# Chapter 6: Mental Health and Substance Use

United Behavioral Health operating under the brand Optum is the administrator of mental health and substance use disorder benefits for UnitedHealthcare Community Plan members. The national Optum Network Manual generally applies to all types of business. There are some sections where differences may apply based on state law. This chapter does not replace the national Optum Network Manual; rather, it supplements the national manual by focusing on the core services and procedures specific to the Missouri HealthNet membership.

As a care provider, you must have a National Provider Identification (NPI) number and a Missouri Medicaid provider identification number to render services for a Missouri HealthNet member and receive payment from the health plan. To request an ID number, go to the Missouri Department of Social Services website, mmac.mo.gov, to the section titled, Apply to be a  Missouri Medicaid Provider.

## Covered Services

Behavioral Health covered services are for the treatment of mental, emotional and substance use disorders. UnitedHealthcare Community Plan service coordinators have an integrated Care Management program with medical and behavioral health providers of the health plan that include Behavioral Health to assist members and Primary Care Providers (PCPs) in using and receiving services. Our Behavioral Health program utilizes Optum clinician centers with patient resources accessible from the provider website, **providerexpress.com**, see Live and Work Well (LAWW) clinician center. Health Condition Centers can be located at the Clinical Resources tab at **providerexpress.com**. These centers provide information and instruments for several mental health and substance abuse diagnoses, symptoms, treatment options, prevention and other resources in one, easy-to-access area to both behavioral clinicians and PCPs to share with patients. They are available to both behavioral clinicians and medical care providers to share with patients. The Provider Express Recovery and Resiliency page also includes tools to use when working with individuals who are addressing mental health and substance use issues.

The benefits available for Missouri HealthNet members who seek services for mental health or substance use disorders are the following:

- Crisis stabilization services (includes treatment crisis intervention).
- Inpatient psychiatric hospital (acute and sub-acute).
- Psychiatric residential treatment facility
- Outpatient assessment and treatment:
  - — Partial hospitalization.
  - — Social detoxification.
  - — Day Treatment
  - — Intensive Outpatient
  - — Medication management.
  - — Outpatient therapy (individual, family, or group)
  - — Injectable psychotropic medications.
  - — Substance use disorder treatment.
  - — Psychological evaluation and testing.
  - — Initial diagnostic interviews.
  - — Hospital observation room services (up to 23 hours and 59 minutes in duration).
  - — Child-parent psychotherapy.
  - — Multi-systemic therapy.
  - — Functional family therapy.
  - — Electroconvulsive therapy.
  - — Telemental Health
- Rehabilitation services
  - — Day treatment/intensive outpatient.
  - — Dual-disorder residential.
  - — Intermediate residential (SUD).
  - — Short-term residential.
  - — Community support.
  - — Psychiatric residential rehabilitation.
  - — Secure residential rehabilitation.
  - — Community support.
  - — Day rehabilitation.

## Eligibility

It is your responsibility to verify the member's Medicaid eligibility each month prior to rendering service to a Missouri HealthNet member.

View eligibility online at **UnitedHealthcareOnline.com**.


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## Authorizations

Members shall be able to access all behavioral health outpatient services (mental health and substance use) without a referral.

Prior authorization may be required for services more intensive than standard outpatient, such as Intensive Outpatient Program, Day Treatment, Partial, Inpatient or Residential. You must ensure the prior authorizations are in place before rendering non-emergent services.

Prior authorization requests can be obtained by calling: **866-815-5334**. Fax: 844-881-4772

## Portal Access

Website: **UnitedHealthcareOnline.com**

This site will give you access to Link, the new gateway to UnitedHealthcare's online tools. Use the tools to do eligibility and benefit verification, electronic claim submission, view claim status, and submit notifications/ prior authorizations.

Website: **UHCCommunityPlan.com**

This site should be used view the Prior Authorization list, access forms, and access to the Provider Manual.

Customer Service Center phone number: **866-331-2243** to verify eligibility and benefit information (available 7 a.m. to 8 p.m. Central time, Monday through Friday).

Website: **providerexpress.com**

This site should be used to update provider practice information, review guidelines and policies, and to view the national Optum Network Manual.

Provider Service phone number: **877-614-0484** (Available 7 a.m. to 7 p.m. Central time)

## Appeals and Grievances

Call 866-556-8166 and a Customer Service representative will assist with the Appeals and Grievances process. The care provider may file an appeal or grievance within 90 calendar days of the notice of action.

Written requests can be sent to:

United Behavioral Health
Appeals and Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512
Fax: 855-312-1470

## Claims

Providers shall submit claims using the current 1500 Claim Form (v 02/12) or UB-04 form, (its equivalent or successor) whichever is appropriate, with applicable coding including, but not limited to, ICD diagnosis code(s), CPT, Revenue and HCPCS coding. Effective October 1, 2015, in compliance with federal regulations.

Providers shall include all data elements necessary to process a complete claim including: the Member number, Customary Charges for the MHSA Services rendered to a Member during a single instance of service, Provider's Federal Tax I.D. number, National Provider Identifier (NPI), code modifiers and/or other identifiers requested.

In addition, Providers are responsible for billing of all services in accordance with the nationally recognized CMS Correct Coding Initiative (CCI) standards. Please visit the CMS website for additional information on CCI billing standards.

Although claims are reimbursed based on the network fee schedule or facility contracted rate, Providers claims should be billed with the providers usual and customary charges indicated on the claim.

EDI/Electronic Claims: Electronic Data Interchange (EDI) is the exchange of information for routine business transactions in a standardized computer format; for example, data interchange between a practitioner (physician, psychologist, social worker) and a Payor. You may choose any clearinghouse vendor to submit claims through this route. When sending claims electronically, routing to the correct claim system is controlled by the Payer ID. For all UnitedHealthcare Community Plan claims use Payer ID 87726.

Clinician Claim Forms: Paper claims can be submitted using the CMS 1500 Claim Form (v 02/12) the UB-04 claim form or their successor forms in accordance with your Agreement. The claims should include all itemized information such as diagnosis (ICD-10-CM code as listed in DSM-5), length of session, Member and subscriber names, Member and subscriber dates of birth, Member identification number, dates of service, type and duration of service, name of the rendering clinician (i.e., individual who actually provided the service), credentials, Tax ID and NPI numbers.


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Facility Claim Forms: Paper claims should be submitted using the UB-04 billing format, or its successor, which includes all itemized information such as diagnosis (ICD-10-CM code as listed in DSM-5), member name, member date of birth, member identification number, dates of service, procedure or revenue codes, name of facility and Federal Tax ID number of the facility, NPI of the facility and admitting care provider, and billed charges for the services rendered. After receipt of all of the above information, participating facilities are reimbursed according to the appropriate rates as set forth in the facility's agreement. Facilities may file claims through an EDI vendor.

Paper claims can be submitted to the following address:

UnitedHealthcare Community Plan
P.O. Box 5240
Kingston, NY 12402-5240

For Claims/Customer Service, toll-free line:
**866-815-5334**

## Monitoring Audits

We will conduct routine on-site monitoring audits of Missouri HealthNet providers. These audits will focus on the physical environment, policies and procedures, and quality of documentation in the treatment records.

The national Optum Network Manual outlines the scoring parameters as well as additional reasons other on-site audits may occur.


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