



Minnesota Provider Overview

Optum Provider Services

Published DATE



Today's Agenda

- 1 Welcome
- 2 Claim Submission and Follow Up
- 3 Telemental Health
- 4 Website Resources
- 5 Provider Advocate Information

Claim Submission and Follow Up

Claims Submission Option 1

Online

Entry through UHC Provider website

- uhcprovider.com
- Submitting claims closely mirrors the process of manually completing a CMS Form1500.
You must have a registered user ID and password to gain access to the online claim submission function. To obtain a user ID, register online or call 1-866-842-3278.

Entry through Provider Express

- providerexpress.com
- Create a login in the upper right-hand corner
- The same ID you would use through the UHC portal on UHCprovider.com can be used for providerexpress.com.

Claims Submission Option 2

EDI / Electronic submission

- Electronic Data Interchange (EDI)
- Electronic Claims Payer ID: 87726
- You may use any clearinghouse vendor to submit claims
- Additional information regarding EDI is available on our websites:

uhcprovider.com/en/resource-library/edi/edi-benefits.html

uhcprovider.com

providerexpress.com

Claims Submission Option 3

U.S. Mail

There are several different Optum mailing addresses depending upon the Member's benefit plan. Find out [where to submit your claim](#).

Please note: Claims submitted online or via EDI do not require a claim mailing address and typically result in faster processing

Reminders

Required Claim Forms (if not submitting electronically)

- OP Claims – CMS 1500 Form
- Facility Based claims – UB04 – cannot be submitted via portal

Providers must refer to their Fee Schedule/Payment Appendix for the appropriate codes/modifiers.

Providers are responsible to obtain Prior Authorizations for applicable services.

- As authorization requirements can vary by Member benefit plan and type of service, it is always important to verify when a preauthorization is required before those services are provided.
- We make it easy to verify what services need an authorization through our online tools on Provider Express.
- Providers are required to verify member's benefits prior to rendering a service. Start by looking up the Member's eligibility and benefits to see what services require an authorization. Check out our short video on [Member Eligibility & Benefits](#)

Placement of NPI Number on CMS Form 1500

Behavioral Health Providers - The Rendering Clinician NPI, if a Licensed Clinician, should be placed in 24J.

Box 24J

In the **non-shaded field**, enter the **registered NPI number** (Rendering Clinician NPI, if a Licensed Clinician).

24J

J.
RENDERING
PROVIDER ID. #

1234567890

Placement of Billing vs Rendering Clinician Name on CMS Form 1500

Box 31

- Enter the rendering provider's name and date
 - Provider should be registered under the NPI submitted in 24J
- If individual provider, name needs to match exactly with the name that is registered with NPPES (NPI Registry) and IME.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER
INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse
apply to this bill and are made a part thereof.)

SIGNED *John Doe, MD* DATE 10/24/13

Placement of Billing Group/Agency on CMS Form 1500

Box 33 - Provider/Group/BH Agency name, address and phone number

33. BILLING PROVIDER INFO & PH # (555) 987-6543
XYZ Agency
1234 Data St
Phoenix, AZ 12345

a. 0987654321

b.

Box 33a - Provider/Group/BH Agency NPPES - registered NPI number

Prior Authorization Number Needed on CMS Form 1500

Include the prior authorization number in box 23 of the CMS 1500 claim form. If you forget, our claim system will match the prior authorization number that's on file.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. _____		15. OTHER DATE MM DD YY QUAL. _____		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES YES NO							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				22. RESUBMISSION CODE ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER <div style="border: 2px solid blue; padding: 5px; display: inline-block;">12345678</div>											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. BMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID.#

INFORMATION

Billing Requirements for both Electronic and Paper Claims

On all claims:

If the billing NPI number(33a) equals the Rendering NPI number, it's ok to leave out the rendering NPI in box 24J blank. If the billing NPI number does NOT equal the rendering NPI number, then you would need to submit a rendering clinician in box 24J, or if billing electronically, loop 2310B.

UHC/Optum follows NCCI edits:

For NCCI edits on which services are allowed only one per day, or cannot be billed with another service, or need an unbundling modifier, please refer to:

[cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html](https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html)

NPI and Taxonomy Requirements for Medicaid Claims

Incorrectly billed claims are subject to denial

Applies to both **Billing and Rendering** NPIs submitted on claim on file.

Information submitted must match the current provider enrollment information with providerexpress.com.

- **National Provider Identifier (NPI)**
- **Taxonomy Code**
- **Address Information**

NPI and Taxonomy Requirements for Medicaid Claims (continued)

If the information you submit on your claim doesn't match what you have on file with providerexpress.com, we'll deny the claim. If this happens, you'll have the opportunity to correct your information and submit the corrected claim as needed.

Reminder: All NPIs and Taxonomy on the claim (Billing and Rendering) must be registered with the state of MN in order to bill and be paid for Medicaid Services

[Click Here](#) for more information on MN Provider Screening and Enrollment

Top Denial Patterns

Not Contracted

If a Medicaid claim is submitted without the required modifiers, the claim will deny as not contracted. If you are a contracted provider and receive this denial, verify that you have submitted the required modifier(s) and submit a corrected claim as needed.

Duplicate Claims

Please note that the average claim turnaround time is 30 business days for claims that need adjusted. This time can vary depending on the volume of the claims being reviewed. It is critical to allow initial claim submissions to fully process before attempting to resubmit. If you bill claims that are still in process, this can potentially cause delays in your claim processing due to volume.

Please note that corrected claims that are not correctly marked as corrected may deny as duplicate and would require resubmission to allow payment.

Billing Limitations and Common Codes

Some services may not be billed on the same day as other covered services and most codes have a daily or annual limit to the amount of services that may be provided.

Example:

Max Frequency Per Day Policy: The maximum allowed amount of units for individual services.

CCI Editing Policy: Services that will not be reimbursed if billed on the same day by the same health care provider.

Codes may also have maximum unit, age or gender limits that flag a claim for additional review.

Maximum Frequency Per Day policy found [here](#).

Billing Tips

✦ Claim Billing Tips click here [Claim Tips](#)

✓ Look at the codes you are billing to ensure they are covered and check for any PA requirements

✗ Always ensure the correct modifiers are attached

📋 Always check the member's eligibility prior to billing

🧠 Always ensure you are providing clear definition as to why you are disputing a claim

👉 Always ensure that your first point of contact is the Provider Service Line (PSL)

🔍 Always ensure you obtain a reference number from the PSL line prior to escalating to your Advocate

Housekeeping Reminders

- Clean claims are considered claims that were billed correctly the first time
- The member cannot be balance billed for behavioral services covered under the contractual agreement
- **Provider is responsible to verify member eligibility**
- UnitedHealthcare follows the CMS National Correct Coding Initiative
- (NCCI edits/methodologies) when processing claims
- Reimbursement policy guidelines:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/reimbursement-policies.html

Submitting Corrected Claims

HCFA-1500

Providers have **90** days from the date of service to submit claims (original claim submission).
Providers have **365** days from the remit date to submit a corrected claim.

- Corrected HCFA-1500 claims can be submitted electronically by entering Frequency code 7 in Loop 2300 Segment CLM05-3
- Corrected HCFA-1500 claims can be submitted on paper, with “Corrected” on the top of the claim form and the previous claim number located in box 22 of the HCFA-1500

Corrected claims can also be submitted through the UHC Provider portal and through Provider Express.

Claim Disputes – ALL PRODUCTS

- First Level Dispute – Reconsideration
- Second Level Dispute - Formal Appeal
- Last Level – Arbitration via American Arbitration Association

Please note: your Advocate cannot override the “Claim Dispute” process.

This team (the appeals/claim dispute) team is an impartial team of clinical providers who review medical necessity in order to reconsider your claims. The only time an administrative denial is looked at would be because of timely filing, otherwise all other appeals (claim disputes) are looked at from a medical necessity perspective. Your Advocate does not have the expertise to make that clinical decision.

Claims and appeals resources

- [Claim Inquiries & Claim Adjustments](#)
- [Online Appeal Submission](#)

Requesting Claims Projects

First line of contact is always the Provider Service Line. This team can initiate a claims project on your behalf. Please follow the prompts, asking for Behavioral Health, and Claims when calling the Provider Service Line.

If a project has been escalated to the Advocate, it's the responsibility of the provider to explain the reasoning as to why you are disputing either the underpayment or the denial. UHC/Optum will not work a provider's Accounts Receivable.

Optum has a standard template that is required if you are escalating to your Advocate to dispute claims.

Optum will not initiate an A/R scrub for providers. It is the responsibility of the provider to clearly state why they are disputing the claims in question. If the provider does not understand why claims have denied, they can provide a couple of examples to their Advocate, to see if a project should begin.

Telemental Health

Telemental Health Resources

Provider Express virtual visits

Learn more about becoming an telemental health provider or sign up for Optum virtual visits technology platform:

[providerexpress.com/content/ope-provexpr/us/en/clinical-resources/vv-tmh.html](https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/vv-tmh.html)

COVID-19 Provider Updates

COVID-19 Provider Updates and up-to-date policy information and billing guidance on Provider Express:

[providerexpress.com/content/ope-provexpr/us/en/COVID-19 Provider Updates/COVID-19 General Guidance Updates.html](https://www.providerexpress.com/content/ope-provexpr/us/en/COVID-19/Provider%20Updates/COVID-19%20General%20Guidance%20Updates.html)

Frequently asked Questions

Click here for telemental health frequently asked questions.

<https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/tmh/2022TMHFAQs.pdf>

Website Resources

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express' text. On the top right, there are links for 'Log In', 'First-time User', 'Global', and 'Site Map', along with a search bar and a 'Search' button. A dark navigation bar contains links for 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The main content area features a large banner for 'EAP 101 for Behavioral Health Providers' with a 'TAKE NOW' button. To the right is a 'Transactions' sidebar with links like 'Eligibility & Benefits', 'Claims', and 'Authorization Inquiry'. Below the banner are three columns of news: 'Admin News', 'Join Our Network', and 'State-Specific News'. A 'Quick Links' sidebar is at the bottom right.

Optum | Provider Express

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search:

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home

EAP 101 for Behavioral Health Providers
Available On-Demand

TAKE NOW

Optum Health Education™

Transactions

- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More...

Admin News

- Latest National Network Manual updates
- NEW** 1099 forms online
- Get trained on STAR - The new ReviewOnline Auth process

Join Our Network

- Autism/ABA/BCBA Providers
- Individually Contracted Clinicians
- Facility or Hospital Based Providers
- Group with Individually Credentialed Providers
- Group with Agency Credentialed Providers

State-Specific News

- CA Provider Notice: Medi-Cal Members
- NEW** Find Your Local Mobile Crisis Support Resource
- LA Office of Behavioral Health (OBH) regional provider tours October 3 -

Quick Links

- Behavioral Health Toolkits
- Claim Tips

Clinical Information on providerexpress.com

Clinical Resources

- [ACE Clinicians](#)
- [ALERT Program](#)
- [Autism/Applied Behavior Analysis](#)
- [Behavioral Health Toolkit for Medical Providers](#)
- [Clinical and Quality Measures Toolkit for Behavioral Providers](#)
- [Complex Case Management Program](#)
- [Coordination of Care](#)
- [Cultural Competency](#)
- [Eating Disorder Recovery Record App](#)
- [Express Access Network](#)
- [Forms](#)
- [Foster Care Toolkit](#)
- [Genoa Healthcare CMMS Program](#)
- [Guidelines/Policies & Manuals](#)
 - Guidelines/Policies
 - [ASAM Criteria](#)
 - [Behavioral Clinical Policies](#)
 - [Clinical Criteria](#)
 - [Clinical Practice Guidelines](#)
 - [Credentialing Plans](#)
 - [LOCUS, CALOCUS-CASII, ECSII](#)
 - [Medicare Coverage Summaries](#)
 - [Psych/Neuropsych Testing Guidelines](#)
 - [State-Specific Criteria](#)

Click on the *Clinical Resources* tab on the home page of providerexpress.com.

Clinical Resources

Admin/Claims Information on providerexpress.com

Admin Resources


- [ALERT Program](#)
- [California Language Assistance Program](#)
- [Claim Tips](#)
- [EAP Resources](#)
- [Forms](#)
- [Fraud, Waste, Abuse, Error and Payment Integrity](#)
- [Where to find Provider Remittance Advice \(PRA\) statements](#) 
- [Ratings & Reviews](#) 
- [Reimbursement Policies](#)
- [UnitedHealthcare Exchange Plans](#)
- [Updating Your Practice Information](#)
- [Website Technical Resources](#)
- [Working Together](#)

Click on the *Admin Resources* tab on the home page of providerexpress.com.

























Admin Resources

Training Information on providerexpress.com

Training

- [Webinars/Training Resources](#)
- [My Practice Info Navigation for Groups](#) 
- [Behavioral Health Tool Kits](#)
- ReviewOnline: Training resources are available within ReviewOnline.
[Log In](#) > ReviewOnline > "Training Materials"
- [New Authorization Request Option \(known as STAR\) is available in Review Online](#)
- [Veterans Affairs Community Care Network \(VA CCN\) Resources](#)

Guided Tours

- [ALERT](#)  
- [Auth Inquiry](#)  
- [Claim Entry](#)  
- [Claim Inquiry and Claim Adjustment Request](#)  
- [Contact Us](#)  
- [Eligibility & Benefits](#)   Updated Dec. 2019
- [First-time Users](#)   registering on Provider Express
- [My Practice Info](#)   for individual providers
- [Overview of Filing COB and Corrected Claims](#)  
- Message Center
 - [Message Center Guided Tour](#)  
 - [Message Center FAQs](#)  
- [Provider Express Technical Guide](#)  

Click on the *Training* tab on the home page of providerexpress.com.

Training

Minnesota page on providerexpress.com

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Search:

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

[Optum - Provider Express Home](#) > [Our Network](#) > [State-Specific Provider Information](#) > Welcome Minnesota

Welcome to the Optum Network!

Optum Network Manual

- [Network Manual](#)

Special Regulatory Attachment

- [MN Specific Regulatory Attachments](#)

Clinical Criteria

- [Standard Clinical Criteria](#)

Best Practice Guidelines

- [BP Guidelines](#)

Coordination of Care (COC)

- [COC Flyer](#)
- [COC Checklist](#)

Optum Preventive Health Programs

- [Preventive Health Programs Flyer](#)

Other forms can be found on the Provider Express [MN CMC Forms](#) page.

- MnFIRE Assistance Program (MAP)
- General Information
- Provider Announcements
- Authorization Forms
- Clinical Criteria
- Minnesota Medicaid

Our Network

[Welcome Minnesota
\(providerexpress.com\)](https://providerexpress.com)

The screenshot displays the UHCprovider.com website interface. At the top, the United Healthcare logo is on the left, followed by a search bar with the placeholder text "What can we help you find?". To the right of the search bar are links for "Members", "Find Dr.", "New User & User Access", and a "Sign In" button. Below the navigation bar is a hero section featuring a smiling woman in a yellow shirt. Overlaid on this image is a white box with the text "Get updates on reimbursement policy changes" and a "Subscribe now" button. Below the hero section is a "COVID-19 Updates" section with a link to "See All COVID-19 Updates & Resources". This section contains four update cards: "COVID-19 Vaccines" (dated January 19, 2022), "Testing, Treatment, Coding & Reimbursement" (dated January 28, 2022), "Telehealth Services" (dated January 19, 2022), and "Practice Administration" (dated October 22, 2021). At the bottom of the page are four topic cards: "Claims and Payments" (Learn More), "Eligibility and Benefits" (Learn More), "Policies and Protocols" (View Current), and "Prior Authorization and Notification" (Learn More).

The Role of your Advocate

- To be the liaison between your organization and our organization
- For all escalated/systemic issues

What Advocates cannot do:

- Advocates are not here to override processes. Your first line of contact should always be the Provider Service Line (the number is on the back of the member's card). If you feel the information is not substantial, please obtain a call reference number, and escalate to your Advocate
- Advocates cannot pay claims or adjust claims
- Advocates cannot override the claim dispute process

ADVOCATES ARE HERE FOR COLLABORATION AND INNOVATION

- We are working to help advance this program and offer the best services to our members, along with creating a partnership with our providers
- We are here to help elevate your experience through our online tools and assistance
- We are here to bring compassion and understanding

Provider Relations Contacts

Who do I contact for an issue?

Provider Services

- Call the number on the back of the members ID Card
- Optum Provider Service Line:
1-877-614-0484
- Claims reconsiderations can be submitted online
- Demographic and other updates can be made directly online via Provider Express

Medicaid Resources

[UnitedHealthcare Community Plan of Minnesota Homepage | UHCprovider.com](#)

Or call 877-440-9946

[Community Plan Care Provider Manuals for Medicaid Plans By State | UHCprovider.com](#)

Prior Authorizations

When authorizations are required, please call

- The phone number located on the back of the members ID card
- or visit www.providerexpress.com

Provider Advocate Assignments by County



Misty Ray, MBA

Provider Relations Director

misty_ray@optum.com



Sarah Coffey

*Provider Advocate
Account Manager*

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Emily Deboer

Provider Relations Advocate

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Deborah Norris

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Advocate*

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Olga Ponomarev

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Connie Ziegler

*Senior
Provider Relations
Advocate*

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Team Email:

ohbs.centralregion@optum.com



Team Fax:

1-866-388-1710

**PROVIDER
Groups:**

Fairview
Essentia
St Luke's
Lakeview
Nystrom
CentraCare
Sanford
Meridian
Canvas

**Dedicated Provider
Relations Advocate
for MnFire**

COUNTIES:

Stearns, Saint Louis,
Clay, Beltrami, Becker,
Otter Tail, Douglas,
Itasca, Pennington,
Carlton, Mille Lacs,
Wadena, Todd, Polk,
Morrison, Hubbard,
Cass, Wilkin, Roseau,
Mahnomon,
Koochiching, Norman,
Lake, Kanabec,
Clearwater, Aitkin,
Traverse, Marshall, Lake
of the Woods, Kittson,
Grant, Cook

COUNTIES:

Ramsey
Dakota
Washington

**Dedicated Sr. Provider
Relations Advocate for
Medica**

COUNTIES:

Olmsted, Blue Earth, Sherburne,
Crow Wing, Wright, Isanti, Rice,
Kandiyohi, Goodhue, Mower,
McLeod, Winona, Nicollet, Brown,
Wabasha, Freeborn, Meeker,
Chisago, Houston, Fillmore,
Steele, Pine, Martin, Lyon, Big
Stone, Watonwan, Waseca,
Rock, Redwood, Le Sueur,
Faribault, Renville, Dodge,
Chippewa, Stevens, Sibley, Pope,
Nobles, Lincoln, Lac Qui Parle,
Cottonwood, Yellow Medicine,
Swift, Pipestone, Murray,
Monroe, Jefferson, Jackson,
Benton

COUNTIES:

Hennepin
Anoka
Carver
Scott

**PROVIDER
GROUPS:**

Health Partners/Park Nicollet,
North Memorial, HCMC, Mayo,
Allina, The Emily Project,
NuWay, Amherst, and
Children's Hospitals and Clinics
of Minnesota

MN SUD providers: MN Adult
and Teen

Challenge, Transformation House Inc,
Life Development Resources, The
Center for Hope and Healing, MN
Prevention & Recovery Alliance, Hybrid
Behavioral Health Inc, Main Street
Family Services, Acres for Life Therapy
and Wellness Center, Minnesota
Renewal Center, Elite Recovery LLC

Wisconsin Providers: with MN locations
or need assistance related to UHC MN
Medicaid

Thank you.