



UnitedHealthcare Community Plan of Minnesota Families and Children and MinnesotaCare

Intensive Residential Treatment Services (IRTS)

May 16, 2024

Housekeeping Reminders

- Please remember to keep yourself on mute during the presentation
- The chat feature in Teams is available to submit questions during the presentation
- Please do not include any confidential information or PHI when asking questions verbally or in the chat
- There will be time at the end of the presentation to ask questions (unmute yourself via the Mic button in the top right corner)

Agenda

- **IRTS Overview**
- **Provider Responsibilities**
- **Prior Authorization information and requirements**
- **Coding, Billing, and Reimbursement**
- **Resources**
- **Q & A**

Overview

IRTS - Services

What is Intensive Residential Treatment Services (IRTS)?

IRTS is a community-based medically monitored level of care for an adult client that uses established rehabilitative principles to promote a client's recovery and to develop and achieve psychiatric stability, personal and emotional adjustment, self-sufficiency, and other skills that help a client transition to a more independent setting.

- IRTS are provided by qualified mental health staff on-site 24 hours a day.
- IRTS are time-limited, directed to a targeted date of discharge with specific member outcomes.
- IRTS are consistent with evidence-based practices.

IRTS – Eligible Providers

Eligible providers must be enrolled with MHCP. Before enrolling with MHCP, each intensive residential treatment services (IRTS) must have a statement of need and meet the provider standards as follows:

- Each site must have either a statement of need from the local mental health authority or an approved need determination from the Minnesota Department of Human Services (DHS) commissioner
- Submit the statement of need to the Behavioral Health Division at DHS.AdultMHAct_IRTS@state.mn.us

NOTE: Only providers who have been approved by DHS to render IRTS will be able to be contracted for this service with Optum.

IRTS – Provider Requirements

Providers must comply with the following requirements:

- Licensed by [DHS Licensing](#) to provide residential crisis stabilization according to Minnesota Statutes 245I
- Five to 16 beds and an institution for mental disease (IMD)
- Have a rate approved by DHS
- Additionally, IRTS providers must follow the treatment standards set forth by DHS. A list of treatment standards can be found at: [Mental Health Services - Intensive Residential Treatment Services \(IRTS\) \(state.mn.us\)](#)

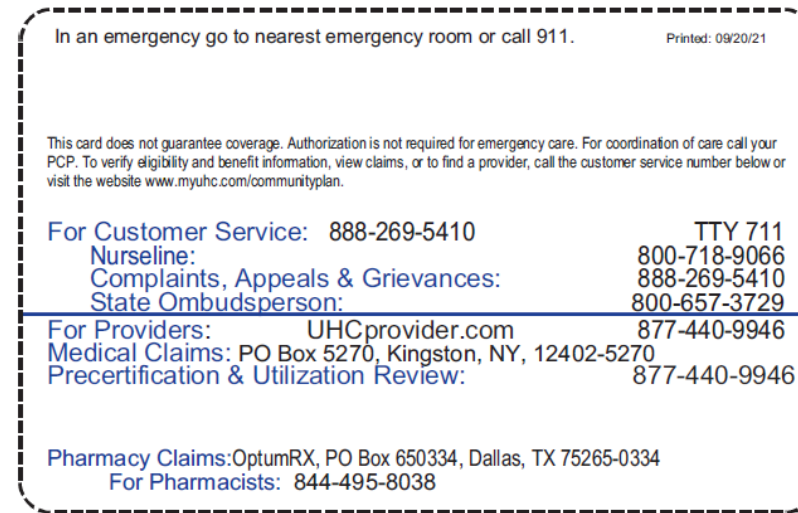
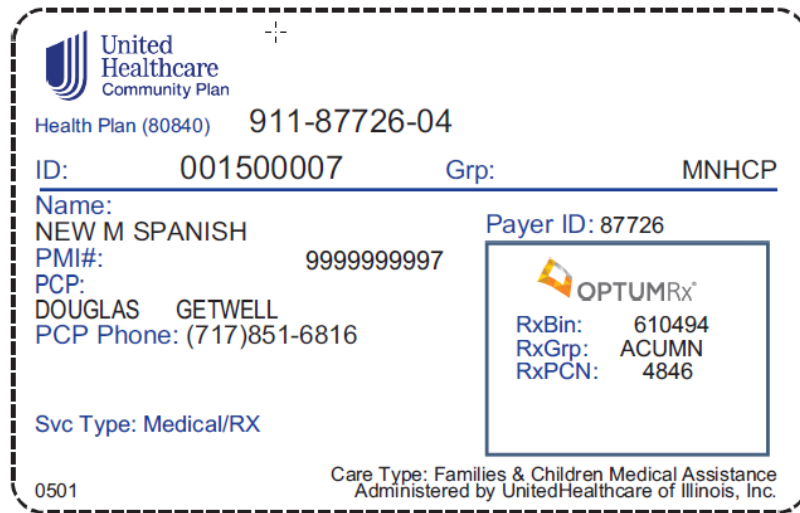
Provider Responsibilities

Member Eligibility

- It is the providers responsibility to verify a member's eligibility and benefits prior to rendering services or requesting authorization
- To verify eligibility and benefit information call 1-877-440-9946 or verify on provider portal - [Optum - Provider Express Home](#)
- When calling the Optum Care Advocate you must have:
 - ✓ Member's Name
 - ✓ ID#
 - ✓ Date Of Birth
 - ✓ Address

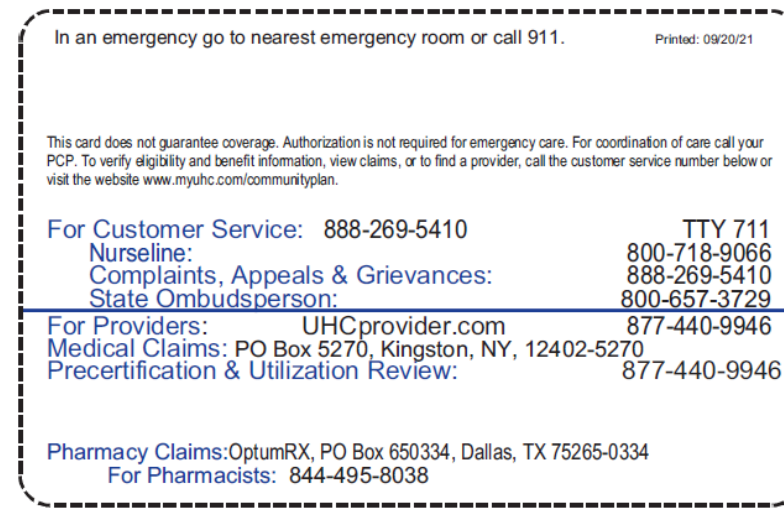
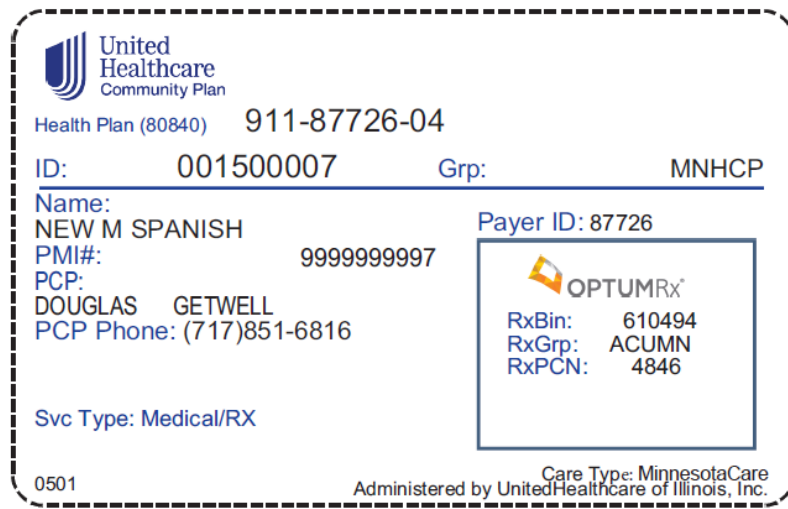
Member ID Cards – Medicaid

- UHCCP MN Families and Children members receive an ID card with information to help you submit claims accurately and completely
- Be sure to copy both sides of the ID card for your files at admission
- Member ID cards can also be viewed online using the Eligibility & Benefits tool on UHCprovider.com
- Sample ID card image:



Member ID Cards - MinnesotaCare

- UHCCP MN MinnesotaCare members receive an ID card with information to help you submit claims accurately and completely
- Be sure to copy both sides of the ID card for your files at admission
- Member ID cards can also be viewed online using the Eligibility & Benefits tool on UHCprovider.com
- Sample ID card image:



Prior Authorization Information and Requirements

Prior Authorization Requirements

Prior authorization **is required** for IRTS under the UnitedHealthcare Community Plan of Minnesota Families and Children and MinnesotaCare:

- To request prior authorization for IRTS services, please call 1-877-440-9946.
- Authorization needs to be requested within 48 hours of admission:
 - If authorization is requested after 48 hours, authorization will be considered for that day forward. If you do not request within 48 hours of admission, you could be subject to non covered days or be required to submit a retro authorization request.
- Authorizations are subject to medical necessity and coverage is not guaranteed:
 - LOCUS is used to determine medical necessity and authorization.
- Authorization notification will be provided 48-72 hours after request **IF** sufficient clinical information is received. Overall, Optum has 13 business days to make an approval or denial determination:
 - A phone call will be made to provide approval or denial information – person called is the person who originally called in the auth request. After phone call, written notification will be sent via a mailed letter. Currently faxes are out of scope.

Prior Authorization Requirements continued

Initial Authorizations are typically approved for 30 days:

- Concurrent Reviews authorization typically approved for an additional 14-30 days based on medical necessity.
- 90 days per stay max (can have multiple stays In a one-year period)
- If a member readmits within 15 days of discharge, that stay will count towards the previous 90 days.

Important information to have when you call in to request the authorization:

- Provider Name, Provider TIN, Provider NPI, and service address
- Member Name, Member ID, and Member DOB

Prior Authorization Requirements continued

Required Clinical Information:

- Clinical to support and score the LOCUS – Level of Care Utilization System
- Medical Necessity for IRTS will be determined based on LOCUS
- When providing clinical information for an authorization, please ensure you are referring to the LOCUS for all required information

LOCUS Resources:

- [Guidelines/Policies/Manuals \(providerexpress.com\)](https://providerexpress.com)
- [Adoption of LOCUS/CASII/ECSII for Level of Care Guidance \(providerexpress.com\)](https://providerexpress.com)
- [Level of Care Utilization System for Psychiatric and Addiction Services - Adult Version 20, December 2016 \(providerexpress.com\)](https://providerexpress.com)

Prior Authorization Requirements continued

- Need current symptoms and updated clinical. Historical information can also be provided
- Description of current functional impairments (ADL, simple tasks, etc.)
- Treatment plan to address the current symptoms, issues, and impairments of the member:
 - Based on the individual, be specific to this member
- Member history of concurrent or multiple hospitalizations, poor outcomes using Community Based Services, homelessness, etc.
- Member MUST have a mental health diagnosis and functional impairment. Sometimes MH DX is left off the prior authorization request - this MUST be included
- The more information you can provide the better. If you feel something is important for Optum to know in determining if authorization is granted or not for IRTS, please make sure to include that information

Prior Authorization Requirements Continued

Discharge Planning:

- Discharge Planning should be started from admission and information should be included in the prior authorization request
- Barriers to stepdown, if any
- Applying for additional supports – Community resources, waivers, etc.

Please note: If the appropriate and required information is not received for the prior authorization request, this will cause a delay in making a determination and could lead to a peer review or denial.

Coding, Billing, and Reimbursement

1500 Claim Form

Ensure correct provider information is entered in the 4 highlighted sections. The CRE Edit will review each section when a provider name and NPI number is populated:

- IRTS H0019 should be submitted on a CMS 1500 Claim form
- Claim should be submitted under the Facility and Type II NPI
- 32A – Service location and NPI number
- 33A – Billing provider, NPI number, taxonomy

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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
	From	To	CPT/HCPCS		MODIFIER												
MM	DD	YY	MM	DD	YY												
1															NPI		
2															NPI		
3															NPI		
4															NPI		
5															NPI		
6															NPI		
25. FEDERAL TAX I.D. NUMBER						SSN EIN	26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
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.)								32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH# ()					
SIGNED				DATE				a.	b.		a.	b.					

PHYSICIAN OR SUPPLIER INFORMATION

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

Claims Tip Reminders

Claims filing deadline:

Providers should comply with the 180-day timely filing limit as outlined in the contract with United/Optum to avoid claim denials.

Coding Issues:

Coding issues including incomplete or missing diagnosis or Invalid or missing HCPC/CPT examples:

- Submitting claims with the incorrect code for IRTS
- HCPC H0019 is the Intensive Residential Treatment Services contracted code and should be on the submitted claim form. This is contracted as a stand-alone code and does not have a revenue code or CPT code attached
- Required data elements missing, (e.g., number of units)

Provider information missing/incorrect:

Example: provider information has not been completely entered on the claim form or place of service

Claims Submission

Submission Methods	
Electronic Claims	Payer ID 87726
ERA (Clearinghouse of your choice)	If you receive 835 Electronic Remittance Advice (ERAs) through a vendor, please ask them to enroll you for the 835 through OptumInsight.
Provider Portal	UHCprovider.com/claims
Claim Form	Form 1500
Paper Claims Mailing Address	UnitedHealthcare Community Plan of Minnesota Medicaid and MinnesotaCare P.O. Box 5270 Kingston, NY 12402-5270

**Claims must be received within 180 days from the service date, unless otherwise allowed by law to deter timely filing claim denials.

IRTS - Reimbursement

- Reimbursement rates for each individual IRTS provider are determined by DHS.
- Optum will load the individual IRTS rates for each contracted provider for the date span noted by DHS.
- DHS has a maximum allowed number of units/days of 90 for IRTS. Readmission within 15 days counts toward 90-day limit.
- Additional services can be provided to members while they are in IRTS. Please review this information found at: [Mental Health Services - Intensive Residential Treatment Services \(IRTS\) \(state.mn.us\)](https://www.state.mn.us/dhs/mental-health-services-intensive-residential-treatment-services-irts).
- Room and Board for IRTS is reimbursed directly by the state under Revenue Code 1001. Providers do not need to submit a claim to Optum for Room and Board.

IRTS – Contracting with Optum

- Providers are contracted for IRTS H0019 based on each service location.
- If you add a new IRTS service location, you **MUST** notify Optum this has occurred so your contract can be updated to reflect correctly.
- The new service location will have a **FUTURE** effective date. Please ensure you are notifying Optum timely of any changes to your facility information.
- Claims will not reimburse correctly if Optum is not notified timely of a new IRTS service location.
- If you have questions about what service locations are currently contracted, or on how to add a new service location to your contract please contact your Provider Advocate for assistance.

IRTS and Primary Coordination of Benefits (COB)

- If you admit a member into your IRTS program requiring COB, please ensure the primary is contacted to verify benefits and coverage for IRTS.
- When submitting an IRTS Medicaid claim to Optum for a member who has primary COB, please make sure you include the primary Explanation of Benefits. If the primary EOB is not included, this will cause a delay in the claim processing.
- The primary EOB is required in order to allow the UHCCP of Minnesota claim to process correctly as secondary.

Resources

Provider Assistance

Resource	Contact Details
Provider Relations Line and Authorizations	1-877-440-9946 Calls are answered between 7 a.m. and 7 p.m. CT
Optum Behavioral Health Website	providerexpress.com Available 24 hours a day, 7 days a week Provider Express Support Center: 1-866-209-9320
Optum Behavioral Health Minnesota Landing Page	Provider Express Minnesota Landing Page
Provider Relation Advocate Team	public.providerexpress.com/content/ope-provexpr/us/en/contact-us/nmContacts/mn.html
UnitedHealthcare Community Plan of Minnesota Homepage	UHCprovider.com/Mncommunityplan
UHC Community Plan of MN - Provider Manual	Community Plan Care Provider Manuals for Medicaid Plans By State UHCprovider.com

Provider Assistance

IRTS Resources	Contact Details
Services in scope for IRTS	Mental Health Services - Intensive Residential Treatment Services (IRTS) (state.mn.us)
Reimbursement Rates	Service rates information / Minnesota Department of Human Services (mn.gov)
List of current IRTS Providers	Service rates information / Minnesota Department of Human Services (mn.gov)
Becoming an IRTS Provider	Mental Health Services - Intensive Residential Treatment Services (IRTS) (state.mn.us)

Our Optum Behavioral Provider Relations Team - Minnesota



Team Email:

ohbs.centralregion@optum.com

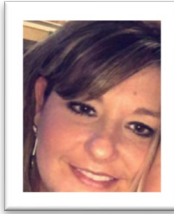


Team Fax:

1-866-388-1710



Team Contacts: For up-to-date contact information: [Welcome Minnesota \(providerexpress.com\)](#)



Abigail Bradshaw PR Advocate

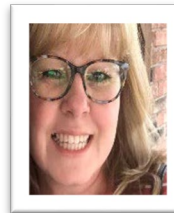
abigail.bradshaw@optum.com

COUNTIES:

Aitkin, Becker, Beltrami, Benton, Big Stone, Carlton, Cass, Chippewa, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kandiyohi, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Pope, Roseau, Saint Louis, Sterns, Stevens, Swift, Todd, Traverse, Wadena, Wilkin

PROVIDER GROUPS:

Essentia



Deborah Norris PR Advocate

deborah.norris@optum.com

METRO COUNTIES:

Ramsey, Dakota, Washington

PROVIDER GROUPS:

CentraCare (Carris Health, St Cloud Hospital)

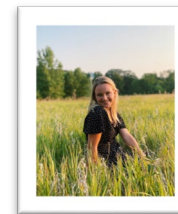


Lisa Marx Dedicated Senior PR Advocate for Medica

lisa.marx@optum.com

COUNTIES:

Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Jefferson, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Monroe, Mower, Murray, Nobles, Olmsted, Pipestone, Redwood, Rice, Rock, Steele, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine

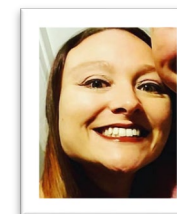


Emily Deboer Dedicated PR Advocate for MnFIRE

emily.deboer@optum.com

METRO & CENTRAL COUNTIES:

Anoka, Carver, Chisago, Isanti, McLeod, Meeker, Nicollet, Renville, Scott, Sherburne, Sibley, Wright



Connie Ziegler Senior PR Advocate

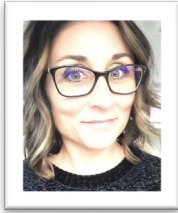
connie.ziegler@optum.com

PROVIDER GROUPS:

Health Partners/Park Nicollet, North Memorial, HCMC, Mayo, Allina, The Emily Project, Amherst, and Children's Hospitals and Clinics of Minnesota

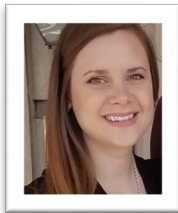
MN SUDS PROVIDERS:

NuWay, MN Adult and Teen Challenge, Transformation House Inc, Life Development Resources, and Elite Recovery LLC, Meridian (Avalon Programs, Beauterre Recovery, Bridge Recovery, Cedar Ridge, Douglas Place, Lake Shore, Latitudes, Meadow Creek, New Beginnings, Oakridge, Tapestry, Twin Town, Valhalla)



Misty Ray, MBA Provider Relations Director Minnesota

misty_ray@optum.com

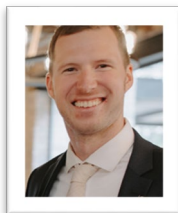


Sarah Coffey Provider Advocate Account Manager

sarah.coffey@optum.com

PROVIDER GROUPS:

Fairview and Nystrom



Steven Handt Senior PR Advocate

steven.handt@optum.com

METRO COUNTY:

Hennepin

Q&A

Your Feedback and Questions



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