

# Provider Training: Claims Operations

October 1, 2021



# Claims Submissions

## Benefit Plan

\*\*Reminder: Participating providers should review the contractual agreements with MetroPlusHealth for timely filing guidelines as they may vary.

## Claim Submission Deadline (days following date of service/ discharge)

Medicare, Medicaid, Family Health Plus, MetroPlus Gold, Child Health Plus, Partnership in Care, MLTC, Essential Plan, GoldCare, HARP, Ultracare, and QHP

120 days

30 days following MetroPlusHealth's request to the IPA or IPA Provider as applicable, for additional Information

60 days following receipt of an explanation of benefits from a primary payer if MetroPlusHealth is secondary

# Claims Submissions, Cont.

Providers can submit all 837 EDI claims via the below Trading Partners for all members using MetroPlus Receiver ID# 13265

Relay Health please use submitter ID#: 910842999

Emdeon please use submitter ID# 133052274

Paper claims must be submitted on CMS 1500 or UB-04 forms

Send paper claims for Medicaid, CHP, EP, SNP, MetroPlus Gold, Managed Long-Term Care (MLTC), MetroPlus Enhanced (HARP) and QHP (Exchange) to:

**MetroPlus Health Plan**  
**P.O. Box 830480**  
**Birmingham, AL 35283-0480**

Send paper claims for MetroPlus Medicare to:

**MetroPlus Health Plan**  
**P.O. Box 381508**  
**Birmingham, AL 35238-1508**

# Claims Submissions & Status

- Providers may not balance bill members above allowed co-pays, deductibles, or co-insurance for any covered services. Balance billing is prohibited.
- If provider seeks payment from a member for any covered service, contractor may be subject to termination as a participating provider.
- Provider is required to educate their staff and affiliated providers concerning this requirement.

## Check Claim Status

- MetroPlus Provider Portal: <http://providers.metroplus.org>
- MetroPlus Customer Services: **800-303-9626**

# Did You Remember to...?

- ✓ Include the correct rate and service code/modifier combination
- ✓ Determine if prior auth is required for the service being rendered
- ✓ Use the appropriate NPI/taxonomy code combination for Behavioral Health (BH) services
- ✓ Apply rate codes only to the UB04 and not the CMS 1500
- ✓ Bill in accordance with the Provider's contract and licensure

# HARP: Home & Community Based Services (HCBS) for Adults 21 Years & Older

- HCBS services are only available to HARP enrollees who have been qualified through the assessment process and HARP eligible individuals enrolled in HIV-SNPs and assessed as HCBS eligible
- Providers must submit claims on 837i or UB-04 'Facility' claim forms.
- Providers should submit one rate code per claim, and use revenue codes 0513,0520,0900 & 0914
- The Level of Service Determination authorizes three visits within 14 days for providers to complete the Individual Service Plan and submit a request for the full frequency, scope, and duration of HCBS services. Providers submit claims for these visits using the corresponding coding combinations that are designated for the HCBS service being assessed.
- A minimum of eight minutes must be provided to bill for one 15-minute unit. Partial units totaling less than eight minutes may not be billed. Units totaling more than eight minutes may be rounded up and billed as one unit.

# Allowable Service Combinations

Only Certain Combinations of HCBS & State Plan Services Are Allowed by Medicaid within an Individual's Current Treatment Plan. The Grid Below Shows the Allowable Service Combinations.

Plan Services HCBS Services ↓	OMH Clinic/OLP	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT	OMH PROS	OMH IPRT/CDT	OMH Partial Hospital	OASAS Outpatient Rehab
PSR	Yes	Yes	Yes	No	No	No	Yes	No
CPST	No	No	No	No	No	No	Yes	No
Habilitation	Yes	Yes	Yes	No	No	No	Yes	No
Family Support and Training	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Education Support Services	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Peer Support Services	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Employment Services	Yes	Yes	Yes	No	No	Yes	Yes	Yes

**HARP HCBCS Services: Psychosocial Rehabilitation (PSR) · Community Psychiatric Support and Treatment (CPST) · Habilitation/Residential Support Services · Family Support and Training · Short-term Crisis Respite · Intensive Crisis Respite · Education Support Services · Empowerment Services – Peer Supports · Pre-Vocational Services · Transitional Employment · Intensive Supported Employment (ISE) · Ongoing Supported Employment · Staff Transportation · Non-Medical Patient Transportation**

**BH HCBS Coding Guide**

Rate Code	Rate Code Description	CPT Code	CPT Code Description	Modifier(s)	Unit Measure	Unit Range	Notes
7784	Psychosocial Rehab - Individual - on-site	H2017	Psychosocial rehabilitation services; per 15 minutes	U1	Per 15 min	1-8	On-site rate code. Use U1 modifier. Do not bill transportation supplement.
7785	Psychosocial Rehab - Individual - off-site	H2017	Psychosocial rehabilitation services; per 15 minutes	U2	Per 15 min	1-8	Off-site rate code. Use U2 modifier. Bill transportation supplement as appropriate.
7786	Psychosocial Rehab - Group 2-3	H2017	Psychosocial rehabilitation services; per 15 minutes	UN or UP	Per 15 min	1-4	On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient).
7787	Psychosocial Rehab - Group 4-5	H2017	Psychosocial rehabilitation services; per 15 minutes	UQ or UR	Per 15 min	1-4	On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient).

# BH HCBS Coding Guide, Cont.

Rate Code	Rate Code Description	CPT Code	CPT Code Description	Modifier(s)	Unit Measure	Unit Range	Notes
7788	Psychosocial Rehab - Group 6-10	H2017	Psychosocial rehabilitation services; per 15 minutes	US	Per 15 min	1-4	On-site or off-site. Use appropriate modifier. Bill staff transportation supplement as appropriate (but only for a single recipient). Maximum group size is 10.
7789	Psychosocial Rehab - Individual - Per Diem	H2018	Psychosocial Rehabilitation; per diem		Per diem	1	On-site or off-site. Bill transportation supplement as appropriate. Minimum of 3 hours.
7800	Family Support / Training (group of 2 or 3)	H2014	Skills training and development; per 15 minutes	HR or HS, UN or UP	Per 15 min	1-6	On-site or off-site. Bill transportation supplement as appropriate. Use modifiers.
7801	Pre-vocational	T2015	Habilitation prevocational, waiver; per hour		Per hour	1-2	Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.
7802	Transitional Employment	T2019	Habilitation, supported employment, waiver; per 15 minutes		Per 15 min	1-12	Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.

# BH HCBS Coding Guide, Cont.

Rate Code	Rate Code Description	CPT Code	CPT Code Description	Modifier(s)	Unit Measure	Unit Range	Notes
7803	Intensive Supported Employment	H2023	Supported Employment	TG	Per 15 min	1-12	Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.
7804	On-going Supported Employment	H2025	Ongoing support to maintain employment,		Per 15 min	1-12	Service must be one-to-one. Bill transportation supplement as
7805	Education Support Services	T2013	Habilitation educational, waiver		Per hour	1-2	Service must be one-to-one. Bill transportation supplement as appropriate. Must comply with VP/IDEA restrictions.

# Children's Home & Community Based Services (CHCBS)

## Children & Family Treatment & Support Services (CFTSS) - Children and Youth Under Age 21

### **What are children's Home & Community Based Services (HCBS), also called children's HCBS?**

- Enrolled or eligible to enroll in New York State Medicaid; and
- Have physical and/or mental health needs or have a developmental disability and live-in foster care that put them at risk of needing care in places like a long-term health care facility, or hospital for mental health care.
- Medicaid services that can be provided at home or in the community - wherever children/ youth and their families are most comfortable.

### **Allowable Service Combinations:**

- Respite
- Children and Family Treatments and Support Services (CFTSS)
- Other Licensed Practitioners (OLP)
- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)
- Family Peer Support (FPS)
- Youth Peer Support Services (YPSS)

# Services Offered in Each of the 17 OMH Programs

OMH Licensed/Operated Programs	MMIS Rate Code	Principal Program Procedure	CPT/HCPCS Code
Assertive Community Treatment (ACT)	4508-4511	Assertive Community Treatment, face-to-face, per 15 minutes	H0040
Continuing Day Treatment (CDT)	4310-4348	Skills Training and Development, per 15 minutes	H2012
Clinic Treatment	4093-4098, 4301-4306, 4601-4606	Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 - 30 minutes face-to-face with the patient	90804
Comprehensive Emergency Program (CPEP)	4007-4010	Crisis Intervention mental health services, per diem	S9485
Community Residence Rehabilitation Services (CR)	4369-4371, 4383-4394	Psychosocial Rehabilitation Services, per diem	H2018
Day Treatment	4060-4067	Behavioral Health Day Treatment, per hour	H2012
Family-Based Treatment (FBT)	4395-4397	Therapeutic Behavioral Services, per diem	H2020

# Services Offered in Each of the 17 OMH Programs, Cont.

OMH Licensed/Operated Programs	MMIS Rate Code	Principal Program Procedure	CPT/HCPCS Code
Home and Community Based Waiver Services (HCBWS)	4650-4670	Case Management, per month	T2022
Intensive Case Management (ICM) Supportive Case Management (SCM) Blended Case Management (BCM)	5200, 5203-5206, 5251-5259	Targeted Case Management, each 15 minutes	T1017
Intensive Psychiatric Rehabilitation Services (IPRT)	4364-4368	Psychosocial Rehabilitation Services, per 15 minutes	H2017
Partial Hospitalization (PH)	4349-4363	MH Partial Hospitalization Treatment, Less than 24 Hours	H0035
Pre-Paid Mental Health Plan (PMHP)	2340	MH Service Plan Development by Non-Physician	H0032

# Services Offered in Each of the 17 OMH Programs, Cont.

OMH Licensed/Operated Programs	MMIS Rate Code	Principal Program Procedure	CPT/HCPCS Code
Personalized Recovery Oriented Services (PROS) - Clinic Treatment Component	4525	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	90862
Personalized Recovery Oriented Services (PROS) - Community Rehabilitation and Support/ Base Component	4520-4524	Comprehensive Community Support Services, per diem	H2016
Personalized Recovery Oriented Services (PROS) - Intensive Rehabilitation Component	4526, 4528	Therapeutic Behavioral Services, per 15 minutes	H2019
Personalized Recovery Oriented Services (PROS) - Ongoing Rehabilitation Support Component	4527, 4529	Supported Employment, per diem	H2024
Residential Treatment Facility (RTF)	1212, 1222-1225	Health and Behavior Assessment/Intervention, each 15 minutes	96150

# Helpful References Links for Billing Practices

## Useful links below:

- [harp-mainstream-billing-manual.pdf \(ny.gov\)](#)
- [harp-mainstream-billing-manual.pdf \(ctacny.org\)](#)
- [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/billing\\_manual.htm#\\_bookmark34](#)
- [What Do You Need to Know \(ny.gov\)/ Office of Mental Health \(OMH\) Clinic Rates Codes \(ny.gov\)](#)
- [https://omh.ny.gov/omhweb/bho/docs/childrens\\_discussion\\_qa.pdf/](#)
- [https://omh.ny.gov/omhweb/bho/docs/hcbs\\_cftss\\_services.pdf/Childrens HCBS Brochure \(ny.gov\)](#)
- [https://omh.ny.gov/omhweb/bho/docs/hcbs\\_cftss\\_services.pdf/Childrens HCBS Brochure \(ny.gov\)](#)

# Helpful Hints: Claims Service Center

- Our Claims Service Center will be available to support, the Provider Customer Service Center with complex claim related inquiries.
  - This occurs via a warm transfer into the Claims Service Center to a qualified Service Representative
  - Please have your claim number, member information, date of service in question and the total charges of claim, for faster service.
- If the Claims Service Representative instructs you to submit additional documentation by use of our internal fax queue or you are following up on the status of a previously submitted facsimile, please ensure to have the date of submission and, the fax number that the item (s) was sent from. This enables the rep to expedite the retrieval of your documentation for follow up and/or resolution.
- The CSR will be able to assist with three (3) claims per call. If you have more than 3, please submit via our provider portal or the Claim Reconsideration address, noted on prior slides.

# Submitting Claim Inquiries Via the Portal

If you are not registered to access our Provider Portal and are a participating provider, please visit **[www.MetroPlus.org](http://www.MetroPlus.org)**

- ✓ Check the status of submitted claims

# Claim Reconsideration/Appeal

If you disagree with a claim payment determination, you have the right to appeal. You must explain the reason for the appeal and include all pertinent information as well as a copy of the original claim. Claims must be submitted in writing within 45 calendar days of the date of the original check or denial notification.

***\*\* Only Non-participating providers have the right to appeal for the Medicare line of business***

In writing:

**MetroPlus Health Plan  
P.O. Box 830480  
Birmingham, AL 35283-0480**

By Certified Mail:

**50 Water Street, 7<sup>th</sup> Floor  
New York, NY 10004**

By phone: **800-303-9626**

By fax: **212-908-8789 Medical**

By fax: **212-908-3314 Behavioral Health (BH)**

# Provider Services Is Here to Help You

Behavioral Health Provider Service Representatives are assigned by region and serve as a direct liaison between network providers and MetroPlusHealth. They can be reached at:  
**Bhproviderservices@metroplus.org**

## **Region: Brooklyn/ Staten Island**

- Marya Abbas, BH Provider Service Representative  
Mobile: 347-852-4446 | Email: [abbasma@metroplus.org](mailto:abbasma@metroplus.org)
- Relationship Manager: Sheila Charles  
Mobile: 646-296-4768 | Office: 212-908-8469

## **Region: Manhattan**

- Tina Amechand, BH Provider Service Representative  
Mobile: 347-640-2525 | Email: [amecht@metroplus.org](mailto:amecht@metroplus.org)
- Relationship Manager: Kenya McCall  
Mobile: 917-567-1305 | Office: 212-908-8681



# Provider Services Is Here to Help You, Cont.

## **Region: Bronx/Westchester**

- Madeline Franklin-Herlihy, BH Provider Service Representative  
Mobile: 917-242-0980 | Email: [frankhm@metroplus.org](mailto:frankhm@metroplus.org)
- Relationship Manager: April Fowler  
Mobile: 347-446-5050 | Office: 212-908-3724

## **Region: Queens/Long Island**

- Alexis Medina, BH Provider Service Representative  
Mobile: 646-734-8811 | Email: [medina@metroplus.org](mailto:medina@metroplus.org)
- Relationship Manager: Reginald LeGagneur  
Mobile: 347-996-6638 | Office: 212-908-8805

# Conclusion

Thank you for participating in the MetroPlus Health Claims Operations Provider Orientation.

Please click the link below to attest that you have completed the training  
<https://www.metroplus.org/provider/behavioral-health/bh-training-registration>

For any general queries or concerns please contact [bhproviderservices@metroplus.org](mailto:bhproviderservices@metroplus.org) to connect with a provider service representative.

