

# UnitedHealthcare Community Plan of Iowa

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## Annual Care Provider Training 2017



# Agenda

- 1 Top Claims Denial Reasons
- 2 Claims Submission Tips by Care Provider Type
- 3 Prior Authorization Information
- 4 Where to Go for Help

# Top Claims Denial Reasons



# Top Claims Denial Reasons

- Submitted charge exceeds maximum allowable rate
- Duplicate claim submitted
- Primary payer information missing if it exists
- Member was not enrolled at time of service
- Timely filing
- Payment has already been made as a bundled service
- Missing information
- Prescription refill requested too soon

# Claims Submission by Care Provider Type



# Durable Medical Equipment (DME)

- Claims must be filed on the CMS-1500 form or its electronic equivalent.
- Pharmacies that supply DME to UnitedHealthcare Community Plan members must be contracted with UnitedHealthcare as a DME care provider.
- Customized wheelchairs must include a physician's order.
- DME purchases or a cumulative rental cost of more than \$500 typically require prior authorization. For a list of DME supplies requiring prior authorization, go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > [Prior Authorization List](#).

More information: [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Bulletins > [Billing Reminder for Durable Medical Equipment](#).

# FQHCs and RHCs

- Federally Qualified Health Centers and Rural Health Clinics should bill using the T1015 all-inclusive face-to-face encounter code.
- **Box 24D, Line 1 – Procedures, Services or Supplies**
  - Use the T1015 code, the all-inclusive visit code.
  - Subsequent claim lines that include applicable procedure codes should be billed as “informational only” and billed at \$0.
  - Claims submitted without the “**informational only**” procedure codes will be denied.
- **Box 24j - Rendering Provider ID #:** Enter the FQHC/RHC clinic national provider identifier (NPI) or leave blank.
- **Box 33a - Billing Provider Information:** Enter the FQHC/RHC clinic NPI number.

More information: [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Iowa > Bulletins > [Billing Reminders for FQHCs and RHCs.](#)

# Behavioral Health

- Use CMS-1500 for CPT/HCPCS codes
- Use UB-04 for Revenue Codes and/or Revenue + HCPCS code combinations
- Refer to the Fee Schedule/Payment Appendix for appropriate codes and modifiers
- Please contact your Network Manager for details on the NPI to include in Box 24J as it depends on your contract. Find your Network Manager at [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Iowa > [Behavioral Health Network Manager Map](#).



# Family Planning and Maternal Health Centers

## Family Planning

- Prior authorization is not required for family planning services.
- Bill with the family planning clinic's NPI in box 24J.
- For birth control service fees, bill use SE modifier.
  - We are following guidelines established by Iowa Medicaid Enterprise, provided in their Informational Letter 1270 which included instructions for using the SE modifier for family planning clinic providers.
  - The letter is available at [dhs.iowa.gov](https://dhs.iowa.gov).

## Maternal Health Centers and Screening Centers

- Bill with the applicable Maternal Health Center or Screening Center NPI in box 24J.

# Nursing, Skilled Nursing and Intermediate Care Facilities

Prior authorization is **not** required for custodial care but **is** required for skilled nursing facility care **only** when Medicaid is the primary payer.

## Value codes to use:

- Report in field(s) 39-41 “Value Codes and Amounts” of the UB-04 form. Enter the appropriate value code(s), followed by the number of covered or non-covered days in the billing period.
- If more than one value code is shown for a billing period, show them in ascending order. The number of units billed in field(s) 39-41 must equal the number of units billed in field 46 “Units of Service”.
  - Use value code 80 for Covered days.
  - Use value code 81 for Non-covered days.

# Nursing, Skilled Nursing and Intermediate Care Facilities Cont'd

## Client participation amounts

- UnitedHealthcare Community Plan receives client participation amount information from the IME, which we add to our claims system.
- Bill the total claim amount.
- Any client participation amounts are withheld from your reimbursement and indicated on the care provider remittance advice.

More information: [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Iowa > Provider Administrative Manual > **IA Health Link Care Provider Manual.**

## Home Health

- For Medicare non-covered home health services, submit the following:
  - For electronic submissions, write “Not Homebound” in the 2300 loop – billing or claim note.
  - For paper submissions, write “Not Homebound” in box 80 – remarks.
- Bill each visit on a separate line.

More information: [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Bulletins > [Billing Reminder for Home Health Services](#).

# Hospice

- Prior authorization is not required.
- **Value Codes**
  - Report in field(s) 39-41 - “Value Codes and Amounts” of the UB-04 form. Enter the appropriate value code(s), followed by the number of covered or non-covered days in the billing period.
  - If more than one value code is shown for a billing period, list them in ascending order. The number of units billed in field(s) 39-41 must equal the number of units billed in field 46 - “Units of Service”.
    - Use value code 80 - Covered days or value code 81 - Non-covered days.
- **Pass-through payments**
  - Enter the name of the facility and its NPI in field 80 “Remarks”. Hospice care providers will be reimbursed for 95 percent of a nursing facility’s daily room and board.
  - Follow correct ICD-10 coding guidelines and be sure to report the primary diagnosis for the terminal illness on claims. A list of non-reimbursable ICD-10 diagnosis codes is available in the Iowa Medicaid Hospice Provider Manual.

# HCBS Waivers

- HCBS waiver services are authorized through the community-based case managers during care planning assessment and determination of needs.
- Bill using the ICD-10-CM diagnosis code Z76.89 - “Persons encountering health services in other specified circumstances.”

More information: [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Health Care Professionals > Iowa > Bulletins > **HCBS & Habilitation Services Claim Submission Tips.**

# Coordination of Benefits

## Third Party Liability (TPL)

- UnitedHealthcare Community Plan follows the State's Third Party Liability policy.
  - If the service code billed is on the Medicare non-covered list or defined as Pay & Chase, a remittance advice or other documentation from the primary insurance is not required.
  - Otherwise, you should either bill the primary carrier to obtain the primary carrier's Explanation of Benefits/Explanation of Medicare Benefits or obtain other state-approved documentation.

## Cost avoidance exceptions

- Prenatal care for a pregnant woman
- Coverage derived from a parent whose obligation to pay child support is being enforced by the State Title IV-D Agency
- Preventive pediatric services

# Prior Authorization Information





# Prior Authorization



**Excluding emergency or urgent care or family planning services, all other out-of-network services require prior authorization.**

- If you are an out-of-network physician, facility and other health care provider, please obtain prior authorization for all out-of-network services, except emergency, urgent care or family planning services.
- A list of services requiring prior authorization is available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Provider Information > Select **Prior Authorization List**.
- Include **all** supporting documentation. Acute Medical Prior Authorization Forms are available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Healthcare Professionals > Iowa > Provider Forms > **Prior Authorization Request Form – Acute Medical**
- Cardiology and radiology prior authorization information is available at **UHCCommunityPlan.com** > For Healthcare Professionals > Iowa > Select **Cardiology or Radiology**.
- **Behavioral Health:** Prior authorization is not required for outpatient services but is required for inpatient services. Refer to the Prior Authorization List online for more details.

# Where to Go for Help



# Where to Go for Help



## Provider Services - 888-650-3462

- Get help with questions you have about member eligibility and benefits, claims status, demographic changes, prior authorizations and more.
- Have your National Provider ID (NPI) ready.
- Representatives are available 7:30 a.m. to 6 p.m.



## Online Tools – Link Dashboard:

To access your Link dashboard, go to **UHCprovider.com** (previously UnitedHealthcareOnline.com) and click the Link button in the top right corner. Sign in using your Optum ID. If you're a new user, click the New User button in the top right corner of UHCprovider.com to get started. You'll have access to the following apps:

- claimsLink
- eligibilityLink
- My Practice Profile
- Prior Authorization and Notification

# Where to Go for Help cont'd



## Provider Advocates

- Escalated Inquiries
- Training needs aside from online resources such as face-to-face support
- The following staff contact maps are available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Provider Information > **Provider Advocate**

### Look Up:

- Behavioral Health Network Manager
- Home- and Community-Based Services Advocates
- Skilled Nursing Facility/Nursing Facility Advocates
- Health Home Transformation Consultants
- Physician/Ancillary Advocates
- Clinical Practice Consultants



## Other Resources

- [UHCCommunityPlan.com](http://UHCCommunityPlan.com) provides ongoing training and reference guides.

**Thank You.**

