



## P R O V I D E R   B U L L E T I N

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**To: All Providers****Subject: Additional Clarification of BT200719 – Managed Care Organization Behavioral Health Frequently Asked Questions****Overview**

On April 8, 2008, provider bulletin [BT200820](#) entitled “Clarification of [BT200719](#) – Managed Care Organization Behavioral Health Frequently Asked Questions” was issued to all providers. BT200820 listed the original text of question 12 and a clarified response. The clarified response may have resulted in the need for some claims to be reconsidered for payment.

This bulletin further clarifies the response to question 12 by providing details of the reconsideration processes used by individual managed care organizations (MCOs).

**Cenpatico Behavioral Health® – Revenue Code 510 Reconciliation Project and Future Billing Rules*****Previously Submitted/Denied Claims With Dates of Service From January 1, 2007, to April 30, 2008***

- Cenpatico Behavioral Health (CBH) will identify all claims submitted/denied for Revenue Code 510 with dates of service from January 1, 2007, to April 30, 2008.
- CBH will automatically reprocess these claims by June 30, 2008.
- Please **do not** resubmit any claims which you have previously submitted for this time period.
- Eligible Revenue Code 510 claims include only those for which a corresponding professional service has been previously submitted/paid for the same date of service.

***Initial Claims Submitted With Dates of Service From January 1, 2007, to January 31, 2008***

- For claims with dates of service from January 1, 2007, to January 31, 2008, which were not previously submitted for Revenue Code 510, CBH requests providers follow these important steps to complete this reconciliation project:

1. Print and submit (a) paper claims for all new claims not previously submitted with Revenue Code 510 for dates of service within this time period and (b) a summary sheet/itemization of these claims.
  2. Using an express shipping company, ship the paper claims and summary on or before July 31, 2008, to this address:  
**CBH Network Management**  
**Attn: Terry Buford, CBH Network Manager**  
**1099 Meridian St., Ste 400**  
**Indianapolis, IN 46204**
  3. Please contact Terry Buford with questions, at (317) 684-1482, extension 20191. You may also contact Cindy Smith, the CBH Provider Relations Specialist, at the same number using extension 20268.
- CBH will waive the timely filing rules only for those claims with dates of service for this specified time period.
  - Providers are required to submit these claims by July 31, 2008.
  - CBH will process those claims it receives on or before September 30, 2008.
  - Eligible Revenue Code 510 claims include only those for which a corresponding professional service has been previously submitted/paid for the same date of service.

### ***Initial Claims Submitted With Dates of Service on or after February 1, 2008***

- Providers shall follow the existing “routine” submission process for claims with dates of service on or after February 1, 2008. Providers may submit claims electronically or send paper claims to the following address:  
**CBH Claims Processing**  
**PO Box 6800**  
**Farmington, MO 63640**
- CBH will subject claims submitted for this time period to state timely filing and prompt pay regulations.
- Eligible Revenue Code 510 claims include only those for which a corresponding professional service has been previously submitted/paid for the same date of service.

## **CompCare<sup>®</sup> – Revenue Codes 500 and 510 Reconsideration Criteria and Future Billing Rules**

### ***Previously Submitted Claims Received Prior to March 1, 2008, With Dates of Service From January 1, 2007, to February 29, 2008***

- CompCare will reconsider claims submitted for Revenue Codes 500 and 510 with dates of service between January 1, 2007, to February 29, 2008, that were received prior to March 1, 2008.
- Please **do not** resubmit any claims previously submitted for this time period.
- CompCare will reprocess previously submitted claims by July 31, 2008.

- Eligible Revenue Codes 500 and 510 claims must have a corresponding paid professional service of Current Procedural Terminology<sup>1</sup> (CPT) Code series 90801 – 90899 and 99201 – 99215 for the same date of service and the appropriate place of service code.
- This reconsideration criteria only applies to claims previously on file prior to March 1, 2008.

### **Initial Claims Submissions for Dates of Service On or After March 1, 2008**

- Providers shall follow the existing “routine” submission process for ongoing claims submissions. Providers may submit claims electronically or send paper claims to the following address:  
**CompCare**  
**3405 W. Dr. Martin Luther King Jr. Blvd**  
**Suite 101**  
**Tampa, FL 33607**
- Eligible Revenue Codes 500 and 510 claims must have a corresponding paid professional service of CPT Code series 90801 – 90899 and 99201 – 99215 for the same date of service and the appropriate place of service code.
- All claims submitted will be required to meet state timely filing limits, prompt pay regulations, established authorization processes, member and provider eligibility, and so forth as outlined in the existing contract between CompCare and the provider.

## **Magellan Behavioral Health, Incorporated – Billing Rules Update Revenue Code 510 Reconciliation**

### **Previously Submitted/Denied Claims with Dates of Service from January 1, 2007, through April 30, 2008**

- Magellan will identify all claims submitted and denied for Revenue Code 510 with dates of service between January 1, 2007, and April 30, 2008.
- Magellan will re-adjudicate all eligible and previously denied Revenue Code 510 claims received from those facilities eligible to file this service type during that time frame.
- Providers **should not** resubmit any claim previously filed for this time period.
- Eligible Revenue Code 510 claims include those claims with a corresponding professional service which has been previously submitted and paid for the same date of service.

### **New Claims Submitted with Dates of Service within the Magellan Behavioral Health Timely Filing Rule**

- Eligible facilities should submit a UB-04 and a CMS-1500 claim for services rendered.
- The Revenue Code 510 should be submitted on the UB-04 in field 42 REV CD.
- The CMS-1500 should be submitted for professional charges.

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<sup>1</sup> Current Procedural Terminology (CPT) is copyright 2007 American Medical Association. All Rights Reserved.

- The CMS-1500 and UB-04 can be submitted to Magellan electronically or by United States Postal Service® to:  
**Magellan Health Services  
PO Box 1006  
Maryland Heights, MO 63043**
- Magellan will reimburse the Revenue Code 510 when there is an authorized corresponding professional service.

### ***Claims submitted after April 30, 2008***

- A UB-04 should be submitted for the Revenue Code 510 and a CMS-1500 should be submitted for professional charges.
- The CMS-1500 and UB-04 can be submitted to Magellan electronically or as paper claims to the address noted above.

## **Contact Information**

If you have questions about the reconsideration process for a claim, please contact the appropriate MCO.

If you need additional copies of this bulletin, please download them from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp). To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).