

Community Behavioral Health Billing Guidelines

Things to Keep In Mind...

- CBH requires the following information in order for a provider to be added to our system, a claim adjudicated and a payment to be made:
 - **W-9**
 - **The license for the program or the individual**
 - **NPI verification and**
 - **A completed CBH Provider Information Form**
- Claims submission

The automated CBH system will only pay claims for 90 days from the date of service, after that they will follow a manual process, to ensure claims are processed within the 90-day timeframe.

- The acceptable claim form for inpatient claims is the UB-04 and the CMS 1500 (0805) is used for all other services. No other claim forms can be accepted.
- Provider Relations will send you a contract report once your service has been entered into the system. The information contained on the form must match the information on the claim in order for the claims system to pay the claim. This includes the NPI number.
- A sample claim form and instructions is included in the packet sent with the contract report.
- Please note the following:
 - Although CMS 1500 claims have more lines, we can only accept four lines per claim and those four lines must be for the same service, the same CPT code.
 - Authorizations will be generated internally once we receive a correctly completed claim. We will place the authorization number on the claim if it is not listed as BAN (Blanket Authorization Number).
 - **MA-307** must accompany all claims.
 - CBH has 45 days from receipt of claim to process a clean claim for payment consideration.
 - If your claim surpasses the 90-day submission period, please submit an appeal letter with your claim to explain late submission.

- Members with primary coverage in conjunction with Medicaid must bill the primary insurer first for the final determination before billing CBH.
- CBH Website: <http://www.dbhids.org/community-behavioral-health-cbh/>
- Provider Relations Hotline: 215-413-7660
- Claims Hotline: 215-413-7125