

# SUD Provider Networking Event

**Hennepin Health**



# Presenters

- Nicole Helmberger, Senior Manager of Provider Operations
- Rich Pierson, Senior Manager of Provider Relations and Contracting
- Barb Johnston, Senior Claims Analyst
- Carol Dressen, Claims Configuration and Audit Manager
- Mary Jo Meuleners, Director of Clinical Services
- Tom Turner, Supervisor, Hennepin County Addiction and Recovery Services

# Hennepin Health

- Hennepin Health (the health plan) is not the same as Hennepin Healthcare (the hospital system), although we partner closely
- Hennepin Health is a department within Hennepin County that serves residents of Hennepin County
- Hennepin Health is a Managed Care Organization contracted with DHS for Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare) and Special Needs Basic Care (SNBC)
- Hennepin County Behavioral Health, Addiction and Recovery Services Unit processes all SUD placements and performs utilization review for Hennepin Health members

# Registration and Credentialing

## Registration (Not Contracted)

- Registration of Provider with Hennepin Health IS required for the purposes of claims payment
- To begin the registration process, click [HERE](#)
- Complete and email the forms to [Network Management](#)

## Facility Credentialing (Contracted)

- Credentialing may not be required, click [HERE](#) to see credentialing eligibility and requirements
- Facility credentialing takes 30-90 days and must be completed prior to contracting
- Complete and email the forms to [Credentialing](#)

## Practitioner Credentialing (Contracted)

- Credentialing may not be required, click [HERE](#) to see credentialing eligibility and requirements
- Allow 45 days for processing of an application
- Complete and email the forms to [Credentialing](#) or submit through the [MCC](#) portal

# Contracting

## Contracting

- For our Substance Use Disorder (SUD) services provider network, Hennepin Health uses all DHS enrolled SUD services providers
- Hennepin Health strongly encourages providers to become a contracted provider for our members

## Request to Contract

- To begin the contracting process, click [HERE](#)
- Complete and email the forms listed to [Network Management](#)
- Allow 60-90 days for Contract Request review

## Provider Portal

- Claim status and eligibility information is available on the Hennepin Health ConnectCenter portal
- To request access to the Hennepin Health Provider Portal or if you have question on the portal, email [HennepinHealth.ProviderPortal@Hennepin.us](mailto:HennepinHealth.ProviderPortal@Hennepin.us)

# Room and Board

## Hennepin Health Member Group ID's Eligible for Room and Board

It is important to check Member Eligibility each month prior to providing services  
Hennepin Health covers cost of Room and Board for Minnesota Care Members.

### SNBC Group IDs

8280, 8290, 8380, 8390  
Adults age 18-64

R&B charges are billed to DHS  
Fee for Service

### PMAP Group IDs

9080, 9090, 9280, 9290,  
9380, 9390, 9480, 9490,  
9980, 9990

R&B charges are billed to DHS  
Fee for Service

### MnCare Group IDs

7000, 7200, 7800, 7900

R&B charges are billed to  
Hennepin Health

**Health**

your community health plan

# Billing Tips

## Type of Bill (TOB):

- Enter the appropriate code in the TOB field
- 011x: Hospital-based residential treatment
- 013x: Acute care hospital outpatient services
- 086x: Treatment, room & board components of non-hospital-based residential treatment.
- 089x: Non-hospital-based outpatient treatment

## Numeric values for frequency code (fourth digit):

- -xxx1: Admit to discharge
  - Valid to use with patient status codes 01 – 02, 07, and 20
- –xxx2: First claim in a series of continuous claims or interim billing
- –xxx3: Continuous claim or interim billing
- –xxx4: Discharge claim
  - Cannot be used if the patient status is “still a patient” (30)
- –xxx7: A replacement claim
- –xxx8: A void claim

# Billing Tips

## Patient Status Codes:

- The treatment documented in the patient's medical record must match what is billed on the claims.
- Patient discharge status code is a field on the 837I (UB04) must correspond with the frequency codes
  - 1: Discharged to home or self-care
  - 2: Discharged/transferred to short-term general hospital
  - 3: Discharged/transferred to skilled nursing facility
  - 4: Discharged/transferred to a facility that provides custodial or supportive care
  - 6: Discharged/transferred to home care
  - 7: Left against medical advice/patient discontinued care
  - 20: Patient expired
  - 30: Still Inpatient

## Condition Codes (not all inclusive):

- Corrected claims require a condition code
- Below is a list of common condition codes submitted on a corrected claim
- Select the code that best describes the reason for submission.

Condition Code	Description
D0	Changes to service dates
D1	Changes to charges
D2	Changes to revenue codes or HCPCs
D4	Changes in diagnosis and / or procedure code
E0	Change in patient status

# Claims Submission

## Personal ID Number

- Hennepin Health uses the PMI/DHS ID with a leading zero.

## Type of Bill and Patient Status Code

- Type of Bill 0891 or 0861 (admit through discharge) cannot be used with discharge status code 30 (still inpatient)
- Type of Bill 0893 or 0863 (interim-continuing claim) cannot be used with discharge status code 01 (discharge to home)

## Modifier Combination

- UC modifier is a combination of HH & U5. If UC is billed with HH or U5, the claim will be denied

## Procedure Codes

- H2036 correct type of bill is 086x when services are rendered in a residential setting
- H2035 correct type of bill is 013x / 089x when services are rendered in an outpatient setting
- Corrected claim submitted without valid condition code

# Claims Submission

## Billing

- Only 1 month of service can be billed PER CLAIM
- Claims with multiple dates of service within the same month CAN be submitted
- Claims with multiple months of service will be denied

## Duplicate Claims Information

- Do not submit duplicate dates of service on multiple claims, as these cannot be processed and will be denied
  - ✓ Example: Claim A has dates of service 12/5/2024-12/20/2024 and Claim B has dates of service from 12/15/2024-12/31/2024. Claim B cannot be processed as it has overlapping dates of service with Claim A.

## Replacement Claims

- If an error was made on the number of units billed, submit a replacement claim.
- In Box 22 of the new claim:
  - ✓ 7 indicates a Replacement Claim
  - ✓ 8 indicates to Void Claim
  - ✓ Place the Original Claim # next to the Resubmission Code
- Replacement claims without the original Claim # will be denied
- Additional guidance may be found [HERE](#)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION					
MM	DD	YY	MM	DD	YY
FROM			TO		
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
MM	DD	YY	MM	DD	YY
FROM			TO		
20. OUTSIDE LAB?			\$ CHARGES		
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
22. RESUBMISSION CODE			ORIGINAL REF. NO.		
23. PRIOR AUTHORIZATION NUMBER					

# 2025 Rates

Rev Code	HCPCS	Base Rate	Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Responsive Complexity U3	Client w/Children Complexity U6	Medical Services U5	Co-occurring & Medical Services Combination UC
13x or 89x	H2035	\$86.53	\$6.49	\$7.93	\$7.93	\$7.93	\$17.31	\$23.80
13x or 89x	H2035 HQ	\$42.02	\$3.15	\$3.85	\$3.85	\$3.85	\$8.40	\$11.60
86x	H2036 TG	\$230.78	\$10.76	\$14.34	\$10.76	\$10.76	\$10.76	\$21.52
86x	H2036 HK	\$151.50	N/A	N/A	N/A	N/A	N/A	N/A
86x	H2036 TF	\$171.11	\$7.97	\$10.63	\$10.63	\$10.63	\$11.96	\$19.93
86x	H2036 UD	\$82.24	\$3.83	\$5.11	\$5.11	\$5.11	\$11.49	\$15.32
1002 & 1003	NA	55.72	N/A	N/A	N/A	\$14.04	N/A	N/A
86x	H2036 HA	\$216.34	\$12.98	\$17.31	\$17.31	\$17.31	\$12.98	\$25.96

# 2025 Rates

## Substance Use Disorder treatment with Medication for Opioid use disorder

HCPCS	Base Rate	Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Responsive Complexity U3	Client w/Children Complexity U6	Medical Services U5	Co-occurring & Medical Services Combination UC
H0020	\$16.07	\$1.20	\$1.47	\$1.47	N/A	\$3.21	\$4.41
H0020 UA	\$58.10	\$4.35	\$5.33	\$5.33	N/A	\$11.63	\$15.98
H0047	\$27.19	\$2.04	\$2.04	\$2.04	N/A	\$5.44	\$21.52
H0047 UB	\$69.23	\$5.19	\$6.35	N/A	N/A	\$13.85	N/A
H0001	\$162.24	N/A	N/A	N/A	N/A	N/A	N/A
H0038 U8	\$15.02	N/A	N/A	N/A	N/A	N/A	N/A
T1016 HN U8	\$11.71	N/A	N/A	N/A	N/A	N/A	N/A

# Authorization Process

Prior Authorization to access SUD services is not required for Hennepin Health members  
The provider must be a MHCP enrolled provider that accepts public pay clients

1

## Submit Documents

- A copy of the initial assessment and/or assessment update
- Client Placement Authorization (CPA) form
- Documents must be submitted within 10 days of service initiation

2

## Hennepin Health Initial Review

- The member has a documented substance use disorder
- Using ASAM 3<sup>rd</sup> edition, the member qualifies for the level of care they are participating in
- Necessary services and referrals are provided to the member at each level of care.

3

## Extension Requests

- Submit extension requests 10 days before anticipated dates that units will be exhausted
    - 30 days: Inpatient hospital
    - 90 days: Residential
    - 200 group hours (20 1:1 hours): Outpatient services
- \* Process changes Sept 1, 2025\*

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## Contact Information

- Fax forms to 612-466-9546  
Attn: Hennepin County Behavioral Health, Addiction and Recovery Services Unit
- Phone #: 612-879-3671
- Hennepin County SUD service provider information: [SUD Reference Information](#)

# 2025 Substance Use Disorder Updates

- Effective Jan 1, 2025
  - The rates are standard base rate which includes 3% increase for Residential & Medication for Opioid Use Disorder (MOUD) services
  - The MHCP Provider Manual Covered Services section reflects the rates:
    - DHS Provider Manual SUD Services
    - Substance Use Disorder Service Rate Grid
- Effective Sept 1, 2025
  - Initial placements will be limited to the following intervals before an extension request is required:
    - 18 days: Inpatient hospital-based stays
    - 60 days: Residential placements
    - 300 group hours (30 1:1 hours): Outpatient services

# Contact Information

- **Billing and Claims Questions**
  - [HennepinHealth@hennepin.us](mailto:HennepinHealth@hennepin.us)
  - Provider Services 612-596-1036 (Option 2)
- **Registration for Claims Payment**
  - [HHNetworkManagement@Hennepin.us](mailto:HHNetworkManagement@Hennepin.us)
- **Contracting**
  - [HHNetworkManagement@Hennepin.us](mailto:HHNetworkManagement@Hennepin.us)
- **Registration and Credentialing**
  - [HennepinHealth@hennepin.us](mailto:HennepinHealth@hennepin.us)
  - Credentialing 612-543-5299
- **Prior Authorization Process**
  - [Tom.Turner@hennepin.us](mailto:Tom.Turner@hennepin.us)
  - [Maryjo.Meuleners@hennepin.us](mailto:Maryjo.Meuleners@hennepin.us)
- **Hennepin Health Provider Portal**
  - [HennepinHealth.ProviderPortal@Hennepin.us](mailto:HennepinHealth.ProviderPortal@Hennepin.us)