







# Adult Crisis Provider Training

11/22/2024

**CONFIDENTIAL AND PROPRIETARY**

# Agenda

## MEDICAID

-  Adult Crisis Response Services
-  Clinical Programs Overview
-  Service Authorizations and Reporting
-  Claims Submission Procedures

# Adult Crisis Response Services

## Mobile Crisis Response

- Services are an initial or emergent crisis response
- Allowed to be billed without the requirement of a prior authorization, and
- Providers are required to notify the MCE when services are provided to a member.

MCR



## Community Brief Crisis Support

- Services are an ongoing crisis response
- Intended to be rendered for up to fifteen (15) days
- Requires prior authorization and is based on medical necessity.

CBCS



## Behavioral Health Crisis Care

- Services are an initial or emergent psychiatric crisis intervention response
- Intended to provide relief, resolution and intervention through crisis supports and services
- During the first phase of a crisis for adults
- Operates 24/7, provides short-term mental health crisis response services
- Limited services up to 23 hours per intervention

BHCC



## Crisis Stabilization

- Short-term bed-based treatment and support service for members who have received a lower level of crisis services for those who are at risk of hospitalization or institutionalization
- Operates 24/7 days a week as short-term mental health crisis response

CS



# MCR, CBCS, BHCC and CS Delivery of Services

## AGE REQUIREMENTS, PROCEDURE CODES, AND MODIFIERS

Age Requirements: 21 and older

MCR Procedure Codes and Modifiers:

- S9485 - **MOBILE CRISIS RESPONSE - INITIAL CONTACT** (Modifiers: TG, U8)
- H2011 - **MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP** (Modifiers: TG, 95)
- H2011 - **MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP** (Modifiers: TG, U8)

**Adult MCR  
Crisis  
Services**

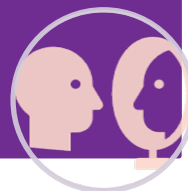


Age Requirements: 21 and older

CBCS Procedure Code and Modifier

- :
- H2011 - **COMMUNITY BRIEF CRISIS SUPPORT** (Modifier: HK)

**Adult CBCS  
Crisis  
Services**



Age Requirements: 21 and older

BHCC Procedure Codes and Modifiers

- S9484 – **BHCC BHS License <4 Hours/Day** (Modifier: HK)
- S9485 – **BHCC BHS License ≥ 4 Hours/Day** (Modifier HK)
- S9484 – **BHCC CRC License < 4 Hours/Day** (Modifier TG)
- S9485 – **BHCC CRC License ≥ 4 Hours/Day** (Modifier TG)

**Adult BHCC  
Crisis  
Services**



Age Requirements: 21 and older

CS Procedure Code and Modifier

- H0045 – **Crisis Stabilization – Individual** (Modifier: TG)

**Adult CS  
Crisis  
Services**



# Crisis Services Team



# Crisis Service Team Staffing



## CLINICAL STAFF

Consists of Crisis intervention specialists (CIS) that are LA-licensed LMHPs (LPC, LCSW, LMFT) who provide telephonic support to our members experiencing a mental health crisis.

- ❖ Conduct telephone triage and support to members calling into the BH crisis line (24/7)
- ❖ Provide support to crisis providers via the crisis provider line
- ❖ Complete required crisis screeners for members in crisis
- ❖ Coordinate crisis and non-crisis service needs
- ❖ Facilitate service referrals to other services based on member's needs

## SUPPORT STAFF

Consists of non-licensed staff to support crisis services operations for members and providers.

- ❖ Support state reporting functions
- ❖ Facilitate care coordination activities
- ❖ Monitor and escalate communications from provider line and crisis email box
- ❖ Coordinate meetings, rounds with providers



# LHCC Crisis Services-Policies



This document is an integral part of your understanding of the Louisiana Healthcare Connections Crisis Services authorization process and what is required, not only for authorization, but for Louisiana Healthcare Connections to render a determination regarding your request for crisis services.

Below is where you can find our crisis services Clinical Policy Go to Louisiana Healthcare Connections Website ([www.louisianahealthconnect.com](http://www.louisianahealthconnect.com))

1. Click on **FOR PROVIDERS** tab
2. On the far left, you will click on **PROVIDER RESOURCES**
3. Scroll down to **CLINICAL & PAYMENT POLICIES**
4. Select **CLINICAL POLICIES**
5. Scroll down until you find the policy for the service you are requesting
6. Select document and you will be able to view, print, or download the policy.

# How to Request Crisis Services



**By Telephone (Crisis  
Provider line):**  
833-619-2490

**By Fax:** 833-592-0657

**By the Provider Portal:**  
Must have a current portal  
account; if not, please  
contact your assigned  
provider services rep (see  
provider service map)



# Provider Service Representative Contacts

## Managers

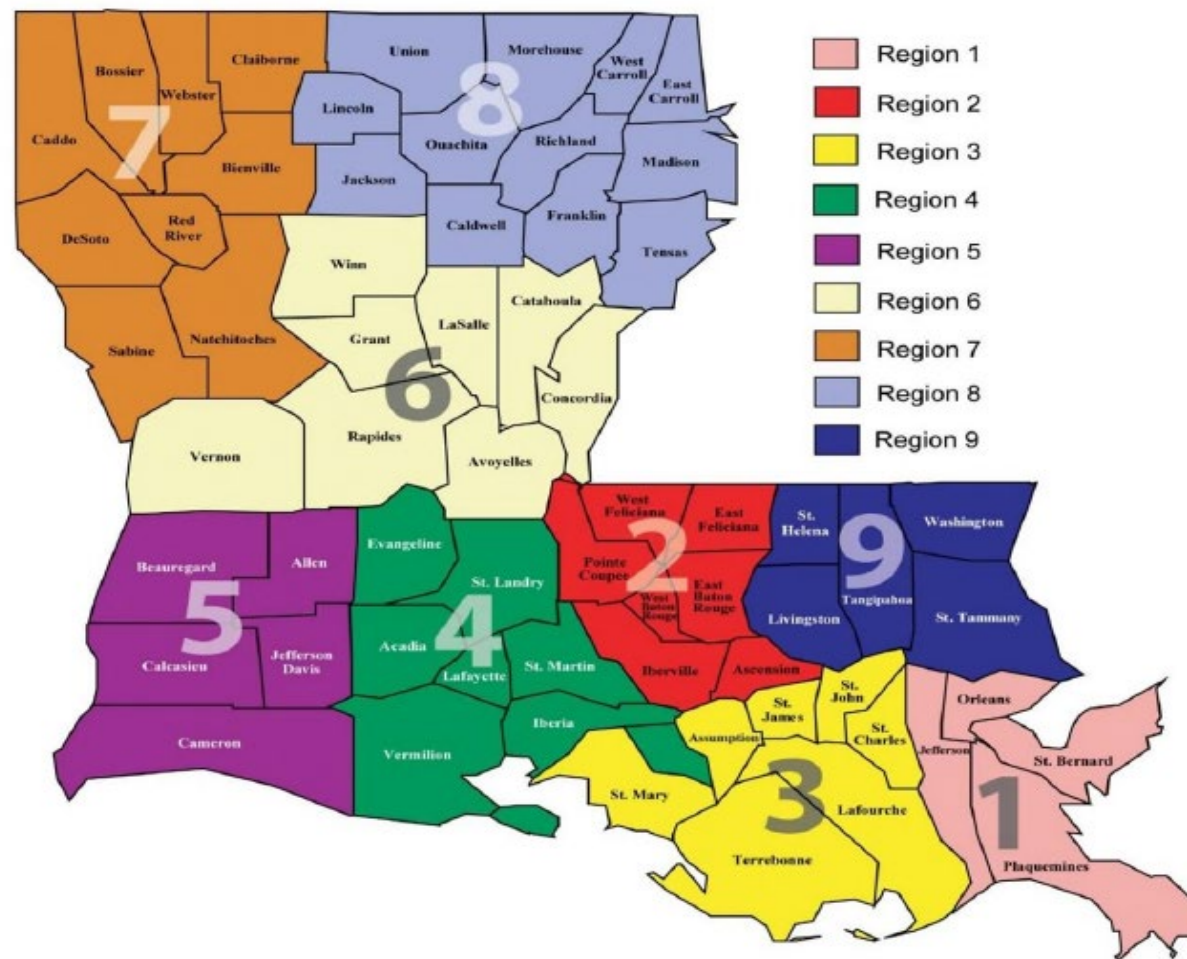
- **Danielle Jackson**, Director, Provider Network Performance: Reg. 2  
2 225.335.6816, [danielle.r.jackson@centene.com](mailto:danielle.r.jackson@centene.com)
- **Carey Hotard**, People Leader: Reg. 4,5,6,7,8  
225.315.3458, [chotard@louisianahealthconnect.com](mailto:chotard@louisianahealthconnect.com)
- **Todd Fletcher**, People Leader: Reg. 1,3,9  
504.495.8810, [todd.fletcher@louisianahealthconnect.com](mailto:todd.fletcher@louisianahealthconnect.com)

## Internal Provider Engagement Network Specialist

- **Pam Gay**, 318.331.8135,  
[pamela.c.gay@louisianahealthconnect.com](mailto:pamela.c.gay@louisianahealthconnect.com)
- **Brittany Anderson**, 225.316.6346,  
[brittany.anderson@louisianahealthconnect.com](mailto:brittany.anderson@louisianahealthconnect.com)

## OUT OF STATE

- **In Network PH/BH:** Heather Cole - 225.892.7137  
[heather.cole@louisianahealthconnect.com](mailto:heather.cole@louisianahealthconnect.com)
- **Ochsner New Orleans:** Nicole Crowder – 504.202.1564  
[nan.crowder@louisianahealthconnect.com](mailto:nan.crowder@louisianahealthconnect.com)
- **All Out of Network PH/BH/HOSPITAL/FACILITY/FQHC/RHC:**  
Call Center



# Provider Service Rep. Contacts (cont.)



## REGION 1 – NEW ORLEANS

- **PH & HOSPITAL/FACILITY:** Nicole Crowder – 504.202.1564  
nan.crowder@louisianahealthconnect.com
- **FQHC/RHC:** Dana Fisher – 504.451.8785,  
dana.fisher2@louisianahealthconnect.com
- **BH:** Jasmine Patton – 504.487.0963  
jasmine.patton@louisianahealthconnect.com

## REGION 2 – BATON ROUGE

- **BH:** Ashley Biagas – 225.241.9468  
Ashley.Biagas@louisianahealthconnect.com
- **HOSPITAL/FACILITY/PH:** Brittany Dicapó – 225.726.1602  
Brittany.N.Dicapó@louisianahealthconnect.com
- **FQHC/RHC:** Dana Fisher – 504.451.8785,  
dana.fisher2@louisianahealthconnect.com

## REGION 3 – HOUMA

- **HOSPITAL/FACILITY/PH:** Pam Gay - 318.331.8135,  
pamela.c.gay@louisianahealthconnect.com
- **FQHC/RHC:** Dana Fisher - 504.451.8785,  
dana.fisher2@louisianahealthconnect.com
- **BH:** Ashley Biagas – 225.241.9468  
Ashley.Biagas@louisianahealthconnect.com

## REGION 4 – LAFAYETTE

- **BH:** Pam Gay - 318.331.8135,  
pamela.c.gay@louisianahealthconnect.com
- **HOSPITAL/FACILITY/PH:** Bethene Newland - 225.454.4506  
bethene.l.newland@louisianahealthconnect.com  
**Parishes:** Lafayette, Acadia, Evangeline
- **FQHC/RHC:** Dana Fisher – 504.451.8785,  
dana.fisher2@louisianahealthconnect.com
- **HOSPITAL/FACILITY/PH:** Bethene Newland - 225.454.4506  
bethene.l.newland@louisianahealthconnect.com  
**Parishes:** Vermillion, St. Landry, St. Martin, Iberia

## REGION 5 – LAKE CHARLES

- **HOSPITAL/FACILITY/PH/FQHC/RHC:** Cheryl Barrow -  
225.349.9277, cheryl.l.barrow@louisianahealthconnect.com
- **BH:** Pam Gay - 318.331.8135,  
pamela.c.gay@louisianahealthconnect.com

## REGION 6 – ALEXANDRIA

- **PH/HOSPITAL/FACILITY:** Heather Cole - 225.892.7137  
heather.cole@louisianahealthconnect.com
- **FQHC/RHC:** Rebecca "Becky" Burns - 225.264.3033  
rebecca.r.burns@louisianahealthconnect.com
- **BH:** Odyssey Winston – 318-654-5085  
odyssey.m.winston@louisianahealthconnect.com

## REGION 7 – SHREVEPORT

- **FQHC/RHC:** Rebecca "Becky" Burns - 225.264.3033  
rebecca.r.burns@louisianahealthconnect.com
- **PH/ HOSPITAL/FACILITY:** Brittany Johns – 318.519.8778  
Brittany.johns@louisianahealthconnect.com
- **BH:** Odyssey Winston – 318-654-5085  
odyssey.m.winston@louisianahealthconnect.com

## REGION 8 – MONROE

- **PH& HOSPITAL/FACILITY:** Lisa King – 318.245.8172  
lisa.king@louisianahealthconnect.com
- **FQHC/RHC:** Rebecca "Becky" Burns - 225.264.3033  
rebecca.r.burns@louisianahealthconnect.com
- **BH:** Odyssey Winston – 318-654-5085  
odyssey.m.winston@louisianahealthconnect.com

## REGION 9 – NORTHSORE

- **PH & HOSPITAL/FACILITY:** Todd Waguespack – 225.317.0765  
twaguespack@louisianahealthconnect.com
- **FQHC/RHC:** Dana Fisher - 504.451.8785,  
dana.fisher2@louisianahealthconnect.com
- **BH:** Jasmine Patton – 504.487.0963  
jasmine.patton@louisianahealthconnect.com

# How to Locate the Authorization Request Form

1. Go to Louisiana Healthcare Connections Website ([www.louisianahealthconnect.com](http://www.louisianahealthconnect.com))
2. Click on **FOR PROVIDERS** tab
3. On the far left, you will click on **PROVIDER RESOURCES**
4. Select **MANUALS, FORMS AND RESOURCES**
5. Select **MEDICAID**
6. Scroll down to the bottom for the **BEHAVIORAL HEALTH Authorizations and Reporting** section
7. Select the **Outpatient Treatment Request Form** listed under Crisis Services
8. Completely fill out the form.



Adobe Acrobat  
Document

# Crisis OP Treatment Request Form



## Outpatient Treatment Request Form

Use to request Crisis Services

*Please print clearly—incomplete or illegible forms may delay processing.*



### Instructions

#### Submit these documents:

- ☐ This Outpatient Treatment Request form
- ☐ Treatment Plan or Initial Treatment Goals
- ☐ Complete all questions in entirety to prevent a delay in processing or an adverse determination

By fax to:

1-833-592-0657

### Provider Information

Clinician:  Credentials:   
Agency Name:   
Agency Phone:  Agency Secure Fax:   
Agency NPI:  Agency TIN:   
Agency Address:   
City:  State:  Zip:

### Member Information

First Name:  Last Name:   
Medicaid ID:  Birth Date:   
Primary Diagnosis ICD-10 Code:   
Additional:   
Co-morbid Medical Diagnosis ICD-10 Code:

Has contact occurred with PCP? ☐ YES ☐ NO

Is the member compliant with the current medications? ☐ YES ☐ NO

Current Behavioral Health Medications:

Medical Conditions:

Anticipated Discharge Date:

(If the member requires ongoing support at a lower level of care, the member should return to existing services with current behavioral health provider as soon as indicated and accessible.)

### Requested Authorization

Please mark appropriate code(s) in the left column.

PROCEDURE CODES	REQUESTED START DATE MM/DD/YYYY	REQUESTED END DATE MM/DD/YYYY	TOTAL NUMBER OF UNITS REQUESTED	NUMBER OF VISITS PER WEEK
Community Brief Crisis Support (age 21 and greater) <input type="checkbox"/> H2011/HK				
Community Brief Crisis Support Youth Services (age 0-20) <input type="checkbox"/> H2011/HK				
Behavioral Health Crisis Care less than 4 hrs/licensed staff (Requires Notification) <input type="checkbox"/> S9484/TG				
Behavioral Health Crisis Care less than 4 hrs/non-licensed staff (Requires Notification) <input type="checkbox"/> S9484/HK				
Behavioral Health Crisis Care greater than 4 hrs/non licensed staff (Requires Notification) <input type="checkbox"/> S9485/HK				
Behavioral Health Crisis Care greater than 4 hrs/licensed staff (Requires Notification) <input type="checkbox"/> S9485/TG				
Crisis Stabilization Per Diem (# of days) (Requires Notification) <input type="checkbox"/> H0045/TG			N/A	N/A

#### FUNCTIONAL OUTCOMES (choose yes or no)

- In the last 30 days, has member been in crisis? ☐ YES ☐ NO
- In the last 30 days, has member received inpatient or residential behavioral health care? ☐ YES ☐ NO
- In the last 30 days, has the member had problems with sleeping or feeling sad? ☐ YES ☐ NO
- In the last 30 days, has the member had problems with had problems with fears and anxiety? ☐ YES ☐ NO
- In the last 30 days, has alcohol or drug use caused problems for member? ☐ YES ☐ NO
- In the last 30 days, has member gotten in trouble with the law? ☐ YES ☐ NO
- In the last 30 days, has member had trouble getting along with other people including family and people out the home? ☐ YES ☐ NO
- In the last 30 days, has member had an unstable living situation? ☐ YES ☐ NO

#### CHILDREN ONLY

- In the last 30 days, has member been suspended or expelled from school? ☐ YES ☐ NO
- Is member currently in state custody (DCFS or Juvenile Justice)? ☐ YES ☐ NO

#### ADULTS ONLY

- Is member currently employed or attending school? ☐ YES ☐ NO

#### SYMPTOMS (IF PRESENT, SELECT DEGREE TO WHICH IT IMPACTS DAILY FUNCTIONING.)

	N/A	Mild	Moderate	Severe		N/A	Mild	Moderate	Severe
Anxiety/Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inattention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mood Swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent Outbursts/Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations/Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Distress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### FUNCTIONAL IMPAIRMENT (IF PRESENT, SELECT DEGREE TO WHICH IT IMPACTS DAILY FUNCTIONING.)

	N/A	Mild	Moderate	Severe		N/A	Mild	Moderate	Severe
Personal Hygiene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work/School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intoxication or Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Substance Used:

#### CURRENT RISK ASSESSMENT (select all that apply)

Suicidal: ☐ None ☐ Ideation ☐ Planned ☐ Imminent Intent ☐ Self Injury

History of self-harming behavior (dates)

Homicidal: ☐ None ☐ Ideation ☐ Planned ☐ Imminent Intent ☐ Self Injury

History of harm to others (dates)

Safety Plan in place? (If plan or intent indicated attach recent crisis plan) ☐ Yes ☒ No

Describe any recent crisis:

#### TREATMENT GOALS, PROGRESS, AND BARRIERS

Please provide any intervention and the effectiveness of the intervention provided to the member.

Describe presenting problems related to urgent mental health distress of member.

Please indicate if member was referred from MCR services.

☐ Yes ☐ No

If this is a re-authorization, please provide a brief narrative expressing the success or lack of success during the previous authorization period.

Describe what worked for the member, what did not work for the member, and how member's symptoms specifically continue to impair functioning.





Please feel free to attach additional documentation to support your request (e.g. updated treatment plan, progress notes, etc.).

Clinician printed name with Credentials:

Date

Clinician Signature with Credentials:

Once completed,  
Fax to: 1-888-725-0101



# How to **Successfully** Request Adult Crisis Services

1. Locate correct form from Louisiana Healthcare Connections Website
2. Fill in correct provider information
3. Fill in correct member information
4. Request needed services with the correct procedure codes
  - **Start and End Date** you are requesting
  - **Total Number of Units** you are requesting
5. Information Regarding Member Presentation (Functional Outcomes and Functional Impairment)
  - These sections are to help Louisiana Healthcare Connections assess if member needs additional referrals such as Case Management, Housing, or other BH services.

**\*\*\*If you are requesting services verbally or through the portal the same information from the form is needed, so please have it readily available\*\*\***

# Authorization/Notification Tips



1. Please **always** include the following when requesting services or providing notification:
  - A. Agency billing name
  - B. NPI
  - C. Correct address based on location where services are rendered
  - D. Fax #
  - E. Contact person name to send correspondence to
  - F. Correct phone #

**\*\*\*If you are providing more than one crisis service, this information must be provided separately for each service requested\*\*\***

# Adult Crisis - Contracting/Credentialing Information

## Request a Contract/Amendment:

- Join Online:
  - <https://www.louisianahealthconnect.com/providers/become-a-provider.html>
- Contact an LHCC Representative:
  - Adam Fruge: [afruge@louisianahealthconnect.com](mailto:afruge@louisianahealthconnect.com)
  - Russell Politz: [rpoltz@louisianahealthconnect.com](mailto:rpoltz@louisianahealthconnect.com)

## Already Contracted:

- Copy of License
- Crisis Team Roster and Training Certifications
- Please send an updated roster including individual NPIs and Crisis Training certifications for each team member to:  
LHC\_BHProv\_Roster[@louisianahealthconnect.com](mailto:LHC_BHProv_Roster@louisianahealthconnect.com)

A large, stylized orange flower graphic is positioned on the left side of the slide. It features several rounded petals and a central stem-like structure, all rendered in a solid orange color that matches the background.

# Claims & Billing Processes, Tips & Best Practices

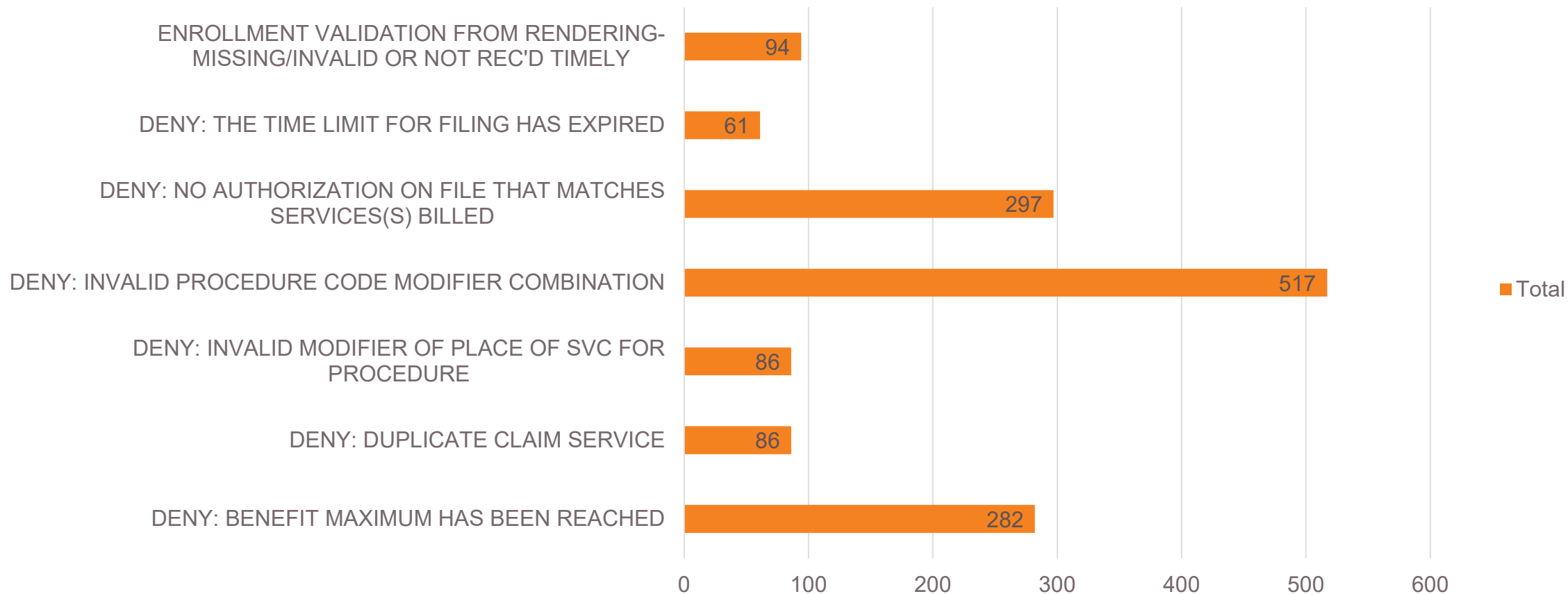
# CLAIMS BILLING



Adult Crisis Services				
Code	Description	Modifier	Unit	RATE
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - <i>Effective 12/1/22</i>	TG, U8	Per Diem	\$493.72
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - <i>Effective 12/1/22</i>	TG, 95	15 Minutes	\$29.09
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - <i>Effective 12/1/22</i>	TG, U8	15 Minutes	\$37.91
H2011	COMMUNITY BRIEF CRISIS SUPPORT - <i>Effective 12/1/22</i>	HK	15 Minutes	\$38.16
S9484	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i>	HK	One Hour	\$98.12
S9485	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 12/1/22</i>	HK	Per Diem	\$392.46
S9484	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i>	TG	One Hour	\$137.35
S9485	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 12/1/22</i>	TG	Per Diem	\$549.40
H0045	CRISIS STABILIZATION - INDIVIDUAL - <i>Effective 12/1/22</i>	TG	Day	\$915.66
<b>Modifier Description</b>				
TG	COMPLEX/HIGH TECH LEVEL OF CARE			
U8	MEDICAID LEVEL OF CARE 8, AS DEFINED BY EACH STATE (Services rendered in the Natural Environment (Home and Community)			
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS			

# Claim Denials

## Top Claim Denial





# ICD-10 CM 2024 Guidelines

Z codes must be billed in secondary position otherwise they are not payable.

R codes can be billed with the mobile crisis services.

R codes in the ICD-10-CM reflect certain codes are excludes1.

Excludes 1 indicates that the code excluded should never be used at the same time as the code above the Excludes1 note

When billing R codes refer ICD-10-CM book to ensure there is no conflict.

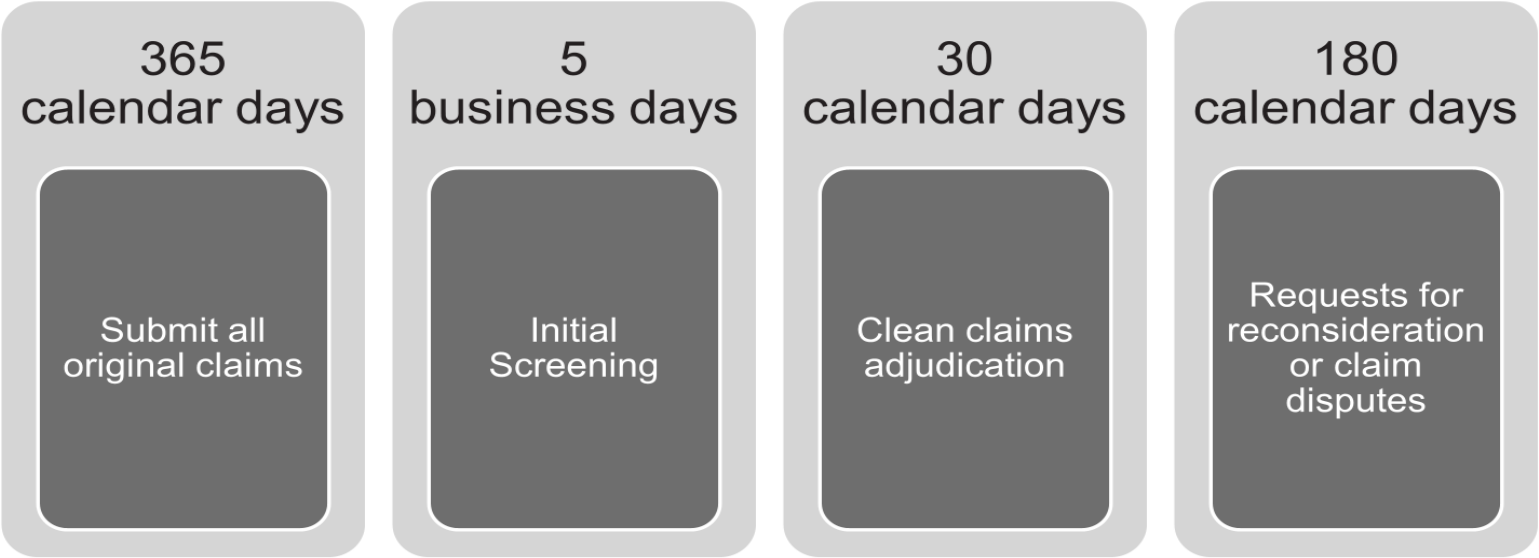
ICDData.com is a good resource to use.

ICD-10-CM	Excludes 1	ICD-10 Guideline
R45.3	R45.84	Indicates that the code excluded should never be used at the same time.
R46	F01-F99	Indicates that the code excluded should never be used at the same time.
R46.4	R40.1	Indicates that the code excluded should never be used at the same time.
R46.81	F42	Indicates that the code excluded should never be used at the same time.

# Claims Submission Requirements



## Claims & Billing NUMBERS TO KNOW



# Clean Claim Guidelines



Comply with all standard coding guidelines.



Contain no missing information, i.e., patient/member info.



Submitted on the appropriate billing for UB 04 or CMS 1500.



Follow claim form field requirements listed in State billing manual.

# Required Billing Information

## THE FOUNDATION OF SUCCESSFUL CLAIMS

- Member/Patient Info
- Patient Diagnosis
- Procedure/Service Codes
- Provider Billing Information
  - Provider name
  - National Provider Identifier (NPI)
  - Tax Identification Number (TIN)
  - Physical address
  - Mailing address
  - Billing name and address



### Tips to Remember:

- Always let us know when your information changes.
- Submit a W-9 form to have information updated.

# Provider Taxonomy

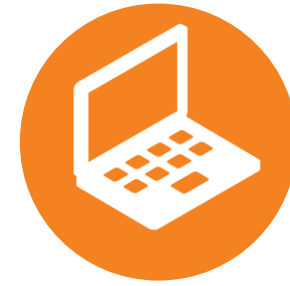
## IS YOURS CORRECT?



Log into our Secure  
Provider Portal and click  
'Reports'



Select 'Verify  
Demographic &  
Practitioner Info' to open  
spreadsheet



Provider taxonomy is  
Column G;  
Practitioner taxonomy is  
Column BT

# Provider Taxonomy

## NEED TO UPDATE IT?



Changing or updating your taxonomy is easy. There are 3 ways:



Send a letter of request on your company's letterhead by fax to **1-866-768-9374**

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Send a letter of request on your company's letterhead by mail to:

Louisiana Healthcare Connections  
Attention: Provider Contracting  
8585 Archives Ave., Suite 310  
Baton Rouge, LA 70809

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Update it online at [nppes.cms.hhs.gov](https://nppes.cms.hhs.gov) and notify us by phone: **1-866-595-8133**

# Claims Submission

## WAYS TO SUBMIT CLAIMS



### Electronically – Claims Clearing House

- Can receive an ANSI X12N 837 (professional & institutional claims)
- Can generate an ANSI X12N 835 electronic remittance (EOP)

### Provider Portal @ louisianahealthconnect.com

### Paper/CMS HCFA 1500 or UB-04

Louisiana Healthcare Connections  
Attention: Claims  
P.O. BOX 4040  
Farmington, MO 63640-3826

### CMS 1500 (HCFA) Claim Example

The image shows a sample CMS 1500 (HCFA) Health Insurance Claim Form. The form is filled out with example data for a patient named 'Mister Example' and a provider named 'LA Doctor Building'. The form includes sections for patient information, insurance information, provider information, and a table for procedure codes. The table has columns for date of service, procedure code, quantity, units, and charges. The total charges are listed as 175. The form is marked as 'APPROVED OMB-0938-0999 FORM CMS-1500 (08/06)'.

DATE OF SERVICE	PROCEDURE CODE	QUANTITY	UNITS	CHARGES	
01/01/2011	01/01/2011	72	T1015	1	175
01/01/2011	01/01/2011	72	82947	1	0



# LHCC Leader Contacts



**Dr. Lisa Weber-Curry – Director, Behavioral Health Services**

- [lisa.webercurry@louisianahealthconnect.com](mailto:lisa.webercurry@louisianahealthconnect.com)
- 225-362-6057

**Keyana Jackson – Manager, Crisis System**

- [keyana.d.jackson@louisianahealthconnect.com](mailto:keyana.d.jackson@louisianahealthconnect.com)
- 225-337-3763

**Yvonne Carter – Crisis Liaison**

- [yvonne.d.carter@louisianahealthconnect.com](mailto:yvonne.d.carter@louisianahealthconnect.com)
- 504-352-2999

**LHCC Crisis Email Box: [LHCC\\_crisis\\_services@louisianahealthconnect.com](mailto:LHCC_crisis_services@louisianahealthconnect.com)**

# Upcoming Trainings



## Upcoming Trainings Link 2024-2025

### Clinical Topics in BH: Schizophrenia & Other Psychotic Disorders presented by Adriana Peralta, MSW, LCSW, LPN

This is a live event. Attendees must login to GoToTraining 15 min. prior to start & connect audio via their device or call the conference number. Attendee must be in [read more...](#)

MON, DEC 16, 2024 10:00 AM - 12:00 PM CST

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### DSM-5 TR: An Overview of Changes by Lisa Wharton, MA, LPC, LPCC

This is a live event. Attendees must login to GoToTraining 15 min. prior to start & connect audio via their device or call the conference number. Attendee must be in [read more...](#)

MON, DEC 16, 2024 1:30 PM - 3:00 PM CST

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### Behavioral Health Screening Tools for Providers presented by Kimberly Bindas, MSW, LICSW

This is a live event. Attendees must login to GoToTraining 15 min. prior to start & connect audio via their device or call the conference number. Attendee must be in [read more...](#)

TUE, DEC 17, 2024 11:30 AM - 2:30 PM CST

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# Medicaid Q&A

