

WISE Billing Process

As the Fiscal Intermediary for the Mental Health Wavier Program(also known as WISE), Advanced Behavioral Health(ABH) strives to make every effort to assist Mental Health Wavier providers to submit clean claims and receive timely payments for billed services. This booklet is designed to help providers avoid common errors that can contribute to claim denials, resubmissions and appeals. Please call us at anytime at the numbers below for with any additional questions you may have.

WISE Contact Information

LaReese Cooper	Program Specialist	860-704-6201
Kristie Scott	Program Manager	860-704-6211

Fax Line 860-638-5302

On line resources at: www.abhct.com

FREQUENTLY ASKED QUESTIONS

How do I bill ABH for services?

All services will be billed to ABH on a CMS-1500 claim form. These forms can be downloaded from our website, but must be filled out by hand.

How do I fill out the CMS-1500?

In this booklet there is an instruction sheet and sample of the CMS-1500, with the specific information you will need to complete the form accurately.

Where do I send this form?

You can either fax or send the completed form to:

FAX: 860-638-5302

Mail: ABH
PO BOX 775
Middletown, CT 06457
Attn: LaReese Cooper, WISE

How long will it take for us to get paid?

Once the claim has been deemed accurate ABH will pay the claim within 30 days.

Do I bill in 15 minutes increments?

Services should be billed in 15 minute units; therefore the Provider should round its direct service time to the nearest 15 minute increment.

- If service were provided for **67** minutes, bill for **1 hour = 4 units**
- If service were provided for **68** minutes, bill for **1.25 hours = 5 units**
- If services were provided for **50** minutes, bill for **.75 hours = 3 units**
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What if I made a mistake?

ABH will contact you via email or phone to work with you to rectify the error in a timely manner. The following is a definition of a Clean Claim:

The Medicare definition of Clean Claim is (CT General Statute Sec.38a-477): a claim that does not contain a defect requiring the payor to investigate prior to adjudication (processing). A claim will be deemed “clean” when the following is submitted accurately:

Insured's identification number
Patients name
Patients date of birth and sex
Insured policy group number ? will they have one?
Diagnosis
Dates of Service
Place of Service
Procedure code
Diagnosis code
Charges
Federal Tax Identification number
Authorized Signature
Service Address
Agency Billing name, address, zip code and telephone number

How often do I need to bill?

You may bill as often as you like up to 365 days after the service was provided. ABH will process claims weekly. Please note that claims billed to us 366 days after a service is provided will not be paid.

CMS- 1500

This is an instruction guide on completing the CMS-1500 for the MFP/ Mental Health Wavier services. The following boxes in the CMS-1500 are required for submission:

Field number	Field Description	Instructions
1	Coverage	Check Medicaid
1a	Clients Medicaid number	Enter number
2	Client's name	Enter full name
3	Client's date of birth and gender	Enter DOB, check M or F
5	Clients address	Enter current address
6	Clients relationship to insured	Check box "self"
11d	Is there another health benefit?	Check appropriate box
12 & 13	Client's signature	Client must sign or can write in SOF if you have a current signature on file
21	Diagnosis	Enter valid ICD-9 code that describes the principal diagnosis for services rendered.
23	Prior authorization	Write in date from Client's DMHAS Recovery plan
24a	Dates of service	If client is seen multiple times a day for one service, combine units of service for that day
24b	Place of service	Enter the appropriate HCFA place of service codes (see list of codes on next page)
24d	Services rendered	Enter valid Service codes which can be found on your Rate Schedules (see list of codes on next page)
24e	Diagnosis code	Enter the number 1,2,3,4 of the diagnosis code in box 1- do not enter actual ICD-9 codes
24f	Charges	Enter total of your billed charges
24g	Days/Units	Enter about of units (unit=15 minutes)
25	FEIN	Enter FEIN number
27	Accept Assignment?	Check Yes box
28	Total Charge	Enter total charge of this claim.
29	Amount paid	This should always be zero because you will not be receiving any payment from the client.
31	Person providing the service and credential <i>Ex. Sally Smith, MSW</i>	Either a signature, "Signature on File or "SOF"
32	Name and address of main office	Enter main address of your site
33	Billing Provider information	Complete in full

Place of Service Codes

Definition	Code
Office	11
Home	12
Skilled Nursing facility	31
Nursing facility	32
Other community setting	84
Place of employment	87
Community Mental Health Center	53
Other unlisted facility	99

Mental Health Waiver Codes

Provider Service	Code
Assertive Community Treatment	H0039
Assertive Community Treatment Group	H0039 + Modifier HQ
Community Support	H2015
Community Support Group	H2015 + Modifier HQ
Peer Support	H0038
Recovery Assistant Agency	1213M
Recovery Assistant Individual	1212M
Short Term Crisis Stabilization	H2011
Supported Employment	H2023
Transitional Case Management	G9012

Ancillary Services	Code
Home Accessibility Adaptations	1209M
Non-medical transportation per trip	1262Z
Non- medical transportation per Mile	S0215
Specialized Medical Equipment	T2029