UnitedHealthcare Community Plan

Billing Guidelines for Providers of I/DD Waiver Services

Claim Submission Options

Providers may submit claims through a variety of channels:

- Electronically through an established claim clearinghouse – our electronic payer ID is 96385
- Through the KanCare Front End Billing option
- Through our UHCOnline web portal. Once loaded in our system, providers may create a user ID/password
  - Claim entry through UHCOnline is not available at this time for atypical providers
- On paper – the paper claim address is:
  - KMAP, P.O. Box 3571, Topeka, KS 66601-3571
- Some HCBS service require Electronic Visit Verification (EVV) and are billed via AuthentiCare

NPI Billing Requirements

- A National Provider Identifier (NPI) is required for most Kansas providers. All provider identifiers must be valid NPI numbers
- If you are an atypical provider, an NPI is not required.

Electronic Funds Transfer- EFT

- EFT is a method of transferring funds between bank accounts. EFT eliminates the need for paper checks and improves cash flow timing
- Providers can request EFT by submitting the EFT Form which can be found on the www.uhccommunityplan.com or requested through your Provider Advocate. An EFT form will also be mailed to you with the notice that your credentialing has been completed
- Providers are encouraged to return EFT forms as soon as possible to allow adequate time for processing

Billing Codes and Limitations

- Please refer to the state provider manual for the waiver service codes that are covered for I/DD waiver beneficiaries
- T2020 for day supports will be changing to T2021 effective 1/1/2014. One unit of T2021 is equal to 15 minutes
- If you are billing place of service 11, you must include your NPI number in the rendering NPI provider field
- The I/DD screening will continue to be paid by the state; it is not a KanCare service
- Positive Behavioral Supports will be paid by United. If you are a current PBS provider, please note Optum Behavioral Health will be the network team assisting you with contracting for this service. The codes used to bill PBS will not change
- United will offer an additional Value Added Benefit for I/DD waiver beneficiaries
  - I/DD waiver beneficiaries who are self-directing or receiving supportive home care are eligible for additional respite services
  - The service will be billed using code S5150 with 1 unit equal to 15 minutes; the annual benefit maximum is 40 hours
  - Providers will need an additional appendix to their contract – please contact your Provider Advocate for assistance

Date Span Billing

- Providers may bill for date spans as they have in the past and may bill non-consecutive days with date span billing
- On occasion, it may be necessary for United to split an authorization for the month due to a system limitation relative to the unit field
- Providers will need to bill date spans consistent with the authorization date spans to avoid claim payment issues
- When date span billing, the date spans cannot overlap. Overlapping date spans will result in duplicate claim denial issues.

Client Obligation

- Our intention is to have the client obligation assigned to the provider it has been assigned to in the past
- We send out a notification on a monthly basis to inform the provider and member of the client obligation assignment

Third Party Liability

- When Medicare is the primary insurance:
  - Providers **do not** have to bill Medicare as primary for I/DD waiver services; all I/DD services are on the Medicare exclusion list
- When a non-Medicare (Commercial) plan is the primary insurance:
  - United will follow the state Third Party Liability policy; if the service code billed is listed on the State's Third Party Liability Non-covered list (blanket denial list), a remittance advice or other documentation from the primary insurance is not required
  - If the service is not on the State's Third Party Liability Non-covered list, providers should either bill the primary carrier to obtain the primary carrier's EOB or providers may continue to obtain other documentation historically accepted by the state for TPL purposes
  - Providers should maintain copies of all documentation utilized for billing TPL in accordance with state policy

Third Party Liability – Billing Options

- When a non-Medicare (Commercial) plan is the primary insurance and providers must file TPL information:
  - If the service code billed is **not** listed on the Third Party Liability Non-covered list
    - Providers will need to file to the primary insurance and then submit the claim with the primary carrier EOB information to United, or obtain other state-approved documentation in accordance with state policy
  - Providers are encouraged to bill TPL **Electronically** through the KanCare Front End Billing Option:
    - Providers may enter the TPL information into the KMAP portal as defined in the Kansas Medical Assistance Program Professional Billing Guide
    - Providers should maintain TPL documentation in their files to support electronic TPL billing
  - When billing on **Paper**:
    - If the claim being submitted to United is a paper claim, the primary insurance remittance advice or other state-approved documentation must be attached to each paper claim
  - At this time, the UHCOnline portal does not support filing of initial claims with third party liability information. Providers are encouraged to file third party liability claims via the KMAP Front End Billing portal or via paper.

Claim Correction

- To file a corrected claim **Electronically** through the KMAP Front End Billing option:
  - Create a new day claim through the KMAP Front End Billing option
  - Enter the United Original Claim Number (from the remittance advice) in the Timely Filing Override ICN Field
  - Provide all information that is correct for the claim and submit it as a new claim
  - The claim will be identified as a corrected claim due to the presence of the UHN Original Claim Number
- To file a corrected claim via **Paper**:
  - Providers may also file corrected claims via paper by sending corrected claims to:
    KMAP, PO Box 3571, Topeka KS 66601-3571
    - Write "CORRECTED" on the claim and add the original claim number in Box 22 of the 1500 form
- To correct an **EVV/AuthentiCare** claim:
  - If the EVV claim was already released, providers should follow one of the above corrected claim processes (Front End Billing or Paper)

Claim Reconsideration

- If your claim was filed correctly but you feel it was not paid correctly, you may submit a claim reconsideration to request we review the payment of the claim:
- Reconsideration Requests related to inappropriately paid claims can be submitted through various means:
  - Call Provider Services at 877-542-9235
  - Submit the request online via the UnitedHealthcare portal (uhconline.com)
  - Call your Provider Advocate
  - Mail a paper reconsideration form (available on uhccommunityplan.com) to:
    UnitedHealthcare, PO Box 5270, Kingston NY 12401
    ** Please note: Providers should not submit a copy of the claim with the form or the claim may be returned to you

Claim Appeals

- If you have filed a Claim Reconsideration Request and are dissatisfied with the outcome, you may file an appeal:
- File a formal appeal by sending it to:
  UnitedHealthcare, Attention: Formal Claim Appeals, P.O. Box 31364, Salt Lake City, UT 84131-0364
  ***Please Note - The cover letter should state that a formal claim appeal is being made*

Website Resources

We have two websites with provider resources:

- www.uhccommunityplan.com
  - Our public site - no user name/password is required – click on For Health Care Professionals and select Kansas from the drop down box to access a variety of provider resources, I/DD Implementation training schedules, provider forms and the Provider Administrative Guide
- www.uhconline.com
  - Contains a non-secure section – no user name/password is required - Under Help and Tools & Resources providers will find training/education resources, quick reference guides and tutorials
  - Contains a secure section - user name and password is needed – includes access to verify member eligibility, check claim status and access EOBs