



Helpful Tips for billing HealthPartners for EIDBI services

- 1) EIDBI providers must include both the rendering provider and Qualified Supervising Professional (QSP) on all claims for services where a QSP is required.
 - a. Rendering provider is placed in loop 2310B NM1 on the 837P electronic claim transaction
 - b. Supervising provider is placed in loop 2310D NM1 on the 837P electronic claim transaction.
 - c. If all services for a patient in a given day are billed on 1 claim and multiple rendering providers were involved then the line rendering and supervising loops must also be submitted.
 - i. If the rendering provider at the line is different than the claim level rendering than the line rendering provider loop 2420A must be populated to identify the specific provider that rendered the service.
 - ii. If the line rendering provider is populated and the procedure at the service line requires a QSP then the line Supervising provider loop 2420D must be also be populated to identify the QSP that supervised the line rendering provider. If the rendering is submitted at the line level then the applicable QSP must also be indicated at the claim line level even if it is the same entity as the claim level supervising in order to differentiate if the line rendering was supervised or not.
- 2) Please ensure your claims accurately reflect the time you spent with your patients. You can find specific unit information on DHS's EIDBI Billing Grid in the **"Unit"** column.
 - a. For codes **97151, 97153, 97154, 97155, 97156 & 97157**: 1 unit = 15 minutes as set by the AMA.
- 3) If the time spent with the patient is less than half the time of the code time, then do not bill that code. For example, for 15-minute codes, do not bill when time spent with the person is less than eight minutes.
- 4) Please review the information found on DHS's [EIDBI Billing Grid](#) in the **"Person or Services Limits"** & **"Provider Limits QSP Required"** columns.
 - a. Claims that do not adhere to these standards cannot be paid.



- 5) The UB modifier is required to be placed on claims for EIDBI services.
 - a. Other modifier should be added to the claim as appropriate to accurately identify the services rendered.
 - b. The billing guidelines can be found on DHS's [EIDBI Billing Grid](#).

- 6) Ensure you are only billing HealthPartners for dates of service that you provided services on.
 - a. For example, if you see a member weekly Monday-Friday, the use of a date range on your claim that includes dates that you did not provide services on (like a Saturday or Sunday) would not be accurate.

- 7) If an EIDBI patient has another insurance plan that is primary to their HealthPartners insurance Medicaid plan, per DHS guidelines HealthPartners will process and pay their EIDBI Medicaid claims without you having to submit it to the primary insurer first. Please complete the following steps:
 - a. Submit the EIDBI claim to HealthPartners.
 - b. If the claim denies for coordination of benefits, please contact our claims customer service area at the contact information below to have those claims reprocessed and paid.