

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

Long-Term Care Skilled Nursing Facilities and Home and Community-Based Care Providers

## Submit claims electronically

Claims can be submitted to Payer ID 95378 using Electronic Data Interchange (EDI) from your facility's billing system through a clearinghouse or 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 also available. Go to [UHCprovider.com/ediconnect](https://UHCprovider.com/ediconnect) to get started or for more information.

## Timely filing guidelines

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
- 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

## NPI filing requirements

TennCare requires all TennCare and CHOICES medical care providers to have a National Provider Identifier (NPI). To file a UnitedHealthcare Community Plan claim, all care provider identifiers used must be valid NPI numbers, unless you are an atypical HCBS care provider.

This includes care providers who bill, service, render, attend, operate, refer and prescribe a service. If a field is optional, you don't have to include an NPI number; however, if something is submitted in optional fields, it must follow the NPI requirements. If you are an atypical provider, a personal ID number (PIN) will be assigned to you instead of an NPI. The PIN must be entered in FL57 of the UB04. Atypical providers are individuals and organizations that furnish non-traditional services that are indirectly health care-related, such as pest control, home modifications and respite services.

## Care provider dispute or claim reconsideration request process

For more information on the care provider dispute process and required documentation, please refer to the Provider Dispute Process section of your at [UHCCommunityPlan.com](https://UHCCommunityPlan.com) > For Health Care Professionals > Tennessee > Manuals. Formal complaints and requests for reconsideration are handled within 60 days by UnitedHealthcare Community Plan. Call 800-690-1606 to initiate any requests for resolution of complaints or requests for reconsideration.



The Claim Reconsideration Request form is located at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Tennessee > Provider Forms > Provider Dispute Form. Consider the following when submitting the form:

- Attach a hard copy of the claim
- Attach any supporting clinical documentation
- Provide documentation for payment reconsideration due to timely filing
- Refer to the following Retro-eligible Process for filing claims

## Filing claims when members are retroactively eligible

If you are submitting a claim for a member whose TennCare benefits were retroactively assigned after you delivered services, apply the following guidelines:

### Paper claim

- Indicate “Retro-eligible” in Form Locator 80 NTE/REMARKS (UB) or indicate at the top of the claim form
- Attach a cover letter that says the member is eligible retroactively
- If documentation is required for authorization review, we’ll request that documentation

### Electronic claim

- Indicate “Retro-eligible” in the NTE field in the 837I electronic claim file (Loop 2300)
- If documentation is required for authorization review, we’ll request it
- For nursing facility claims, include the pre-admission evaluation

## Corrected claims

More information on filing corrected claims due to retroactive eligibility is in your Administrative Guide at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Tennessee > Manuals.

- If you’re using the EVV system to submit your claims, please follow the instructions provided in the EVV care provider manual (log into [united.hlthstar.com](http://united.hlthstar.com))

## Online support

If you have questions, claim information can be found online at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Tennessee or contact your Provider or Facility Advocate.

## EDI support

Contact UnitedHealthcare Community Plan at [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com) or **800-210-8315**. Refer to [UHCprovider.com/edicontacts](http://UHCprovider.com/edicontacts) for additional support.

## Long-Term Care Skilled Nursing Facilities

### Revenue codes for room and board:

- 191 intermediate care facility (ICF) or skilled services
- 192 Enhanced Respiratory Care (ERC) services
- ERC codes – only participating ERC care providers can bill using these codes:
  - 192 plus CPT® code 94004 – chronic ventilator
  - 192 plus CPT code 94004 with modifier SC – ventilator weaning
  - 192 plus CPT code 31899 –tracheal suctioning
  - 192 plus CPT code 31899 with modifier SC –tracheal suctioning; secretion management
  - 224 day of discharge – in the event of a member’s death, if the death occurs after noon, bill appropriate revenue code on first line of the UB04 claim with appropriate units, then bill revenue code 224 on the next line with 1 unit. Both line items must be on the same claim because the day of discharge claim can’t be billed alone.

### Tips for successful claims submissions:

- Enter your tax identification number in FL5 on the UB04 claim form
- Enter your Provider Identification Number (PIN) in FL57. Atypical providers should use their Tax ID and typical providers their NPI number.
- Enter “UnitedHealthcare Community Plan” as the payer name in FL50
- For nursing facility care providers, enter the physician’s date of service with the occurrence code 54 in FL31 and the taxonomy code registered with your NPI number in FL81CC
- For corrected claims, enter the bill type in FL4, use the correct bill type for the service you are performing and add frequency code 7 indicating replacement of a previous claim. Enter the claim number to be corrected in FL64. Corrected claims can be submitted electronically. Go to [UHCprovider.com/edclaimtips](https://UHCprovider.com/edclaimtips) to learn more.
- Submit claims electronically for faster receipt by the payer.

## Nursing Facility and Home and Community-Based Services (HCBS)

### Bill types with status codes:

ICF <sup>^</sup> or Skilled	ERC <sup>+</sup>	HCBS	Frequency	Status Codes <sup>*</sup>
661	211	891	Admit	01, 02, 20
662	212	892	Initial or first-time billing	30
663	213	893	Intermediate ongoing/continuing	30
664	214	894	Final billing (discharge or death)	01, 02, 20
667	217	897	Corrected claim	30
668	218	898	Voided claim	30

<sup>^</sup> Intermediate Care Facility

<sup>+</sup> Enhanced Respiratory Care

<sup>\*</sup> Status Codes: 01-discharge home, 02-discharge hospital, 20-expired, 30-still patient/current

## Home and Community-Based Services (HCBS)

**Services using electronic visit verification (EVV):** Submit claims for these HCBS services through UnitedHealthcare’s EVV vendor, HealthStar.

- Attendant care
- Personal care visits
- Home delivered meals, fresh
- Home delivered meals, bulk
- In-home respite

### Services for electronic claims submissions:

- Adult care, home
- Adult day care
- Assisted living facility, daily
- Assisted living facility, monthly
- Assistive technology
- In-patient respite
- Minor home modifications
- Pest control
- Personal emergency response system (PERS), installation
- PERS, monthly fee
- Community living supports
- Community living supports, family model

**HCBS Billing Codes:**

All home and community-based services require prior authorization. You can find prior authorization information at [UHCCCommunityPlan.com](http://UHCCCommunityPlan.com) > For Health Care Professionals > Tennessee > Provider Information > Prior Authorization.

Care provider service	HCPCS	Revenue Code	Modifier	Benefit limits
Adult Day Care	S5100	0570		2,080 hours per calendar year
Adult Home Level 2 Vent	T2033	3109	U1	
Adult Home Level 2 Traumatic Brain Injury (TBI)	T2033	3109	U2	Rate determined by pre-admission evaluation level: level 1 or level 2
Assisted Living Monthly	T2030	3109		12 months per year
Assisted Living Daily	T2031	3109		1 unit per day
Assistive Technology	T2029	0590	U4	\$900 per calendar year
Attendant Care	S5125	0570		1,400 hours per calendar year
Community Living Supports 1 – Monthly Fee	T2032	3109	UD/U1	12 months per year
Community Living Supports 1 – Daily Fee	T2033	3109	UD/U1	1 unit per day
Community Living Supports 2 – Daily Fee	T2033	3109	UD/U3	1 unit per day
Community Living Supports 3 – Daily Fee	T2033	3109	UD/U4	1 unit per day
Community Living Supports Family Model 1	T2016	3109	UD/U1	1 unit per day
Community Living Supports Family Model 2	T2016	3109	UD/U2	1 unit per day
Community Living Supports Family Model 3	T2016	3109	UD/U3	1 unit per day
Home Delivered Meals (Fresh)	S5170	0590	U1	1 meal per day
Home Delivered Meals (Shipped)	S5170	0590	U2	1 meal per day delivered
In-home Respite	S5150	0660		216 hours per calendar year
In-patient Respite	S5151	0660		9 days per calendar year
Minor Home Modifications	S5165	0590		\$6,000 per project; \$10,000 per calendar year; \$20,000 per lifetime
PERS Installation	S5160	0590		1 unit
PERS Monthly Monitoring	S5161	0590		12 months per year
Personal Care Visits	T1019	0570		2 visits per day; visits may be no longer than 4 hours
Pest Control	S5121	0590	U1	9 units per calendar year