Housing Supports Program: Billing Cheat Sheet

Using This Document

This document serves as a quick reference when you are preparing to submit a claim. Some of the information pertains to one-time set up activities, and some of it summarizes codes and info that you will need at your fingertips for each claim. It accompanies the Camden Coalition Billing training and "Instructions for Completing the CMS-1500 Claim Form for the Housing Supports Program" guidance document, both of which go into much more detail.

Before You Bill

Portals and Payment:
Before billing, get registered in the MCO Provider Portals and set up with electronic payment. You can also complete the steps manually.

	Aetna	Fidelis	Horizon	United	Wellpoint
Provider portal	**Aetna Availity portal**	**Fidelis Care Portal**	**Horizon Availity Portal**	**United portal**	**Wellpoint Availity Portal**
Electronic payment platform	**Echo**	**Payspan Health**	**Availity Essentials**	**Optum Pay® open_in_new**	**EnrollSafe**

Billing Pre-Submission Checklist:
Make sure you have the following covered before beginning your claim submission process.

- ☐ **Member information ready (e.g., address, DOB, policy #)**
- ☐ **Prior authorization confirmation which should include:**
  - Reference number
  - Treatment date range *(confirm it aligns with the billing period for which you are completing a claim)*
  - # of units authorized (# of months for tenancy services)
  - Type of authorization (service type, low/high)
  - Diagnosis code (*whatever you submitted on the auth form*)
- ☐ **Completion of required touchpoints**
  - High needs: minimum of 4 touchpoints; at least 2 in-person
  - Low needs: minimum of 2 touchpoints; at least 1 in-person
- ☐ **30-day billing period criteria met**
  - Check that the 30-day billing period is complete
  - Confirm that the touchpoints occurred within the billing period
- ☐ **Appropriate procedure codes and diagnosis codes identified**
  - HCPCS or procedure code (indicates the service type)
  - Modifier appended to HCSPCS code (indicates high or low level of need)
  - Diagnosis or ICD-10 code (Z-code)

Completing a Claim

*Note: In addition to the quick references below, you can access more detailed information about completing a claim in the "Instructions for Completing the CMS-1500 Claim Form for the Housing Supports Program" guidance document.

Key Codes for the CMS 1500 Claim Form

Billing Codes
You will need these for fields 21 and 24D in the CMS 1500. Make sure these match your authorization approval.

Service Type	Description	24D. HCPCS/Procedure Codes	24D. Modifier	21. Recommended diagnosis or Z-codes (ICD-10)
Pre-tenancy	Housing case management – before stable housing	H0044	U1: low need U3: high need	**General ICD -10** Z00.00 **Homelessness:** Z59.01 (Sheltered) Z59.02 (Unsheltered) **At Risk of Homelessness** Z59.811 (unstably housed) Z59.2 (discord with neighbors/landlord) **Inadequate Housing** **Z59.10 (unspecified)** Z59.11 (temperature) Z59.12 (utilities) Z69.19 (other inadequate housing)
Tenancy-sustaining	Housing case management – maintaining stable housing	H0044	U4: low need U6: high need	
Move-in supports	One-time housing transition costs	T2038	U1: standard move-in U6: move-in admin fee	
Home Modifications & Remediation: Evaluation	Needs evaluation for remediation/mods	T1028	None	
Home Modification & Remediations: Cost-based Reimbursement	Installation of home modifications	S5165	U2: home mods U3: environmental remediation	

22. Resubmission Codes:
This is where you will indicate whether this is your initial submission or a replacement/void/cancel.

1	7	8
Initial submission of claim	Replacement of prior claim (eg: if a claim was rejected due to missing or incorrect info and you are re-submitting)	Void/cancel of prior claim

24B. Place of Service Codes: *DMAHS expects these will be the most common codes (Fidelis will only accept one of these 5 codes). Other MCOs will accept any valid CMS code that accurately captures the place of service.* ***Choose the code that best represents where services were delivered. If the services were delivered in multiple locations, choose the one where a majority of the services were rendered or use 99.***

04	12	16	27	99
Homeless shelter	Home	Temporary lodging	Outreach site/street	if place of service is not captured

Additional fields requiring codes					
24F. Charges	**24G. Units**	**24I. ID qualifier**	**24J. Rendering provider ID**	**33a.**	**33b. Billing provider info and phone # - other ID#**
320.00 **for lower level of need** 640.00 **for higher level of need**	1 unit = 1 30-day billing period. If billing for multiple 30-day billing periods, list each 30-day billing period in separate lines, with 1 unit per line.	**For all MCOs but Wellpoint:** Enter **ZZ**. **For Wellpoint: leave this field blank.**	**For all MCOs but Wellpoint:** Shaded area: Enter the taxonomy code associated with your NPI: • **251B00000X** (for pre-tenancy or tenancy-sustaining) • **171W00000X** (for modifications & remediations) In the non-shaded area include **your Type 2 NPI.** **For Wellpoint: leave this field blank.**	Your Type 2 NPI	Enter **ZZ** followed by the appropriate taxonomy code. **251B00000X** (for pre-tenancy or tenancy-sustaining) **ZZ25100000X** **171W00000X** (for modifications & remediations) **ZZ171W00000X**

MCO Specific Reminders

- **Field 24B: Fidelis** will only accept the 5 place of service codes referenced above.
- **Field 31: Wellpoint** requires that you leave this field blank.

Avoiding Common Errors in Billing

Below are recommendations to help ensure the MCO will accept your claim - and not deny it.

1) Ensure you've received authorization to provide services to the member – that you've got an authorization approval letter from the MCO.
2) ***Ensure you are entering the information on the member's authorization approval letter into the CMS 1500 form.*** For example:
    a. Enter the diagnosis code from the authorization approval letter into the CMS 1500.
    b. Enter the the modifier from the authorization approval letter into the CMS 1500.
3) Pre-tenancy and tenancy-sustaining services must be delivered in 30-day billing increments. While some MCOs may accept a billing period shorter than 30 days, others will deny. To avoid denials, we recommend inputting the full 30-day window.
4) Use the agency address you entered in your credentialing application as the billing address in the CMS 1500.
5) When submitting a corrected CMS 1500 claim, make sure enter 7 in field 22 to indicate this is a corrected claim.
6) File your claims in a timely manner. First time claims must be submitted within 180 days of service and corrected claims must be submitted within 365 days of service.
7) Double check that you did not previously submit this claim. If you inadvertently submit a duplicate claim it will be denied.

MCO Contacts & Resources

Below are key links and contact information that you will need as you navigate the billing process. If you plan to use MCO Provider Portals to bill, make sure you click the links below to register. Provider manuals linked below have all the comprehensive information you'll need to find MCO-specific information.

	Aetna	Fidelis	Horizon	United	Wellpoint
Checking Claim Status	Provider Services: **855-232-3596 (TTY:711)** or check the Availity Portal	Provider Services: **888-453-2534** For inquiries on electronic submissions, **EDIBA@centene.com**	Provider Services: **833-241-4181** or check the Availity portal online.	Provider services: **888-362-3368** or check the UHC Provide portal.	Provider Services**:** **833-731-2149** or check the Availity portal.
Mail (for manual claims)	**Aetna Better Health of New Jersey Claims and Resubmissions** PO Box 982967 El Paso, TX 79998 *Payor ID: 46320	**Fidelis Care Claims Department** P.O. Box 31224 Tampa, FL 33631-3224	**Horizon NJ Health Claims Processing Department** PO Box 24078 Newark, NJ 07101-0406	**UnitedHealthcare Community Plan** P.O. Box 5250 Kingston, NY 12402-5250	**Wellpoint NJ Claims** P.O. Box 61010 Virginia Beach, VA 23466-1010
Provider forms, resources and trainings	**Aetna Provider Manual** **Aetna Provider Website**	**Fidelis Care Website** **Portal Training**	**Horizon Provider Manual**	**United Quick Reference Guide** **United Housing Training tool** **United Care Provider Manual**	**Wellpoint Provider Manual** **Wellpoint Quick Reference Guide**
More Claims Support	NJProviderExperienceMailbox@Aetna.com		Ancillary_mltssclaimresolutionteam@horizonblue.com	nj_hcbs_pr@uhc.com	NJHousing@wellpoint.com