**BYPASS CODES**

**PassPort**

**From:** Cain, Micah <Micah.Cain@passporthealthplan.com>   
**Sent:** Tuesday, September 04, 2018 9:22 AM  
**To:** Kathy Adams <kathy@childrensallianceky.org>  
**Subject:** RE: Question Regarding TPL Lead Form for Third Party Claims

In regard to codes that are bypassed for Other Insurance.  We do have some codes and modifiers that we know are not payable by other payers so we override the Other Insurance requirement or those services unless the claims come in with an Explanation of Benefits. For ALL Passport benefits, claim lines with GT and HO modifiers have Coordination of Benefits (COB) overridden with “Service not covered by prime.” Additionally, COB claims with these procedure codes and/or modifiers get overridden per a Passport work request requirement:

Per 10/16/18 email from Micah Cain: Codes that do not require an EOB from Medicare or a commercial primary insurance.

Behavioral Codes

90887    H0001    H0002    H0015

H0018    H0019    H0031    H0032

H0038    H0040    H2011    H2012

S9480    S9484    S9485    T1007

T2023    T2022

Behavioral Modifiers

HE           HF           HM         HN          HO

TD           TG          U2          U3          U4

U5          U6          U7          U8          UA

UC

**From:** Cain, Micah <[Micah.Cain@passporthealthplan.com](mailto:Micah.Cain@passporthealthplan.com)>   
**Sent:** Friday, October 05, 2018 1:50 PM  
**To:** Kathy Adams <[kathy@childrensallianceky.org](mailto:kathy@childrensallianceky.org)>  
**Subject:** RE: Follow-up from CBSC Meeting - Request for Commercial Plans Bypass Codes

Per 10/16/18 email from Micah Cain: Below are the codes that do not require an EOB from Medicare for Passport.

|  |
| --- |
| **Code Combination** |
| G0410/915= Group PHP |
| 90853/915= Group IOP |
| 90853/912= Group PHP |
| 90853/913= Group PHP |
| 90853/905= Group Psych IOP |
| 90853/906=Group CD IOP |

**Anthem**

**From:** Elizabeth Stearman   
**Sent:** Thursday, July 12, 2018 12:32 PM  
**To:** Kathy Adams <kathy@childrensallianceky.org>  
**Cc:** Becky Herbener <rebecca.herbener@anthem.com>; David Crowley <david.crowley@anthem.com>  
**Subject:** FW: Children's Alliance and Secondary payer

Hey Kathy,

   It was good seeing you at the BH TAC earlier this week, though I know we all walked out with our head’s spinning with contradictory information.  I wanted to send you an update after that meeting and then Becky Herbener, one of our Behavioral Health Case Managers let me know you also had some questions for the MCO’s from the Alliance meeting this week, so I figured 2 birds, 1 stone!

  As far as co-pays go- the ONLY children that are currently subject to co-pays under current guidance from the state are children that are in the K CHIP III category type (not foster care members).  If you have ANY questions at all about the new Waiver or alternative benefit plans and impacts for providers or members, please don’t hesitate to use me as a resource.  We have a team dedicated to ensuring Kentucky HEALTH processes and changes are communicated and we are closing ANY gaps possible for our members and providers, so we can leverage them to try and answer any questions.

   Also, as far as the codes that are non-covered by Primary payers that can be submitted straight to Medicaid when Medicaid is secondary coverage are below.  Our operations team is currently working to add H2019 to this list as well, but we don’t have that fully configured just yet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 92506 | 97001 | 97003 | B4102 | B4103 |
| B4104 | B4149 | B4150 | B4152 | B4153 |
| B4154 | B4155 | B4157 | B4158 | B4159 |
| B4160 | B4161 | B4162 | 90887 | H0001 |
| H0002 | H0015 | H0018 | H0019 | H0031 |
| H0032 | H0038 | H0040 | H2011 | H2012 |
| S9480 | S9484 | S9485 | T1007 | T2022 |
| T2023 | | | | |

Please let me know if you ever have anything else we can help you with!!  See you soon somewhere I’m sure.

|  |
| --- |
| **Anthem, Inc.** |
|  |
| **Liz Stearman,** *Director, Behavioral Health*  *13550 Triton Park Blvd, Louisville, KY 40223*  O: (502) 619-6800 x26694 | M: (502) 297-1744  [elizabeth.stearman@anthem.com](mailto:elizabeth.stearman@anthem.com) |

**Aetna**

**From:** Susan Downs   
**Sent:** Thursday, July 12, 2018 11:27 AM  
**To:** Kathy Adams <kathy@childrensallianceky.org>  
**Subject:** Follow up

Hi Kathy – ***attached*** is our current (very rough) draft of Aetna’s bypass codes to share with the Alliance members. Also, I am working with our provider relations team related to adding information on  copays to our upcoming Medically Fragile Attestation trainings since those trainings will be targeted towards our behavioral health providers. Finally, please let any members not receiving fax blasts know that they are welcome to send me their e-mail addresses so those can be added to our distribution list.

Below is the link to our provider website that can always be checked for updates and resources:

<https://www.aetnabetterhealth.com/kentucky/providers/>

Thank you and please let me know if you need anything.

**Susan Downs, LCSW**   
*Behavioral Health Director*  
Aetna Better Health of Kentucky   
  
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Louisville, KY 40223   
  
http://www.aetna.com/creativeservices/email/globalimg/Aetna-7D3F98.png

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**Humana CareSource/Beacon**

**From:** Hartzell, Benjamin <[Benjamin.Hartzell@beaconhealthoptions.com](mailto:Benjamin.Hartzell@beaconhealthoptions.com)>   
**Sent:** Tuesday, November 6, 2018 1:16 PM  
**To:** Kathy Adams <[kathy@childrensallianceky.org](mailto:kathy@childrensallianceky.org)>  
**Cc:** Mowder, Kristan S <[Kristan.Mowder@caresource.com](mailto:Kristan.Mowder@caresource.com)>; Lawless, Pamela R. <[Pamela.Lawless@caresource.com](mailto:Pamela.Lawless@caresource.com)>  
**Subject:** RE: Request for Commercial Plans Bypass Codes

Hi Kathy—please find a list of codes below:

|  |  |
| --- | --- |
| **ProcCode** | **Description** |
| H0001 | A/D Assessment |
| H0002 | BH Screening |
| H0006 | A/D CM |
| H0009 | Acute inpatient detox |
| H0010 | Sub-acute residential detox |
| H0012 | Sub-acute residential detox |
| H0015 | IOP |
| H0017 | Hospital residential |
| H0018 | Short Term Residential |
| H0019 | Long Term Residential |
| H0024 | A/D Prevention |
| H0025 | A/D Prevention |
| H0031 | MH Assessment |
| H0032 | Service Plan Development |
| H0035 | Partial Hospitalization |
| H0038 | Peer Support |
| H0040 | ACT |
| H0046 | MH Service NOS |
| H2011 | Crisis Intervention |
| H2012 | BH Day Treatment |
| H2015 | Comprehensive Community Support |
| H2019 | Therapuetic BH Services |
| H2021 | Wrap around |
| H2027 | Psychoeducational Services |
| H2029 | JSO Residential |
| H2036 | SUD Residential |
| T1007 | A/D Service Planning |
| T2023-HE, TG, HF, UA | TCM |
| T2048 | ECU |

Thanks,

Ben

**WellCare**

**From:** Magre, Leann <[Leann.Magre@wellcare.com](mailto:Leann.Magre@wellcare.com)>   
**Sent:** Wednesday, January 30, 2019 8:35 AM  
**To:** Kathy Adams <[kathy@childrensallianceky.org](mailto:kathy@childrensallianceky.org)>; Karen Dean <[Karen.dean@wellcare.com](mailto:Karen.dean@wellcare.com)>  
**Subject:** RE: Update - Request for Commercial Plans Bypass Codes & TPL Form Use

Because Medicaid is the payer of last resort, commercial insurance providers must provide either an explanation of benefits (EOB) or estimation of payment (EOP) if the carrier covers the non-EPSDT services.  Please note, EPSDT services are covered by WellCare, as well as all of the MCOs as primary, even if a commercial carrier is involved.  For EPSDT services, it is not necessary to submit the claim to the primary carrier (unless primary coverage is through Medicare).   If primary coverage is through Medicare, Medicare must be billed prior to WellCare.   In commercial coverage situations, WellCare will process these EPSDT claims as primary and will “chase” the third party for the additional payment. If the commercial carrier has not been billed or has not paid, WellCare will pay as primary and will then outreach the commercial carrier for reimbursement.   However, if a provider does bill the primary insurer and receives payment for the service, the EOB or EOP must be included from the primary carrier with the claim submission to WellCare, otherwise the claim may deny and/or the provider will be overpaid.

Regarding the commercial bypass codes, WellCare is unable to provide a list of commercial bypass codes.  We do have a list of bypass codes that DMS has provided for Medicare.   As commercial plans set their own benefit and coverage guidelines it would be nearly impossible for WellCare to develop a list of codes that apply to all commercial carriers.