

Behavioral Health Provider Quick Reference Guide

Includes inpatient and outpatient behavioral health services, including Applied Behavioral Analysis (ABA)

Important Contact Information

Service Name	Product	Phone Number	Hours of operation
Provider Services	All products	1-844-477-8313	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Pharmacy Services	All products	1-800-460-8988, option 2	24 hours a day, 7 days a week
Member Services	CMS	1-866-799-5321	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	MMA, SMI	1-866-796-0530	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	CWSP	1-855-463-4100	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Behavioral Health Services – Region 1 Access Behavioral Health (auths)	MMA, SMI, LTC, CWSP, CMS	1-866-477-6725	Monday-Friday from 8 a.m. to 5 p.m. Central and available 24/7. Exclusions: Regions 2-11 are managed by the Health Plan.
Applied Behavior Analysis (ABA) Services EQHealth – AHCA vendor	MMA, SMI, CMS (Title 19), CWSP	1-800-720-2578	Monday-Friday from 8 a.m. to 5 p.m. Submit authorization request online
Applied Behavior Analysis (ABA) Services	CMS (Title 21)	1-844-477-8313	Monday-Friday from 8 a.m. to 8 p.m. Eastern Submit authorization requests for CMS Title 21 via the Sunshine Health Secure Provider Portal.

Verifying Member Eligibility

These suggestions are not a guarantee of coverage.

- Verify member eligibility by using the [Sunshine Health Secure Provider Portal](#).
- Using the portal, any registered provider is able to quickly check member eligibility by indicating the date of service, member name and date of birth or the Medicaid ID number and date of birth.
 - Ensure you're selecting the correct plan type.



- Alternatively, you can call Provider Services at 1-844-477-8313. Supply the member's name and date of birth or the member's Medicaid identification number and date of birth.

Authorizations

Prior authorization is required for certain services. To determine which services require authorization, please refer to our [Pre-Auth Check Tool](#).

Prior-authorization requests are processed by Sunshine Health's Utilization Management (UM) Department.

- **Standard requests:** Determination within 7 calendar days of receipt of request.
- **Urgent requests:** Please call 1-844-477-8313. Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

Submit authorization requests via one of the following:

- **Online:** via the [Sunshine Health Secure Provider Portal](#)
- **Telephonically:** 1-844-477-8313
- **Medical Fax:** 1-866-796-0526
- **Pharmacy Services Fax:** 1-833-546-1507

Psychological or Neuropsychological testing requires prior authorization for the following codes: 96130, 96131, 96132, 96133, 96136, and 96317.

Note: Find the [Treatment/Service Request Forms](#) for fax submission online.

Utilization Management

Utilization Management Phone number: 1-844-477-8313, and follow prompts for services required.

- **Standard hours of operation:** Monday to Friday from 8 a.m. to 8 p.m. Eastern.
- **Weekend and After-Hours on Call-Numbers:** (all products): 1-844-477-8313.



Behavioral Health Claims

Outpatient Covered Services

- Mental health
- Substance abuse services
- Assessments
- Medical and psychiatric services
- Individual, group and family therapies
- Rehabilitative services

For more about covered services, refer to AHCA at [Community Behavioral Health Services](#)

Inpatient Covered Services

- Inpatient
- Detox
- Short Term Residential
- Crisis Stabilization Unit
- Statewide Inpatient Psychiatric Program

For more about covered services, refer to AHCA at [State Mental Health Hospital Services](#)

Billing: The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement. The codes listed below are not a complete list. Please refer to your contract with Sunshine Health to determine all contracted/covered codes for each membership group.

Billing Codes and Modifiers					
Service Type	Units of Measurements	Procedure code	Modifier	Procedure Code Description	Units
Statewide Inpatient Psychiatric Program Services Billing Codes	Daily	0101		All-inclusive room and board	Unit
Psychiatric Evaluation	Per assessment	H2000	*	Psychiatric evaluation by a physician	Unit
Mental Health Targeted Case Management Services	Unit	T1017	*	Targeted Case Management	Unit

**Please refer to the Medicaid Fee Schedule and the Billing and Procedure Coding Guide for a list of approved modifier codes.

Important Links

- [Provider Reimbursement Schedules and Billing Codes](#)
- [Behavioral Health community Support Services Coverage Policy](#)
- [Behavioral Health and Health Facilities](#)
- [Specialized Therapeutic Services Coverage and Limitation Handbook](#)
- [Sunshine Health – Multiple Claim Submission Wizard – LTC](#)
- [Sunshine Health Provider Billing Manual](#)



ABA Claims

Behavioral Analysis Covered Services

- Behavior analysis (BA) services are covered for CMS Title 21 members. They are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors for members with autism and autism spectrum disorders.

For more about covered services, refer to AHCA at [Behavior Analysis Services Provider Information](#)

Description of the Specialty: Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors

Billing: Please refer to the [Medicaid Fee Schedule](#) and the Billing and Procedure Coding Guide for a list of approved modifier codes. Please refer to your contract with Sunshine Health to determine all contracted/covered codes for each membership group.

Important Links

- [Provider Reimbursement Schedules and Billing Codes](#)
- [Behavioral Analysis Services Information](#)
- [Sunshine Health – Multiple Claim Submission Wizard – LTC](#)
- [Sunshine Health Provider Billing Manual](#)

Timely Claim Submission

Providers must submit claims in a timely manner as indicated in the following table.

Initial Claim*		Reconsiderations or Claim Dispute**		Coordination of Benefits***	
Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
180 days	365 days	90 days	180 days	90 days	90 days

*In an initial claim, days are calculated from the date of service to the date received by Sunshine Health.

** In a reconsideration or claim dispute, days are calculated from the date of the explanation of payment/correspondence issued by Sunshine Health to the date the reconsideration is received by Sunshine Health.

*** For coordination of benefits, days are calculated from the date of explanation of payment from the primary payer to the date received by Sunshine Health.



Process for Claims Reconsiderations and Disputes

All requests for corrected claims or reconsiderations/claim disputes must be received within 90 days from the date of the original explanation of payment or denial.

Prior processing will be upheld for corrected claims or claim disputes received following the 90-day period unless there is a qualifying circumstance and appropriate documentation to support the qualifying circumstance.

Qualifying circumstances may include:

- A catastrophic event that substantially interferes with normal business operation of the provider or damage or destruction of the provider’s business office or records by a natural disaster
- Provider documentation showing member refused or was unable to provide member identification card and provider was unaware the member was eligible for services at the time services were rendered

Claim Payment Disputes

(Related to untimely filing, incidental procedure, unlisted procedure code)

Before Oct. 1, 2021	On or after Oct. 1, 2021
WellCare Health Plans Claim Payment Disputes P.O. Box 31370 Tampa, FL 33631-3370	Sunshine Health Attn: Adjustments/Reconsiderations/Disputes P.O. Box 3070 Farmington, MO 63640-3823

Provider on Behalf of Self – Medical Appeals

- Providers can request an appeal for the following types of denials:
 - No authorization claims denials.
 - Authorization denials due to member not meeting medical necessity authorization denials and medical necessity, in addition to, benefits exhausted and non-covered procedures.

Before Oct. 1, 2021	On or after Oct. 1, 2021
WellCare Health Plans ATTN: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Sunshine Health Attn: Adjustments/Reconsiderations/Disputes P.O. Box 3070 Farmington, MO 63640-3823



Provider Changes

Adding Providers to Existing Group or Practice

- A contracted medical or behavioral health practice that would like to add a practitioner should email all relevant documentation to practitioneradds@centene.com and include the following:
 - List of Affiliated Providers (LOAP)/Practitioner Roster (for additions only)
 - Disclosure of Ownership Form
 - Access our [LOAP \(roster\) template](#) to utilize as a guide when submitting these types of requests.
- The Practitioner Adds Mailbox is equipped with an Auto Response Email to alert the submitter that their request has been received.

Demographic Updates and Changes

- A contracted medical or behavioral health practice that would like to update or make any changes to their demographic information should direct their request to SunshineProviderRelations@sunshinehealth.com.
- Please include all detailed information to assist in making the appropriate changes.
- Providers can also initiate changes like this by visiting our [Secure Provider Portal](#).
 - These changes can be made by selecting “Modify Demographic Information about a specific TIN.”
- Providers can also submit their request via the [Contact form](#).

Provider Terminations

Providers should refer to their contracts for specific information about terminating their contracts with Sunshine Health.

In general, providers are required to notify the health plan within 90 days of terminating a provider or providers from a group or contract. Providers who want to terminate an individual practitioner within a practice or group should:

1. Provide the termination information on office letterhead and include the practitioner’s name, tax identification number, NPI, termination date and membership transfer information, if applicable; AND
2. Email the request to SunshineProviderRelations@SunshineHealth.com and notify your Provider Relations Representative.



Remittances and PaySpan

Access explanation of payment statements (EOPs), change bank account information register for electronic funds transfers.

If you are currently receiving paper checks and would like to register for EFT, please view a copy of a current paper check. It should contain a Payee ID. This is the Plan Number which will be needed when registering.

- The registration for PaySpan is easy and it only takes a few minutes.
- Visit [PaySpan](#) online, call PaySpan at 1-877-331-7154 or email providersupport@payspanhealth.com.
- If your address is incorrect in PaySpan, please update to the correct address. Also, contact Sunshine Health at 1-844-877-8313 to update your address in our systems.

Case Management

Our Case Management team can be reached Monday to Friday from 8 a.m. to 8 p.m. at the phone numbers below. For after hours or weekend assistance, use option 7.

- Children's Medical Services (CMS) Specialty Plan: 1-866-799-5321, option 2.
- Medicaid (MMA) and Serious Mental Illness Specialty Plan (SMI): 1-866-796-0530, option 2.
- Child Welfare Specialty Plan (CW): 1-855-463-4100, option 2.

24-Hour Nurse Advice Line and Crisis Line

The Nurse Advice Line can assist providers with checking member eligibility. It can also connect members to telemedicine for urgent care visits. The same number also has a Behavioral Health Crisis Line. Hours of operation are 24 hours a day, 7 days a week.

- CMS: 1-866-799-5321 and follow prompts for Nurse Advice Line, Option 1, then Option 7.
- MMA and SMI: 1-866-796-0530 and follow prompts for Nurse Advice Line, Option 1, then Option 3, then Option 7.
- CWSP: 1-855-463-4100 and follow prompts for Nurse Advice Line, Option 1, then Option 2, then Option 7.

Telemedicine

- Members have 24/7 access to receive services virtually through our telehealth vendor, [Teladoc](#). Members can also download the Teladoc app or call 1-800-TELADOC.
- Providers may furnish and receive payment for covered, eligible telemedicine services in accordance with this policy and the provider's scope of practice.

Additional Resources:

Access and Availability Timeframe Standards

Sunshine Health establishes and assesses compliance with appointment wait times for various types of visits. Please view our [Access and Availability Timeframe Standards](#).



Find A Provider (FAP) Tool

If you need assistance locating a specialist or facility for a member, please visit our [Find a Provider Tool](#). Here you will be able to search by provider name, NPI and specialty type.

Find My Provider Rep

Locate your [Provider Representative](#) by clicking the banner on our provider home page.

Community Resources

Our [Sunshine Health Community Resource Database](#) connects members and caregivers in need with local programs and supports.

For Providers Page

Stay up to date on provider communication by visiting our [For Providers Landing Page](#) and [Provider News Page](#).

Vendors Page

Contact information for [Sunshine Health's subcontractors and vendors](#).