

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

01 Welcome &
Introductions

02 Top 10 Denials

03 Contracts and
Credentialing

04 Claims

05 Coding Resource

06 Availity vs. Provider
Connect

07 Was this Helpful?

08 Q&A-Everyone

Chapter

01

Welcome and Introductions

Thank you for joining
the RAE Roundtable

Chapter

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

Chapter

03

Contracting and Credentialing

Beacon Health Options, Inc.
Contracted Practitioner/Facility Reimbursement Schedule ⁽¹⁾

Colorado Medicaid Network Professional Fee Schedule
Group and Individual Providers - Mental Health and Substance Use Disorder



ATTACHMENT A

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

CPT®/ HCPCS® Codes	Outpatient Service Description	MD/DO ⁽³⁾	Licensed Psychologist Doctoral Level	Licensed Master's Level and CAC I/II/III	APN ^{(2) (3)*} and PA ^{(2) (4)}
	(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)				
	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				

Modifiers ⁽⁵⁾	Description	Details
HE	Behavioral Health Services with a Covered MH Diagnosis	For submission of clean claims, HE in first modifier position for State Plan Services <u>OR</u> one of the Colorado Community Behavioral Health
HE HF	Substance Abuse Program/Services with a Covered SUD Diagnosis	For submission of clean claims, HE in first modifier position <u>AND</u> HF in second modifier position

The listing of a service or CPT®/HCPCS® 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 [REDACTED] 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

Chapter

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.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																								
										17b.		NPI										FROM					TO																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																						20. OUTSIDE LAB?					\$ CHARGES																			
																						<input type="checkbox"/> YES <input type="checkbox"/> NO																								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.												22. RESUBMISSION CODE					ORIGINAL REF. NO.																			
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I. _____ J. _____ K. _____ L. _____																																														
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)										E. DIAGNOSIS POINTER		F. \$ CHARGES					G. DAYS OF UNITS		H. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #									
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25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back)										28. TOTAL CHARGE					29. AMOUNT PAID					30. Rsvd for NUCC Use				
										<input type="checkbox"/> <input type="checkbox"/>												<input type="checkbox"/> YES <input type="checkbox"/> NO										\$					\$									
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. NPI										b. NPI																

PHYSICIAN OR SUPPLIER INFORMATION

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.

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UB-04 CMS-1450

APPROVED OMB NO.

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



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/>

Chapter

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%20Services%20Coding%20Manual%20January%202022.pdf>

Chapter

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**

Chapter

07

Reminders, Questions & Open Discussion

Chapter

08

**Was this
Helpful?**

**Additional
Training
Requests?**

Thank You

Contact Us




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