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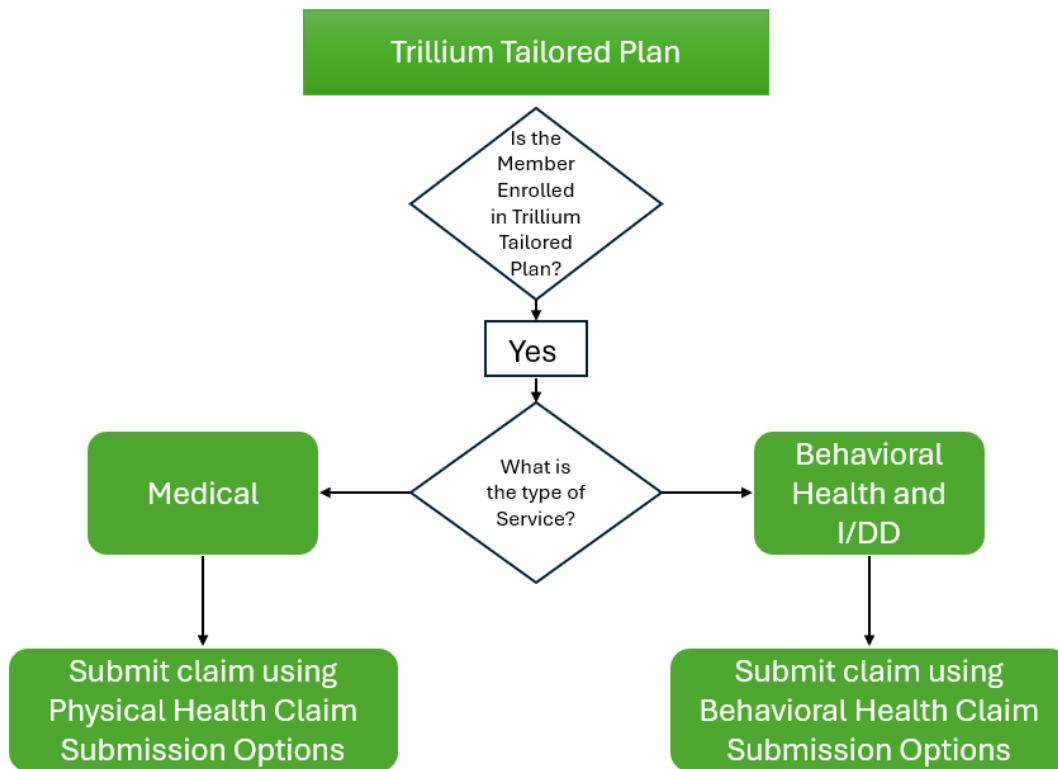
# Tailored Plan & Medicaid Direct Claims Submission Protocol

## TAILORED PLAN MEDICAID:

CLAIM SUBMISSION TABLE - Revised October 10, 2024		
Claims Submission Options	Behavioral Health Claims	Physical Health Claims
<b>Direct Data Entry</b>	<a href="#">Trillium's Provider Direct Portal</a>	<a href="#">Trillium's Tailored Plan Physical Health Portal</a>
<b>Clearinghouse/SFTP</b>	Behavioral Health claims can be submitted using one of two clearinghouses: Change Healthcare The SSI Group	Physical Health claims can be submitted through Availity
<b>Payor ID</b>	Change Healthcare: 56089 The SSI Group: 43071	68069
<b>Paper Claims</b>	Trillium Health Resources PO Box 240909 Apple Valley, MN 55124	Carolina Complete Health Attn: Claims PO Box 8003 Farmington, MO 63640-8003
<b>Claims Submission Errors</b>	Behavioral Health claims submitted to Physical Health processing system:  Explanation: <b>EX1e – Deny: Please submit to Trillium for processing</b>	Physical Health claims submitted to Behavioral Health processing system: <u>Provider Portal:</u> Claim will receive error message upon attempt to submit of: <b>Please submit to CCH Tailored Plan Physical Health for processing</b> <u>EDI:</u> Claim will receive the following rejection message and be submitted to Physical Health system for processing: <b>Please submit to CCH Tailored Plan Physical Health for processing</b> <u>Processing:</u>



		<p><b>1371 - Overrid-1377 Please submit to CCH Tailored Plan Physical Health for processing</b></p> <p><b>1377 – Please submit to Carolina Complete Health for processing</b></p>
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*Note: This guidance is intended to assist providers in defining claims are considered behavioral health and is not an exclusive definition.*

## Emergency Department and Institutional Outpatient Claims

Emergency Department and Outpatient Hospital are defined as claims submitted with a revenue code 450-452,456,459, 900-910 or 912-918 with the primary/principal diagnosis F01-F99.99, T14.91XD, T14.91XS, T14.91XA and R45-R45.89.

## Professional Emergency Room Claims

Professional Emergency Room Claims billed with procedure codes 99281-99285, 99288 with the primary/principal diagnosis F01-F99.99, T14.91XD, T14.91XS, T14.91XA and R45-R45.89 are considered BH Claims.

## Inpatient Behavioral Health

Inpatient Behavioral Health claims are defined as claims submitted with a Behavioral Health DRG, MDC 19 and 20- DRG of '0880' THRU '0887', '0894' THRU '0897', '0876 or the claim

contains one of the inpatients revenue codes listed below under the Exclusive Behavioral Health Revenue codes and does not have the billing provider taxonomy of 31400000X Nursing Home and without type of bill 66x (Intermediate Care Level II)

<b>Exclusive Behavioral Health Revenue Codes</b>			
<b>Inpatient Room and Board</b>			
<b>Psychiatric</b>		<b>Detoxification</b>	
0114	Private	0116	Private
0124	Semi-Private - Two Bed	0126	Semi-Private - Two Bed
0134	Semi-Private - Three and four Bed	0136	Semi-Private - Three and four Bed
0144	Private (Deluxe)	0146	Private (Deluxe)
0154	Ward	0156	Ward
0204	Intensive care		
<b>Exclusive Psychiatric/Psychological Services Revenue Codes</b>			
0900	General Psychiatric Treatment	0910	Reserved for National Use
0901	Psychiatric/Electroshock Treatment	0911	Psychiatric Residential Treatment Facility (PRTF)
0902	Milieu Therapy	0912	Partial Hospitalization
0903	Play Therapy	0913	Intensive Partial Hospitalization
0904	Activity Therapy	0914	Individual Therapy
0905	Intensive Outpatient Services - Psychiatric service	0915	Group Therapy
0906	Intensive Outpatient Services - Chemical dependency	0916	Family Therapy
0907	Community Behavioral Health Day Treatment	0917	Biofeedback
0908	Reserved for National Use	0918	Testing
0909	Reserved for National Use	0919	PRTF Crisis Assessment Program

- In addition, revenue codes from 101- 182 and 184-219, 656 not listed above on the Exclusive Behavioral Health Revenue code list are considered Behavioral Health only when filed with a primary/principal diagnosis of F01-F99.99, T14.91XD, T14.91XS, T14.91XA and R45-R45.89 with the exception of Nursing Homes (taxonomy code 314000000X) or Bill Type 66X (Intermediate Care Level II). Nursing Home claims or Bill Type 66X is considered Physical Health.
- For Tailored Plan services, non-DPU providers submitting both Physical Health and Behavioral Health services on a single claim will be considered Physical Health claims.

## Behavioral Health Procedure Codes - Professional Claims

Claims filed with the following exclusive procedure codes are defined as Behavioral Health Claims.

<b>Behavioral Health Exclusive list of procedure codes</b>					
<b><i>Psychiatric Diagnostic Evaluation, Psychotherapy, Medication Management, Crisis, and Psychological Testing CPT Code</i></b>					
90785	90833	90840	90857	96112	96132
90791	90834	90845	90862	96113	96133
90792	90836	90846	90865	96116	96136
90801-90899	90837	90847	90870	96129	96137
90828	90838	90849	90899	96130	96138
90832	90839	90853	96110	96131	96139
<b><i>Research-Based Behavioral Health Treatment (RB-BHT)</i></b>					
97151	97152	97153	97154	97155	97156
97157					
<b><i>Enhanced Mental Health and Substance Abuse Services</i></b>					
H0004	H0015	H0036	H0046	H2017	H2034
H0010	H0019	H0038	H2011	H2020	H2035
H0012	H0020	H0040	H2012	H2022	
H0013	H0032	H0043	H2015	H2025	
H0014	H0035	H0045	H2016	H2033	
<b><i>Personal Care, Day Care Service, Crisis Services, Telehealth</i></b>					
S5102	S5145	T1005	T2016	T2027	T2038
S5110	S5150	T1023	T2020	T2029	T2041
S5111	S5165	T2013	T2021	T2033	
S5125	S9484	T2014	T2025	T2034	

## Primary Care Physicians

➤ Primary Care Physicians with the following taxonomy codes as billing or rendering taxonomy codes are considered Physical Health providers and should be submitted using the Physical Health Claim options above.

- ❖ 207Q00000X, 207QA0000X, 363LF0000X, 363LP2300X, 364SF0001X, 208D00000X, 207R00000X, 207RA0000X, 363LW0102X, 208000000X, 2080A0000X, 363LP0200X, 363LP1700X, 207QA0505X, 207QG0300X, 207RG0300X, 363A00000X, 363L00000X, 207VG0400X, 364S00000X, 363LA2200X, 363LG0600X, 364SG0600X, 207V00000X, 207VX0000X, 367A00000X, 363LX0001X

## Behavioral Health and Physical Health Shared Procedure Codes

The following list of Procedure codes are considered Behavioral Health only when the Primary diagnosis is F01-F99.99, T14.91XD, T14.91XS, T14.91XA and R45-R45.89 or the Billing or Rendering Taxonomy code is listed on the Taxonomy Codes for Behavioral Health Providers table in the next section.

Behavioral Health Procedure Codes Based on Principal Diagnosis					
96105	99212	99238	99345	99422	B4100
96121	99213	99239	99347	99423	B4150
96127	99214	99242	99348	99441	B4152
96146	99215	99243	99349	99442	B4153
96372	99221	99244	99350	99443	B4154
98966	99222	99245	99360	99446	B4155
98967	99223	99252	99367	99447	B4157
98968	99231	99253	99406	99448	Q3014
99202	99232	99254	99407	99449	T1015
99203	99233	99255	99408	99492	T1019
99204	99234	99341	99409	99493	T1999
99205	99235	99342	99412	99494	
99211	99236	99344	99421		

## Taxonomy Codes for Behavioral Health Providers

When a claim is filed with one of the following Behavioral Health Taxonomy codes in either the billing taxonomy code or the rendering taxonomy code the claim is considered a Behavioral Health Claim.

### Behavioral Health Taxonomy Codes

Facility Based Taxonomy Codes	
251S00000X	Community/Behavioral Health
273R00000X	Psychiatric Unit
283Q00000X	Psychiatric Hospital
320800000X	Community Based Residential Treatment Facility - Mental Illness
323P00000X	Psychiatric Residential Treatment Facility (PRTF)
251C00000X	Day Training; Developmentally Disable Services

261QD1600X	Clinic/Center: Developmental Disabilities
261QR0405X	Clinic/Center; Rehabilitation; Substance Use Disorder
324500000X	Substance Abuse Disorder Rehabilitation Facility

<b>Behavioral Health and Social Services (begins with 10)</b>	
101YA0400X	Addiction (Substance Use Disorder) Counselor
101YM0800X	Mental Health Counselor
103K00000X	Behavioral Analyst
103T00000X	Psychologist
1041C0700X	Clinical Social Worker
106H00000X	Marriage and Family Therapist

<b>ADVANCED PRACTICE NURSING PROVIDERS</b>	
<i>Nurse Practitioner</i>	
363LP0808X	Psychiatric/Mental Health
<i>Clinical Nurse Specialist</i>	
364SP0807X	Psychiatric/ Mental Health; child & adolescent
364SP0808X	Psychiatric/ Mental Health
364SP0809X	Psychiatric/ Mental Health; adult
364SP0810X	Psychiatric/ Mental Health; child & family
364SP0811X	Psychiatric/ Mental Health; chronically ill
364SP0812X	Psychiatric/ Mental Health; community
364SP0813X	Psychiatric/ Mental Health; geropsychiatric

<b>ALLOPATHIC &amp; OSTEOPATHIC PHYSICIANS</b>	
<i>Psychiatry &amp; Neurology</i>	
2084A0401X	Addiction Medicine
2084P0802X	Addiction Psychiatry
2084P0804X	Child & Adolescent Psychiatry

2084N0600X	Clinical Neurophysiology
2084D0003X	Diagnostic Neuroimaging
2084F0202X	Forensic Psychiatry
2084P0805X	Geriatric Psychiatry
2084P0005X	Neurodevelopmental Disabilities
2084N0400X	Neurology
2080P0006X	Developmental Behavioral Pediatrics
2084N0402X	Neurology with Special Qualifications in Child Neurology
2084N0008X	Neuromuscular Medicine
2084P0800X	Psychiatry
2084S0012X	Sleep Medicine
2084V0102X	Vascular Neurology
2084P0015X	Psychosomatic Medicine

## Electronic Visit Verification (EVV)

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Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAeXchange. Trillium has partnered with an external vendor, HHAeXchange, to provide the EVV tools necessary for designated providers to comply and meet this requirement. General EVV information can also be found on the HHAeXchange North Carolina Provider Information Center, <https://hhaexchange.com/nc/>.

## Pharmacy

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Pharmacy claims are defined as those claims submitted for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy (point-of-sale claims).

Pharmacy Point of Sale claims are processed through Trillium's partner, PerformRx and may be submitted electronically using the most current NCPDP HIPAA- approved format with Rx BIN Number 019595 and PCN – PRX10811.

## NEMT/NEAT

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Modivcare is Trillium's contractor to facilitate Non Emergency Medical Transportation (NEMT) and Non Emergent Ambulance Transportation (NEAT) services in North Carolina. Modivcare responsibilities include booking of reservations/rides and to process claims for NEMT/NEAT providers. Providers can bill electronically through Modivcare's web portal, by an Automated Transportation Management System (ATMS), or by submitting paper claims. For any questions on how to bill, Providers should refer to Modivcare's Orientation and Training resources. For claims related questions, please contact Modivcare's Claims Department at 1-800-930-9060. For any other Provider related questions specific to Modivcare rides, please contact: 1-855-397-3604. Additional NC resources may be found in Transportation Provider Manual.

## Vision

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Vision claims for Medicaid Tailored Plan beneficiaries are processed through Centene Vision, (formerly Envolve), a subsidiary of CCH and may be submitted using HIPAA Standard Electronic Transaction set or can be submitted in a secure web-based Provider Portal (<https://visionbenefits.envolvehealth.com/logon.aspx>). Claims may also be submitted through a clearinghouse. Centene Vision utilizes the clearinghouse Change Healthcare. As long as the provider's clearinghouse has a connection to Change Healthcare, then the claim can be passed on to Centene Vision. Centene Vision's Payer ID is 56190.

## Medicaid Direct Services and State Funded Services:

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Providers who serve beneficiaries who are excluded or delayed populations from Medicaid managed care, will continue to receive Behavioral Health and I/DD services through Trillium Health Resources. Providers have three ways to submit claims to Trillium using HIPAA Standard Electronic Transaction set:

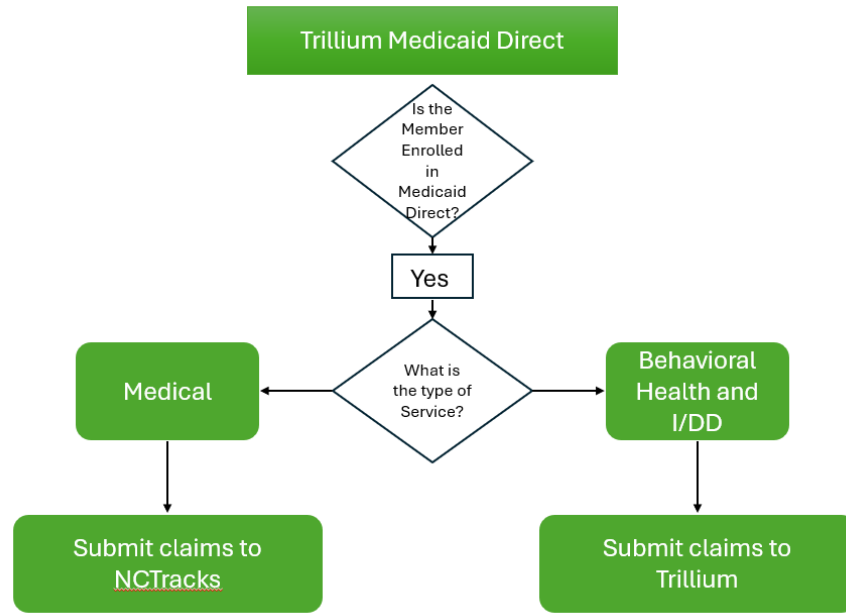
1. through web portal in The Behavioral Health I/DD Secure Provider Portal - Provider Direct,
2. via secure FTP, and
3. a provider can submit their claims through a clearinghouse

If submitting Behavioral Health I/DD claims through a clearinghouse, Trillium has an agreement to utilize Change Healthcare formerly known as Emdeon and The SSI Group. Trillium's Medical Payer ID is 43071 when using The SSI Group or sending directly to Trillium and 56089 when using Change Healthcare (Emdeon).

Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAExchange. Trillium has partnered with an external vendor, HHAExchange, to provide the EVV tools necessary for designated providers to comply and meet this requirement. General EVV information can also be found on the HHAExchange North Carolina Provider Information Center, <https://hhaexchange.com/nc/>.

For these beneficiaries, physical health and pharmacy claims will continue to be submitted to Medicaid Direct.





### Additional Resources:

Benefit Plans & Service Definitions	<a href="https://www.trilliumhealthresources.org/for-providers/benefit-plans-service-definitions">https://www.trilliumhealthresources.org/for-providers/benefit-plans-service-definitions</a>
Billing Codes & Rates & Checkwrite Schedule	<a href="https://www.trilliumhealthresources.org/for-providers/billing-codes-rates-check-write-schedule">https://www.trilliumhealthresources.org/for-providers/billing-codes-rates-check-write-schedule</a>
Electronic Visit Verification	<a href="https://www.trilliumhealthresources.org/for-providers/evv">https://www.trilliumhealthresources.org/for-providers/evv</a>
Provider Documents & Forms	<a href="https://www.trilliumhealthresources.org/for-providers/provider-documents-forms">https://www.trilliumhealthresources.org/for-providers/provider-documents-forms</a>