



# **NJ Medicaid Mental Health and Substance Abuse Provider Training 2024**

# Agenda

- NJ Medicaid Behavioral Health Benefit Design
- Provider Express
- Credentialing
- Clinical and Utilization Management Requirements
- Behavioral Health Case Management
- Billing and Claims
- Appeals
- Provider Portals and Other Resources

# New Jersey Behavioral Health Benefit Design

# NJ Medicaid Behavioral Health Benefit Design:

## Existing NJ FamilyCare Medicaid Membership - Acute Inpatient BH, OBAT and ASD Benefits

- Acute Mental Health Inpatient Services
- Inpatient SUD Medical Detoxification Services
- **Office Based Addiction Treatment (OBAT) Services**  
MAT prescriber that also has a “Navigator” on staff to do case management  
Services provided by both Medical (PCP, Internist, etc) and BH (Psychiatrist, Advanced Practice Nurse) provider types
- **Autism Spectrum Disorder (ASD) Services (EPSDT Benefit):**  
Applied Behavioral Analysis (ABA)  
Developmental Services
  - DIR/Floortime
  - DRBI
  - NDBI/EDSM
  - Developmental services are provided by both BH provider types, and Physical Health (OT, PT, ST) provider types

## Current **Additional** MLTSS, DDD and FIDE-SNP Benefits

- **Mental Health Services:**
  - Acute Mental Health Partial Hospitalization
  - Adult Mental Health Rehabilitation (AMHR) – long-term group home for SMI members
  - Outpatient Mental Health Clinics and Practitioners
  - Mental Health Partial Care (Social Clubhouse)
- **Substance Use Disorder (SUD) Services:**
  - Inpatient SUD Non-Medical Detoxification Services
  - Ambulatory Withdrawal Management
  - SUD Inpatient Rehabilitation
  - SUD Residential
  - SUD Partial Care
  - SUD Intensive Outpatient Program (IOP)
  - Outpatient SUD Clinics and Practitioners
  - Medication Assisted Treatment (MAT)
  - Opioid Treatment Programs (OTPs) / Methadone Clinics
  - Peer services in SUD Outpatient Clinics
  - Case Management Services in SUD Outpatient Clinics

# Provider Express

# providerexpress.com

## Provider resource:

- State-Specific News
- Quick Links
- Clinical Resources
- Trainings
- Join Our Network
- Transactions (available to in-network providers only)



Public Pages



Private pages  
(in-network  
providers  
only)

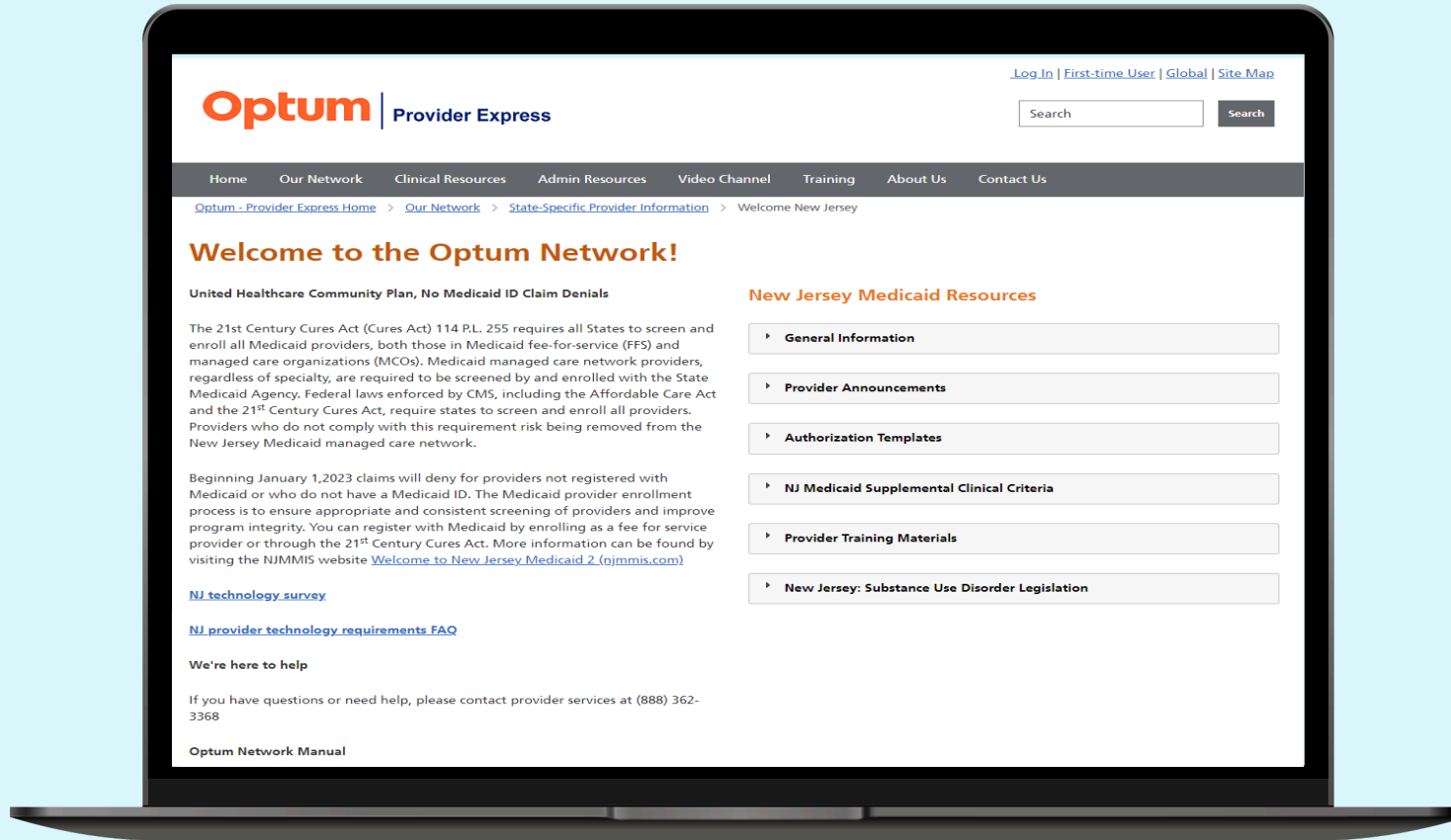


Navigate to  
NJ Page via  
Our Network

## Optum - Provider Express Home



# providerexpress.com NJ Page



NJ State-Specific Alerts and Information



Product Specific Information –  
QRGs, provider notifications and  
Training, Clinical Information



Links to Provider Manuals and Standard  
Clinical Criteria

# New Jersey Quick Reference Guide



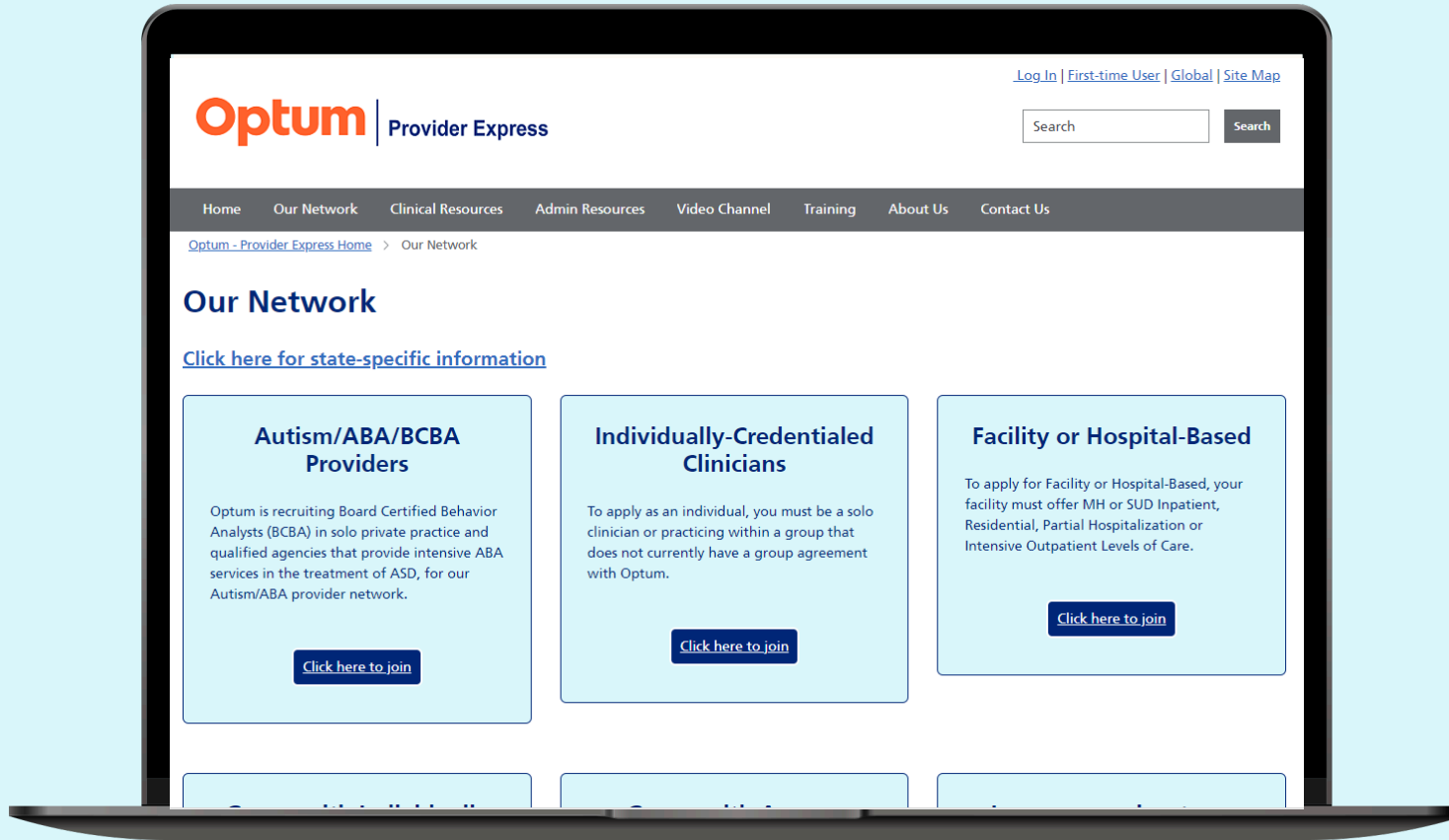
Behavioral Health Quick Reference Guide New Jersey FamilyCare & FIDE SNP	
<b>Call Center for UnitedHealthcare</b>	<b>1-888-362-3368</b> <ul style="list-style-type: none"> <li>• Appeals and Grievances</li> <li>• Claims</li> <li>• Coordination of Benefits</li> <li>• Dual eligible members with Medicare</li> <li>• Medicaid members with commercial coverage</li> <li>• Billing concerns</li> <li>• Office Base Addictions Treatment Services</li> <li>• Behavioral Health Care Management</li> <li>• Care Coordination</li> </ul>
<b>Websites &amp; What's Available</b>	<p><a href="http://providerexpress.com">providerexpress.com</a></p> <ul style="list-style-type: none"> <li>• New Provider Orientation "Navigating Optum" viewable on demand</li> <li>• Network Manual</li> <li>• Demographic Updates</li> <li>• Guidelines / Policies &amp; Manuals</li> <li>• Clinical Resources</li> <li>• Clinical Criteria</li> <li>• Administrative Resources</li> <li>• Recovery &amp; Resiliency Toolkit</li> <li>• Video Channel</li> <li>• Webinars/Training Resources</li> </ul> <p><a href="http://uhcprovider.com">uhcprovider.com</a></p> <ul style="list-style-type: none"> <li>• State-specific health plan information</li> <li>• Check member eligibility</li> <li>• Check claim status &amp; payments</li> <li>• Claims Reconsideration</li> <li>• Electronic Data Interchange (EDI) information</li> <li>• Tools &amp; Resources</li> <li>• Tutorials</li> </ul>
<b>Claims Submission</b>	<p><b>Paper Claim submission:</b> Optum Behavioral Health P.O. Box 30760 Salt Lake City, UT 84130-0760</p> <p>Claims must be submitted within 180 days from the date of service</p> <p>If Coordination of Benefits (COB) is involved where UnitedHealthcare is considered a secondary payer, COB of claims should be submitted by mail within 60 days from the date of the primary insurer's Explanation of Benefits (EOB) or 180 days from the dates of service, whichever is later.</p>
<b>Optum Pay</b>	<p>It's quick and easy, go to <a href="http://uhcprovider.com">uhcprovider.com</a> &gt; Claims &amp; Payments &gt; Optum Pay</p> <p>Questions – <b>1-866-842-3278</b>, option 5</p>

<b>EDI</b>	<ul style="list-style-type: none"> <li>• Claims Payer ID: 87726</li> <li>• Electronic Remittance Advice (ERA) Payer ID: 86047</li> <li>• EDI Support: <b>1-800-210-8315</b> or email <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a></li> </ul>
<b>Clinical Appeals</b>	<p><b>NJ FamilyCare:</b> Optum Appeals &amp; Grievances P.O. Box 30512 Salt Lake City, UT 84130-0512</p> <p><b>Fide SNP:</b> UnitedHealthcare Appeals Department P.O. Box 31364 Salt Lake City, UT 84131-0364</p>
<b>Utilization Management Guidelines</b>	<ul style="list-style-type: none"> <li>• Emergent admissions require notification within 24 hours of admission.</li> <li>• Prior Authorization is required for all non-emergent inpatient Admissions.</li> <li>• Comorbidity Diagnosis with a Medical and Behavioral Admission require <b>both</b> a Medical <b>AND subsequent</b> Behavioral Health Authorization or separate notification.</li> <li>• To obtain Prior Authorization call <b>1-888-362-3368</b> - Enter TIN #, select option 3 (intake), enter member ID/DOB, select option for "Mental Health"</li> <li>• We do not accept faxes. A call is required.</li> </ul>
<b>Clinical Criteria</b>	<ul style="list-style-type: none"> <li>• Clinical Criteria can be found at: <a href="http://providerexpress.com">providerexpress.com</a> &gt; Clinical Resources &gt; Guidelines/Policies &amp; Manuals &gt; Clinical Criteria</li> <li>• UnitedHealthcare Community Plan uses ASAM Clinical Criteria for Alcohol and Drug Treatment and Substance Use Disorder (SUD)</li> <li>• Reference: American Society of Addiction Medicine (ASAM) <a href="http://asam.org/resources/the-asam-criteria">asam.org/resources/the-asam-criteria</a></li> </ul>
<b>Network Management Contacts</b>	<p><b>Kemal Kajtezovic</b>, Network Manager for Facilities and Clinics <b>Scheanell Holland</b>, Network Manager for Individual Clinicians, OBAT prescribers and Groups <b>Shailja Patel</b>, Network Manager for Autism Services <a href="mailto:njnetworkmanagement@optum.com">njnetworkmanagement@optum.com</a> Provider Escalated Issues: <b>1-877-614-0484</b> Fax: <b>1-866-483-6254</b></p>
<b>Pharmacy</b>	<p>UnitedHealthcare Community Plan Pharmacy Services Department Fax: <b>1-866-940-7328</b> Phone: <b>1-800-310-6826</b></p> <p>Link to Preferred Drug List: <a href="http://uhcprovider.com/content/dam/provider/docs/public/commplan/nj/pharmacy/NJ-Preferred-Drug-List-Provider.pdf">uhcprovider.com/content/dam/provider/docs/public/commplan/nj/pharmacy/NJ-Preferred-Drug-List-Provider.pdf</a></p>
<b>Provider Enrollment</b>	<p>To request to join the network, visit: <a href="http://providerexpress.com/content/ope-provexpr/us/en/our-network.html">providerexpress.com/content/ope-provexpr/us/en/our-network.html</a></p> <p>The review and notification timeline of a clean application takes between 45-60 days. Email <a href="mailto:njnetworkmanagement@optum.com">njnetworkmanagement@optum.com</a> to inquire whether new provider applications are being accepted.</p>



# Credentialing

# Credentialing



- Online credentialing requests, registration guide, tips for applying, links, credentialing plans



- Automated CAQH information
- Dedicated NJ Advocate support



- Specific application link for each provider type; Facility, Agency, Group, Clinician

## 21<sup>st</sup> Century Cures Act: Medicaid Enrollment Requirements

- The 21<sup>st</sup> Century Cures Act (Cures Act) 114 P.L. 255 requires all States to screen and enroll **all Medicaid providers**, both those in Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs)
- Medicaid managed care network providers are required to be screened by and enrolled with the State Medicaid Agency.
- Providers who do not comply with this requirement risk being removed from the New Jersey Managed care network. All health care professionals and facilities must hold a current New Jersey Medicaid ID number.
- Beginning Jan. 1, 2023, claims will deny for providers not registered with Medicaid or who do not have a Medicaid ID.
- The Medicaid provider enrollment process is to ensure appropriate and consistent screening of providers and improve program integrity. You can register with Medicaid by enrolling as a fee for service provider or through the 21<sup>st</sup> Century Cures Act. More information can be found by visiting the NJMMIS website [Welcome to New Jersey Medicaid 2 \(njmmis.com\)](https://www.njmmis.com)

# Clinical and Utilization Management Requirements

# Medical Necessity

Care Advocates use Level of Care Utilization System (LOCUS), Child and Adolescent Service Intensity Instrument (CALOCUS-CASII), Early Childhood Service Intensity Instrument (ECSII), and ASAM Clinical Criteria when making medical necessity determinations and as guidance when providing referral assistance.

## Generally accepted standards of practice

- Based on credible scientific evidence
- Generally recognized by the relevant medical community
- Use evidenced-based outcomes to validate the practice

## Clinically appropriate

- Type, frequency, extent, and duration of services
- Considered effective for the treatment of mental illness, substance use disorder, or associated symptoms

## Determinations of medical necessity

- Informed by:
  - Unique aspects of the case
  - Member's benefit plan
- Available services:
  - Ability of provider to meet the member's immediate needs
  - Alternatives that exist in the service area

# How to Obtain a Prior Authorization

<p><b>Electronic Submission – Higher Levels of Care</b></p>	<ul style="list-style-type: none"> <li>• Electronic Prior authorization for higher levels of care can be submitted through <a href="https://providerexpress.com">providerexpress.com</a> &gt; Authorization Inquiry.</li> <li>• Providers are required to log into the system and can search for members using member ID, name, and date of birth</li> <li>• <b>Existing Users:</b> must log in with One Healthcare ID or Email address and password</li> <li>• <b>New Users:</b> New User Registration can be found by selecting “First-time user”</li> <li>• Once the authorization information is received, a UHCCPNJ BH UM Care Advocate will have the ability to review and process the information and authorize care via the portal as applicable.</li> <li>• If additional information is needed the Care Advocate will outreach to the provider via phone or chat directly on the portal.</li> </ul>
<p><b>Electronic Submission – MH Partial Care</b></p>	<ul style="list-style-type: none"> <li>• Electronic Prior Authorization for partial care mental health can be submitted through a portal located on provider express. To access the request form, go to: <a href="https://providerexpress.com">providerexpress.com</a> &gt; Our Network &gt; State-Specific Provider Information &gt; New Jersey &gt; authorization Templates</li> <li>• Complete the online request form.</li> <li>• Use the “Attesting Individual’s Email Address to track where the request is in the authorization process.</li> </ul>
<p><b>Telephonic – Available for all requests</b></p>	<p>Call Toll-free Provider Line (from the back of the Member card): <b>(888)-362-3368</b></p> <p>Follow the below system prompts:</p> <ul style="list-style-type: none"> <li>• Enter TIN#</li> <li>• Select option 3 (intake)</li> <li>• Enter member ID/DOB</li> <li>• Select option for “Mental Health”</li> </ul> <p>After-hours care advocates available during evenings, weekends and holidays only for initial higher-level authorizations (e.g., IP MH, IP SUD, Residential Detox, IP Detox) 24 hours a day / 7 days a week.</p>

# Behavioral Health Prior Authorization Requirements

## Hospital based services

- Inpatient (MH and SUD)
- Mental Health Electroconvulsive therapy ECT (Inpatient/Outpatient)
- Mental Health Partial Hospitalization Program (PHP)
- Substance Use Disorder (SUD) Nonhospital based detoxification – ASAM-3.7WM

## Outpatient services

- Mental Health Intensive Outpatient Program
- Substance Use Disorder (SUD) Intensive Outpatient Program - ASAM-2.1
- Ambulatory Withdrawal Management ASAM 2-WM
- Psychological Testing
- Mental Health Partial Care
- Substance Use Disorder (SUD) Partial Hospital - ASAM -2.5

## Residential services

- Substance Use Disorder (SUD) Short Term Residential – ASAM -3.7
- Adult Mental Health Rehabilitation (AMHR)
- Long Term Residential (LTR) – ASAM 3.5

\*All Out of Network Services require Authorization

Level of Care Guidelines for Mental Health and Substance Use Disorders found on provider express at: [Standard Clinical Criteria \(providerexpress.com\)](https://www.providerexpress.com); [ASAM Clinical Criteria Information \(providerexpress.com\)](https://www.providerexpress.com),

For more information regarding Authorization Requirements, please reference the Behavioral Health Benefits Table (pages 14-20)- [2024 New Jersey Provider Network Manual Addendum \(providerexpress.com\)](https://www.providerexpress.com)

## Administrative Days/Clinical

If the individual does not meet the discharge planning needs and cannot be safely discharged or transferred to an alternate level of care, an administrative level of reimbursement shall be offered:

- A separate authorization will be required from the IP acute stay
- When prior authorized, administrative days will be reimbursed by Optum/UHC through a Single Case Agreement-accommodation process
- The Clinical team will load a single case agreement authorization
- Rev code **0199** will be utilized



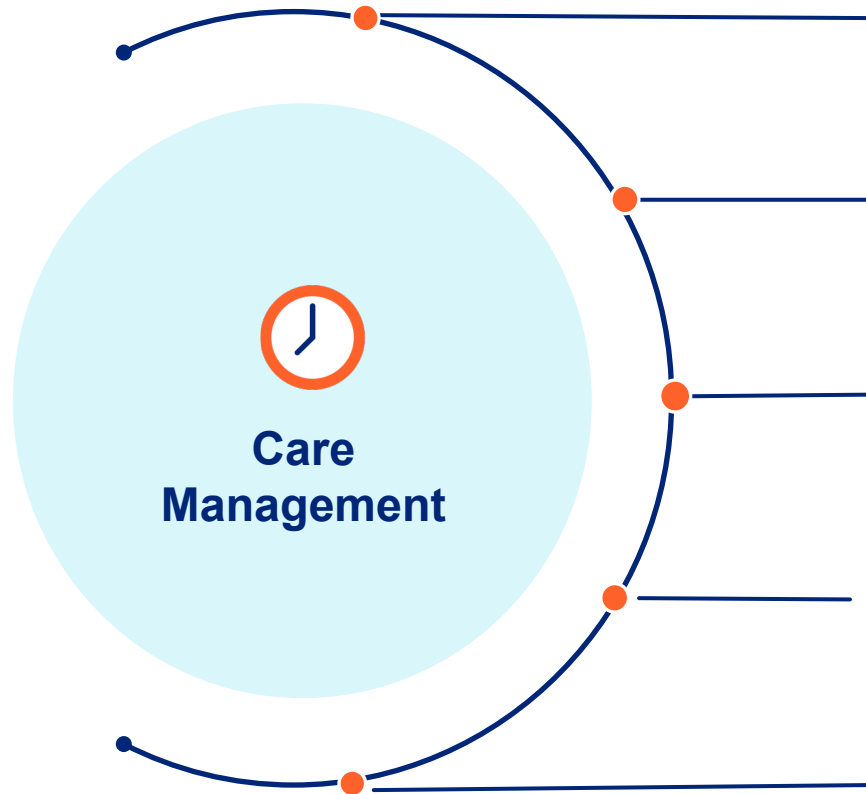
# What happens with the Clinical Adverse Benefit Determination Appeal Process?

Peer to Peer Review will be scheduled to discuss the Adverse Benefit Determination:

- For an inpatient case involving a clinical determination, the appeal reviewer will be a board-certified psychiatrist or addiction-medicine specialist (from the same or similar specialty area as the treating clinician) with an active, unrestricted license
- For an outpatient case involving a clinical determination, the appeal reviewer will be a doctoral-level psychologist or a board-certified psychiatrist with an active, unrestricted license

# Behavioral Health Case Management

# Our Care Management Services



## Determine Needs/Strengths

- Early identification of high-risk members in need of care coordination support.

## Develop Individual Case Plan

- Comprehensive assessments completed to identify member strengths, risk factors, gaps in care and barriers to health access, including SDOH

## Locate Community Resources

- Creating important linkages between members, providers, and community resources and other support services where needed

## Develop Treatment Plan/Monitor

- Educating about complex behavioral health and basic medical issues in easy-to-understand language

## Reassess/Measure Progress

- Monitoring and Continuity of Care

# NJ Medicaid Behavioral Health Care Management Referral

The most direct way for **provider staff** to reach Behavioral Health Care Management is through direct email:

[NECSBHCCA@UHC.com](mailto:NECSBHCCA@UHC.com)

**Reminder:** This is a **provider facing email only** and should not be given to members as there would then be a risk of member crisis issues waiting in an email inbox.

If staff are **sitting with a member/wanting member facing referral/care coordination**, they should use:

**Special Needs Hotline (877-704-8871)**

The Hotline is **available to all members and providers**. All calls are routed to Behavioral Health and Medical Care Management for care coordination activities.



# Billing and Claims

# Claim and Contact Information

**Clean Claim** - A claim with no defect or impropriety (including any lack of any required substantiating documentation) or particular circumstance requiring special treatment that prevents timely payments from being made on the claim is considered a clean claim. All required fields must be complete & legible

Find Claim Tips on Provider Express website at: [Claim Tips \(providerexpress.com\)](https://providerexpress.com)

## Topics include:

- Claim Entry through Provider Express
- Claim Corrections or Resubmission
- Claim Submission Hints
- Electronic Claim Submission (EDI)
- Optum Pay
- Improve the Speed of Processing
- Where to Submit our Optum Claim
- Frequently asked questions

## Contact information:

- Provider Service 1-888-362-3368
- Network Management (escalated issues)
  - Kemal Kajtezovic, Network Manager for Facilities and Clinics
  - Scheanell Holland, Network Manager for Individual Clinicians, OBAT prescribers and Groups
  - Shailja Patel, Network Manager for Autism Services
  - [njnetworkmanagement@optum.com](mailto:njnetworkmanagement@optum.com)



# Mental Health and Substance Use Disorder claims

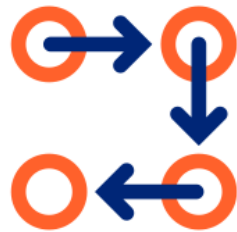
- Inpatient claims should be submitted on a UB-04 claim form or 837i (electronic)
  - using your contracted billing revenue codes.
- Contracted providers for the below services must submit claims on a UB-04 claim form or 837i (electronic) using the contracted revenue code(s) and HCPCS code(s) listed on your facility payment appendix document.
  - Detoxification
  - Intensive Outpatient Treatment (IOP)
  - Ambulatory Detoxification
  - Short-term Residential
- Outpatient claims must be billed on a 1500 claim form (version 02/12)
  - These are for the services listed on your group contracted fee schedule

## Claims filing made easy

Electronic submission through the Claim Entry feature on Provider Express or as an Electronic Data Interchange (EDI) transaction.

Benefits of Electronic Filing:

- It's fast – Eliminate mail and paper processing delays
- It's convenient – Easy set up and intuitive process
- It's secure – Data security is higher than with paper-based claims
- It's efficient – Electronic processing helps prevent errors
- It's cost-efficient – You eliminate mailing costs, and the solutions are free or low-cost





# Claim Entry on Provider Express

## Registration for an Optum One Healthcare ID is required:

- Get started by clicking this link [First-time User](#)



## Benefits of Claim Entry:

- Free
- Available 24/7
- Intuitive and easy-to-use
- Real-time, quick claim processing
- Available to clinicians and groups
- Outpatient behavioral and EAP claims billed on a Form1500

# Electronic Data Interchange

- Electronic Data Interchange (EDI) is an electronic-based exchange of information
- Transactions are conducted through a clearinghouse vendor
- Submit batches of claims electronically, right out your practice management system software:
  - Ideal for high volume providers
  - Can be configured for multiple payers
  - Clearinghouse may charge fee
- Payer ID – 86047
- Electronic Remittance Advice (ERA) Payer ID - 86047

# Receive payments faster

## Benefits of Electronic Payments and Statements (EPS):

- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

### Registering for EPS is easy!

- Log in to *Provider Express* with your Optum One Healthcare ID
- Select “EPS” and provide the information necessary to enroll
- Contact Optum Financial Services for assistance: 1-877-620-6194

## Filing paper claims

- Use an original 02/12 1500 Claim Form (no photocopies)
- Type information to ensure legibility
- Use a DSM-5 derived ICD-10 code for primary diagnosis (Hint: the DSM-5 includes ICD codes along with the DSM diagnostic info)
- Complete all required fields (including ICD indicator and NPI number)

# Filing paper claims

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 8019

1. MEDICARE MEDICAID TRICARE CHAMPVA COBRA/COBRA PLAN SECA (AND) OTHER  
 Medicare  Medicaid  Tricare  Champva  Cobra/Cobra Plan  Seca (and)  Other

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
 3. PATIENT'S ADDRESS (No. Street)  
 CITY STATE ZIP CODE TELEPHONE (Include Area Code)

4. PATIENT RELATIONSHIP TO INSURED  
 5. INSURED'S ADDRESS (No. Street)  
 CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. INSURED'S POLICY OR GROUP NUMBER  
 7. EMPLOYMENT (Current or Previous)  
 8. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX

9. RESERVED FOR NUCC USE  
 10. AUTO ACCIDENT? (YES/NO)  
 11. OTHER CLAIMS (Designated by NUCC)  
 12. INSURANCE PLAN NAME OR PROGRAM NAME

13. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.  
 14. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Indicate the release of any medical or other information necessary to process this claim & the receipt payment of government benefits, when in effect, or to the party who accepts assignment.)  
 15. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE  
 16. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY)  
 17. DATE OF OTHER DATE (MM/DD/YY)  
 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)  
 19. OUTSIDE LAB? (YES/NO) CHARGES \$

20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_  
 E. \_\_\_\_\_ F. \_\_\_\_\_ G. \_\_\_\_\_ H. \_\_\_\_\_  
 I. \_\_\_\_\_ J. \_\_\_\_\_ K. \_\_\_\_\_ L. \_\_\_\_\_

21. PHYSICIAN OR SUPPLIER INFORMATION  
 22. FEDERAL TAX ID NUMBER SSN EIN  
 23. PATIENT'S ACCOUNT NO.  
 24. ACCEPT ASSIGNMENT? (YES/NO)  
 25. TOTAL CHARGE \$  
 26. AMOUNT PAID \$  
 27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If apply that the statements on the reverse apply to this bill and are made a part thereof.)  
 28. SERVICE FACILITY LOCATION INFORMATION  
 29. BILLING PROVIDER INFO & PH# ( )

**Include the ICD indicator:  
0 for ICD-10**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

A. _____	B. _____	C. _____	D. _____
E. _____	F. _____	G. _____	H. _____
I. _____	J. _____	K. _____	L. _____

ICD Ind.  ←

**There are two distinct fields for placement of an NPI number**

PHYSICIAN OR SUPPLIER INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**[Link to National Uniform Claim Committee \(NUCC\) 1500 Claim Form Reference Instruction Manual](#)**

# Important information related to claims payment for a non-rostered group entity

## Your 1500 claim form should include the following information:

- 1) **Group/agency name** (Box 31)
- 2) The **NPI number** (Box 24J)
- 3) The **group/agency name , address, and phone number** (Box 33)
- 4) The **group/agency NPI number** (Box 33a)
  
- Do not put the name of the rendering clinician on the claim form
- It is important to bill with the CPT codes shown on the group/agency fee schedule for claims to be processed and paid correctly
- For Community Mental Health Centers/Licensed Outpatient Agencies (CMHCs) contracted and credentialed at the group/agency level for outpatient services, authorizations for services will be issued at the group/agency level, not under the specific treating clinician's name. The authorization will cover services rendered by any of the clinicians of the group

## Important information related to claims payment for a non-rostered group entity (continued)

The diagram shows a medical claim form with several key sections highlighted by callout boxes:

- Box 31: Group/Agency Name** points to the "FEDERAL TAX I.D. NUMBER" field.
- Box 33: Group/Agency Name, Address & Phone** points to the "BILLING PROVIDER INFO & PH #" field.
- Box 33a: Group/Agency NPI Number** points to the "NPI" field in the "BILLING PROVIDER INFO & PH #" section.
- Box 24J: Group/Agency NPI Number** points to the "NPI" field in the "TOTAL CHARGE" section.

Other visible fields on the form include:

- 25. FEDERAL TAX I.D. NUMBER (SSN EIN)
- 26. PATIENT
- 28. TOTAL CHARGE
- 29. AMOUNT PAID
- 30. Rsvd for NUCC Use
- 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
- 32. SERVICE FACILITY LOCATION INFORMATION

At the bottom of the form, it says: "NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)"

If your claims are not submitted following the guidelines above or if information is incomplete, you run the risk of receiving claim denials.

## Encounters/Claims

- UnitedHealthcare recognizes accurate, timely and complete encounter data submissions are evidence that we are fulfilling our responsibilities to New Jersey DHS, allowing use of the data as the foundation for determining premium payments in the future.
- Our claims data is housed in our CSP Facets transaction processing system, which serves as the main data source for encounter data extracts. Based upon adjudicated claims data from CSP Facets, we collect encounter data in HIPAA transaction formats and code sets through our encounter data submission and reporting system, the National Encounter Management Information System (NEMIS). NEMIS processes encounters across the breadth of UnitedHealth Group's Medicaid businesses and initiates submission, tracks responses and provides error correction and resubmission of Medicaid encounters.



# Administrative Days/Claims

Claims for Admin Days should be billed as indicated below:

- Optum/UHC will authorization Admin days through a Single Case Agreement-accommodation process
- Claims should be submitted on a UB04
- A separate authorization will be required from the IP acute stay
- The Clinical team will load a single case agreement authorization
- Rev code **0199** will be utilized

## COB: Coordination Of Benefits

- Some members are eligible for coverage of allowable expenses under one or more additional health benefit plans. In these circumstances, payment for allowable expenses shall be coordinated with the other plan(s). It is your responsibility to inquire and collect information concerning all applicable health plans available to a member and communicate such information to United Healthcare Community Plan.
- If United Healthcare Community Plan is a secondary plan, you will be paid up to the Optum contracted rate. You may not bill members for the difference between your billed usual and customary charge and the amount paid by the primary plan(s) and United Healthcare Community Plan.
- If Coordination of Benefits (COB) is involved where UnitedHealthcare Community Plan is considered a secondary payer, COB of claims should be submitted within 60 days from the date of the primary insurer's Explanation of Benefits (EOB) or 180 days from the dates of service, whichever is later.

## Additional Information

- *Navigating Optum* webinar on Provider Express
- Under the Quick Links section on Provider Express > Claim Tips
- [National Uniform Claim Committee 1500 Claim Form Reference Instruction Manual](#)
- For billing questions call UnitedHealthcare Community Plan, 1-866-362-3368
- Send paper claims to:

**Optum Behavioral Health**  
**P.O. Box 30760**  
**Salt Lake City, Utah 84130-0760**

# Appeals

# What are my options if I get an adverse benefit determination?

## There are two types of appeals for Adverse Benefit Determinations:

- **Clinical Appeals** - If a clinical review results in a disagreement about treatment or level of care (full or partial) that results in an adverse benefit determination
- **Administrative Appeals** - If you disagree with a clinical determination made on a claim you have the right to appeal

## How do I start an appeal?



- Toll-Free Appeals Phone # **1-866-556-8166** or TTY-TDD 7
  - Use to check status of an appeal and verbally submit an appeal.  
*Note: Any Appeal filed verbally must also be followed up with a written, signed Appeal*
- Enrollees/Providers have 60 calendar days from the date of denial to request an appeal
- Only one internal appeal allowed.
- Clinical appeal turn around time is 72 hours

# Provider Portals and Other Resources

- **Public Pages include general information and other useful resources:**
  - Download standard forms- [Optum Forms \(providerexpress.com\)](#)
  - Provider Manual- [2024 New Jersey Provider Network Manual Addendum \(providerexpress.com\)](#)
  - Clinical Guidelines - [Clinical Criteria and Guidelines \(providerexpress.com\)](#)
  - Training/webinar offerings- [Welcome New Jersey \(providerexpress.com\)](#)
- **Private Pages:**
  - Available only to In-Network Providers
    - Secure and require registration
    - Allows Providers to update information using the “My Practice Info” feature
    - To request a User ID, select the “First-time User” link in the upper right corner of home page
    - For assistance or questions about the registration process, call Provider Express Support Center toll free: **1-866-209-9320** from 8 a.m. – 10 p.m. Eastern Time, or chat with tech support online



# Provider Directory: New Jersey page – [NJ-Behavioral-Health-Provider-Search-Instructions.pdf \(uhc.com\)](#)

## Behavioral Health Provider Lookup Guide

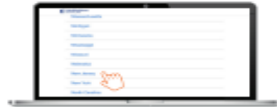
This document will guide you through the step-by-step process on how to find a Behavioral Health Provider in our online directory.



### Behavioral Health Provider Lookup Tool



**Step 1:**  
Visit [myuhc.com/CommunityPlan](#), scroll down and click on "Find a Doctor".



**Step 2:**  
Select New Jersey as the state.



**Step 3:**  
Select the plan of your choice.



**Step 4:**  
Scroll down and click on the Mental Health Directory.



**Step 5:**  
Confirm zip code, click Search.



**Step 6:**  
Use the chart below to help find the specific provider type you are looking for:

# Provider Directory: New Jersey page – [NJ-Behavioral-Health-Provider-Search-Instructions.pdf \(uhc.com\)](#)

## Behavioral Health Provider Lookup Tool

Find under this filter	If you are searching for:
<b>1</b> License Type	Nurse Masters Level
	Psychologist
	Psychiatrist (Physician)
	Licensed Therapist
<b>2</b> Area of Expertise	Outpatient Mental Health Hospital Clinic
	Outpatient Mental Health Independent Clinic
	Substance Use Disorder Outpatient (OP) ASAM 1
	Opioid Treatment Services (Methadone Maintenance)
<b>3</b> Treatment Options	Adult Mental Health Rehabilitation (AMHR)
	Medication Monitoring
	Opioid Treatment Services (Non -Methadone Maintenance)
	Partial Care Mental Health
	Autism Treatment Services - Applied Behavioral Analysis (ABA)
	Autism Treatment Services - Developmental Relationship Based Intervention (DRBI)
	Medication Assisted Treatment in Physician Office (w/ Navigator)
	Medication Assisted Treatment in Physician Office (w/o Navigator)
	Neuropsychological Testing
	Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1
<b>4</b> Substance Use Disorder Programs	Substance Use Disorder Long Term Residential (LTR) ASAM 3.5
	Substance Use Disorder Partial Care (PC) ASAM 2.5
	Substance Use Disorder Short Term Residential (STR) ASAM 3.7
	Ambulatory withdrawal management with extended on-site monitoring/Ambulatory Detoxification ASAM 2-WM
	Inpatient Medical Detox/Medically Managed Inpatient Withdrawal Management (hospital) ASAM 4-WM
	Non-Medical Detoxification/Non-Hospital based withdrawal management ASAM 3.7-WM
<b>5</b> Mental Health Programs	Inpatient Psychiatric Hospital Care
	Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization

Refine Results [Clear All Filters](#)

ALL RESULTS ARE IN NETWORK

Sort By: Relevance Within Entire USA

Provider Type: Clinician, Group, Facility

**1** License Type: Psychiatrist, Psychologist

Gender: Female, Male

Visit Type: Acute Inpatient, Residential

Availability & Location: Accessibility and Free Place Services

Age Expertise: Child, Adolescent, Adult

Scheduling:

**2** Area Of Expertise: Anxiety, Substance Use, PTSD

**3** Treatment Options: Family Therapy, Home Care, Wellness

Facility Specialties: Eating Disorders, Detox, Emergency Care

Hospital Accreditation: Process of review that allows healthcare organiza...

Facility Type: General Hospital, Psychiatric Hospital

Languages: English, Spanish, Chinese

Ethnicity: Caucasian, African American

**4** Substance Use Disorder Programs: Detox, Inpatient, Residential

**5** Mental Health Programs: Hospitalization, Inpatient Care

Options:

Tip: You can use the Search Filters option to help narrow down your filters.

### What to do if you can't find a Behavioral Health provider?

For members, call Member Services at **1-800-941-4647**, TTY 711. For providers, call **1-888-362-3368**. Or visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

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