

**Optum**



United  
Healthcare  
Community Plan

# UnitedHealthcare Community Plan Behavioral Health Billing Training

Updated June 2023



# Today's Speaker

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Kendell Andrus, Network Trainer



# Today's Agenda

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- 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 and Statements

# Ways To Submit A Claim

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

# Claim Submission Option 1 - Online

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Entry through [www.uhcprovider.com](http://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**

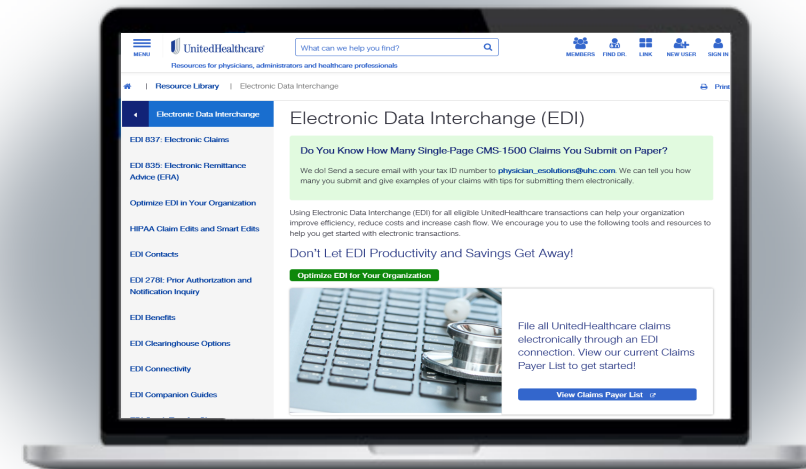
## Claim Submission Option 2 – EDI/Electronically

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- 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, and 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](https://www.uhcprovider.com) on [www.uhcprovider.com](https://www.uhcprovider.com)





## Claim Submission Option 3 – Hardcopy

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- 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:

**UnitedHealthcare 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

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- In order to submit a claims reconsideration request, you must log into LINK on the [www.uhcprovider.com](http://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**

# Optum Pay™

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

- 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](https://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](https://www.uhcprovider.com) > Service Links at the bottom of homepage) > Electronic claims and payment > Optum Pay*

# 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"/> FECA <input type="checkbox"/> MEDICARE (Medicare) <input type="checkbox"/> MEDICAID (Medicaid) <input type="checkbox"/> TRICARE (TRICARE) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (GHP) <input type="checkbox"/> FECA SICKLEAVE (ADL) <input type="checkbox"/> OTHER (ADL)		<input type="checkbox"/> FECA <input type="checkbox"/> MEDICARE (Medicare) <input type="checkbox"/> MEDICAID (Medicaid) <input type="checkbox"/> TRICARE (TRICARE) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (GHP) <input type="checkbox"/> FECA SICKLEAVE (ADL) <input type="checkbox"/> OTHER (ADL)	
1. PATIENT'S NAME (Last Name, First Name, Middle Initial)		1. INSURED'S NAME (Last Name, First Name, Middle Initial)	
2. PATIENT'S ADDRESS (No. Street)		2. INSURED'S ADDRESS (No. Street)	
CITY STATE ZIP CODE TELEPHONE (Include Area Code)		CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)		3. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)	
4. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)		4. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES NO) If yes, complete items 9, 9a, and 9d.	
5. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		5. IS PATIENT'S CONDITION RELATED TO: (EMPLOYMENT? (Current or Previous) YES NO) (AUTO ACCIDENT? YES NO) (OTHER ACCIDENT? YES NO)	
6. OTHER INSURED'S POLICY OR GROUP NUMBER		6. INSURED'S POLICY GROUP OR FECA NUMBER	
7. RESERVED FOR NUCC USE		7. OTHER CLAIM ID (Designated by NUCC)	
8. RESERVED FOR NUCC USE		8. INSURANCE PLAN NAME OR PROGRAM NAME	
9. INSURANCE PLAN NAME OR PROGRAM NAME		9. CLAIM CODES (Designated by NUCC)	
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b> 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.			
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL.		14. OTHER DATE (MM DD YY) QUAL.	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)	
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? (YES NO) \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Refer to service line below (246)		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. DATE(S) OF SERVICE (From MM DD YY To MM DD YY)		23. PRIOR AUTHORIZATION NUMBER	
25. FEDERAL TAX ID NUMBER (SBN EIN)		25. PATIENT'S ACCOUNT NO.	
26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (YES NO)	
28. TOTAL CHARGE \$		29. AMOUNT PAID \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this claim and are made a part thereof)		32. BILLING PROVIDER INFO & PH # ( )	
32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ( )	

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

# Billing Reference: Claims Form 1500

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## Behavioral Health Providers

Enter the name, licensure and NPI number for whomever 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 as it appears on the agency roster**

# Billing Reference: Claims Form 1500

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## 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. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
																NPI	
																1234567890	
																NPI	
																NPI	
																NPI	
																NPI	
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																NPI	

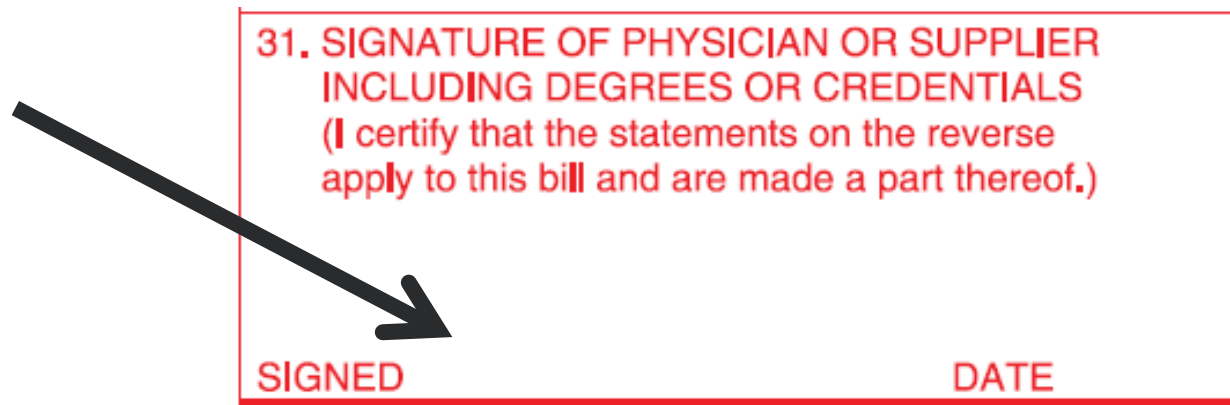


## Form 1500 Provider Section (continued)

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### 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.)

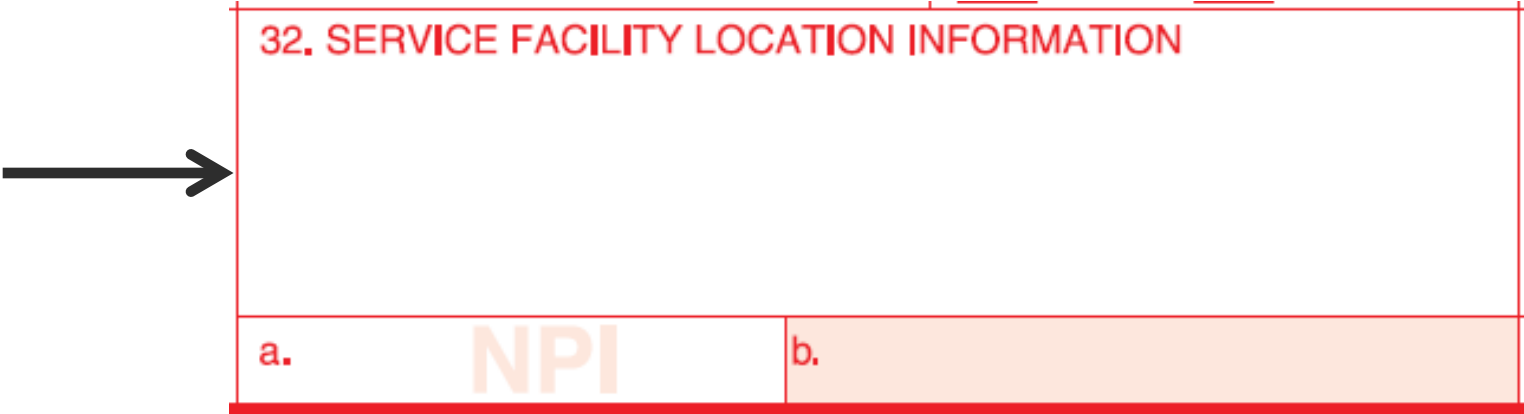
SIGNED DATE

# 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 is a horizontal line. Underneath the line, the box is divided into two sub-sections: "a." and "b.". The "a." sub-section is highlighted in light orange and contains the text "NPI" in large, light orange letters. A black arrow points from the top right of the box down to the "a." sub-section. Another black arrow points from the bottom left of the box up to the "a." sub-section.

# Form 1500 Service Location Information



32. SERVICE FACILITY LOCATION INFORMATION

a.	NPI	b.
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The diagram shows a red-bordered box representing section 32 of Form 1500. The title '32. SERVICE FACILITY LOCATION INFORMATION' is at the top. Below the title is a large empty space. At the bottom, there is a table with three columns. The first column is labeled 'a.', the second column contains the text 'NPI', and the third column is labeled 'b.'. A black arrow points from the left towards the 'a.' column.

# Corrected Claim Submission for Form 1500

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## Box 22 – Claim Form 1500

<b>22. RESUBMISSION CODE</b> 7	<b>ORIGINAL REF. NO.</b> 17H123456789
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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

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### **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
- Nurse Practitioner or Clinical Nurse Specialist with a psychiatric specialty
- Licensed Clinical Social Worker
- Clinical psychologist
- Licensed Professional Counselor
- Licensed Family and Marriage Therapist

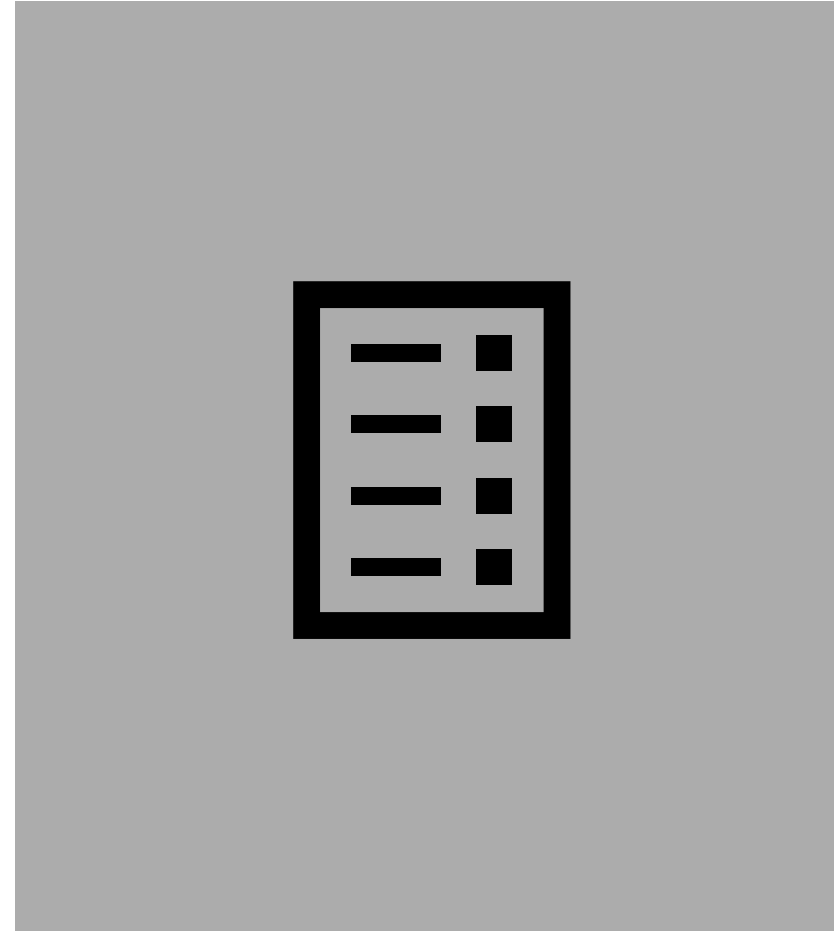
# Claims Requirements (continued)

## Federally Qualified Health Centers & Rural Health Clinics

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### 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



# Claims Tips

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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)

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### Member Eligibility:

- Provider is responsible to verify member eligibility through [www.uhcprovider.com](http://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

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## U8 Modifier:

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

## 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

# Mental Health Rehabilitation Redesign Billing Guidance

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- UnitedHealthcare Community Plan's systems and fee schedules are set up to mirror the Louisiana Medicaid Specialized Behavioral Health Fee Schedule for all codes that reflect reimbursable by Medicaid. To ensure the most accurate processing of your claim please use modifiers as listed on the Louisiana Specialized Behavioral Health Fee Schedule
- Being that the age modifiers, HA/HB are not listed as a modifier for the MHR redesign, they should not be billed for the services listed below. License level/education level is required when a rate is indicated in the applicable license level/education level column on the LDH specialized Behavioral Health Fee Schedule. Modifiers listed in the Modifier column should be billed on the claim accordingly. Using other modifiers not listed within the MHR redesign will cause your claims to deny.
- If you have any questions, please outreach to [networkse@optum.com](mailto:networkse@optum.com) or your assigned Provider Relations Advocate.

# Mental Health Rehabilitation Redesign Billing Guidance (continued)

MENTAL HEALTH REHABILITATION REDESIGN							
Effective 1/1/2023, unless noted otherwise							
Code	Description	Modifier	Unit	Universal Rate	Master's Level (HO)	Bachelor's Level (HN)	Grandfathered HS Diploma (HM)
96156	HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST OFFICE *	TG	Visit	\$			
96156	HEALTH BEHAVIOR ASSESSMENT, OR REASSESSMENT - CPST COMMUNITY *	TG, U8	Visit	\$			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - INDIVIDUAL OFFICE		15 min	\$			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - INDIVIDUAL COMMUNITY	U8	15 min	\$			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	TG	15 min	\$			
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	\$			
H2017	PSYCHOSOCIAL REHABILITATION - INDIVIDUAL OFFICE		15 min	\$	\$	\$	\$
H2017	PSYCHOSOCIAL REHABILITATION - INDIVIDUAL COMMUNITY	U8	15 min	\$	\$	\$	\$
H2017	PSYCHOSOCIAL REHABILITATION - PSH INDIVIDUAL OFFICE	TG	15 min	\$	\$	\$	\$
H2017	PSYCHOSOCIAL REHABILITATION - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	\$	\$	\$	\$
H2017	PSYCHOSOCIAL REHABILITATION - GROUP OFFICE	HQ	15 min	\$			
H2017	PSYCHOSOCIAL REHABILITATION - GROUP COMMUNITY	HQ, U8	15 min	\$			
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	HQ, TG	15 min	\$			
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	HQ, TG, U8	15 min	\$			

\* CPST Assessments, CPT code 96156 with the TG modifier, may be provided by Psychiatrists and Licensed Mental Health Professionals (LMHPs). See the Behavioral Health Services provider Manual for details.

Below is the link to the Louisiana Medicaid Specialized Behavioral Health Fee Schedule.

[Medicaid | Department of Health | State of Louisiana | \(lamedicaid.com\)](https://lamedicaid.com)

# UnitedHealthcare Community Plan Reimbursement Policies

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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 at [UHCprovider.com](https://UHCprovider.com)

# Same Day Billing Tips

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## **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, **if 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 include one rendering provider's NPI per claim form. If billing two, you must submit two 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](http://www.cms.gov)

# Thank You!

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**UnitedHealthcare Community Plan**

Provider Call Center

**1-866-675-1607**

[networkse@optum.com](mailto:networkse@optum.com)





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