

Certified Community Behavioral Health Clinics

Billing guidelines for members with dual Medicare and Medicaid coverage

Certified Community Behavioral Health Clinics (CCBHC) provide around-the-clock crisis care to any Nebraskan who may need mental health or substance use disorder (SUD) assistance. As outlined in [Nebraska Legislature - LB 276](#), CCBHCs increase access to care, enable providers to incorporate evidence-based practices, and support integrated, comprehensive care that addresses the breadth of services a person needs.

CCBHCs often work with Nebraskans who have dual Medicare and Medicaid coverage through the UnitedHealthcare Community Plan of Nebraska. To support timely claim processing and payment, please review this billing guidance to ensure accurate coordination of benefits for crossover claims.

Coordination of Benefits Claim Process

A crossover claim occurs when claims are billed to Traditional Medicare fee for service, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan. Here's the process CCBHCs should follow for crossover claims:

1	<p>Submit claims directly to the primary Medicare payer, in accordance with Medicare billing requirements. This submission may or may not include exempt Medicare services.</p>	
IF	<p>Primary payer is Traditional Medicare or UnitedHealthcare Medicare Advantage</p>	<p>Primary payer is another type of Medicare plan</p>
THEN	<p>Claims billed to Traditional Medicare or UnitedHealthcare Medicare Advantage will automatically cross over to UnitedHealthcare Community Plan and a new claim will be created.</p> <p>Note: If the claim did not include the required Prospective Payment Systems (PPS) encounter code T1040, UnitedHealthcare Community Plan will deny the crossover claim.</p>	<p>The provider should wait to receive payment and the corresponding Explanation of Benefits (EOB) from the Medicare plan</p>
2	<p>Upon receipt of payment from the primary Medicare payer and the corresponding UnitedHealthcare Explanation of Benefits (EOB), the provider should submit a corrected claim to UnitedHealthcare Community Plan. The corrected claim must include:</p> <ul style="list-style-type: none"> • All required CCBHC qualifying codes, including the encounter code, and • All rendering providers on one claim 	<p>The provider will need to submit a claim directly to UnitedHealthcare Community Plan. The claim should include:</p> <ul style="list-style-type: none"> • The EOB from the Medicare plan • The encounter code • All Medicare bypassable codes
3	<p>UnitedHealthcare Community Plan will process the claim and reimburse the provider up to the applicable CCBHC encounter rate, reduced by the amount paid by the Medicare primary payer.</p>	

Questions?

Review the Nebraska overview of [Certified Community Behavioral Health Clinics](#) for more information about CCBHC rates, billing and reimbursement requirements and additional resources. If you have additional questions, contact your Provider Relations Advocate at ohbs.centralregion@optum.com.