



Certified Community Behavioral Health Clinic – Provider Training

UnitedHealthcare Community Plan of Rhode Island and Neighborhood Health Plan of Rhode Island

Optum Provider Relations



Requirements

Effective Oct. 1, 2024, Certified Community Behavioral Health Clinic (CCBHC) providers will need the following:

- **Certification status** by the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)
- Specific CCBHC NPI
- Specific CCBHC Taxonomy
- Contract with Optum as a CCBHC

CCBHC Codes, Modifiers and Billing

- Refer to the Executive Office of Health and Human Services (EOHHS) CCBHC online resource documents: [Information about Certified Community Behavioral Health Clinics \(CCBHC\) for Providers and Managed Care Organizations | Executive Office of Health and Human Services \(ri.gov\)](#)
- Codes must be billed on a 1500 HCFA form or electronic submissions via 837P. Your electronic submissions via 837P claim should include the following information:
 - CCBHC Taxonomy Code - Loop 2000A, PRV03
 - CCBHC NPI – Loop 2010AA, NM109
- Providers must bill all qualifying and non-qualifying service codes (encounters/shadow codes) on one claim for the month. If providers wish to include additional encounter/shadow codes, providers must submit a corrected claim which includes the CCBHC T1041 program code and all qualifying and non-qualifying services codes (encounters/shadow codes) for the member/month.

Important Information Related to CCBHC Claims Payment

Your Form 1500 claim should include the following information:

1. The CCBHC group/agency name, billing address, and phone number (Box 33)
P.O. Box cannot be entered on paper claim forms
2. The CCBHC NPI number (Box 33a) – Do not enter the rendering clinician
3. The CCBHC taxonomy number (Box 33b) – A ZZ prefix is required in Box 33b with the taxonomy number only when billing using a paper 1500 form

The image shows a portion of the NUBILL Form 1500. Three callouts with arrows point to specific fields:

- Callout 1:** Points to Box 33, "BILLING PROVIDER INFO & PH #". The text reads: "CCBHC name, billing address and phone number. P.O. Box cannot be entered on paper claim forms".
- Callout 2:** Points to Box 33a, "NPI". The text reads: "CCBHC NPI#".
- Callout 3:** Points to Box 33b, "NPI". The text reads: "CCBHC Taxonomy #".

Other visible fields on the form include: 25. FEDERAL TAX I.D. NUMBER, SSN, EIN; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT? (YES/NO); 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. Rev'd for NUCC Use; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION.

At the bottom of the form, it says: "NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-119 FORM 1500 (02-12)".

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