



500 Patroon Creek Blvd. • Albany NY 12206-1057
(518) 641-3000 • 1-888-258-0477

BEHAVIORAL HEALTH SERVICES TIP SHEET

Contact Information

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| Behavioral Health Services | (518) 641-3600 | CDPHP Web site | www.cdphp.com |
| Behavioral Health Services | 1-888-320-9584 | To order outpatient treatment reports, etc. . . | (518) 641-3500 |
| Behavioral Health Services fax | (518) 641-3601 | Electronic Data Interchange (EDI) Team . . | (518) 641-4EDI |
| Network Services | (518) 641-3321 | EDI e-mail address | edi_team@cdphp.com |
| Provider Services | (518) 641-3500 | Caremark® Benefit Information | 1-888-292-6330 |
| Provider Services | 1-800-926-7526 | | |

All consultations, laboratory testing, and treatments must be communicated back to the primary care physician (PCP).

Member Eligibility

These suggestions are not a guarantee of coverage.

Please remember to:

- Verify eligibility of all patients by checking the member's ID card, or accessing CDPHP's secure online network, www.cdphp.com. For further assistance, please call CDPHP behavioral health services at 1-888-320-9584.
- Collect the applicable copayment for services rendered at the time of the visit.
- Deductibles and coinsurance should be collected after receipt of the CDPHP payment.

Authorizations

- The most up-to-date policies can be accessed by logging into the secure area of www.cdphp.com.
- A complete list of services that require prior authorization is available by logging into the secure area of www.cdphp.com.
- If you feel that additional visits are required beyond the initial 10, please submit a completed outpatient mental health or substance abuse treatment report for review. Send to: Behavioral Health Services, c/o CDPHP, 500 Patroon Creek Blvd., Albany, NY 12206-1057 or fax to (518) 641-3601. Forms can be downloaded from our Web site or printed copies can be ordered directly from CDPHP, at no cost to your office, by calling (518) 641-3500.
- Contact the behavioral health services department for prior authorization of services from non-participating physicians/providers.
- Some CDPHP products provide coverage for non-participating physician/provider services without the prior authorization requirement. These services may increase the member's out-of-pocket responsibility.

Admissions

- Contact the CDPHP behavioral health services department at 1-888-320-9584 under the following circumstances:
 1. For preauthorization of elective services (chemical dependency rehabilitation or residential care).
 2. For preauthorization of intensive outpatient, partial hospitalization, residential and inpatient substance abuse rehabilitation.
 3. Notification of emergency admissions—within 24 hours or the next business day unless the hospital notifies CDPHP on your behalf.
 4. Some CDPHP self-insured contracts require the member to notify CDPHP of emergency inpatient admissions.
 5. Outpatient providers referring members to inpatient levels of care will contact CDPHP behavioral health services at 1-888-320-9584 and provide clinical information. CDPHP behavioral health services team will assist with referring the member to the appropriate facility and level-of-care.
- Be sure to obtain a prior authorization number from the behavioral health services department.

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Lab Services

- All laboratory services must be performed at a CDPHP participating laboratory. You may access the list of participating laboratories in Find-A-Doc at www.cdphp.com.

Claims

Not following these instructions may result in a delay in payment or a claim denial.

Please remember to:

- Submit all claims within established filing limits from the date of service to CDPHP, P.O. Box 66602, Albany, NY 12206-6602.
- Submit all COB claims within the established filing limits from the date of the primary carrier's EOP.
- Complete the following sections of the CDPHP claim form:
 1. CDPHP member ID# (include suffix number), name, and date of birth.
 2. CDPHP provider name, address, and tax ID#.
 3. Your national provider identification number (NPI). Clinics billing on a CMS 1500 form, please put your facility NPI only in box 33. Physicians, please indicate your NPI in column J and box 33.
 4. Valid ICD-9 diagnosis code(s) and description.
 5. Date(s) of service.
 6. Itemized charges.
 7. Place of service code(s).
 8. Use the "ET" modifier on your claim when billing for one follow-up visit when the member has been referred from the emergency room or urgent care center. (This visit must occur within 10 business days of the emergency visit.)
 9. Use the "AF" modifier if a physician (MD) is billing for services at a mental health, alcohol, or chemical dependency clinic. This modifier should be used for the following codes: 90801, 90805, 90807, and 90862.
- If submitting a paper claim, ensure the claim is clear and legible with a font size of 10 or greater.
- Avoid using a dot matrix printer.
- Do not highlight anything on the claim form or Provider Review Form.
- We recommend you include your specific patient account number in field #26 of the CMS 1500 form, when submitting paper or electronic claims. If billed, the information will appear on your weekly explanation of payment for account reconciliation purposes.
- Check your CDPHP *Payment Vouchers* weekly to determine the disposition of claims submitted.
- When submitting electronic claims, check your reject reports, make necessary corrections, and resubmit within established claim filing limits.
- Please allow for the claim to appear as a paid or denied claim on your voucher before resubmitting the claim, to avoid duplicate claims in the system.
- If you are covering for another CDPHP participating physician, please notify the network services department regarding on-call arrangements in your practice.
- You have six months from the adjudication date of a claim to request a claim appeal. All claim appeals should be submitted on a fully completed Provider Review Form with additional supporting documents attached to CDPHP, Provider Services Department, 500 Patroon Creek Blvd., Albany, NY 12206-1057.
- Calling the provider services department to obtain the status of a claim is not considered acceptable follow-up. It is necessary to either provide additional information verbally that was not initially available or additional supporting documentation via the Provider Review Form to be considered acceptable follow-up within six months.
- Access the CDPHP secure online network to obtain the status of a claim or call the provider services department with any questions.

This tip sheet provides an overview of the claims process.

Refer to the *Provider Office Administrative Manual* for additional information.

Capital District Physicians' Health Plan, Inc.
Capital District Physicians' Healthcare Network, Inc.
CDPHP Universal Benefits,® Inc.