clearhope
counseling & wellness

Clearhope Wellness will accept:

- Medicaid (TX Children's, Amerigroup, Community Health Choice, Beacon, Superior and traditional)
- United/Optum
- Cigna
- Aetna
- BCBS
- Various EAPs

*Subject to change (additions or deletions, based upon needs and group/rate negotiations)

How to JOIN:

Aetna: https://www.aetna.com/health-care-professionals/forms/behavioral-health-application.html

BCBS TX: https://www.bcbstx.com/provider/network/network_participation.html
https://www.bcbstx.com/provider/network/network_participation.html (IF YOU ARE PARPLAN go here)

Cigna: https://www.cigna.com/health-care-providers/credentialing/join-behavioral-health-network

United/Optum: https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/jon.html

Superior: https://www.superiorhealthplan.com/providers/become-a-provider.html

UTEAP: https://www.uth.edu/uteap/providers.htm

When APPLYING to join a NEW insurance panel, you should INCLUDE CHW W9, Group NPI, and EIN when requested. As an independent contractor you will receive a 1099 from CHW and all payments will be credited to CHW and your percentage will be paid out of the total amounts received.

NPI 2 Clearhope Counseling and Wellness Center	1821587452
EIN Clearhope Counseling and Wellness, PC	82-5487029
TPI Medicaid CHW Group	#3860637

Precertification: VERY few insurance companies REQUIRE precertification for the CPT codes we most often use: (United/Optum requires precertification for 90837 and usually must be PTSD diag)

90791 Psychiatric Diagnostic Examination without medical services **(INTAKES)**

+90785 - Use the add-on code with 90791 for interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication

90832 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, **30 minutes** with the patient and/or family member (time range 16-37 minutes)

90834 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 45 minutes with the patient and/or family member (time range **38-52 minutes**) UNITED/OPTUM recommends

90837 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 60 minutes with the patient and/or family member (time range 53 minutes or more) **(MOST APPOINTMENTS)**

90846 Family psychotherapy (without the patient present). (many ins DO NOT PAY FOR THIS)

90847 Family psychotherapy (conjoint psychotherapy) (with patient present). COUPLES too

90853 Group psychotherapy (other than multiple-family group).

99404 EAPs (Preventive medicine counseling and/or risk factor reduction intervention. Preauth code usually necessary) these are 38-60 minutes, depending on contract.

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress. These are EMERGENCY Appointments to avoid a higher level of care or may result in a referral to a higher level of care.

90839 Psychotherapy for crisis; 60 minutes (time range 30-74 minutes)

+90840 - Use add-on code with 90839 for each additional 30 minutes beyond the first 74 minutes.

Medical Necessity: Most insurances will ONLY reimburse for services that are considered a "medical necessity". This is documented by: **Intake, Treatment Plan, and Progress Notes**

Document the medical necessity for mental health services in the diagnostic assessment if it establishes a mental illness. This is usually an ICD-10 "F" code. "Z" codes or the "problem codes" may NOT be covered. (you can call for benefit verification). IT IS BEST to include the diagnostic justification.

Individual Treatment Plan (ITP)

Document in the ITP the specific interventions, describing how the mental health professionals will use services to treat mental illness.

Progress Notes

Document the diagnostic assessment in progress notes, including the following information:

- Date of service
- Start and stop time of service
- Place of service
- Who was part of service
- Plan and action for next steps
- Date documentation in the recipient's record
- Who rendered service
- Who supervised, if required

This is ALL well-supported by our EHR (electronic health records) system, Therapy Notes

ACRONYMS:

ERA-Electronic Remittance Advice (the insurance company record that shows payment for services credited to the account and CPT) Most **insurance** payers have implemented the use of the **ERA**. The benefits include the ability to post payment information automatically and quickly identify denials made during initial billing to make necessary corrections.

EFT-Electronic Funds Transfer (the insurance company payment that is issued in place of a paper check for services credited to the account and CPT based upon the ERA)

SCA-Single Case Agreement. At times if you are not in network with an insurance company, you may be able to apply for a single case agreement.
We have had success with SCAs with:
Amerigroup, Community Health Choice, Superior, Aetna. Some EAPs will allow SCAs
Many insurance companies use the standardized form, while some have a unique form for use.

INN-in network provider

ONN-out of network provider

VERIFYING BENEFITS:

When a client books online, you will be responsible for verifying benefits. This usually takes 2-3 minutes after you have registered online at the insurance portal website. You can cut and paste the policy number and enter the DOB. You will have the client's sign the financial agreement that informs them that insurance will be filed, **but** payment is their responsibility. Make certain that you have the name and DOB of the PRIMARY insured or you will **NOT** be able to file.

I submit claims nightly and post payments quickly to help avoid unpaid balances building up. In Therapy Notes, you can print the CM1500 forms and mail those although MOST of our insurance companies are submitted electronically. If a patient has a **SECONDARY** insurance company, those usually **must** be printed on the CM1500 and mailed with the EOB from the primary to the secondary insurance company.

As an independent contractor, you are responsible for your verification of benefits and timely billing. It is also important that you follow-up on unpaid claims. The insurance world can be difficult to navigate, but you will soon become very proficient. Heather Lambert is always available to help you. She is in the office at CHW on Monday, Tuesday, Thursday and most Fridays. She does not see clients on Fridays, so feel free to let her know when you need some time.

Verifying Benefits:

1. You can ALWAYS call the number the client enters as the provider information number on the back of the card to verify benefits. They usually ask for your NPI and the group NPI.

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2. I have found calling to be too time consuming.
3. I find it easiest to verify benefits ONLINE using the client's information entered at booking or completed on the financial agreement.

PORTALS:

Cigna: https://cignaforhcp.cigna.com/web/public/guest/

BCBS and Amerigroup: https://www.availity.com/

Aetna: http://www.navinet.net/

Magellan: https://www.magellanprovider.com/

United/Optum: https://providerexpress.com/content/ope-provexpr/us/en.html

Medicaid: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

Tricare: https://infocenter.humana-military.com/provider/service/Account/Login

Beacon: https://www.valueoptions.com/pc/eProvider/providerAuthenticateRedirect.do

Superior: https://provider.superiorhealthplan.com

Texas Children's: https://www.texaschildrenshealthplan.org/for-providers

Community Health Choice: https://providerportal.communityhealthchoice.org/CHC_Provider_User_LogIn.aspx

PHONE NUMBERS:

Medicaid: EDI help desk 1-800-925-9216 opt 4

BCBS Benefits: 800-451-0287, available M through F, 6 a.m. to 11:30 p.m., CT, and Saturday, 6 a.m. to 3:30 p.m., CT.

Aetna Benefits: use phone number on member's ID card

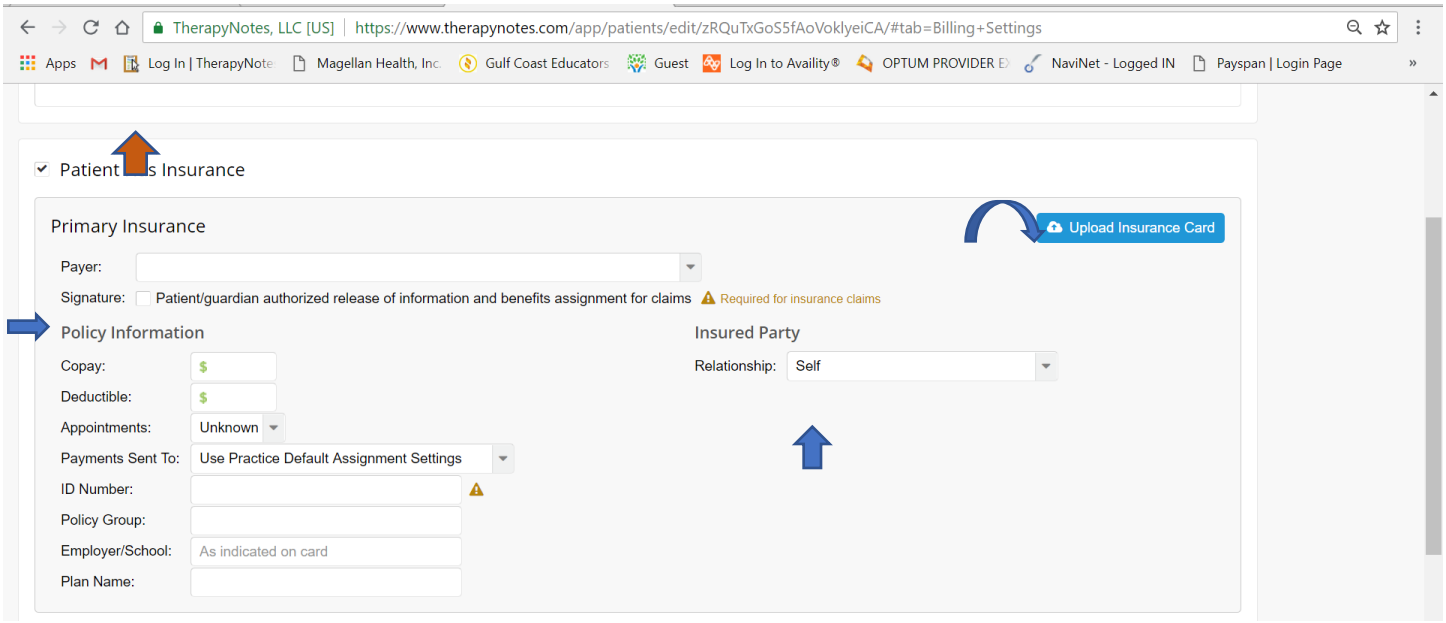
Cigna Benefits: 1.800.88Cigna (1.800.882.4462)

United/Optum Benefits: (800) 888-2998

UTEAP Benefits: (800) 346-3549

CAQH: to update and make certain CHW is added, you can call 1-888-599-1771 You "OWN" your CAQH, you can call to change the password and obtain access to your account if it is handled by another group.

THERAPY NOTES INSURANCE HELP:

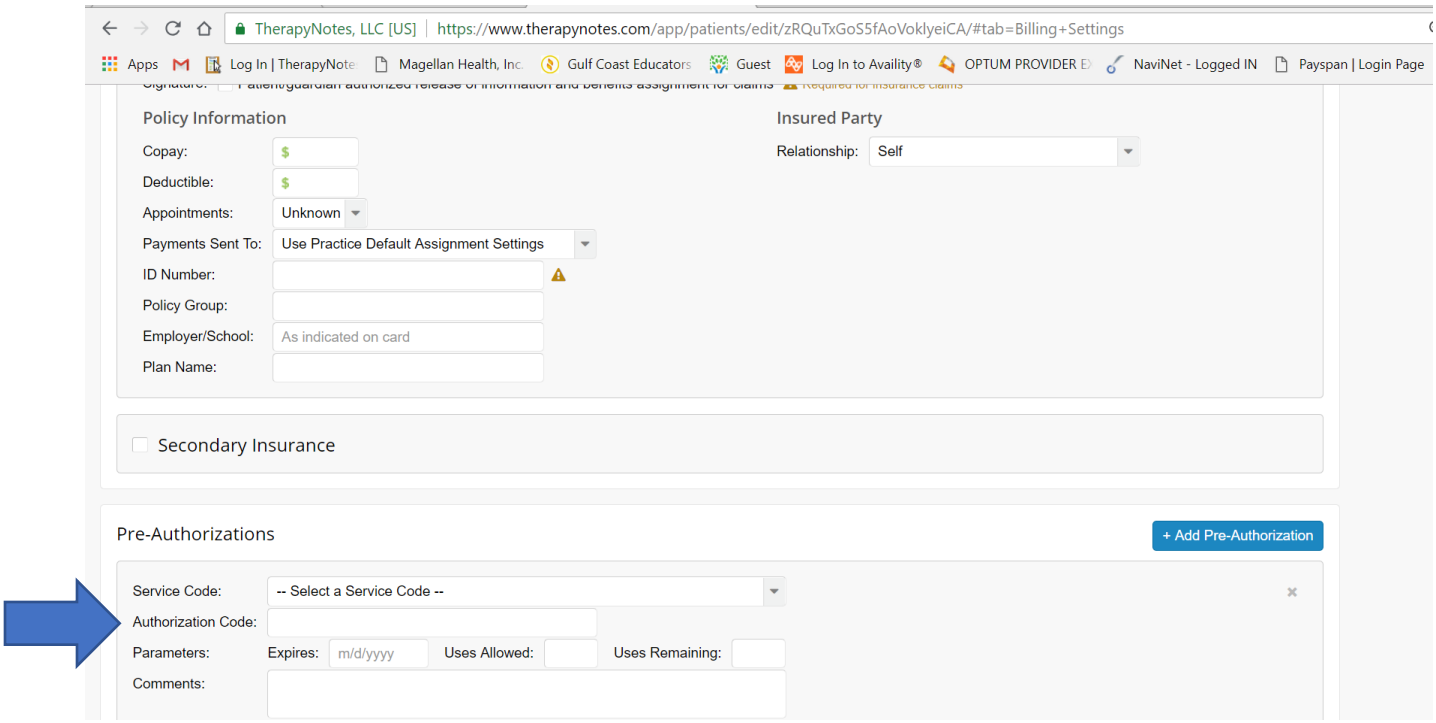


THIS BOX MUST BE CHECKED FOR A CLAIM TO BE SUBMITTED. You must have a signed copy of the financial agreement to check.

YOU WILL ENTER THE PRIMARY POLICY HOLDER HERE and their relationship to the patient.

PLEASE UPLOAD the insurance card here. MOST insurance companies REQUIRE you make a copy of the ins card. (I use the turbo scan app and email to self, then upload, and delete from HIPPAA email)

This is a GREAT PLACE to enter the insurance number from the back of the card and any notes the biller may need to see.



CLICK the +Add Pre-Authorization BLUE BOX to add the preauthorization. This is used for SCAs and EAPs.