

## Community Mental Health Center – Tips on Submitting Claims for Medicaid Members

Below is information for Community Mental Health Centers on filing claims for members of our Blue Cross Community Health Plans<sup>SM</sup>. It has examples of common billing errors and solutions. To help prevent delays in claim payments, refer to the [IAMHP Comprehensive Billing Manual](#).

### Telehealth not billed with valid place of service/modifier

When billing telehealth place of service or a GT/93 modifier on a claim line, the line should include both the telehealth POS and applicable modifier.

### Invalid procedure/modifier combination

When billing procedure codes off the Illinois Department of Healthcare and Family Services Community Based Behavioral Services [fee schedule](#), the codes should have the applicable modifiers on the line level for the code being submitted.

Example: G9012 is not reimbursable when only billed with the HN modifier.

Family Support Program Services***						
Individual Support Services - Family Support Program	T1999	SE		Event	-	
Therapeutic Support Services - Family Support Program	H0046	SE		Event	-	
FSP Application Assistance	G9012	HN	SE	1/4 hr	-	
FSP Clinical Case Participation	T1016	HN	SE	1/4 hr	-	

### Claim denied for missing, incomplete or invalid POS

Some codes listed on the HFS Community Based Behavioral Services fee schedule are not reimbursable to the provider for on-site/off-site POS.

Examples include but are not limited to:

- H2000SC is not reimbursable when billed with an off-site POS.
- H2011HN/HT is not reimbursable when billed with an on-site POS.

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