

Certified Community Behavioral Health Clinics - Tips on Submitting Claims for Medicaid Members

Below is information for Certified Community Behavioral Health Clinics on filing claims for members of our **Blue Cross Community Health PlansSM**. To help prevent delays in claim payments, refer to the [IAMHP Comprehensive Billing Manual](#):

Procedure code billing order are incorrect

T1040 is required to be billed on line 1 with POS (Place of Service) 99. Detail codes should be billed on lines 2+ with the true POS.

Telehealth not billed with valid place of service/modifier

POS 02/10 should be billed on the detail line(s) with the applicable GT or 93 modifier.

Missing/incomplete/invalid/HCPC modifier

The T1040 encounter code should be billed in the first position on the claim with POS 99 without a modifier. Detail codes should only have a modifier added when billing telehealth POS.

Exceeds the maximum number of units

T1040 encounter code should only be billed with 1 unit of service. CCBHC providers are paid based on a daily T1040 encounter.

Maximum units billed when billing H0020 encounter code

H0020 should only be billed once every seven days. If a DASA (Division of Alcoholism and Substance Abuse) provider bills H0020 Methadone Services within 7 days, the claim will deny.

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