

Questions & Answers

1. What bill type should be used for electronic corrected claims?

Corrected claim forms are the 1500 HCFA or 1450 UB and this provides details on identifying that it is a replacement or void of a previous claim
[Provider Guide Claims Billing Duplicate Submissions](#)

2. For physical health, how do we get a contract? We are contracted with Carolina Complete Health.

Providers can complete the [Contract Request Form](#) as well.

3. How do I submit claims?

Providers submit claims following the direction in the [Claims Submission Protocol](#).

4. How do I submit authorizations:

1. Providers have three methods to submit authorizations:
2. [Provider Portal](#) (preferred)
3. Phone: 855-250-1539

Fax (Fax Form)

 Physical Health Outpatient: 833-875-0930

 Physical Inpatient:

- Face Sheet/Initial Review: 833-875-0650
- Concurrent Review: 833-875-2264
- Transplant Review: 866-753-5659

5. Should Speech and Occupational Therapy be sent via EVV as of October 1, 2024?

Speech and OT do not come through EVV at this time.

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6. If I already have a current assessment, do I need to complete a reassessment?

No. Assessments should be completed every 12 months or as a members service needs change.

7. Are Tailored Plan members automatically enrolled in Transition to Community Living?

Yes, if the member qualifies and is enrolled in the Tailored Plan they are automatically enrolled.

8. Is HHA/EVV required for PCS provided in the residential facility?

Adult care home PCS are not subject to EVV. Only 99509 with HA or HB modifier.

9. Is there a contact for billing set up?

Yes. Visit [Provider Engagement](#) Webpage. For more information, review [Trillium PH Bulletin-17390844](#)