

Department of Health and Human Services
Office of MaineCare Services

PLEASE READ AND DISTRIBUTE TO CLAIMS STAFF
IMPORTANT CLAIMS INFORMATION FOR
Section 65-Behavioral Health Services

Please review the following suggestions to avoid common billing errors when completing the CMS-1500 Claim Form:

1. DATES OF SERVICE

All dates of service indicated on the claim must be within the Prior Authorization (PA) date range of the authorization.

2. PA NUMBER

The PA number must be included on the claim form in Box 23. If you do not have a PA number for the service that has been authorized, please submit the PA Review to APS Healthcare via CareConnection. If you are unable to access CareConnection, the PA Review may be submitted by phone (1-866-521-0027) or fax (1-866-521-0184).

3. PROCEDURE CODES AND MODIFIERS

The procedure code and modifier must be listed separately in their own columns in Box 24D of the CMS 1500 claim form. For example, if the procedure code is H2021, the modifier (in the next column) is HO. Refer to Chapter III under this Section for the correct Units of Service. The Procedure Codes to be billed under this Section are:

H2011	Crisis Resolution
H0018	Crisis Residential
S9482	Crisis Residential, in home
H2000	Outpatient Services, Comprehensive Assessment
H0004	Outpatient Therapy, Individual/Family/Group
H0025	Family Psychoeducation Treatment Program Services, Children
H2027	Family Psychoeducation Treatment Program Services, Adult
H0015	Intensive Outpatient Program
H2010	Medication Management Services
96116	Neurobehavioral Status Exam, Psychologist or Physician
96101	Psychological Testing, Psychologist or Physician
96102	Psychological Testing, Psychological Examiner face-to-face
ZNC16	Children's ACT
H2021	Comprehensive Community Support Services
H0023	Behavioral Health Outreach
H2033	Multi-systemic Therapy for Juveniles
G9007	Collateral Services
H0020	Opioid Treatment

4. VALID MODIFIERS

When billing for:

- Bachelor's Level Behavioral Health Professional Staff, use modifier "HN"
- Masters' Level Clinical Staff, use modifier "HO"
- Services provided to children involved with OCFS (either Bachelor's or Masters), use "HU"
- Grandfathered (former BS-1) "Bachelor's Level" staff, add the U1 modifier as the second modifier, to the right of the first modifier, in Box 24D *only as indicated in Chapter III.***
- Functional Family Therapy – Corrections Contract only, use modifier "HY"
- MST-Problem Sexualized Behavior (PSB), use modifier "HK"
- Collateral Services, MST, use modifier "HT"
- Co-occurring Services, use modifier "HH"
- Group Services, use modifier "HQ"

5. PROCEDURE CODES that require PA

ALL procedure codes require a MeCMS PA Number to be submitted with claims, EXCEPT for:

- a. Crisis Resolution, H2011
- b. Crisis Residential S9482
- c. Intensive Outpatient Program, H0015
- d. Neurobehavioral Status Exam, 96116
- e. Psychological Testing, 96101 and 96102
- f. Opioid Treatment, H0020

6. SERVICING PROVIDER ID NUMBER

For codes that require a servicing provider number, enter the servicing provider ID in Box 24K if you are using the CMS1500 (12/90) version of the claim form. Enter the servicing provider ID in Box 24J if you are using the CMS1500 (08/05) version of the claim form. If the service is provided by one of the Grandfathered (BS-1) “Bachelor Level staff”, put the servicing provider number of the supervisor.

7. CONTRACT AND PROVIDER NUMBER

Please make sure you have a contract with DHHS and a MaineCare Provider Number to provide Behavioral Health Services before billing for these services. All providers who wish to offer services under Section 65 must have a provider agreement. The Department will not be able to issue a PA to provide services until the appropriate specialties are added to your MaineCare Provider Number. You will not be able to bill for these services without a PA number.

8. MEMBER ELIGIBILITY

The provider is responsible to verify member eligibility prior to providing the service. Since PA’s are issued for future dates of service, if the member’s eligibility for the authorized service ends during the PA period, the provider will not be reimbursed by MaineCare for services provided after the member’s eligibility has ended.

9. BILLING QUESTIONS

All billing questions should be directed to the MaineCare Billing and Information Unit at 1-800-321-5557, Option 8. This Unit will assist providers with billing resolution. If it is determined that the issue needs a higher level of intervention, the caller will be referred to the appropriate Provider Relations Specialist.

10. BILLING REMINDER

The CMS1500 billing instructions are available on our website at:

http://www.maine.gov/dhhs/bms/providerfiles/provider_billing_manuals.htm

If you are a Mental Health Clinic or Psychologist Refer to Appendix A of the CMS1500 billing instructions when billing coinsurance and deductible after Medicare:

Box 1: You must put an X in the Medicare box. This replaces the Y indicator used in 24J on the old HCFA 1500

Box 24D: Enter the procedure codes and modifiers normally billed to MaineCare

Box 24F: Charges must reflect your coinsurance and/or deductible and the amount of PR-122 as indicated on the Explanation of Benefits (EOMB)

Example: Coinsurance amount is \$20 and PR-122 is \$30. Charges in 24F would be \$50

Box 28: Enter the total charges. This must equal the total of the individual line item charges in 24F

Box 29: Enter any other third party payment from an insurance company. Do not enter the Medicare payment.

Box 30: Enter the balance due