Reminder — Prior Certification of Benefits Required

All United Behavioral Health (UBH) contracted clinicians are required to contact UBH to request certification of benefits before starting treatment with UBH enrollees. If a claim is submitted to UBH without prior certification for the service and date range, that claim will be denied and deemed the clinician’s responsibility. A UBH clinician cannot bill an enrollee for a service that was denied due to lack of prior certification.

In addition, if UBH maintains a group contract with a practice, UBH patients should only be directed to UBH-credentialed clinicians within that practice. The practice is responsible for ensuring that prior certification for services is obtained from UBH.

The only exceptions to the requirement for prior certification are for UBH-contracted psychiatrists and APRNs for the following CPT codes: 90801, 90804, 90805, 90811, 90862.

If you have any questions or want more information, please refer to the UBH Clinician Manual, available in the “Guidelines/Policies” section of www.ubhonline.com, or contact your network manager.

Reminder — Clinician Record Updates

UBH clinicians can view and update their own clinician records on the UBH Clinician Web site, www.ubhonline.com. If you do not have access to the Internet, you may update your clinician record by faxing your change request to Kris Van Someren or Annette Peterson at 1-763-732-6920. Please note that UBH clinician updates should not be sent to Medica.

New Enrollee ID Card and Alternative ID Number

Medica’s new enrollee ID card and alternate identification (Alt ID) number will soon change the way Medica enrollees interact with their providers. The new durable plastic ID card contains a magnetic stripe that can be swiped through any MasterCard® credit card terminal. It takes just seconds to connect with Medica to retrieve up-to-date health insurance benefit information. The new card can electronically verify enrollee eligibility at the time of service, and will eventually provide Mental Health and Substance Abuse copayment information.

What’s more, the card’s Alt ID is a nine-digit random identification number instead of a Social Security Number, protecting enrollee privacy and deterring identity theft. The Alt ID will become the enrollee’s primary identification number and should be used when submitting claims for processing.

Medica has started offering the card for new and renewing commercial groups as of July 1, 2005. Passport from Medica enrollees are already using the new card. To prepare for the card to be used in your practice, please adjust your practice management systems and work with your electronic vendors to be sure your MasterCard® terminal can screen for the nine-digit Alt ID number.

New Enrollee ID Card and Alternative ID Number continued on back >
If you don’t have a compliant credit-card terminal, you may obtain enrollee eligibility information online at www.ubhonline.com or by calling UBH intake at 1-800-848-8327. You will still need to call UBH for initial prior certification of service.

Assistance with Timely Appointment Access

Our most recent Enrollee Satisfaction Survey indicated that enrollees sometimes have difficulty accessing the care they need. We request that all clinicians who are unable to schedule routine appointments within 10 days refer the enrollee to call UBH at 1-800-848-8327. Our intake staff is available to help Medica enrollees find timely appointments.

Psychometrists Can Now Administer Psychological Testing

The new 2005 Psychological/Neuropsychological Testing Guidelines increase standardization across UBH Care Management sites and improve the consistency of authorizations for testing. One highlight of the new guidelines is that tests can be administered by appropriately trained psychometrists under the supervision of an independently licensed psychologist. However, test interpretation and report writing must be done and signed by a licensed psychologist.

You can view the 2005 guidelines and an operational guide to Psychological and Neuropsychological Testing in the “Guidelines/Policies” section of www.ubhonline.com. You can also download an updated Psychological Testing Request Form in the site’s “Forms” section.

Behavioral Health Services for Medical Conditions

In some cases, UBH contracted clinicians provide services to enrollees based on a medical condition rather than a behavioral health diagnosis. Examples include the new Health and Behavior (H&B) codes and some neuropsychological assessments. In these cases, although clinician claims are sent to UBH, claims are based on and paid out of the enrollee’s medical benefits. For Medica payment of H&B codes and those neuropsychological assessments billed with a non-behavioral diagnosis, the primary diagnosis must be medical (not mental health), and services must be provided by a UBH credentialed clinician. No prior certification of benefits is required from UBH or Medica for such treatment.

Clinicians May Initiate Appeals on Behalf of Enrollees

Enrollees have the right to appoint representatives, such as their clinicians, to initiate appeals on their behalf. This appointment would require the enrollee’s written permission. UBH will consider the appeal, and review medical records, benefit documents, and pertinent information from the enrollee and clinician. Determinations are made within 30 days and letters are sent to both the clinician and enrollee. Expedited appeals of pre-service determinations for treatment of urgent or life-threatening conditions are handled within 72 hours.

Coverage Notice — Passport from Medica

UBH clinicians were recently notified about Medica’s new Passport from Medica which provides coverage to employees nationwide. Passport plans can be identified by group numbers beginning with “82.” Please note that some Passport enrollees have behavioral health benefits that follow the UBH national benefit design, and may have diagnostic exclusions that differ from other Medica plans. If you are serving a patient with Passport benefits, please call the UBH Minnesota care management center at 1-800-848-8327 after the assessment to discuss covered diagnoses and benefits before beginning treatment.