUPPORT
- S9485 MOBILE CRISIS RESPONSE - INITIAL CONTACT

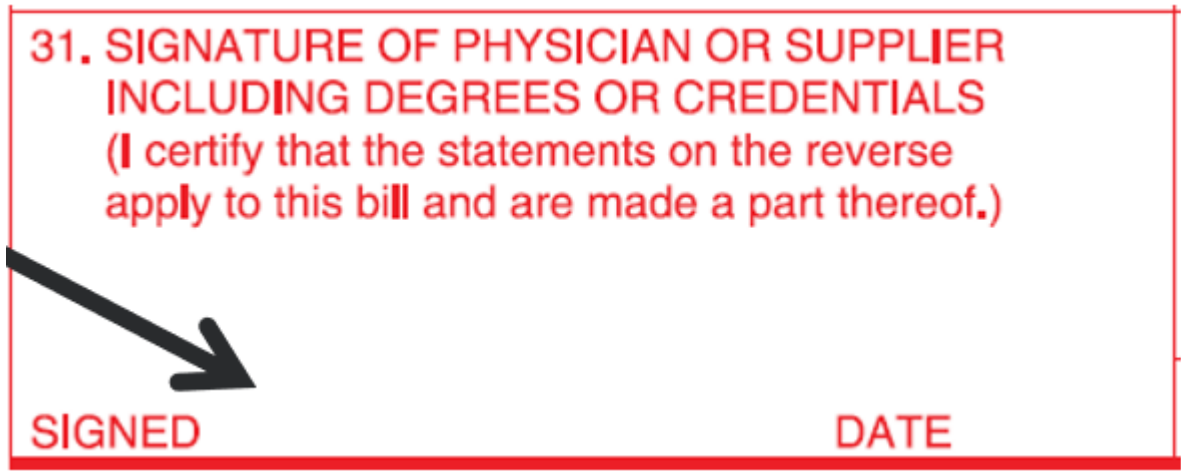
For Adult:

- S9485 MOBILE CRISIS RESPONSE - INITIAL CONTACT
- H2011 MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP
- H2011 MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP
- H2011 COMMUNITY BRIEF CRISIS SUPPORT
- S9485 BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR > 4 HOURS/DAY)
- S9485 BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR > 4 HOURS/DAY)
- H0045 CRISIS STABILIZATION - INDIVIDUAL

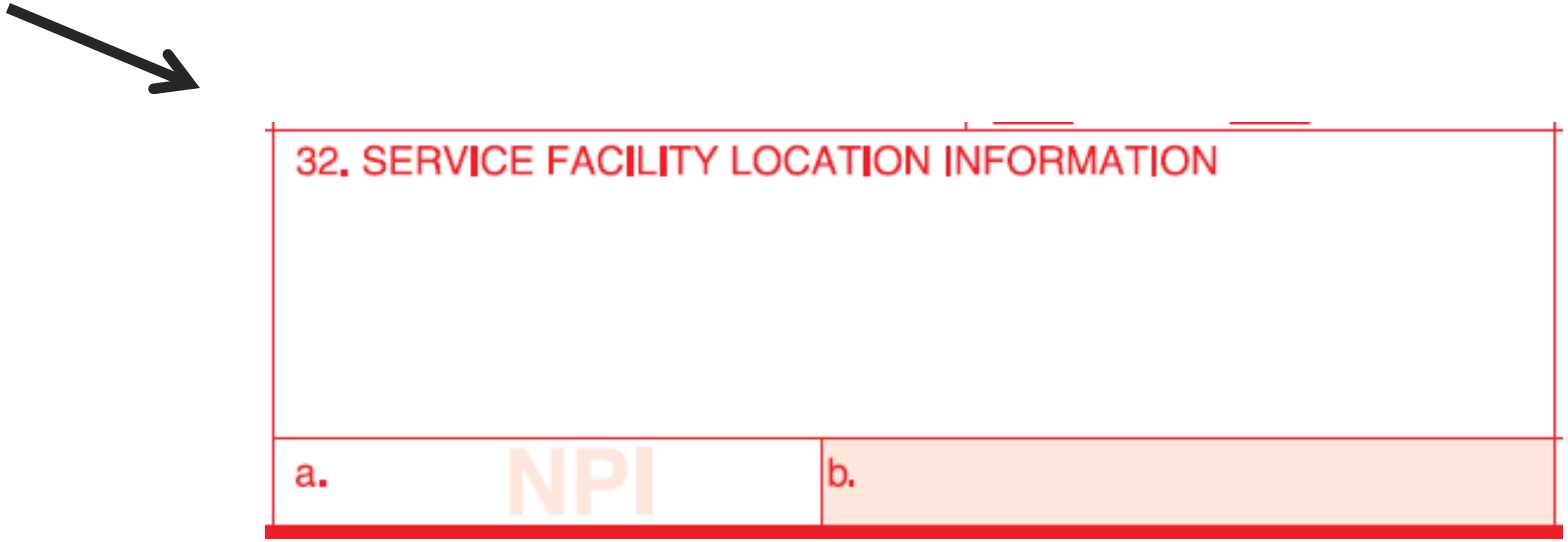
Billing Reference : Claims Form 1500

Box 31:

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



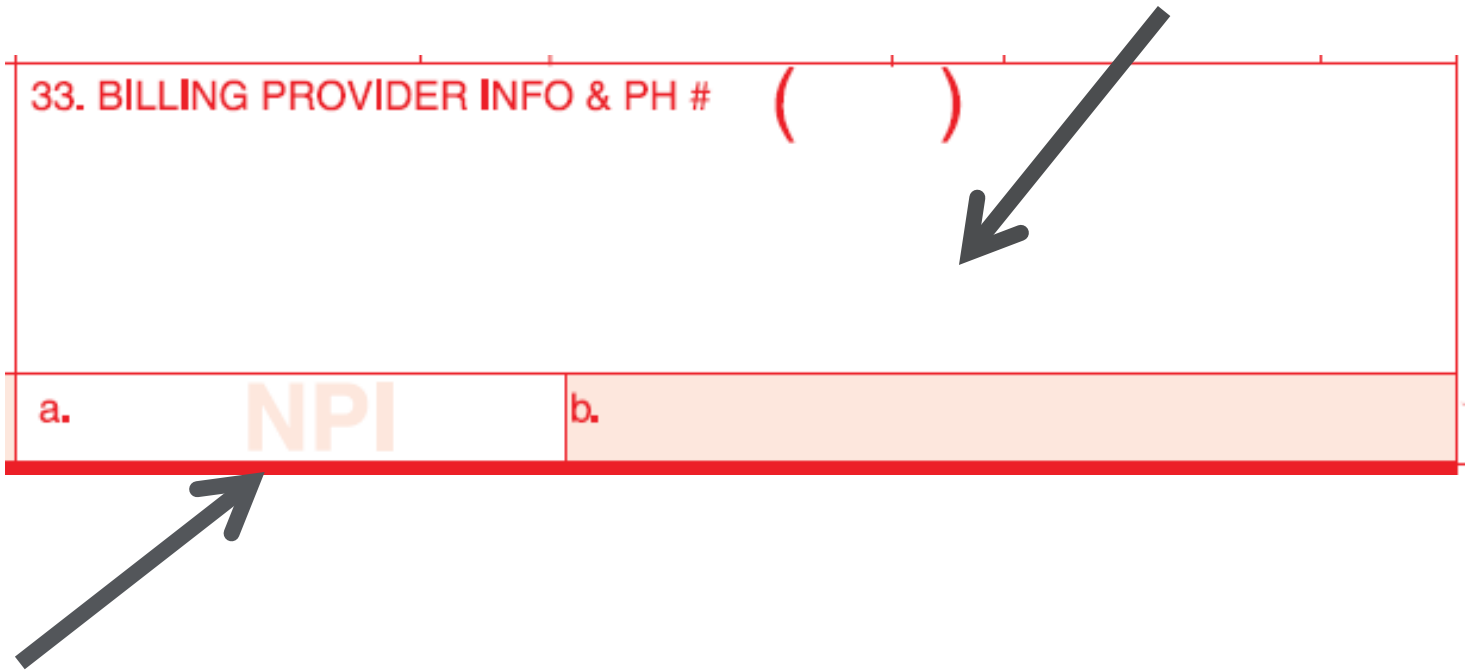
Form 1500 Service Location Information



Form 1500 Provider Section (continued)

Box 33: Agency name, address, and phone number

Box 33a: Agency NPI number



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
- 100% 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 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)

Timely Claims Submissions

- Providers must submit claims using the current Form 1500 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 date of service, 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 cms.gov

Thank You!

Contact information:

Louisiana Provider Services

1-866-675-1607

or

networkse@optum.com