



# UnitedHealthcare Community Plan Behavioral Health CMS Form 1500 Billing Guide

This document is to assist UnitedHealthcare Community Plan Behavioral Health Providers with correctly completing the CMS Form 1500.

#### To assist with ensuring clean claims, remember:

- Prior Authorization is required for specific services. For more information on which services require prior authorization please review the LA Medicaid Quick Reference Guide located on the Louisiana page of providerexpress.com
- ✓ NPI numbers are always required in box 33a
- Bill the appropriate service codes as per your contract and/or fee schedule
- A complete diagnosis is required on all claims
- Service and diagnosis codes billed must match the authorization

### Important Claims Resources

- ✓ <u>uhcprovider.com</u>
- ✓ providerexpress.com
- Optum National Network Manual \*
- ✓ Louisiana Medicaid Behavioral Health Provider Manual \*

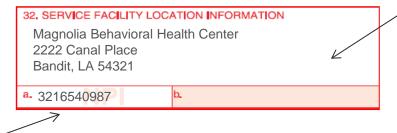
\*Both network manuals can be found on the LA page of providerexpress.com





## UnitedHealthcare Community Plan Behavioral Health CMS Form 1500 Billing Guide (continued)

### CMS Form 1500 Billing Tips



Box 32: The service location should be included in this box. This is the location where the services were rendered. If the svc took place at the same location as the Name, Address, and NPI in Box 33, Box 32 and 32A can be left blank. However, if the Service Location name and address are different from what is input into 33 and 33A, then the Service Location Name, Address and NPI should be entered into Box 32 and 32A respectively.

Box 32a: The NPI of the service location if different from what is entered into Box 33a.



Box 33: Rendering provider and main Remit Address

Box 33a: Appropriate National Provider Identifier (NPI) for services being billed

Note: Some providers may have a different Facility NPI and Group NPI. Based on billing services (i.e. Facility Based Services or Outpatient Group services) the appropriate NPI should be documented in Box 33A.