



Network Notification

Notice Date: May 28, 2019
To: Ohio Medicaid and MyCare Providers
From: CareSource®
Subject: Community Behavioral Health Claim Issue Trends and Guidance

Summary

CareSource would like to provide the following updates on known community behavioral health center (CBHC) claim issue trends and resolution guidance.

1. Procedure codes H2034 and H2036 do not need authorizations for up to the first 30 days, for the first two admissions during a calendar year. Ensure claims are submitted sequentially with respect to date of service, or all dates of service on one claim; failure to do so will result in claims denying for no authorization. Also, please note that the benefit follows the member and not the provider of the service. If a member receives these services from more than one provider, claims will be paid to providers that submit first, regardless of date of service. Please submit claims promptly to avoid issues.
2. Claims with “add-on” procedure codes need to be submitted on the same claim as the primary procedure.
3. Rendering provider can be a group for provider type 95 with clinical laboratory improvement amendments (CLIA) if **only** CLIA codes are billed on the claim. If one code on the claim is not a CLIA code, the claim will not process under the group but will require a rendering provider.
4. In order to reduce the risk of Prior Authorization and Claim matching errors for services that require Prior Authorization, some examples include: H0040, H0015 TG, H2015, H2034 & H2036, CareSource is requesting that providers submit all Prior Authorizations using the group information including: group name, group National Provider Identification (NPI) number, and group Tax Identification Number (TIN).

If you have questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m.).