

Optum Maryland Incedo Provider Portal

PRP Training

February 18, 2020

Session Agenda

Today's session will cover the following topics:

- Basic Navigation
- Authorization entry and submission
- Claim entry and submission

Maryland.Optum.com



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Home

Important Notice:

Incedo Provider Portal is available! Click [here](#) for the Incedo Provider Portal Alert

Optum Maryland



Optum Maryland gives care to people served by the Maryland Department of Health (MDH), Behavioral Health Administration (BHA). We invite you to look through this site to see the many ways we can serve you. If you are a person or a family member seeing a MDH/BHA provider, you can access relevant information with the touch of a finger.

Services: Find out more about the many recovery-oriented services that MDH/BHA funds through local mental health centers!

About Us: Learn more about the MDH/BHA and Optum Maryland partnership. Find out what that means for you!

PROVIDER QUICK LINKS

- Incedo Provider Portal
- Provider Registration Tokens
- Incedo Provider Portal Quick Reference Guide
- Claims Management Quick Reference Guide
- Helpful Tools
- Provider Manual
- Billing Appendix
- Medical Necessity Criteria
- 837i Companion Guide
- 837p Companion Guide

How to obtain information you need:

- Is this procedure a covered service
- Where do I find fee schedules
- Where are instructions on Billing
- MNC
- Level of Care

Basic Navigation

Topics :

- Understanding the importance of clearing the cache on a regular basis (and how to do this), and using google chrome with Incedo
- How to search for a participant
- How to add an uninsured participant
- How to view authorizations/status
- How to view claims status
- How to attach forms
- Understanding the importance of clearing the cache on a regular basis (and how to do this), and using google chrome with Incedo

Authorization Requests

Topics:

- How to enter an authorization request (pre-cert and concurrent review)
- Required forms
- Understanding which fields are required and which are not
- Demonstrate how to perform a discharge

Authorization

- The initial PRP request for adults is up to **60 days** whereas all the child PRP auth requests are for **six months**
- The adult PRP concurrent request requires the DLA submission whereas the DLA is not presented to the child PRP requests
- The auth end date will be the last date of the second month for the initial and the last day of the sixth month for the other PRP auths
- Diagnosis is required

Authorization

- Forms completed/Attach
 - DLA-20 – needed for participants 18+, for concurrent reviews and for discharge
 - Additional clinical information should be attached (treatment plans, goals and objectives)
 - therapist referral form with the diagnosis - A referral form is still needed for initial requests, to include the therapist's signature, credentials, and date from within the last 6 months.

Uninsured must meet additional requirements

- Uninsured individuals must meet additional criteria for initial PRP requests. They must meet 1 of the following 4 criteria, in addition to meeting medical necessity criteria:
 - 1. Stepdown from a State Hospital and are on conditional release,
 - 2. Discharge from an acute psychiatric hospitalization within the last 6 months,
 - 3. Release from jail within the last 6 months,
 - 4. Discharge from a residential rehab within the last 6 months.

Claims

Topics :

- How to enter a claim in Incedo Provider Portal
- How to submit and 837 transaction
- How to review and understand claim status
- Validating claims payment

Billing Rules:

- The monthly billing/payment code for PRP Services is H2018 billed with the appropriate modifier based upon the level of service:

Modifier	Description
U2	PRP for all children (up to the age of 18) adults ages 18-21 in a TAY-designated PRP, or adults with a legal guardian Legal guardians are appointed through the legal system Note: A participant who still lives with his parents at the age of 18 (or older) but there is no legal guardian is an adult (use U3)
U3	PRP for adults with no legal guardians
U4	A RRP client in the general level of care who is either on or off-site
U5	A RRP client in the intensive level of care who is either onsite or off-site
U6	A RRP client in the general level of care who receives services from a provider who has the capacity to render services in onsite and off-site capacity
U7	A RRP client in the intensive level of care who receives services from a provider who has the capacity to render services in an onsite or off-site capacity

Billing Rules:

- The monthly billing/payment code for PRP Services is **H2018** billed with the appropriate modifier based upon the level of service. The non-paying visit code is **H2016**
- Only 1 unit of H2018 per participant may be billed each month
- The date of service for the monthly claim may be any date within the month. Example: The January monthly claim may list any date of service in January
- The monthly claim may have a Place of Service, POS 49 for Blended, POS 52 for on-site, or POS 15 for Offsite
- The monthly claim may be billed, at the earliest:
 - First day of the month following the month of service being billed or
 - The day the minimum visits for the month is achieved

Billing Rules continued

- Visit claims should be submitted at the time the service is rendered or on the claim with the monthly rate
- If submitted with the monthly rate, the monthly rate should be billed on claim line item 1 and visits reported on an individual claim line with one unit per date of service
- Visit claims do not need a modifier
- The charged amount submitted for the monthly service should equal the amount shown on the fee schedule
- If a Provider visit was excluded in its H2016 submission, the provider must submit a corrected claim to void the original H2018 claim and resubmit an updated H2018 claim that includes the missing H2016 visit data
- Corrected claims currently must be submitted to Optum via Paper

Claims Demo

Reviewing Claims Status

Claim Number	Member	Claim Status	Date Received	Total Charge \$	Total Approved \$	Treat Date	Batch Number
[Redacted]	[Redacted]	Denied	02/13/2020	\$1.00	\$0.00	01/04/2019	0
Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Charge \$	Approved \$	Units
1	01/25/2020 - 01/25/2020	MH - OP-OPS-NoA - H2016	H2016	Accepted	\$1.00	\$0.00	1
Exception							
[Redacted]	[Redacted]	Approved	02/13/2020	\$485.39	\$485.39	12/31/2019	0
Line Item Control #	Service Dates	Service	Procedure/Modifiers	Service Status	Charge \$	Approved \$	Units
1	01/31/2020 - 01/31/2020	MH - PsychRehab - H2018	H2018 - U2	Approved	\$485.39	\$485.39	1

Submitting an 837 claim file

The screenshot shows the Incedo web application interface. The browser address bar displays the URL: `omdwebtest02.infomc.biz/iPC/IncedoPC.aspx#SimpleClaim`. The navigation menu includes: Provider, Membership, Authorization, Claims, Reports, File Transfer, and Resume PTSE. The toolbar contains: Save, Cancel, and Print. The main form area is titled "Current Member: Search for and select a member." and includes the following sections:

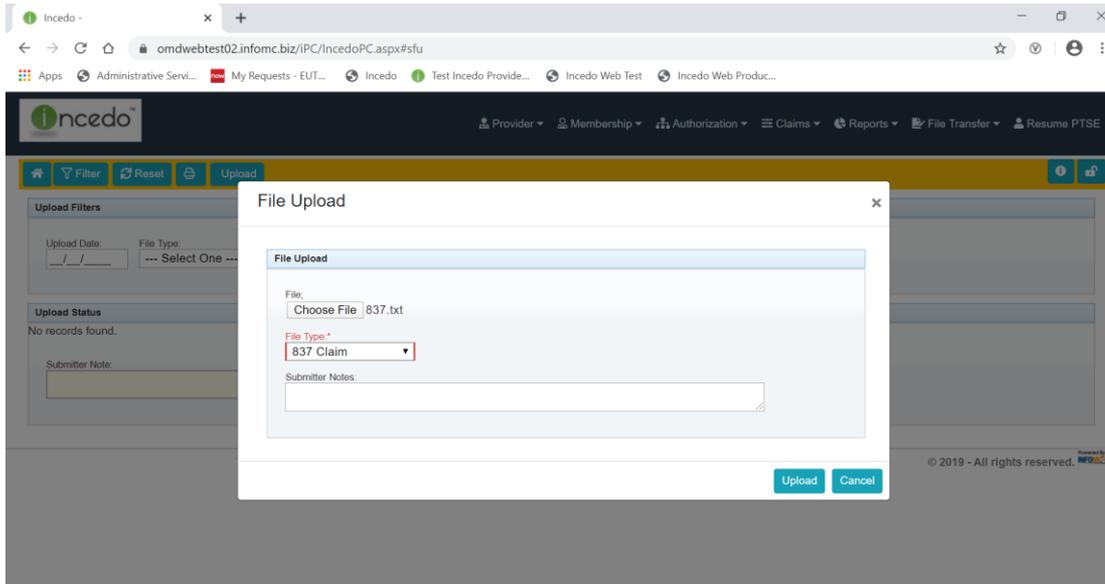
- Member Name:** Last Name, First Name, Middle Initial.
- Member Details:** SSN, Birth Date, Gender (Select One).
- Reference Numbers:** ID, Policy Number, Reference Number.
- Member Options:** Insurer (Select Insurer), Episode (Select Episode), Search, Reset.

A red circle highlights the "File Transfer" dropdown menu, which contains "Upload" and "Download" options.

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<https://omdwebtest02.infomc.biz/iPC/IncedoPC.aspx>

837 Upload file



Click **Upload** in the Menu bar to begin the upload process.

A pop-up window allows you to:

- Select a file – A window appears to select a file from your workstation.
- Select a file type – Use this drop-down to select the type of file that is being uploaded.
- Submitter Notes – Type additional comments; not required.