

## Claim Billing Guide – Billing under Supervision

Billing as described below will lead to a more effective claims submission process. (Please contact the EDI Support Desk at 1-800-842-1109 for assistance in setting up your system to submit claims electronically.)

### Billing under supervision by licensed agencies:

- Allows reimbursement for services provided by qualified professionals under your agency license who are not contained on your roster with Optum.

### Independently Licensed Clinicians employed by a licensed Agency

- Claims must be billed using a participating supervising provider Enter type 1 NPI in Box 24J.
- Record the participating supervising provider name in Box 31
- Payment is issued to the group.

**Box 24J Enter rostered supervisor Type 1 NPI**

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. PROCEDURE, SERVICE, OR SUPPLY	D. DIAGNOSIS	E. CHARGES	F. UNIT	G. RATE	H. TOTAL CHARGE	I. AMOUNT PAID	J. RENDERING PROVIDER EL #	
From	To	TYPE	(Explain Unusual Circumstances)	ICD-10							
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

**Box 31 Enter rostered supervisor name.**

**Box 33a Enter group/agency type 2 NPI.**

**Box 33 Enter group/agency name, billing address.**

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

**Agency/Facility** – applies to agencies/facilities who do not use provider rosters:

- Providers who have group or facility agreements for any line of business should bill according to your agreement: That is, bill using your group/facility information not under specific individual providers.

**Box 24J:** Enter Group/Agency Type II NPI #

1	24. A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. (P20) Fee/Rate	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER											
1															
2															
3															
4															
5															
6															

25. FEDERAL TAX I.D. NUMBER SSN EIN  
 26. PATIENT'S ACCOUNT NO.  
 27. ACCEPT ASSIGNMENT? (If gov. claim, see back) YES NO  
 28. TOTAL CHARGE \$  
 29. AMOUNT PAID \$  
 30. Rsvd for NUCC Use

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

32. SERVICE FACILITY LOCATION INFORMATION  
 a. NPI b. NPI

33. BILLING PROVIDER INFO & PH # ( )  
 a. NPI b. NPI

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

**Box 31:** Enter Group/Agency Name

**Box 33a:** Enter Group/Agency Type II NPI #

**Box 33:** Enter Group/Agency Name, Billing Address

## Billing Supervision for Group Practices and Clinicians

- Claims are submitted to Optum under the name of the licensed, contracted provider.

**NOTE: Eligible Supervising Providers:** Providers are required to practice within the scope of their license when providing supervision. Providers are encouraged to connect with their state licensing board to become familiar with the state requirements, as Optum does not dictate these requirements. [MA Licensing Information](#)

Important: Please inform Optum in writing of your intent to bill under supervision by emailing [ma-nh-me-networkmanagement@optum.com](mailto:ma-nh-me-networkmanagement@optum.com)