

Claim filing tips for UnitedHealthcare Community Plan – TN (TennCare CHOICES)

Employment and Community First (ECF) Services

Submit claims electronically

You can file your claims through your Electronic Data Interchange (EDI) or you can use Office Ally to submit an electronic claim. Office Ally is a web-based claim submission service that is free to use for participating care providers. More information about using Office Ally can be found at officeally.com. Claims can be submitted to Payer ID 95378 using the EDI from your facility's billing system through a clearinghouse or by connecting to a web-based service, such as Optum Intelligent EDI. Submit UnitedHealthcare Community Plan claims free by entering information into the online institutional claim form. Professional claims submissions are also available. Go to UHCprovider.com/ediconnect to get started or for more information. If you use another web-based service to submit claims and incur fees, refer to the "Avoid Fees" document in the Helpful Resources section on this site.

Tips for successful claims submissions:

- Enter "UnitedHealthcare Community Plan" as the Payer ID in FL50. For corrected claims, enter the claim number to be corrected in FL64 and use frequency code "7" in the appropriate bill type to indicate a corrected claim. Also, enter "Corrected claim" in FL80.
- Enter your tax identification number (TIN) in FL5 and use the correct bill type for the service you are performing in FL4

Bill types

New or ongoing claim	891 and 893
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Corrected claim	897
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Services for electronic claims submissions using EDI – using Office Ally: Please submit electronic claims for the following ECF services through Office Ally, by logging into officeally.com.

Assistive Technology; Adaptive Equipment	Community Transportation	Minor Home Modifications
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Community Integrated Support Services	Family Caregiver Education	Peer-to-Peer Self Direction
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Community Living Supports	Health Insurance Counseling/Forms Assistance	Specialized Consultation & Training
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Community Living Supports – Family Model	Independent Living Skills	Intensive Behavioral Community Transition and Stabilization
Community Support, Development, Organization & Navigation	Individual Education and Training	

Services using Electronic Visit Verification (EVV): Please submit claims for the following ECF services through **CareBridge** by logging in to united.hlthstar.com/login/provider.

Benefits Counseling	Job Coaching – Wage Employment	Self-Employment Plan
Career Advancement Plan	Job Coaching – Self Employment	Self-Employment Start-up
Co-Worker Supports	Job Development Plan	Situational Observation and Assessment
Discovery	Job Development Start-Up	Supported Employment – Small Group
Exploration	Personal Assistance	Supportive Home Care
Integrated Employment Path	Respite	Intensive Behavioral Family Supports

ECF services, codes and benefit limits

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Exploration	T2025	0969	UA	1x every 365 days
Discovery	T2025	0969	U2	1x every 1,095 days
Benefits Counseling	T2025	0969	UB	Up to 20 hours; can be authorized once every 730 days
			U1 UB	An additional 6 hours; can be authorized 3x/year
			U2 UB	(PRN) Up to 8 hours per PRN; can be authorized 4x/year
Situational Observation and Assessment	T2025	0969	U3	Max 4 units w/in 30 calendar days. 1x every 1,095 days
Job Development Plan	T2025	0969	U4	1x every 1,095 days
Self-Employment Plan	T2025	0969	U5	1x every 1,095 days

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Job Development Start-Up	T2025	0969	UA U1	1x every 365 days
			UA U2	
			UA U3	
			UB U4	
			UB U5	
			UB U6	
			U4 U1	
			U4 U2	
			U4 U3	
Self-Employment Start-Up	T2025	0969	US UA U1	1x every 365 days
			US UA U2	
			US UA U3	
			US UB U1	
			US UB U2	
			US UB U3	
			US U4 U1	
			US U4 U2	
			US U4 U3	
Job Coaching – Individual Wage Employment TIER A	T2019	0969	UA	Max 40 hours in combination with other non-res habilitation (non-rehab) if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			UA U1	
			UA U2	
			UA U3	
			UA U4	
			UA U5	
			UA U6	
			UA U7	
			UA U8	
			UA U9	
Stabilization & Monitoring	T2025	0969	TS U1	

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Job Coaching – Individual Wage Employment TIER B	T2019	0969v	UB	Max 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			UB U1	
			UB U2	
			UB U3	
			UB U4	
			UB U5	
			UB U6	
			UB U7	
			UB U8	
			UB U9	
TS U2				
Stabilization & Monitoring	T2025	0969	TS U2	
Job Coaching – Individual Wage Employment TIER C	T2019	0969	XU	Max 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			XU U1	
			XU U2	
			XU U3	
			XU U4	
			XU U5	
			XU U6	
			XU U7	
			XU U8	
			XU U9	
TS U3				
Stabilization & Monitoring	T2025	0969	TS U3	
Job Coaching – Self-Employment TIER A	T2019	0969	UA US	Max 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			UA US U1	
			UA US U2	
			UA US U3	
			UA US U4	
			UA US U5	
			UA US U6	
			UA US U7	
			UA US U8	
			UA US U9	
U1 US				
Stabilization & Monitoring	T2025	0969	TS US U1	

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Job Coaching – Self-Employment TIER B	T2019	0969	UB US	Max 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			UB US U1	
			UB US U2	
			UB US U3	
			UB US U4	
			UB US U5	
			UB US U6	
			UB US U7	
			UB US U8	
			UB US U9	
Stabilization & Monitoring	T2025	0969	U2 US	
Job Coaching – Self-Employment TIER C	T2019	0969	TS US U2	Max 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			XU US	
			XU US U1	
			XU US U2	
			XU US U3	
			XU US U4	
			XU US U5	
			XU US U6	
			XU US U7	
			XU US U8	
XU US U9				
Stabilization & Monitoring	T2025	0969	U3 US	
Co-Worker Supports	T2019	0969	U1 UB UP	Max 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
Career Advancement	T2025	0969	U8	Unit to be used as o/c based payment unit. Two separate outcomes. Outcome-based payment. Can be authorized only once every 1,095 days. Exception: Only when o/c 1 was paid and o/c 2 was never achieved. Units may be reauthorized after a min of 365 days only if new/different provider
			U9	

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Supported Employment (Small Group – Max of 2 Persons)	T2019	0969	U2	Max 30 hours/week in combination with other non-rehab services
Supported Employment (Small Group – Max of 3 Persons)	T2019	0969	U3	Max 30 hours/week in combination with other non-rehab services
Integrated Employment Path Services	T2015	0969	U1	Max 12 months with 1 possible 12-month extension
			U2	Max 20 hours per week in combination with other non-rehab services; 30 hours in combination with other non-rehab services if receiving at least 1 employment service; 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			U4	Max 20 hours per week in combination with other non-rehab services; 30 hours in combination with other non-rehab services if receiving at least 1 employment service; 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
Community Integration Support Services	T2021	0969	No modifier	Used for services provided; Max 20 hours per week in combination with other non-rehab services; 30 hours in combination with other non-rehab services if receiving at least one employment service; 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
			U1 U1 UA	Used for services provided; Max 20 hours per week in combination with other non-rehab services; 30 hours in combination with other non-rehab services if receiving at least 1 employment service; 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Community Integration Support Services (cont.)	T2028	0969	U1 U2	Cost of materials, registration, supplies, etc.; Max 20 hours per week in combination with other non-rehab services; 30 hours in combination with other non-rehab services if receiving at least 1 employment service; 40 hours in combination with other non-rehab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment
Independent Living Skills Training	T2021	0969	U2	Max 20 hours/week in combination with other non-rehab services if not in employment services. Max 30 hours per week in combination with other non-rehab services including at least 1 employment service (not Individualized Integrated or Self-Employment); Max 40 hours/week in combination with other non-rehab services if in individual integrated employment; Max 50 hours/week in combination with other non-rehab services if working in individual integrated employment at least 30 hours per week
Personal Assistance	T1019	0570	UA	Provider Agency 215 hours/month applicable to Group 6 only; expenditure cap for Group 5 limits below 215 hours/month
			UC UA	Consumer Direction 215 hours/month applicable to Group 6 only; expenditure cap for Group 5 limits below 215 hours/month

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Community Living Supports (CLS)				1 unit/day
CLS 1a	T2033	0960	U1 UA	
CLS 1b	T2033	0960	U3 UA	
CLS 2	T2033	0960	U4 UA	
CLS 3	T2033	0960	U5 UA	
CLS 4 (medical)	T2033	0960	U6 UA	
CLS 4 (behavioral)	T2033	0960	U7 UA	
			U2 UA	
			U3 UA	
			U4 UA	
			U5 UA	
			U6 UA	
Assistive Technology; Adaptive Equipment	T2029 97735 97755	0590	U4	\$5,000/year
Minor Home Modifications	S5165	0590		\$6,000/project; \$10,000/year; \$20,000/lifetime
Individual Education and Training	T2012	0969		\$500/year
Peer-to-Peer Support and Navigation for Person-Centered Planning, Self - Direction, Integrated Employment/Self-Employment and Independent Community Living	T2013	0969		\$1,500/lifetime
Specialized Consultation & Training	G0159	0942	No modifier	Rates up to \$5,000/year
	G0160		No modifier	
	G0161		No modifier	
	G0164		No modifier	
	S9470		No modifier	
	H2015		No modifier	
	G0159	0942	U1	U1 = \$10,000/year if have exceptional needs
	G0160		U1	
	G0161		U1	

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Specialized Consultation & Training (cont.)	G0164		U1	
	S9470		U1	
	H2015		U1	
Respite	S5150	0660	UA	216 hours/year
	S9125	0660	UA UB	OR 30 days/year For Consumer Direction only – add TU modifier; daily respite is NOT available in CD
Supportive Home Care	T1019	0570	U2	Subject to expenditure cap
Family Caregiver Stipend in lieu of SHC	T1020	0570	U1	U1 = \$500/month
			U2	U2 = \$1,000/month
Community Support Development, Organization and Navigation	T2025	0969	U5 UA	\$100 PMPM
Family Caregiver Education and Training	T2012	0969	UA	\$500/year
Health Insurance Counseling/Forms Assistance	T2025	0969	SE	15 hours/year
IBFCTSS Outcome-Based Transition Planning and Implementation	T2038	969	HI U4 UA	Outcome-Based Transition Planning and Implementation Payable in phases (2 months and 6 months following transition) to promote stabilization and tenure
			HI U4 UB	
This is an Incentive Payment , not a “service.”			HI U5 UA	<ul style="list-style-type: none"> • By end of month 6 – \$3,000 total (\$1,500 per phased payment) Phase 1 T2038 HI U4 UA Phase 2 T2038 HI U4 UB • By end of month 9 – \$2,000 total (\$1,000 per phased payment) Phase 1 T2038 HI U5 UA Phase 2 T2038 HI U5 UB • By end of month 12 – \$1,000 total (\$500 per phased payment) Phase 1 T2038 HI U6 UA Phase 2 T2038 HI U6 UB
			HI U5 UB	
			HI U6 UA	
			HI U6 UB	

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
IBCTSS Outcome-Based Transition Planning and Implementation This is an Incentive Payment , not a “service.”	T2038	969	HI U1 UA HI U1 UB HI U2 UA HI U2 UB HI U3 UA HI U3 UB	Payable in phases (2 months and 6 months following transition) to promote stabilization and tenure <ul style="list-style-type: none"> By end of month 6 – \$5,000 total (\$2,500 per phased payment) Phase 1 T2038 HI U1 UA Phase 2 T2038 HI U1 UB By end of month 9 – \$3,000 total (\$1,500 per phased payment) Phase 1 T2038 HI U2 UA Phase 2 T2038 HI U2 UB By end of month 12 – \$1,500 total (\$750 per phased payment) Phase 1 T2038 HI U3 UA Phase 2 T2038 HI U3 UB
Family-to-Family Support	T2025	969	SZ	\$5/PMPM
Transition From Small Group to Individual Employment – This is an Incentive Payment , not a “service.”	T2025	969	U3 UB	1 unit per person/per provider Unit to be used as a 1-time incentive payment for successful and complete transition of person from small group SE to individual, integrated employment. Prior to the provider being eligible for incentive payment, the member must have a minimum of 6 months in small group employment support services and a minimum of 7 consecutive months in employment in individual employment or self-employment.
Transitional Community Living Supports: Emergency Placement (CLS-EPCST)	T2016	960	UB U7	\$245/day
Intensive Behavioral Community Transition and Stabilization Services (IBCTSS)	H0018 H0018 H0019	969	HI U1 HI U2 HI	Level 1 and 2 limited to 90 days per calendar year. *Annualized maximum for IBCTSS (Year 1): \$164,425 *Annualized maximum for IBCTSS (Year 2 and ongoing): \$144,175

ECF service	HCPGS	Revenue code	Modifier	Benefit limits
Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS)	H2020	969		Per diem payments limited in accordance with specified number of days (i.e., 1–90, 91–180, etc.) Maximum number of days: 365 Annualized maximum IBFCTSS: \$168,071.65

Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS) Modifiers

Hours	Days 1–90 Rate Per Diem	Days 91–180 Rate Per Diem	Days 181–270 Rate Per Diem	Days 271–360 (and beyond, as appropriate) Rate Per Diem
	Twice weekly F2F individual and family treatment	Weekly F2F individual and family treatment	Bi-weekly F2F individual and family treatment	At least monthly F2F individual and family treatment
Base rate	H2020 HI, HN, U1	H2020 HI, HN, U2	H2020 HI, HN, U3	H2020 HI, HN, U4

Base rate with add-on

Up to 4 hrs./day	H2020 HI, HN, UA, U1	H2020 HI, HN, UB, U1	H2020 HI, HN, UC, U1	H2020 HI, HN, UD, U1
>4 up to 8 hrs./day	H2020 HI, HN, UA, U2	H2020 HI, HN, UB, U2	H2020 HI, HN, UC, U2	H2020 HI, HN, UD, U2
>8 up to 12 hrs./day	H2020 HI, HN, UA, U3	H2020 HI, HN, UB, U3	H2020 HI, HN, UC, U3	H2020 HI, HN, UD, U3
>12 up to 16 hrs./day	H2020 HI, HN, UA, U4	H2020 HI, HN, UB, U4	H2020 HI, HN, UC, U4	H2020 HI, HN, UD, U4

Timely filing guidelines

Help ensure your claim is processed in a timely manner by following these guidelines.

- Claims must be received within 120 days from date of service
- Corrected claims submissions (for claims already processed) must be received within 60 days from the date the original claim was processed. Please include the original claim number that you’re correcting in field 64 of the UB04 claim. Corrected claims can be submitted electronically. Go to UHCprovider.com/ediclaimtips to learn more.
- Claims submitted in dispute of a reimbursement or a denial must be received with written documentation within 365 days from the date the original claim was processed
- When the member has other health care coverage and you are submitting a coordination of benefits claim, these claims must be received within 120 days of the date on the member’s primary coverage explanation of benefits or explanation of medical benefits

Online support

If you have questions, claim information can be found at UHCCommunityPlan.com >
For Health Care Professionals > Tennessee. Or contact your Provider or Facility Advocate.

EDI support

Contact UnitedHealthcare Community Plan support at ec_edi_ops@uhc.com or **800-210-8315**.
Refer to UHCprovider.com/edi for more information on EDI.