

Special Edition - Behavioral Health Updates & Overview

Changes to Behavioral Health Authorization & Notification Requirements effective January 1, 2015

UCare Behavioral Health has implemented changes to the Behavioral Health Authorization & Notification Requirement Grids which became **effective January 1, 2015**.

The 2015 Behavioral Health [Authorization & Notification Requirement](#) grids can be found online at www.ucare.org/providers/Eligibility-Authorizations. Information on Authorization and Notification processes can be found online in UCare’s [Provider Manual](#), Chapter 5.

Summary of 2015 Changes

UCare Behavioral Health uses [Authorization and Notification Requirement](#) documents to detail which services require Authorizations or Notifications. The following grid is a summary of changes implemented effective January 1, 2015. There are four changes that involve thresholds related to mental health services only. Thresholds identify the point at which an Authorization or Notification is required. The new threshold limitations are outlined on the Authorization and Notification Requirement Grids and summarized here:

Service	2014 Requirement	2015 Requirement
Psychiatric Diagnostic Assessment	Authorization required beyond 2 sessions	Threshold increased to 4 sessions
Individual Psychotherapy without E/M	Authorization required beyond 20 hours	Threshold increased to 26 hours
Psychological Testing	Authorization required beyond 4 units of any combination of 96101 and 96102 or 1 unit of 96103	Threshold increased to 6 units of any combination of 96101 and 96102 or 1 unit of 96103
CTSS Services (excludes Day Treatment)	Authorization required beyond 400 units (100 hours of 15 minute units)	Threshold increased to 800 units (200 hours of 15 minute units)

Clarification on Non-Participating Behavioral Health Provider Requirements for Prior Authorization

Certain mental health services provided to UCare members by non-contracted or non-participating (non-par) providers require a prior authorization before providing the service. This is typically done for mental health services where UCare contracts with a specific network of participating providers or where the provider type requires credentialing.

To determine when an Authorization or Notification is needed due to a provider's non-par status, please view UCare's 2015 Behavioral Health [Authorization & Notification Requirement Grids](#). A (*) symbol indicates when a non-network provider is required to obtain prior authorization.

Behavioral Health Forms Require NPI Number

All UCare Behavioral Health forms can be accessed online at www.ucare.org/providers/Eligibility-Authorizations. UCare's [Authorization Process Overview](#) document outlines how to complete and submit a request.

All UCare Behavioral Health forms require the facility or individual practitioner **National Provider Identifier (NPI)** 10-digit number along with the UCare provider number. Providing the correct or exact NPI number of the practitioner or the location where a service will be rendered (depending on how the service is billed) assures accuracy and expedites the prior authorization and claim process.

Children's Mental Health Group Residential Treatment Billing Requirement Change

Effective February 1, 2015, UCare began requiring all Children's Mental Health Group Residential Treatment providers to bill UCare for the treatment portion of this service using an 837P bill type (Professional, CMS 1500 claim form) in accordance with DHS Minnesota Health Care Programs Provider Manual (MHCP) billing policy and the MN Administrative Uniformity Committee (AUC) guidelines. This change may require working with a clearinghouse to revise the bill type or claim form used when submitting claims for this service.

For complete information on this topic, view the related UCare Bulletin (click [here](#) and you will be directed to that Bulletin on UCare's website).

Children's Group Residential Treatment Prior Authorization Process Updates

UCare Rule 5 Residential Treatment Requests and Continued Stay Reviews are completed in accordance with MN Statue Rule 5 (Children's Residential Treatment programs- MN Statutes 245.4882, 245.4885, 256B.0945). UCare is responsible for following the member throughout treatment to ensure treatment appropriateness and success.

In order to place a member in a Rule 5 facility, UCare requires a consultation and financial agreement with the placing county prior to the placement occurring. Prior to admission, an [Authorization](#) is also

required in order to secure funding for the treatment. Please remember that these services are not covered under all UCare plans.

Process for Counties recommending placement for UCare minors:

1. Host County or County of Financial Responsibility will contact the UCare Behavioral Health- Rule 5 Clinician at **612-355-1063** when they are recommending placement of a child or adolescent enrolled with UCare who may require this level of care.
2. Host County or County of Financial Responsibility will submit required documentation to UCare for review: Diagnostic Assessment and Functional Assessment, psychiatric assessment, and clinical information to meet admission guidelines.
3. Host County or County of Financial Responsibility and the UCare Behavioral Health- Rule 5 Clinician will determine the most appropriate treatment placement. Upon admission to the Rule 5 facility, a [Notice of Admission](#) form will be sent to UCare Behavioral Health by the admitting facility.
4. Clinical information will be telephonically reviewed every 30 days during the course of treatment with UCare Utilization Review Clinician and the treating clinician.

Billing for Intensive Residential Service - Place of Service Clarification

UCare is requiring all Intensive Residential Treatment (IRTS) providers to comply with UCare's guidance as well as DHS Minnesota Health Care Programs Provider Manual (MHCP) and the Minnesota Administrative Uniformity Committee (AUC) guidelines when submitting the Place of Service code for this service. In addition, when billing UCare for IRTS services, providers must use the Place of Service (POS) code **56 = Psychiatric Residential Treatment Center**. This Place of Service is defined as *"A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment"*.

Reminder to Chemical Dependency Room and Board Providers

UCare recently posted information on the [Provider Page](#) reminding Chemical Dependency providers that there is a run-out period to submit old room and board charges for services provided up through June 30, 2014.

UCare is required to submit a final report for DHS by June 30, 2015 for CD room & board claims.

UCare is strongly encouraging Chemical Dependency providers to submit all applicable room and board charges for dates of service from March 1, 2014 to June 30, 2014 to UCare by April 30, 2015.

This will allow ample time for claims processing. It is critical that this timeframe is followed for UCare to submit all necessary data to DHS on the report as requested. More information can be found [here](#).

Clarification on the Definition of Mental Health "Intensive Outpatient Services"

UCare Behavioral Health works with a variety of providers who self-describe their service delivery as an "Intensive Outpatient Program (IOP)". The majority of Behavioral Health providers do not qualify

for this designation according to the MN Department of Human Services (DHS) definition. UCare follows the DHS definition of Intensive Outpatient Services (IOP) found in MN Statute [256B.0625](#). The DHS definition of IOP can be found online [here](#) and is interpreted as “*Dialectical Behavioral Therapy (DBT) Intensive Outpatient Program (IOP)*”. In order to be eligible to provide and bill this service, mental health providers billing IOP services for UCare members are required to be MN DHS enrolled providers who are certified as Dialectical Behavioral Therapy (DBT) providers.

How UCare Behavioral Health defines Medicaid Benefit Set and Eligible Providers

UCare follows all Minnesota Department of Human Services Medicaid benefit set definitions and requirements for mental health services unless otherwise contracted by UCare. Information on member eligibility, provider eligibility and other specifics for mental health services can be found in [MN DHS - MHCP Provider Manual- Chapter 16](#). UCare requires providers to be eligible and [enrolled as MHCP providers](#) (mental health professionals) unless the provider type is [not eligible to enroll as MHCP providers](#) (mental health practitioners). UCare Behavioral Health does not vary from program and service descriptions set by DHS Mental Health and Chemical Dependency policy.

Updates and Reminders on Behavioral Health Authorizations and Notifications

UCare Behavioral Health is reminding providers that there are some select services where approved units for separate procedure codes are combined into one lump sum total to be used as clinically appropriate or recommended. Units are entered this way for service requests when the procedure codes are similar and only vary by the use of a modifier, such as outpatient chemical dependency individual and group therapies (H2035 and H2035 HQ) or individual and group DBT therapies (H2019 U1 and H2019 U1 HQ). When a claim is submitted, the procedure code must match the authorized code in order to be processed for payment.

If the procedure code or units on an Authorization or Notification received or viewed in UCare’s [Provider Portal](#) is inconsistent with what the billing office needs to submit claims, please call UCare Behavioral Health at **612-676-3300 or 1-888-531-1493** for direction. Some Authorizations and Notifications can be adjusted where others will require a new service request. Typically, if the procedure code is in the same service category as the one requested or is just slightly different, an Authorization or Notification may be adjusted. If a different code or additional units or days are needed, a new request may be required.

The following definitions are found in UCare’s Provider Manual in [Chapter 5](#):

Prior Authorization is an approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary, if it is an eligible expense, is appropriate, and that other alternatives have been considered.

Notification is the process of informing UCare or delegates of UCare of a specific medical treatment or service prior to, or within a specified time period after, the start of the treatment or service.

If requesting a procedure that is listed in the Authorization & Notification Requirement grids as requiring an Authorization, the provider must obtain an Authorization prior to providing the service. For services indicated as requiring Notifications, the provider must notify UCare within the timeframe stated.

Tips for successful Authorizations and Notifications

- When calling or faxing an Authorization or Notification request to UCare, please ensure that the NPI that will be billed is indicated on the request along with the UCare provider number. The NPI that is entered on a request is what will appear on the Authorization or Notification. If the NPI on the Authorization or Notification does not match what is on the claim, this will result in a claim denial.
- When completing forms, providers should indicate the direct phone number and facility contact person's name that can be contacted if there are questions about information on the form. If there is only a general intake number indicated, it can prolong the resolution process.
- When completing forms, providers need to ensure that the following information is correct and clearly indicated:
 - Member name, date of birth along with the UCare member number
 - The facility location and address where treatment will be provided
- Complete all necessary information on the forms and attach any required supporting documentation. Failure to do so will lead to prolonged processing and potential errors or omissions.
- Faxes for multiple members sent together as one fax may increase the risk of error. For best results, fax each member request individually with separate cover pages.
- Prior to submitting claims, providers should view the Authorization or Notification on UCare's Provider Portal to verify accuracy by checking the code authorized, date(s) of service, NPI authorized to, and member information is correct.

Provider Portal Troubleshooting

UCare's Provider Portal is a highly valuable tool for providers serving UCare members. UCare's Provider Portal is a tool for providers to access member eligibility information, view Authorizations and Notifications, and view claim and payment status. UCare's Provider Assistance Center can help trouble shoot and support Provider Portal questions. They can be reached at **1-866-245-9297**.

To register to use UCare's Provider Portal, please click [here](#) or go to the [UCare Provider](#) site. Please note that the UCare Provider Portal is only available to UCare contracted providers and/or providers who are currently submitting claims to UCare. New user registrations may take up to 7 days to be activated.

Only one Administrator (account owner) is appointed per facility for the Provider Portal, though other users are allowed. If the Administrator has already registered for the facility, please contact that Administrator directly to request and approve a user account creation. If the Administrator of the account is no longer with the agency, please contact UCare Provider Assistance Center - Provider Portal support at **1-866-245-9297** to reassign the Administrator on the account.

Please note that if a facility has multiple locations, the user must be registered for each location to view authorization or claim status for that location. If the facility NPI information has changed, the Provider Portal account will also need to be updated.

Coming Soon... Payment Policies for Behavioral Health services

UCare is in the process of developing an online [Payment Policy](#) website. UCare's goal is to provide access to electronic versions of UCare's payment policies for mental health and chemical dependency services in addition to medical services. On this webpage, you will be able to read and print payment policies and use "search" features. Payment policies can be very technical and complex and will be available for information purposes only.

Has your facility NPI Number Changed Lately?

UCare has heard of an increase in the number of providers who have had recent NPI changes and updates. If an agency or individual practitioner NPI number or information changes, it is particularly important to update this information online with UCare in order to ensure claims are received and processed smoothly. If claims are submitted under a new NPI that has not been registered with UCare, the claims will be rejected during the electronic submission process.

If an NPI changes, it is also important to review all authorizations for services that have already been entered for the facility. If an Authorization or Notification has the incorrect or old NPI information on it, it will not link to a claim when submitted and will result in a denial of payment. If this is the case, please call UCare Behavioral Health at **612-676-3300 or 1-888-531-1493** to initiate modifications to the NPI on all affected Authorizations and Notifications. Once these are revised, any denied claims will then need to be resubmitted. For any questions about claims information and processes, please call UCare's Provider Assistance Center at **612-676-3300 or 1-888-531-1493**.

Has your Agency or Individual Practitioner Information been updated with UCare?

Misdirected or incorrect mail and letters from UCare may be due to an incorrect address or other contact information in UCare's database. It is particularly important to make sure that the individual practitioner or agency address, contact information and list of active practitioners are current for claims payment and contracting purposes. Information about contracting, credentialing, adding or removing practitioners as well as adding or changing agency locations or address and contact information can all be found online at www.ucare.org/providers under the [Provider Profile](#) tab.

As a reminder, when an individual practitioner starts with or leaves a facility, please complete the online provider forms to add/change/remove practitioners from each location where they practice. In addition, each time an agency moves or adds a location or site, this new location needs to be added to UCare's database or the old location information needs to be termed. If you have questions about filling out the form, please call please contact UCare's Provider Assistance Center at **612-676-3300 or toll free at 1-888-531-1493**.

For information on how to apply to become part of UCare's network, please visit the [Provider Profile](#) tab of UCare's website.

Submitting Replacement Claims

Sending a replacement claim (also known as a "corrected claim") can cause a recoupment and potential confusion about what services should or should not be paid on the replacement. UCare's Provider Manual Chapter 6 [Claims and Payment](#), outlines the process and forms for this procedure.

A replacement claim should be submitted when an element of data on the original claim either was not previously sent or needs to be corrected. Examples that can be corrected through a replacement claim include:

- Incorrect dates of service
- Incorrect units

Tips for successful submission of replacement claims:

1. Do not send Replacement or Void requests for a previously submitted claim until the original claim has reached finalized (has been fully processed) status.
2. Submit a Void claim and a new claim, not a replacement claim, if any of the following information will be different from the original claim:
 - Provider (2010AA Loop)
 - Member (2010CA Loop)
 - Payer (2010BB Loop)
 - Subscriber (2010BA Loop)
 - Institutional statement period (2300, DTP Segment)
3. When submitting a replacement claim, UCare recoups the entire original amount paid for the initial claim (all lines on a claim), and pays only for the services that are entered on the replacement claim. The replacement claim should include all lines that were previously paid, if correct, in addition to the replacement lines (or corrected lines).

Examples:

- a. If replacing the original claim which had 7 correct lines with a replacement claim that has 10 lines (3 additional), all 10 lines need to be included, not just the 3 new lines.
- b. If replacing an original claim with 3 correct lines and 2 incorrect lines, the replacement claim should include the original 3 correct lines in addition to the 2 corrected lines which are new.

Important Reminder when Faxing UCare Forms

Please use caution when faxing Authorization or Notification Request forms or supporting documentation to UCare Behavioral Health. Please make sure to enter prefix “1-855”. Some providers have been entering the prefix “1-888” in error.

As a reminder, ***the correct fax number for UCare Behavioral Health is 1-855-307-6981***. Please inform all agency staff who send the Authorization/Notifications of this important detail and make sure that any preprogrammed faxes have the correct number. Please also remind agency staff that the information included on forms falls under HIPAA rules and may be subject to required reporting if misdirected. Any faxes sent to incorrect numbers will need to be resubmitted to UCare Behavioral Health.

Important Resources and Phone Numbers

[Customer Services](#) (for UCare member inquiries)

[UCare Provider Manual](#)

[Behavioral Health Authorization and Notification Requirement Grids](#)

[Behavioral Health Forms](#)

[Authorization Overview Document](#) (forms and process guide)

[UCare Provider webpage](#)

[UCare Provider News webpage](#)

[UCare Provider Portal](#) (authorization lookup, claims status)

[Register your email](#) for information and updates

UCare Behavioral Health for Authorization and Notification questions:

612-676-3300 or 1-888-531-1493

UCare Provider Assistance Center for claim and billing questions:

612-676-3300 or 1-888-531-1493

UCare Provider Assistance Center for Provider Portal questions:

1-866-245-9297

Behavioral Health Fax number: 1-855-307-6981

UCare Behavioral Health wishes you a happy Spring!

