Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please email COProviderRelations@BeaconHealthOptions.com







Billing and Claims RAE Roundtable 2/22/2022

Agenda

Welcome & Introductions

10 Top 10 Denials

O3 Contracts and Credentialing

04 Claims

05 Coding Resource

O6 Availity vs. Provider Connect

07 Was this Helpful?

08 Q&A-Everyone







01

Welcome and Introductions

Thank you for joining the RAE Roundtable







02

Top Ten Beacon Denial Reasons







Beacon Denial Reason codes

- Incorrect Tax ID
- Incorrect NPI number
- Rate is not on file
- Provider is out of network
- Member's coverage was expired when care was covered
- Diagnosis is not for Mental Health
- Diagnosis is not for Substance Abuse
- Claim was not received on time-Timely Filing 90 days from Date of Service
- Resubmit Claim with W9
- Duplicate claim







03

Contracting and Credentialing



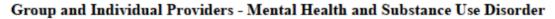




Beacon Health Options, Inc.

Contracted Practitioner/Facility Reimbursement Schedule (1)

Colorado Medicaid Network Professional Fee Schedule





NOTE Fee Schedule reimbursement is based on licensure, not on academic credentials.

CPT®/ HCPCS® Codes	Outpatient Service Description (For MH DX: Use with Modifier: HE or one of the other CO Community Behavioral Health Program Modifiers) (For SUD Dx: Use with Modifiers: HE HF)	М D/DO ⁽³⁾	Licensed Psychologist Doctoral Level	Licensed Master's Level and CAC I/II/III	APN ^{(2) (3)*} and PA ^{(2) (4)}
	Fee Code	NEHPMD	NEHPHD	NEHPMA	NEHAPN
90791	Psychiatric diagnostic interview examination - (no medical service) with or without code for Interactive Complexity (as appropriate)				
90792	Psychiatric diagnostic interview examination with medical services - with or without code for Interactive Complexity (as appropriate)				
90785	Interactive Complexity (list separately in addition to the code for primary procedure)				
90832	Psychotherapy, 30 minutes with patient and/or family member				
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service add-on code (billed with appropriate outpatient E&M code)				
90834	Psychotherapy, 45 minutes with patient and/or family member				
90836	Individual psychotherapy with medical eval and management services (38 to 52 minutes)				
90837	Psychotherapy, 60 minutes with patient and/or family member				







ď	1101/	Largeich Case Management, Cach 17 minnes								
ı	Modifiers (5)	Description	Details							
ı	HE	Rehamoral Health Serucce with a Covered MH Diagnosis	For submission of clean claims, HE in first modifier position for State							
HE	Della violal Teatal Services with a covered Will Diagnosis	Plan Services <u>OR</u> one of the Colorado Community Behavioral Health								
ı	HE HF	Substance Abuse Program/Services with a Covered SUD Diagnosis	For submission of clean claims, HE in first modifier position AND HF in							
П		Substance Aduse Program/Services with a Covered SOD Diagnosis	second modifier position							

The listing of a service or CPTS/HCPCSS code above does not guarantee that it will be covered under every account-specific plan. To be reimbursable, a service provided to a member must be a covered benefit under the member's benefit plan. All reimbursements are less member responsibility and represent the total allowable reimbursement, including member responsibility, for all pre-authorized services only. Member's responsibility represents the applicable co-payment, coinsurance, and/or deductible, and is determined by type of insurance and/or benefit plan. Please verify the plan benefits and co-pay at the time you register treatment. All services must be performed in accordance with the current version of the Colorado Uniform Service Coding Manual. The USCM can be found at https://www.colorado.gov/pacific/hcpf/mental-health-rate-reform-0 and should be consulted on description of services, licensure/certification levels, place of service, and service duration in providing each service as listed above.

Effective: 07/01/2018 (Revised 3/30/2020)

(1) These rates are for the network







⁽²⁾ Advance Practice Nurses (APN) and Physician Assistants (PA) licensed/authorized to prescribe psychotropic medication must be credentialed and contracted by Beacon as an APN or PA to be reimbursed for the CPT®/HCPCS® codes, which include medication management APNs and PAs are required to maintain compliance with State licensing laws and Federal regulations, and must practice within the scope of their licensure

⁽³⁾ Inpatient CPT® Codes are only reimbursable when Beacon does not have an all-inclusive reimbursement rate with the facility where services are delivered

⁽⁴⁾ Physician Assistants must have a Delegation of Services Agreement with MD(s) The scope of practice should be defined in the Delegation of Services Agreement Beacon will only reimburse for Mental Health and Substance Abuse services which are defined in the Agreement and have been contracted by Beacon

⁽⁵⁾ When Billing Medicaid, providers must use, as a first position modifier, one of the CO Community Behavioral Health Program Modifiers listed in the latest Uniform Service Coding Standards Manual (USCM)

^{*} Note: APN's and PA's providing services in outpatient clinics, which are credentialed and contracted by Beacon, are excluded from the above statement

Billable Reasons

- You can bill for Revenue/CPT Codes that you are currently contracted and credentialed to perform by HCPF and Beacon.
- Fee schedule reimbursement is based on licensure, not on academic credentials.
- Facility vs Group/Individual contract document (show each contract)
- Fee schedule Outpatient
- Substance Use Diagnosis
- Mental Health Diagnosis
- Modifiers SUD modifiers HE and HF
- See your contract for your organization's details







04

Claims







- CPT codes use a CMS 1500 claim form
- Revenue Codes use UB40 claim form
- Timely Filing is 90 days from Date of Service
- Claims Process 30 days
- How to submit a Corrected claim:
 - Both Provider Connect and Availity have options to identify a claim as a corrected claim.







For professional claims on a CMS 1500, complete box 22 with a 6 (Corrected Claim), 7 (Replace Claim), or 8 (Void previous claim) and include the claim number of the claim being corrected.

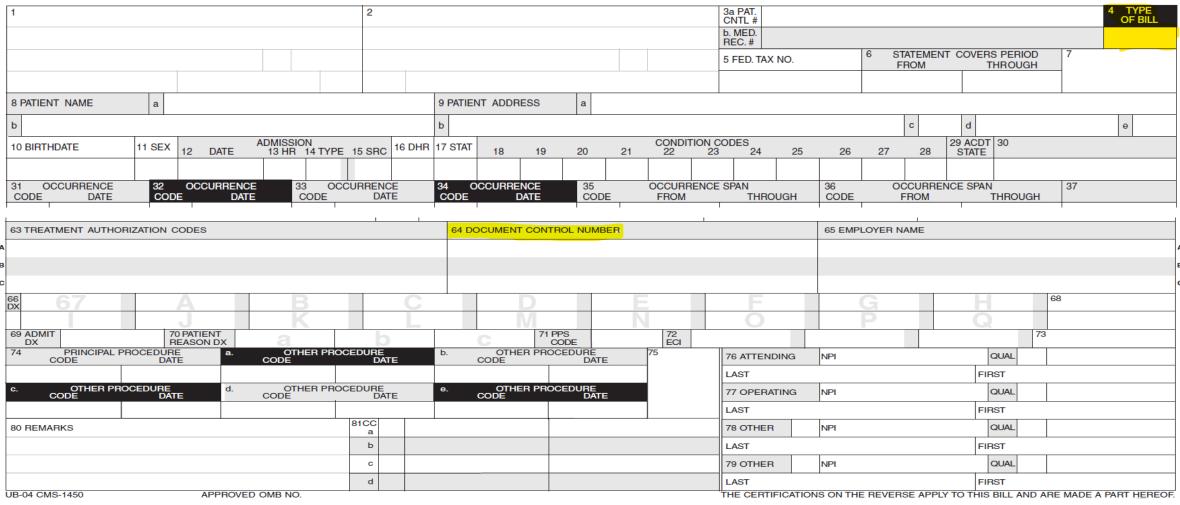
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For facility claims on a UB04, enter 7 (corrected claim), or "8" (void/cancel prior claim) as the third digit in Box 4, include the original claim number in Box 64.









For claim form templates and additional tips for completing claims, go to Administrative Forms on the Beacon Health Options website:

https://www.beaconhealthoptions.com/providers/beacon/forms/administrative-forms/







05

Coding

Resources







- American Academy of Professional Coders
 - They support providers, payers, hospitals and health systems. They help both individuals and organizations submit cleaner claims for fewer denials, faster reimbursement.
 - www.aapc.com Sign up or join a forum
- Colorado Department of Health Care Policy and Financing Coding Manual
 - https://hcpf.colorado.gov/sites/hcpf/files/Uniform%20Servic es%20Coding%20Manual%20January%202022.pdf







06

Availity vs Provider Connect







Availity Essentials Provider Resources

- Availity Essentials is a secure, one-stop, self-service claims portal.
- Beginning on March 1, 2022, Availity Essentials becomes the preferred multi-payer portal of choice for submitting the following transactions to **Beacon Health Options:**
- Claim Submissions (Direct Data Entry Professional and Facility Claims) applications or EDI using the Availity EDI Gateway
- Eligibility & Benefits
- Claim Status







Upcoming Availity Provider Training Opportunities

- March 3, 2022, 2:00 p.m. to 3:30 p.m. EST
- March 8, 2022, 10:30 a.m. to 12:00 p.m. EST
- Availity Essentials Client Services Phone Number: 1-800-282-4548
 - Hours: 8 a.m. to 8 p.m. ET, Monday through Friday
- Availity Essentials website: https://www.availity.com/
 - Information You Will Find Here: Overview of the type of services provided, training and education
- You can still use Provider Connect, but the preferred tool is Availity after March 1st







07

Reminders, Questions & Open Discussion







08

Was this Helpful?

Additional Training Requests?







Thank You

Contact Us



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