

Dear Provider,


UnitedHealthcare Community Plan – Behavioral Health is in the process of verifying providers who are trained in specific Evidence-Based Practices (EBP). The new Louisiana Department of Health (LDH) policy requires that providers communicate utilization of EBP programs by including an EBP tracking code on the claim record sent to Managed Care Organizations (MCOs). UnitedHealthcare Community Plan will accept EBP tracking codes on claim records submitted either electronically, Form 1500 paper claim or via Web Portal on [Provider Express](#).

Please see the following on how to complete each claim format:

EBP Claim Submission Details

1. (Electronic) Submit in the 837's Loop 2300 SV101-7 data element **(first 4 characters, e.g., EB01)**
2. (Paper) 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.
3. (Web Portal/Provider Express) Enter in the note field on the provider portal **(Provider Express) (first four characters, e.g., EB01)** for claim submissions. To add the EBP tracking code on the online claims, click on the NTE box on the right side of the claim line. Then, select Additional Information (ADD) in the Note Reference Code field and enter the EBP tracking code in the Note Reference Text field.

EBP Claim Entry Resource

1. The Claim Entry Long Form is used to submit EBP Claims. This form can be accessed via the Web Portal/Provider Express.
2. 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 – Long Form

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

Select Yes here to start the Long Form

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 checked="" 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.

Claim Entry – Long Form (continued)

code or nature of illness or injury*

2. 3. 4. 5. 6.

hospitalization dates
To: To:
mm/dd/yyyy

Outside Labs?
 Yes No

Charges

To	Place of Service*	Procedure Code*	Modifiers				Diagnosis Codes						Charges*	Unit*	PWK	NTE	COB
			1	2	3	4	1	2	3	4	5	6					
<input type="text"/>	11	H0001	<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"/>	105.00	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"/>
<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"/>
<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

NTE (Claims Notes)

Please click on the Save & Close button to save your changes.

Note reference code*

Additional Information

Note reference text*

Please enter EBP Code in the Note Reference Text Box

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 (based on the criteria listed below) 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. If the requirements are not met then claims will deny.**

The eligibility requirements are as follows:

- 1.1. Functional Family Therapy
 - 1.1.1. **The agency must have an FFT license from FFT, LLC.**
- 1.2. Functional Family Therapy-Child Welfare (FFT-CW) (EB01)
 - 1.2.1. **The agency must have an FFT license with FFT-CW specialty from FFT, LLC.**
- 1.3. Child-Parent Psychotherapy (CPP) (EB02)
 - 1.3.1. **The clinician must have a certificate stating that he/she has fulfilled the requirements of an implementation level course in Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco.**
- 1.4. Parent-Child Interaction Therapy (PCIT) (EB03)
 - 1.4.1. **The clinician must have a certification from PCIT, International**
- 1.5. Youth PTSD Treatment (YPT) (EB04)
 - 1.5.1. **The clinician must have an Advanced Certificate from Tulane Psychiatry in Youth PTSD Treatment.**
- 1.6. Preschool PTSD Treatment (PPT) (EB05)
 - 1.6.1. **The clinician must have an Advanced Certificate from Tulane Psychiatry in Preschool PTSD Treatment.**
- 1.7. Homebuilders®
 - 1.7.1. **The agency must be certified by the Institute for Family Development (IFD).**
 - 1.7.2. **The agency must contract with the IFD for training, supervision and monitoring of services.**
- 1.8. Multi-Systemic Therapy (MST)
 - 1.8.1. **The agency must be licensed to provide MST services by MST Services, Inc. or any of its approved subsidiaries.**
 - 1.8.2. **The agency must contract with MST Services for training, supervision and monitoring of services.**
- 1.9. Assertive Community Treatment (ACT)
 - 1.9.1. **Agencies offering ACT services must meet national fidelity standards as evidenced by the Substance Abuse and Mental Health Service Administration (SAMHSA) Assertive Community Treatment (ACT) Evidence-Based Practice Toolkit.**
 - 1.9.1.1. The provider must complete the SAMHSA “Evaluating Your Program: Assertive Community Treatment” assessment tool and submit the cover sheet and score sheets as part of their application.
- 1.10. Triple P (Positive Parenting Program® System) – Standard Level 4 (EB06)
 - 1.10.1. **The clinician must have an Accreditation Certification in Triple P – Standards Level 4, issues by Triple P America.**
- 1.11. Trauma Focused – Cognitive Behavioral Therapy (TF – CBT) (EB07)
 - 1.11.1. **The clinician must have a certification from the Trauma Focused Cognitive Behavioral Therapy National Therapist Certification Program**
- 1.12. Eye Movement Desensitization and Reprocessing Therapy (EMDR) (EB08)
 - 1.12.1. **The clinician must have a certification from EMDRIA (EMDR International Association)**

EBP Billing and 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/united-states.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	990832, 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)

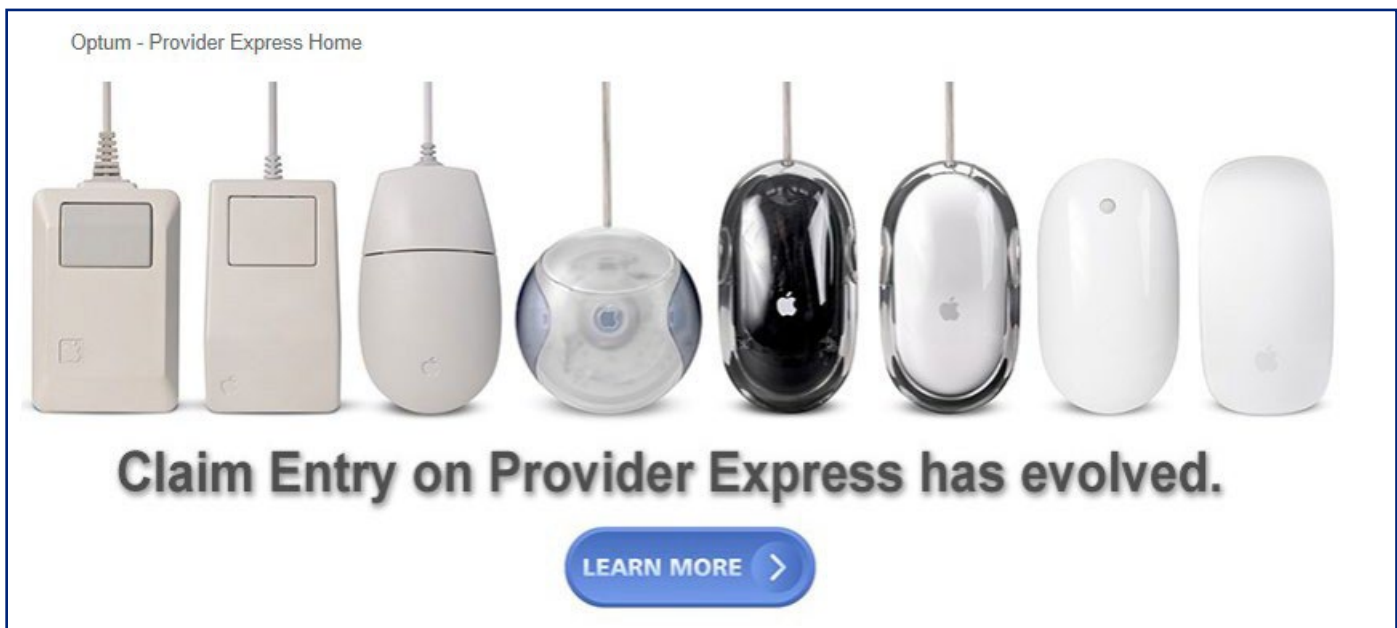
Important Resources

Common Denial Codes

- **A71:** Provider Billed in Error
 - The A71 denial code will be seen when the EBP codes does not match the procedure code and modifier.
- **E43:** Provider Not Eligible to Bill
 - The E43 denial code will be seen when the provider is not certified to bill the EBP code on the claim.

Do you need more training on general claims entry?

You can navigate to: providerexpress.com > Training > Claim Entry, to review the online training



For assistance with updating your specialty, please email your Provider Relations Advocate at: networkse@optum.com.

For general questions email Kendell Andrus at: training_bhnetwork@uhc.com.