

May 1, 2017

PMAP & MinnesotaCare Behavioral Health Updates & Overview

To ensure a smooth transition for UCare's new Pre-Paid Medical Assistance Program (PMAP) and MinnesotaCare members, UCare wants to highlight the following information related to authorizations/ notification and billing for behavioral health services.

The [Behavioral Health Frequently Asked Questions](#) available on UCare's Provider Website: (https://www.ucare.org/providers/Documents/BH_FAQs.pdf) also includes helpful information for providers.

The 2017 Behavioral Health [Authorization & Notification Requirement](#) grids can be found online at www.ucare.org/providers/Eligibility-Authorizations/Pages/EligibilityAuth.aspx. Information on authorization and notification processes can be found in UCare's [Provider Manual](#).

How UCare Behavioral Health Defines Minnesota Health Care Programs Benefit Set and Eligible Providers

UCare follows all Minnesota Department of Human Services (DHS) Medical Assistance benefit set definitions and requirements for behavioral 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 mental health professionals to be eligible and [enrolled as MHCP providers](#) unless the mental health practitioner type is [not eligible to enroll as MHCP providers](#) UCare Behavioral Health does not vary from program and service descriptions set by DHS Mental Health and Chemical Dependency policy.

Non-Participating Behavioral Health Provider Requirements for Prior Authorization

UCare understands that due to limited access to certain mental health and chemical dependency services, use of a contacted or in-network provider is not always possible. For Minnesota Health Care Programs (MHCP), UCare allows only the following services to be provided by a non-contracted or non-participating provider without an authorization or notification:

- Mental Health-Targeted Case Management (MH-TCM)
- Assertive Community Treatment (ACT)
- Crisis Management (i.e., S9484, 90839, 90840)
- Medication-Assisted Treatment (MAT)
- Chemical Dependency Assessment (i.e., H0001) and
- Mental Health Travel Time.

Updates and Reminders on Behavioral Health Authorizations and Notifications

The following definitions are found in the Authorization and Notifications Standards section of [UCare's Provider Manual](#):

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 of a specific medical treatment or service prior to, or within a specified time period after, the start of the treatment or service.

For procedures on UCare's Behavioral Health Authorization & Notification Requirement grids that indicate an authorization is required, an authorization must be obtained by the provider prior to rendering the service. For services indicated as requiring notification, the provider must notify UCare within the timeframe stated.

There are 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 (i.e., H2035 and H2035 HQ) or individual and group Dialectical Behavior Therapy (DBT) therapies (i.e., H2019 U1 and H2019 U1 HQ). When a claim is submitted, the procedure code must match the procedure code that was authorized 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**. Some authorizations and notifications can be adjusted, while 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.

Authorizations and Notification Tips:

- 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 on the 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, the claim will deny.
- Indicate on authorization/notification forms the name and direct contact information for the person UCare should contact if there are any questions about the submitted information.
- When completing forms, ensure that the following information is correct and clearly indicated:
 - Member name, date of birth, 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.
- Fax each member request individually with separate cover pages.
- Prior to submitting claims, use UCare's [Provider Portal](#) to verify the accuracy of authorization/notifications on file at UCare. Verify the authorized code, date(s) of service, the servicing provider and member information.
- For a Civil Commitment, submit a court order and diagnostic assessment or chemical dependency assessment used to determine commitment. No other clinical documentation is required.

Chemical Dependency Inpatient & Outpatient Services

Please refer to the Month-by-Month Structure section of the [MHCP Provider Manual – Alcohol and Drug Abuse Services](#) for guidelines regarding changes in placing authority during the course of chemical dependency (CD) treatment.

To forward applicable documentation to UCare for transitioned members, fax the [CD Notice of Admission and Outpatient Request Form](#) to 1-855-260-9710. This form is also available on www.ucare.org/providers on the “Eligibility and Authorizations” page.

Include the following when submitting the CD Notice of Admission and Outpatient Request Form for a transitioned member:

- The client’s service start date or date of admission so UCare understands how long treatment has been occurring;
- A copy of the most recent authorization (if they provided a paper copy); and
- The most recent treatment plan/progress notes/Rule 25 assessment. This will help us establish a baseline for when the next concurrent review is due.

Behavioral Health Forms Require NPI Number

All UCare Behavioral Health forms can be accessed online at www.ucare.org/providers/Eligibility-Authorizations/Pages/EligibilityAuth.aspx and 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 authorization and claim payment process.

Taxonomy Required for Payment of Claim

Professional and facility claims received by UCare, including claims coordinated with UCare coverage, will reject when billing and rendering or attending taxonomy is not properly reported. **When providers submit NPI(s) anywhere on a claim, the corresponding taxonomy must also be submitted.** Provider types that are not required to submit NPI are not required to submit taxonomy on claims to UCare.

The taxonomy code(s) submitted must be registered with the corresponding NPI in the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES), and it must closely align with the services being provided. It is important that providers regularly verify and update their enumeration with CMS. Please confirm the taxonomies linked to your CMS enumeration are up to date and accurately reflect the provider specialties billed under each NPI. [Click here for more information on taxonomy.](#)

Billing for Intensive Residential Service - Place of Service Clarification

UCare requires all Intensive Residential Treatment (IRTS) providers to comply with our guidance as well as DHS MHCP and the Minnesota AUC guidelines when submitting the Place of Service code for this service. When billing UCare for IRTS services, you 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.”

Children’s Mental Health Residential Treatment Authorization and Billing Requirements

Children’s Mental Health Residential Treatment requires an authorization and concurrent review for continued stay. For MHCP, UCare consults with the placing county on the need for this level of care and requires the county’s approval. UCare must also receive an authorization request for treatment from the residential provider. UCare will work with both the county and residential facility during the initial authorization and concurrent review process.

Children’s Mental Health Residential Treatment providers must use an 837P bill type (Professional, CMS 1500 claim form) to bill UCare for the treatment portion of this service. This is in accordance with DHS MHCP Provider Manual billing policy and the MN Administrative Uniformity Committee (AUC) guidelines. If you receive a new rate letter, fax it to the attention of Behavioral Health Manager at 612-884-2033 or 1-855-260-9710. Be sure to use a coversheet and include the NPI associated with the service.

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 these providers do not qualify for this designation according to the Minnesota DHS definition.

UCare follows the DHS definition of 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)*.” 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 DBT providers.

Provider Portal Troubleshooting

UCare’s [Provider Portal](#) is where you can access UCare 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 at **1-888-531-1493**.

To register to use UCare’s Provider Portal, click [here](#) or go to the [UCare Provider](#) site. The UCare Provider Portal is available to UCare contracted providers and providers who are currently submitting claims to UCare. New user registrations may take up to seven days to be activated.

Each facility can have one Provider Portal Administrator (account owner). The administrator can then add/delete users to the facility portal account. If you want to access the portal for your facility, confirm if a portal administrator is already assigned for your facility. If so, work with your portal administrator to add you as a portal user. If the portal administrator for your facility’s account is no longer with the agency, contact UCare Provider Assistance Center at **1-888-531-1493** to reassign a different administrator to the account.

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 need to be updated.

Has Your Facility NPI Number Changed Lately?

When an agency’s or individual’s practitioner NPI number or information changes, it is important to update this information online with UCare 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 submitted claim and will result in claim denials. 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 questions about claims information and processes, 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?

It is important to make sure that the individual practitioner or agency address, contact information and list of active practitioners are correct in UCare's database 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, the new location needs to be added to UCare's database and the old location information needs to be removed. If you have questions about filling out the form, 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, 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](#) Claims and Payment section outlines the process and forms for this procedure.

Tips for successful submission of replacement claims:

1. 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
2. Do not send Replacement or Void requests for a previously submitted claim until the original claim has reached finalized (has been fully processed) status.
3. 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)
4. 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 that had seven correct lines with a replacement claim that has 10 lines (three additional), all 10 lines need to be included, not just the three new lines.

- b. If replacing an original claim with three correct lines and two incorrect lines, the replacement claim should include the original three correct lines in addition to the two 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 numbers for UCare Behavioral Health are 1-855-260-9710 or 612-884-2033.*** Please share these numbers with all agency staff who send the Authorization/Notifications and make sure that any preprogrammed faxes have the correct number. 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.

If you have questions that this bulletin did not address, please review the [Behavioral Health Frequently Asked Questions](https://www.ucare.org/providers/Documents/BH_FAQs.pdf), which is located on the Provider Website at https://www.ucare.org/providers/Documents/BH_FAQs.pdf.