



Louisiana Department of Health
Informational Bulletin 16-10
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Billing for Specialized Mental Health and Substance Use Services for Members with Commercial Insurance and Medicaid

Note: Effective April 1, 2026, UnitedHealthcare's (UHC) contract with the Louisiana Department of Health (LDH) ended, and all members assigned to UHC were reassigned to other managed care organizations (MCO). For additional details regarding the UHC transition, refer to [Informational Bulletin 26-3](#).

UHC claims for dates of service prior to April 1, 2026 must be submitted by March 31, 2027.

Providers who bill for medically necessary services for Louisiana Medicaid enrollees who have commercial insurance should follow the process detailed below. This only applies to eligible enrollees who have a Louisiana Medicaid behavioral health benefit.

Claims for services other than those listed below should be submitted to the member's commercial insurance first. After the primary payer (the commercial health plan) adjudicates the claim, the provider is encouraged to submit a claim to the member's managed care organization (MCO) as the secondary payer.

The mental health services listed below are typically not reimbursed by commercial health plans. Providers should submit claims directly to the Medicaid enrollee's MCO. Submitting the claims to a commercial health plan first is not required and may result in a delay in payment.

- H0018 – Therapeutic Group Home
- H0039 – Assertive Community Treatment per diem
- H0045 – Crisis Stabilization
- H2017 – Psychosocial Rehabilitation Services
- H0036 – Community Psychiatric Support and Treatment
- H2033 – Multi-Systemic Therapy
- H2011 – Crisis Intervention Service, per 15 minutes
- H2011 – Community Brief Crisis Support

- H2011 – Mobile Crisis Response
 - S9484 – Behavioral Health Crisis Care
 - S9485 – Crisis Intervention Mental Health Services, per diem
 - S9485 – Behavioral Health Crisis Care – per diem
 - S9485 – Mobile Crisis Response
 - H2021 – Dialectical Behavioral Therapy
1. When should providers begin submitting claims directly to the MCOs for the procedures listed above?

Providers can begin submitting claims following the dates listed for each MCO below.

MCO	Begin date to submit claims
Aetna Better Health of Louisiana	May 27, 2016
AmeriHealth Caritas	June 21, 2016
Healthy Blue	June 21, 2016
<u>Humana Healthy Horizons of Louisiana</u>	<u>January 1, 2023</u>
Louisiana Healthcare Connections	July 20, 2016
United HealthCare Community Plans	June 15, 2016

2. Can I submit retro claims for the procedure codes list above?

Yes, using the begin date to submit claims listed in the table above, retro claims can be submitted for dates of service starting Dec. 1, 2014.

3. Should we continue to submit claims to the commercial insurance plan until the begin date to submit claims as listed above or should we hold the claims?

That is a decision you will need to make. You have the option to hold the claims for the procedure codes listed above until the MCOs are ready to accept the claims without a denial from the member’s commercial insurance plan.

In consideration of question #3:

If you submit your claims prior to the “begin submit date” for each listed above, you will first submit the claim to the commercial policy, wait for a denial, and then submit the claim and EOB to the member’s MCO.

If you hold the claims until the “begin submit date” for each MCO listed above, the claims will only need to be adjudicated by the MCO as primary.

Note: If you have already submitted claims for members with commercial insurance for the codes listed above, do not resubmit the claims. The MCOs will reprocess the claims after their systems are ready to bypass commercial TPL. The MCOs will conduct a special project to process these claims.