

Nebraska Behavioral Health Managed Care Plan (NBHMCP) Provider Billing Tips

Magellan providers billing for Nebraska Managed Care members for behavioral health services must bill Magellan for dates of service rendered beginning **September 1, 2013**.

- For dates of service rendered prior to September 1, 2013, for Managed Care members, providers should bill Nebraska Medicaid.
- For longer treatment episodes of care at 24-hour level facility, providers must split the claims. Submit the claim to Nebraska Medicaid for dates of service for Managed Care members to August 31, 2013, and submit claims to Magellan for dates of service September 1, 2013, and after.

Submit all claims to:

Magellan Behavioral Health
P.O. Box 2008
Maryland Heights, MO 63043

For electronic claims, indicate the P.O. Box 2008 in the specific field/loop on the 837 EDI file. Please see the Magellan EDI Companion Guides for information on 837I and 837P files found on Magellan's provider website at www.edi.magellanprovider.com.

Important notice: Providers are required to include their taxonomy and zip code plus 4 digit extension (same as the number submitted to Nebraska Medicaid) when submitting claims in addition to NPI, SSN or TIN.

Timely Filing*

All claims for covered services provided to Managed Care members must be received by Magellan in accordance with the following timelines, **within 180 days from date of service for most levels of care**, except as provided below:

- Within 180 days from date of discharge for 24-hour levels of care
- Within 180 days of the last day of the month or the discharge date, whichever is earlier, when billing monthly for longer-treatment episodes of care at a 24-hour level facility
- Within 180 days of the claim settlement for third party claims. This date is based on the date of the other carrier's EOB, which must be attached to the claim you submit to Magellan.

*If Magellan does not receive a claim within these timeframes, the claim will be denied for payment.

National Provider Identifier (NPI)

The NPI is a 10-digit identifier required on all HIPAA standard electronic transactions (also required for billing on paper claim forms)

- There are specific fields on the paper claim forms and electronic file where you should indicate the “rendering provider NPI” and “pay to provider NPI”
- An NPI does not replace a provider’s Tax Identification Number (TIN) or Social Security Number (if you don’t have a TIN).
- TIN or SSNs continue to be required on all claims (paper and electronic)**
- The NPI is for identification purposes, while the TIN is for tax purposes.

**If Magellan receives any claims that do not include a TIN or SSN, the claim will be rejected.

Again, providers also need to include the taxonomy code and zip code + 4 digit extension on all claims submissions (paper and electronic).

Rendering Provider Information

The following information can be helpful to you when submitting your paper or electronic claims.

INDIVIDUAL PRACTITIONERS:

Pay to/TIN owner name

- CMS-1500 form – Box 33
- Electronic Billing Instructions:
 - Loop 2010AA (NM1*85)
 - N3 Billing Provider’s Address
 - N4 City/State/ZIP Code
 - NM109 Billing NPI

Name and credentials of licensed individual providing the services

- CMS-1500 form – Box 31
- Electronic Billing Instructions:
 - Rendering provider Loop 2310B - Magellan pulls the rendering address from loop 2310C (Box 32) send loop 2310C when sending a rendering provider on the claim
 - (Date) BHT03

GROUPS:

Pay to/TIN owner name

- CMS-1500 form – Box 33
- Electronic Billing Instructions:
 - Loop 2010AA (NM1*85)
 - N3 Billing Provider’s Address
 - N4 City/State/ZIP Code
 - NM109 Billing NPI

Name and credentials of licensed individual providing the services

- CMS-1500 form – Box 31
- Electronic Billing Instructions:

- Rendering provider Loop 2310B - Magellan pulls the rendering address from loop 2310C (Box 32) send loop 2310C when sending a rendering provider on the claim
- (Date) BHT03

ORGANIZATIONS:

Pay to/TIN owner name

- CMS-1500 form – Box 33
- UB-04 form (HCFA 1450) – Box 1
- Electronic billing instructions:
 - Loop 2010AA (NM1*85)
 - N3 Billing Provider’s Address
 - N4 City/State/ZIP Code
 - NM109 Billing NPI

Name and credentials of licensed individual providing the services

(If the service is paid at professional level rates)

- CMS-1500 form – Box 31
- Electronic Billing Instructions:
 - Rendering provider Loop 2310B - Magellan pulls the rendering address from loop 2310C (Box 32) send loop 2310C when sending a rendering provider on the claim
 - (Date) BHT03

Contracted organizational site address where the service was rendered

(If the service is paid at facility rate then the facility is the rendering provide)

- CMS-1500 form – Box 32
- UB-04 form (HCFA 1450) – Box 1
- Electronic billing instructions:
 - Loop 2310C (NM1*77)
 - N3 Service Facility Location Address
 - N4 Service Facility City/State/ZIP Code
 - NM109 Facility NPI

Inpatient Psychiatric Hospitals – 23-Hour Observation Bed

For inpatient psychiatric hospitals contracted for 23-hour observation bed services, you will need to bill according to the time duration rendered for the managed care member:

Time Duration	Procedure Code
23:59 Hours 1-8	S9484
23:59 Hours 9-16	S9484
23:59 Hours 17-23:59	S9484

Please refer to your Exhibit B-1 for the contracted rates for this service at the various time durations.

Tribal Providers

For tribal providers (Indian Health Service; federally recognized American Indian, Alaska Native tribe or tribal organization under a 638 agreement):

- If you are not contracted as a provider with Magellan, you must be enrolled in the Nebraska Medicaid program as a tribal provider in order for Magellan to pay the claims for NBHMCP members.
- Tribal providers must submit claims using the following Place of Service codes:

Place of Service Code	Description
05	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization
06	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients
07	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitative services to tribal members who do not require hospitalization
08	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitative services to tribal members admitted as inpatients or outpatients

NBHMCP Services/Procedure Codes/Modifiers/Rates

Magellan providers will want to refer to their provider agreement for their contracted services, procedure codes, modifiers (if applicable), and rates.

- Exhibit B-1 (for higher levels of care) (posted on Nebraska website at www.MagellanofNebraska.com in the “For Providers” section, under [Fee Schedule](#))
- Nebraska Medicaid Reimbursement Schedule (posted on Nebraska website at www.MagellanofNebraska.com in the “For Providers” section, under [Fee Schedule](#))
- **Nebraska Adult Substance Use Disorder Reimbursement Schedule** (for contracted SUD providers only – included with your revised September 1, 2013 contract rate changes).

Providers also can refer to the Nebraska Medicaid website to verify services, procedure codes, modifiers (if applicable), and rates: <http://dhhs.ne.gov/Documents/471-000-532.pdf>

For additional information on claim submission requirements, including training webinars, please go to our website: www.MagellanofNebraska.com.