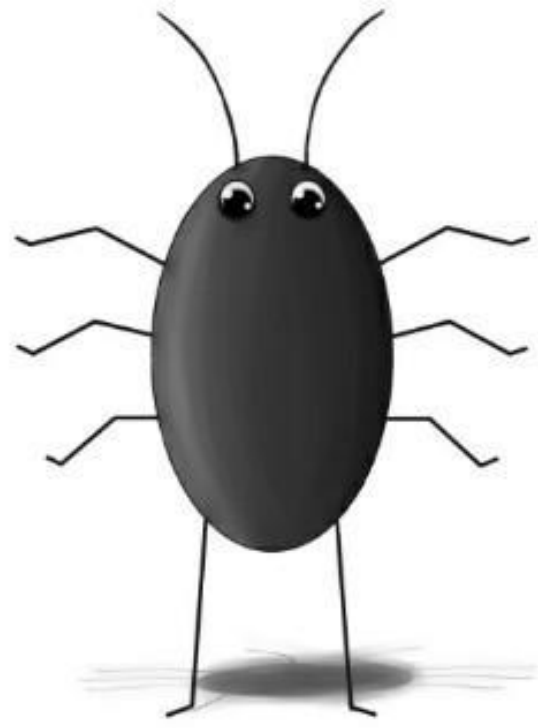
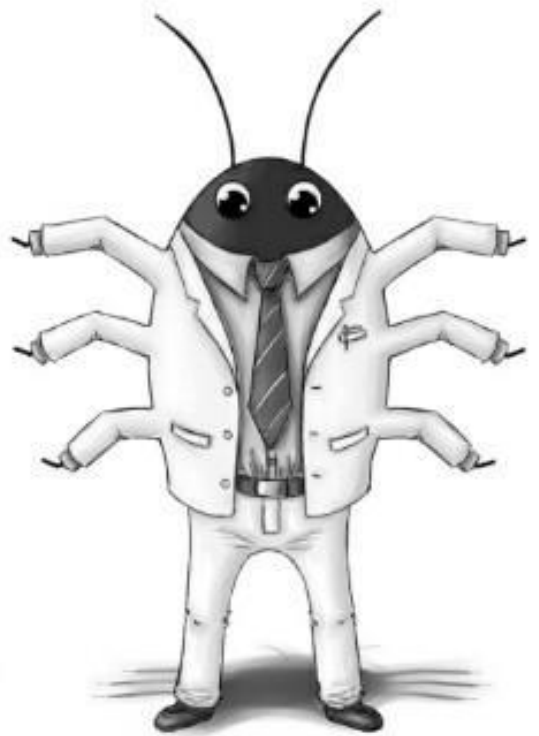


Tips for Submitting Claims to Managed Care Health Plans: Outpatient Specialized Therapies

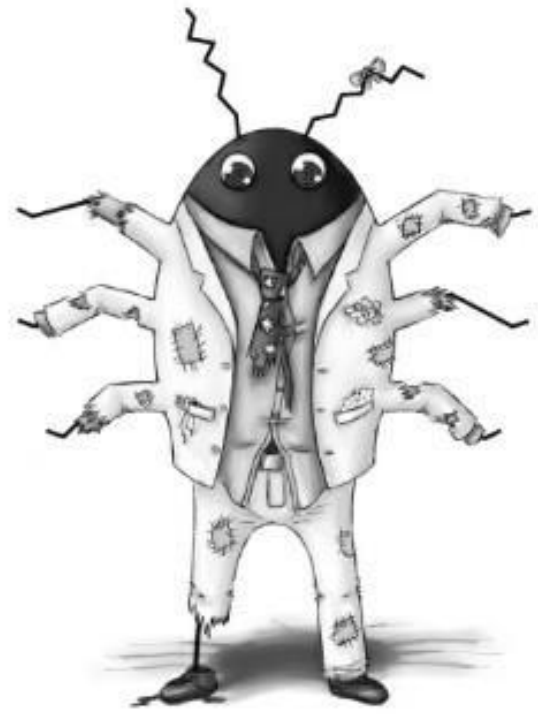
August 12, 2021



BUG



FEATURE



BY DESIGN

Managed Care Contract Claims Adjudication Requirements

For Medical claims (non-pharmacy):

1. The PHPs "...shall within eighteen (18) calendar days of receiving a Medical Claim notify the provider whether the claim is clean, or pend the claim and request from the provider all additional information needed to process the claim."
2. The PHPs "...shall pay or deny a clean medical claim at lesser of thirty (30) calendar days of receipt of the claim or the first scheduled provider reimbursement cycle following Adjudication."
3. "A medical pended claim shall be paid or denied within thirty (30) calendar days of receipt of the requested additional information."

Prompt Payment Fact Sheet: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicare-managed-care/fact-sheets>

Specialized Therapies at Managed Care Launch

For beneficiaries enrolled in standard plans on July 1, 2021:

- PAs that follow beneficiaries into their new health plan must be honored for the first 90 days* after implementation
- For the first 60 days** after implementation, the health plan shall pay claims and authorize services for Medicaid eligible out of network providers equal to that of in network providers
- From Jul 1 – Aug 30, the health plans will still process and pay for services that typically require PA even if provider fails to submit for PA prior to the service being provided and submits PA after the date of service, or submits for retroactive PA

[Prepaid Health Plan Flexibility for Prior Authorizations During First 60 days after Managed Care Launch Bulletin](#)

**Unless PA expires sooner*

***Or until the end of the episode of care, whichever is less. May also extend longer if member meets criteria for Ongoing Special Condition or Ongoing Course of Treatment*

AmeriHealth Caritas of North Carolina (AMHC)

Karen Frazier-Moore
kfraziermoore@amerihealthcaritasnc.com

Sheron Rankins srankins@amerihealthcaritas.com

Office Hours

Claims and Billing Office Hours occur Wednesdays from 5:00 -6:00 pm.
Registration and question submission is located on the ACNC Provider
Training Page at

<https://www.amerihealthcaritasnc.com/provider/training-and-education/provider-training.aspx>

Most Common Claims, Billing Issues, & Denial Reasons

- Missing or invalid provider taxonomy codes
- PA requirements for therapy
- Submitting claims to AmeriHealth
- Duplicate claim

Providers should be mindful to use modifiers appropriately, avoid submitting duplicate claims and triple check their documentation to ensure they are coding and billing services accurately.

Taxonomies & Modifiers for Claims

Taxonomy	Code
Occupational Therapy Taxonomy	225X00000X
Physical Therapy Taxonomy	225100000X
Speech Therapy and Audiology Taxonomy	235Z00000X, 231H00000X
Respiratory Therapy Taxonomy	227900000X

- GN modifier indicates speech-language therapist
- GO modifier indicates occupational therapist
- GP modifier indicates physical therapist

Submitting Claims

Electronic Claim Submission

- To initiate electronic claims, all providers, both In-Network (INN) and Out-of-Network (OON), should contact their practice management software vendor or EDI software vendor. They must inform their vendor of AmeriHealth Caritas North Carolina's **EDI Payer ID#: 81671**.
- Providers may also contact our clearinghouse, Change HealthCare (CHC) at 1-877-363-3666 for information on contracting for direct submission to CHC.
- AmeriHealth Caritas North Carolina does not require CHC payer enrollment to submit EDI claims. Any additional questions may be directed to the AmeriHealth Caritas North Carolina EDI Technical Support Hotline by calling 1-833-885-2262 and selecting the appropriate prompts or by emailing to edi.acnc@amerihealthcaritasnorthcarolina.com.

Paper Claim Submission

- Providers may submit paper claims to: AmeriHealth Caritas North Carolina | Attn: Claims Processing Department | P.O. Box 7380 | London KY 40742-7380.
- Additional details regarding the billing and the claims submission process may also be found within the Provider Claims and Billing Guide at www.amerihealthcaritasnc.com

Healthy Blue (BCBS)

Dr. Michael Ogden

michael.ogden@healthybluenc.com

Office Hours

Tuesdays 11:15am – 12pm

Thursdays 1:15pm – 2pm

<https://anthem.webex.com/webappng/sites/anthem/meeting/info/40cdcb2a4c834045824649eb28a43369?isPopupRegisterView=true>

Most Common Claims, Billing Issues & Denial Reasons

- Provider signature is currently not being included
 - Authenticating the treatment plan as part of the PA process
- Duplicate Claims

Healthy Blue uses Medicaid policies 10A, 10B for speech therapy, AIM for PT/OT, specific requirements outlined in 10A/B

Taxonomies & Modifiers for Claims

- The taxonomies that specialized therapy providers need to submit on their claims are the same ones they have used with NCDHHS. The PHPs receive a file from the state with their credentialed data so the PHPs should have the same information.
- The modifiers should remain the same. Healthy Blue (HB) is following NCDHHS billing guidelines pertaining to modifiers.

Submitting Claims

Electronic Claim Submission

- Providers may submit claims electronically or by mail. Providers participating and those not participating with Healthy Blue may enroll with its trading partner Availity at [availity.com](https://www.availity.com). Healthy Blue's Payor ***ID is 00602.***
- Healthy Blue's clearinghouse vendor is Availity, which has reciprocal relationships with other clearinghouses. Providers should check with the clearinghouse of their choice to ensure there is a reciprocal relationship with Availity. For claim and encounter information, call 844-594-5072 and select the "Claims" prompt. Also, providers who bill electronically should monitor their error reports and electronic remittance advices for payment to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting errors and resubmitting claims and encounters.

Paper Claim Submission

- Submit paper claims to: Blue Cross NC Healthy Blue Claims P.O. Box 61010 Virginia Beach VA 23466
Fax: 855-817-5788

Carolina Complete Health (CCH)

Samantha Wilson

networkrelations@cch-network.com

Most Common Claims, Billing Issues & Denial Reasons

- Most claims/billing questions are regarding claims being denied due to taxonomy issues; either the Billing or Rendering taxonomy is not correct.
 - Missing billing and/or rendering taxonomy codes.
- Claims issues and how to request prior authorization.
 - Prior authorizations can be submitted in 3 ways:
 - The Secure Provider Portal
 - Phone -1-833-552-3876
 - Medical PA Fax: 1-833-238-7694
- Transition of care authorization questions
 - Transition of Care authorizations are being honored for the first 90 days or the length of the authorization; whichever is shorter
 - New requests will be reviewed based upon the service and time amounts requested and medical necessity

Please be sure to utilize the Claims Submission Guide posted on CCHN's website for information on how to complete a claim correctly in order to prevent processing delays or denials.

Taxonomies & Modifiers for Claims

- Taxonomies must match what is in NC Tracks. Please ensure that NC Tracks is up to date with both Rendering and Billing Provider NPI/Taxonomy Information.
- Providers should submit claims with modifiers in accordance with Clinical Coverage Policy 10A/10B/10D: Outpatient Specialized Therapies <https://medicaid.ncdhhs.gov/specialized-therapies-clinical-coverage-policies>

Submitting Claims

Electronic Claim Submission

- CCH can receive ANSI X12N 837 professional, institution or encounter transactions. CCH can also generate an ANSI X12N 835 electronic remittance advice known as an Explanation of Payment (EOP). Providers who bill electronically have the same timely filing requirements as providers filing paper claims. In addition, providers who bill electronically must monitor their error reports and evidence of payments to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting errors and resubmitting affiliated claims and encounters. CCH's ***Payor ID is 68069.***
- CCH clearinghouse vendors include Availity and Change Healthcare (formerly Emdeon). Please visit the CCH website for an electronic Companion Guide that offers more instructions. For questions or more information on electronic filing,
 - please contact: CAROLINA COMPLETE HEALTH C/O CENTENE EDI DEPARTMENT 800-225-2573, ext. 25525, or by email at EDIBA@centene.com

Paper Claim Submission

- Submit paper claims and encounters to: Carolina Complete Health Attn: Claims PO Box 8040 Farmington, MO. 63640-8040

At this time Nonparticipating/Out of Network Providers are reimbursed at 100% of the Medicaid Fee Schedule Rate.

UnitedHealthCare (UNHC)

Angelique Gutierrez
angelique.gutierrez@optum.com

Office Hours

UNHC provides one on one Provider Orientations and a general mailbox for various questions which would be routed to our Network team for review.

netdevpubsec@optum.com

Most Common Claims, Billing Issues, & Denial Reasons

- No common claim or authorization denial reasons noted to date.
- Most common provider inquiries are regarding the authorization process
 - Authorizations are not required for Adults
 - Prior Auth is required for members 0-20 years of age for initial and ongoing treatment services
 - Prior authorization requests must include clinical information to establish medical necessity and documentation of referring provider, therapy prescription or referral order. Independent practitioners are limited to treating patients ages 20 years of age and younger.
- Prior Authorization requirements can be verified by the following:
 - UHCprovider.com > Link > Prior Authorization and Notification
 - Prior Authorization: 1-800-638-3302
- Providers should register with UHC Prior Authorization and Notification tool in order to submit Prior Authorizations.

Reminder providers must be registered with NC Tracks for all locations.

Taxonomies & Modifiers for Claims

Taxonomy	Code
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- GN modifier indicates speech-language therapist
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- GP modifier indicates physical therapist

Submitting Claims

Electronic Claim Submission

- Submit electronic claims online at UHCprovider.com > Link > claimsLink
- Utilize **payer ID 87726**. For EDI support contact: 1-800-842-1109
- Claims must be received within 180 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.
- For claim status inquiries visit UHCprovider.com > Link > claimsLink or contact: 1-800-638-3302

Paper Claim Submission

- Paper claims for this plan are submitted to: UnitedHealthcare Community Plan PO Box 5280 Kingston, NY 12402

WellCare (WCHP)

Provider Relations
NCPProviderRelations@WellCare.com

Talena Jones
talena.jones@wellcare.com

Most Common Claims, Billing Issues, & Denial Reasons

- To initiate electronic claims, all providers, both In-Network (INN) and Out-of-Network (OON), should contact their practice management software vendor or EDI software vendor. They must inform their vendor of WellCare of North Carolina **EDI Payer ID#: 14163**.
- Taxonomies must match what is in NC Tracks. Please ensure that NC Tracks is up to date with both Rendering and Billing Provider NPI/Taxonomy Information. Claims are rejected for incorrect or missing taxonomies.
- For connectivity questions and rejected submission inquiries, please reach out to our EDI team directly at EDI-Master@wellcare.com.
- Missing Modifiers. These codes always require a therapy modifier – GP, GO, or GN – to indicate that they're furnished under a physical therapy, occupational therapy, or speech-language pathology plan of care, respectively.

*****Prior Authorizations (PA) are waived the 1st 90 day post managed care launch. Effective 10/1/2021 PA are required for specialized therapies.**

Taxonomies & Modifiers for Claims

Taxonomy	Code
Occupational Therapy Taxonomy	225X00000X
Physical Therapy Taxonomy	225100000X
Speech Therapy and Audiology Taxonomy	235Z00000X, 231H00000X
Respiratory Therapy Taxonomy	227900000X

- GN modifier indicates speech-language therapist
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- GP modifier indicates physical therapist

Submitting Claims

WellCare accepts electronic claims submission through Electronic Data Interchange (EDI) as its preferred method of claims submission. All files submitted to WellCare must be in the ANSI ASC X12N format, version 5010A1 or its successor. This is less costly than billing with paper and, in most instances, allows for quicker claims processing. For more information on EDI implementation with WellCare, refer to the Claims/Encounter Companion Guides at www.wellcare.com/North-Carolina/Providers.

Fee-For-Service Clearinghouse Submitters

All Fee-for-Service (FFS) providers and vendors must send claims through a clearinghouse. WellCare has partnered with Change Healthcare, a division of McKesson, as our preferred EDI clearinghouse. WellCare only accepts electronic claims through Change Healthcare.

Please call Change Healthcare for submitter/client connectivity services at **1-877-411-7271**.

All clearinghouses, practice management vendors or billing services may call Change Healthcare, at **1-800-527-8133** for connectivity services.

- ▶ If your clearinghouse or billing system is not connected to Change Healthcare and requires five-digit Payer IDs, please use the following codes according to the file type (FFS or Encounters).

WellCare Payer IDs

14163 Fee-For-Service – Professional or Institutional	59354 Encounters – Professional or Institutional
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- ▶ If your clearinghouse or billing system is connected to Change Healthcare and uses their four-digit CPID, please use the following codes according to the file type (FFS or Encounters).

Change Healthcare CPIDs

1844 Fee-For-Service Professional	3211 Encounters Professional
8551 Fee-For-Service Institutional	4949 Encounters Institutional

Submitting Claims

Electronic Claim Submission

- **Direct Data Entry (DDE)** Via www.wellcare.com/North-Carolina/Providers Registered users can log in and directly enter professional and/or institutional claims and encounters into WellCare's Provider Portal. Once logged in, select the Claims link, and then click New Professional Claim or New Institutional Claim. You can then complete your individual claims submission.

Paper Claim Submission

- WellCare encourages electronic (EDI) claim submissions. However, WellCare also accepts paper CMS-1500 and UB-04 claim forms. Paper claims should only be submitted on original (red ink on white paper) claim forms. Not submitting a paper claim on the original "red and white" claim form may increase the possibility of rejections. Please refer to our website under the correct state and product for complete details about paper submission guidelines under Provider Manuals at www.wellcare.com. Mail paper claim submissions to: WellCare Claims PO Box 31224 Tampa, FL 33631-3224

Alternative Free DDE Solutions – for Participating and Non-Participating Providers

- AdminisTEP offers a web browser for single submission direct data entry (DDE) or batch upload for professional and institutional submissions, claim status and reporting and inquiry functions at no cost to you. To sign up go to <http://www.administep.com/Signup.aspx> or call 1-888-751-3271. ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronically at no cost to you. To register, visit <https://physician.connectcenter.changehealthcare.com>. For registry questions, the submitter/clients may contact Payer Connectivity Services at 1-877-411-7271. You may direct any questions regarding the functionality of ConnectCenter to the clearinghouse at 1-800-527-8133 (select option 2). • Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter. • Only WellCare submissions are free of charge and please ensure you use vendor code 212750 when you register. • Providers must use the WellCare payer ID 14163 if choosing to use ConnectCenter free DDE or batch upload services.

Provider Resources

- **NC Medicaid Managed Care Website**
 - [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)
 - Includes County and Provider Playbooks
 - [Fact Sheets](#)
 - Day One Quick Reference Guide
- **NC Medicaid Help Center**
 - [medicaid.ncdhhs.gov/helpcenter](https://www.medicaid.ncdhhs.gov/helpcenter)
- **Practice Support**
 - [ncahec.net/medicaid-managed-care](https://www.ncahec.net/medicaid-managed-care)
- **Regular Medicaid Bulletins**
 - [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.medicaid.ncdhhs.gov/providers/medicaid-bulletin)

