



Claim Requirements for Specific Evidence- Based Practices Services

A Review of Claim Details for Specific Evidence-
Based Practices Submitted by Eligible Contracted
Behavioral Health Providers



Today's speakers

- **Kendell Andrus** - Behavioral Health Network Trainer
- **Network Management**



Today's agenda

- The Louisiana Department of Health (LDH) Requirements
- Evidenced-Based Practices (EBP) Claim Submission Details
- Evidence-Based Practices Billing Resources



LDH requirements



The Louisiana Department of Health requires UnitedHealthcare Community Plan (UHCCP) to identify providers who offer specific Evidenced-Based Practices (EBPs). UHCCP will validate that the provider is eligible (based on the eligibility criteria) to offer the EBP at the time of credentialing and through routine roster updates the provider completes. For each EBP, the provider must submit all required documentation in order to be identified in provider systems, including the directory, as eligible to offer the EBP service.

EBP Claims

- Claim Submission Details
- EBP Billing Resources

EBP Service tracking codes

EBP Service	EBP Tracking Code
Functional Family Therapy – Child Welfare (FFT-CW)	EB01
Child-Parent Psychotherapy (CPP)	EB02
Parent-Child Interaction Therapy PCIT	EB03
Youth PTSD Treatment (YPT)	EB04
Preschool PTSD Treatment (PPT)	EB05
Positive Parenting Program System (Triple P)	EB06
Trauma Focused-Cognitive Behavioral Therapy (TF_CBT)	EB07
Eye Movement Desensitization and Reprocessing Therapy (EMDR)	EB08

EBP Claim Submission Details

Electronic Submissions

Submit in the 837's Loop 2300 SV101-7 data element (**first 4 characters e.g., EB01**)

Paper Submissions

The Form 1500's FL 19 field (**First five characters; e.g., 1EB01**)

- a. For Form 1500 paper claims, since the note field (FL 19) is at the claim-doc level, a service-line number prefix on the EBP tracking code can be used to specify which service-line the EBP tracking code is associated with.
- b. For example, if the paper claim contains an EB02 service on the first line and an EB04 service on the third line, then the FL 19 value would be 1EB02, 3EB04.

Eligibility Requirements for Evidence–Based Practices

The Louisiana Department of Health (LDH) requires UnitedHealthcare Community Plan, to identify providers who offer specific Evidenced-Based Practices (EBPs). UnitedHealthcare Community Plan will validate that the provider is eligible to offer the EBP at the time of credentialing and through routine roster updates the provider completes. Please review the Evidence-Based Billing Guide for eligibility requirements. **For each EBP, the provider must submit all required documentation in order to be identified in provider systems, including the directory, as eligible to offer the EBP service. If the requirements are not met then claims will deny.**

EBP Claim Entry Resource

Claim Entry Long Form

- The Claim Entry Long Form is used to submit EBP Claims. This form can be accessed via the Web Portal/Provider Express.
- For more information regarding the Claim Entry Long Form, please visit: providerexpress.com > Training > [Overview of the Long Form: COB claims & Filing Corrected Claim](#)

Provider Express/Web Portal Long Form Screen Shots

Claim Entry | Claim Inquiry | My Submitted Claims | My Submitted Adjustments

Claim Entry Step 1 of 4

*** Required**

Federal Tax ID* **Select Provider***

Supervisory Protocol ¹

Yes

No

Types of Claim*

Mental Health / Substance Use Disorder / ABA

EAP

Will the claim include any of these?*

- COB details
- Claim Notes / Paperwork attachments
- Date Span Billing

Yes

No

My Patients | Member ID Search | Name / DOB Search | Authorization Number

1 record

Show 25 per page Page 1 of 1

Clear All Filters

Select One	First Name *	Last Name *	Member ID	Birth Date	State
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CA

Proceed to Step 2

Selecting Yes will trigger the NTE Note option to appear.

Select Yes here to start the Long Form

Provider Express/Web Portal Long Form Screen Shots

code or nature of illness or injury*

2. ... 3. ... 4. ... 5. ... 6. ...

hospitalization dates
To: mm/dd/yyyy

Outside Labs?
 Yes No

Charges

NTE Note Option

(mm/dd/yyyy)		Place of Service*	Procedure Code*	Modifiers				Diagnosis Codes						Charges*	Unit*	PWK	NTE	COB
To				1	2	3	4	1	2	3	4	5	6					
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	▼	▼	▼

Provider Express/Web Portal Long Form Screen Shots

code or nature of illness or injury*

2. 3. 4. 5. 6.

hospitalization dates
To:

Outside Labs?
 Yes No

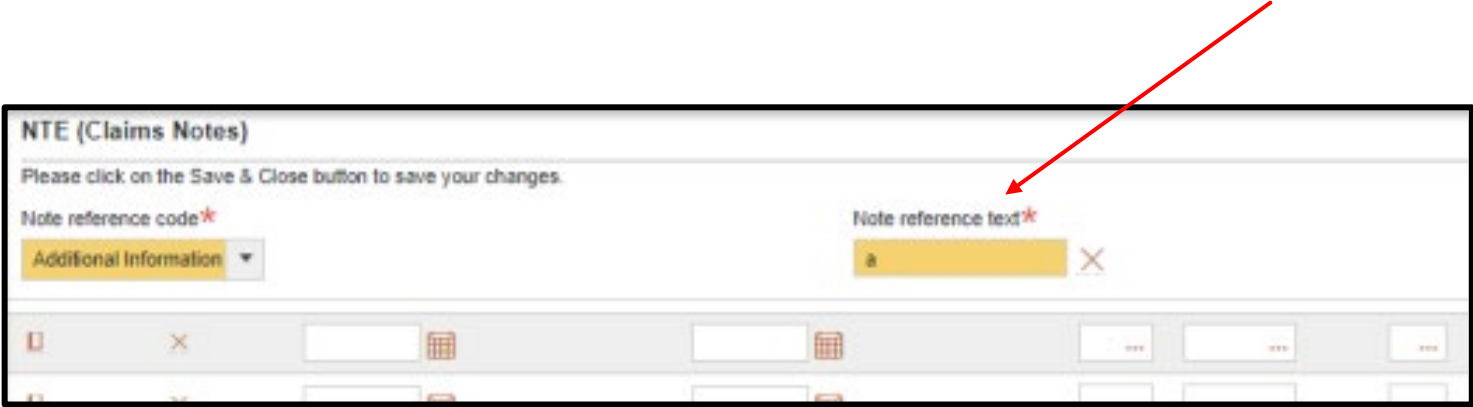
Charges

(mm/dd/yyyy)

To	Place of Service*	Procedure Code*	Modifiers				Diagnosis Codes						Charges*	Unit*	PWK	NTE	COB
			1	2	3	4	1	2	3	4	5	6					
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>

NTE Note Option

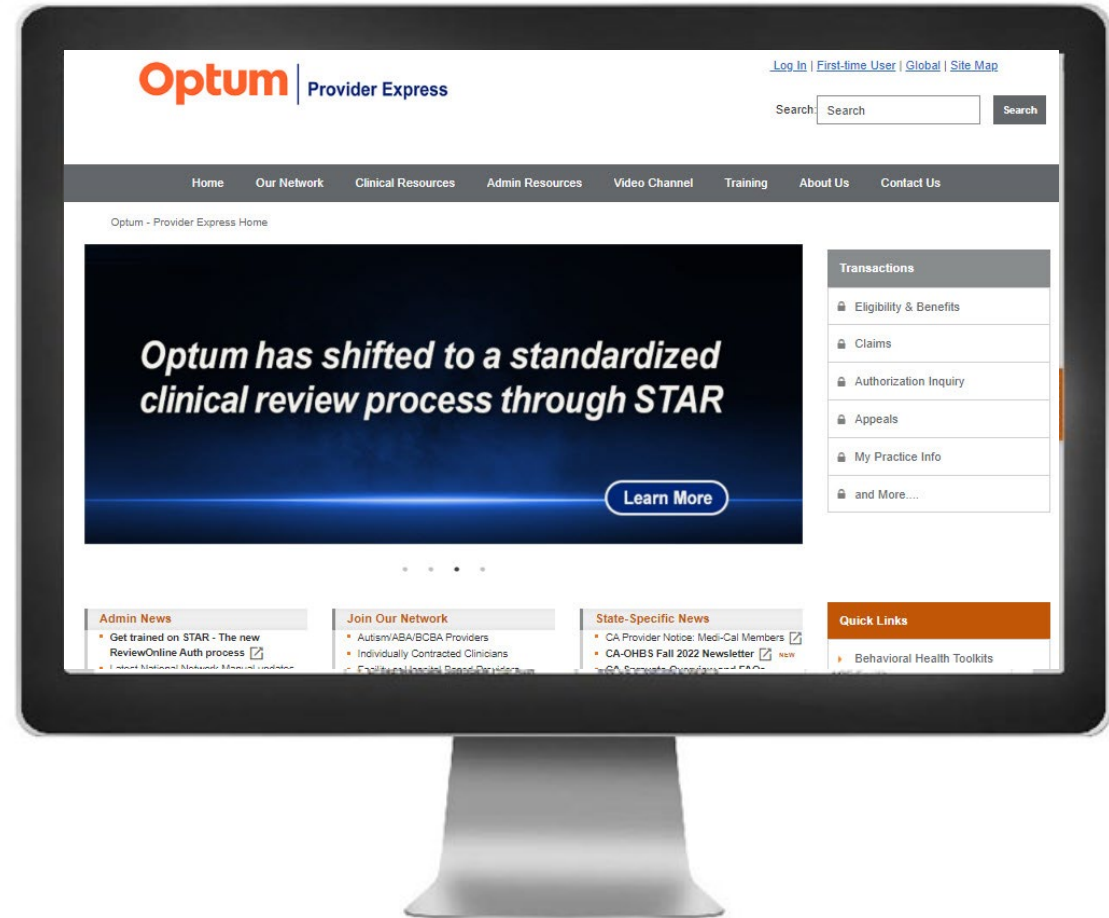
Provider Express/Web Portal Long Form Screen Shots



Please enter EBP Code in the Note Reference Text Box


Evidence-Based Practices billing guide

- The UHCCP EBP billing guide is located on the Louisiana page of providerexpress.com.
- To access the request form link go to: providerexpress.com > Our Network > State Specific Provider Information > Louisiana > Archived Documents



Provider Express - Louisiana page

Louisiana Medicaid-Specific Resources

[LA NILC Medicaid Roster Submission Form](#)  - Please use this form to provide all necessary information needed to submit your roster of unlicensed or non-independently licensed clinicians (NILCs). Before submitting, verify that the NILCs have obtained individual NPI numbers and are ready to be registered with the UHC Community Plan. By initialing this document, you and the individual providers are attesting that all information is true and accurate and all requirements have been completed as identified in the Louisiana Department of Health Behavioral Health Services Provider Manual.

[NILC Education Update Form](#) - Please use this form to update education levels for NILC providers that are already loaded in our systems.

[NILC Education Requirements for CPST and PSR Services](#)

[NILC Roster Correction Instructions](#)

[Louisiana Department of Health Behavioral Health Provider Manual](#)

▶ **General Information**

▶ **Louisiana Medicaid-Specific Resources**

▶ **Authorization Templates**

▶ **Healthy Louisiana Audit Tools**

▶ **Adverse Incident Reporting**

▶ **Level of Care Guidelines**

▶ **Archived Documents**

Here you will find the LA - Claim Requirements for EBP Billing Power Point Presentation and the EBP Billing Guide.



EBP Billing reference guide

Evidence-Based Practice	EBP Tracking Code	Valid CPT/HCPCS Codes	EBP Credentialing documentation to be submitted to Optum/UnitedHealthcare
Functional Family Therapy - Child Welfare (FFT-CW)	EB01	H0036 with modifier HE	Agency FFT License with FFT-CW specialty from FFT, LLC
Child-Parent Psychotherapy (CPP)	EB02	90832, 90834, 90837, 90846, 90847	Certificate stating that the clinician has fulfilled the requirements of an implementation level course in Child-Parent Psychotherapy, from a trainer endorsed by the University of California, San Francisco
Parent-Child Interaction Therapy (PCIT)	EB03	90832, 90834, 90837, 90846, 90847	Certification from PCIT, International pcit.org/unitedstates.html
Youth PTSD Treatment (YPT)	EB04	90832, 90834, 90837, 90846, 90847	Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment
Preschool PTSD Treatment (PPT)	EB05	90832, 90834, 90837, 90846, 90847	Advanced Certificate from Tulane Psychiatry in Preschool PTSD Treatment
Positive Parenting Program® System (Triple P)	EB06	90832, 90834, 90837, 90846, 90847	The clinician must have an Accreditation Certification in Triple P – Standards Level 4, issues by Triple P America
Trauma Focused – Cognitive Behavioral Therapy (TF – CBT)	EB07	90832, 90834, 90837, 90846, 90847	The clinician must have a certification from the Trauma Focused Cognitive Behavioral Therapy National Therapist Certification Program
Eye Movement Desensitization and Reprocessing Therapy (EMDR)	EB08	90832, 90834, 90837, 90846, 90847	The clinician must have a certification from EMDRIA (EMDR International Association)

Thank you.

UnitedHealthcare Community Plan
Provider Call Center
1-866-675-1607
or
networkse@optum.com