

Highmark BlueShield Billing Highlights

PSYCHIATRIC/PSYCHOLOGICAL/ SUBSTANCE ABUSE INTENSIVE OUTPATIENT CLAIMS (IOP)

LOCATOR 4: Type of Bill

- 1st digit always = 1
- 2nd digit always = 3
- 3rd digit = 1

LOCATOR 6: Statement Covers Period - required

The “**From**” and “**Through**” dates that correspond to the dates of service.

LOCATOR 42: Revenue Codes - required

- 0905 – Behavioral Health Treatment (IOP-Psych 2.5 hours or more)
- 0919 – Behavioral Health Treatment (less than 2.5 hours)
- 0906 – Behavioral Health Treatment (IOP Chemical Dependency 2.5 hours or more)
- 0919 – Behavioral Health Treatment (IOP Chemical Dependency less than 2.5 hours)

LOCATOR 44: HCPCS/Rate/HIPPS Code – Required

S9480 is required on all IOP claims except when reporting Detoxification use H0014.

*see note.

LOCATOR 46: Service Units - required

Each date of service must be billed as a separate line item.

LOCATOR 50: Payer Name – required

For paper UB claim submission enter **Highmark 378**.

LOCATOR 56: National Provider Identifier

Required for providers on or after the mandated HIPAA National Provider Identifier Implementation date.

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LOCATOR 67: Principal Diagnosis Code and Present on Admission

In order for a claim to be classified as Substance Abuse or Mental Health one of the following ICD-9-CM diagnosis codes is **required**:

- 29000 – 29090 Mental Health
- 29100 – 29290 Mental Health
- 29300 – 30290 Mental Health
- 30300 – 30593 Substance Abuse
- 30600 – 3190 Mental Health
- 33100 – 33100 Mental Health

The POA is not required at this time.

LOCATOR 76: Attending Physician – required

Until the mandated HIPAA date for the National Provider Identifier (NPI), Highmark will accept either NPI or UPIN. On paper submitted claims report the appropriate qualifier identifying the number being reported:

- 1G = Provider UPIN number
- G2 = Provider commercial number
- OB = State License Number

LOCATOR 81: Code-Code Field-Situational

This field may be used to report additional codes related to a form locator.

NOTE: Taxonomy number is not required, but encouraged for proper enumeration and payment of claims. Use qualifier B3 when reporting taxonomy.

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***NOTE:** Always bill substance abuse treatment services and detoxification services on separate claims. If more than one classification appears on the claim, the processing system will be unable to assign the single classification code it needs in order to pay the claim correctly. Reference Facility Bulletin PSYCH-2004-002-C or ADR-2004-002-C for billing guidelines. Do not include modifiers AM, AH, or AJ on IOP claims.

REMINDER: Billing Highlights serve only as a tip sheet for some Locator information needed on UB claim submission. Reference the Highmark Facility Billing Reference Manual for Highmark's complete locator requirements. The official UB-04 Data Specifications Manual is available through the National Uniform Billing Committee (NUBC.org).

