

# Important Billing Information for Contracted Inpatient Behavioral Health Facilities



**This notice is applicable to:**

Healthy Louisiana (Medicaid) members covered through UnitedHealthcare Community Plan (UHCCP) for whom:

- Medicare / Medicare replacement is the primary insurance coverage, and
- UHCCP is the secondary insurance coverage.

## Medicaid Billing Guidelines for Medicare Psychiatric Days Exhausted

In order to meet Louisiana Medicaid billing guidelines, specific “occurrence codes” must be used for members whose Medicare Psychiatric Days have been exhausted. Please refer to the [Louisiana Department of Health Hospital Services Provider Manual](#) (Chapter Twenty-five of the Medicaid Services Manual) for more information related to correct billing practices related to this occurrence. The occurrence information is located on page 9 of Appendix A – Forms and Links in the manual. A screenshot of this section is shown below for reference. Claims submitted incorrectly will be denied. If you have any questions, please contact your Provider Relations Advocate.

|       |                        |   |
|-------|------------------------|---|
| 31-34 | Occurrence Codes/Dates | <p><b>Situational.</b> Enter, if applicable. Each code must be two-position numeric and have an associated date. Dates must be valid and in MMDDYY format. Valid codes are listed as follows:</p> <p>01 = Accident/medical coverage<br/>                 02 = Auto accident/no fault<br/>                 03 = Accident/tort liability<br/>                 04 = Accident/employment related<br/>                 05 = Accident/no medical coverage<br/>                 06 = Crime victim<br/>                 24 = Date insurance denied<br/>                 25 = Date benefits terminated by primary payer<br/>                 27 = Date of hospice certification or recertification<br/>                 42 = Date of discharge when "Through" date in Form Locator 6 (Statement Covers Period) is <b>not</b> the actual discharge date <b>and</b> the frequency code in Form Locator 4 is that of final bill.</p> <p style="border: 1px solid orange; padding: 2px;">A3, B3, C3 = Benefits exhausted</p> |
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**Important Reminder**

For a member who has exhausted their Medicare Psychiatric Days, **UHCCP requires prior authorization.**

*Thank you for helping us carry out our mission of helping people live healthier lives!*