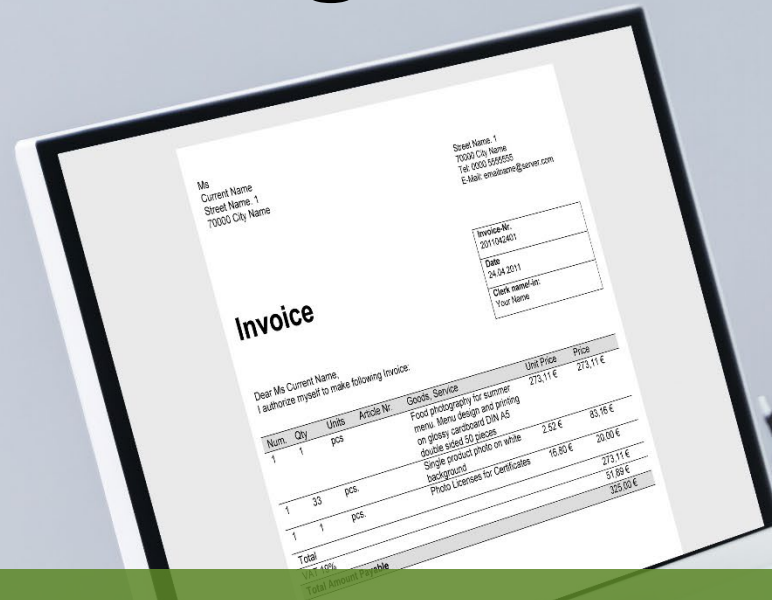


Claims Management



SelectHealth strives to meet and exceed benchmarks for on-time claims payment.

Submitting and Tracking Claims

- **Electronic Data Interchange (EDI) Transactions—**

These are typically more accurate and allow us to reimburse you more quickly. [Learn more about EDI](#). To track eligibility and claims status, consider using the Provider Benefit Tool (**Need access?** Follow the instructions on selecthealthphysician.org.)



- **Via U.S. Mail at:**

- P.O. Box 30192 SLC, UT 84130 (for Commercial/Medicaid/CHIP)

- P.O. Box 30196 SLC, UT 84130 (for Medicare claims ONLY)

Check status by calling Member Services (**801-538-5038**).

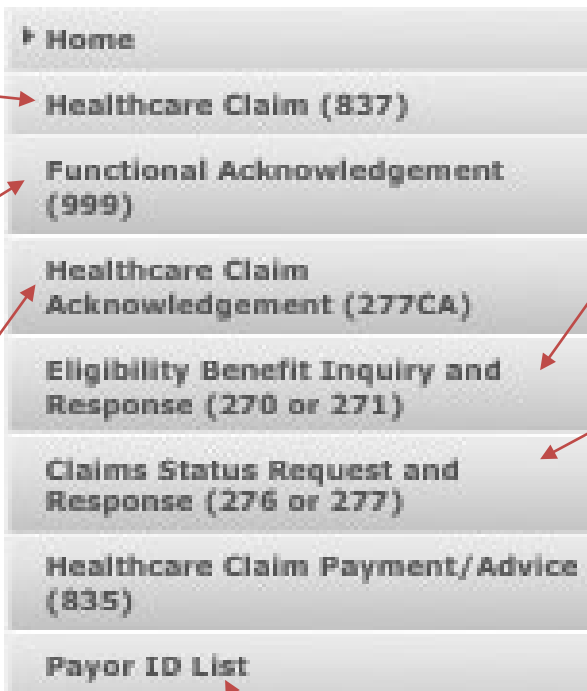
Navigating EDI Transactions

From the left-hand menu in the EDI area of selecthealthphysician.org, you can access information about the transaction types identified below.

Use the [837 transaction](#) to submit claims electronically, which allows for faster adjudication and payment.

Check your [999 report](#) every time you submit claims electronically to ensure your claims were received and are progressing through adjudication.

For all claims accepted in 999, the [277CA](#) provides information regarding the accept/reject status of claims based on our internal requirements.



The [270/270 transaction](#) lets you verify a member's eligibility and benefit information.

The [276/277 transaction](#) facilitates the verification or the status of a specific claim.

The [835 transaction](#) details payment information on claims. Learn about options for receiving payment by check or as electronic funds transfer in this section.

Access the [Payor ID list](#) for information on clearinghouse, TP#, and Payor ID by software vendor).

The Provider Benefit Tool

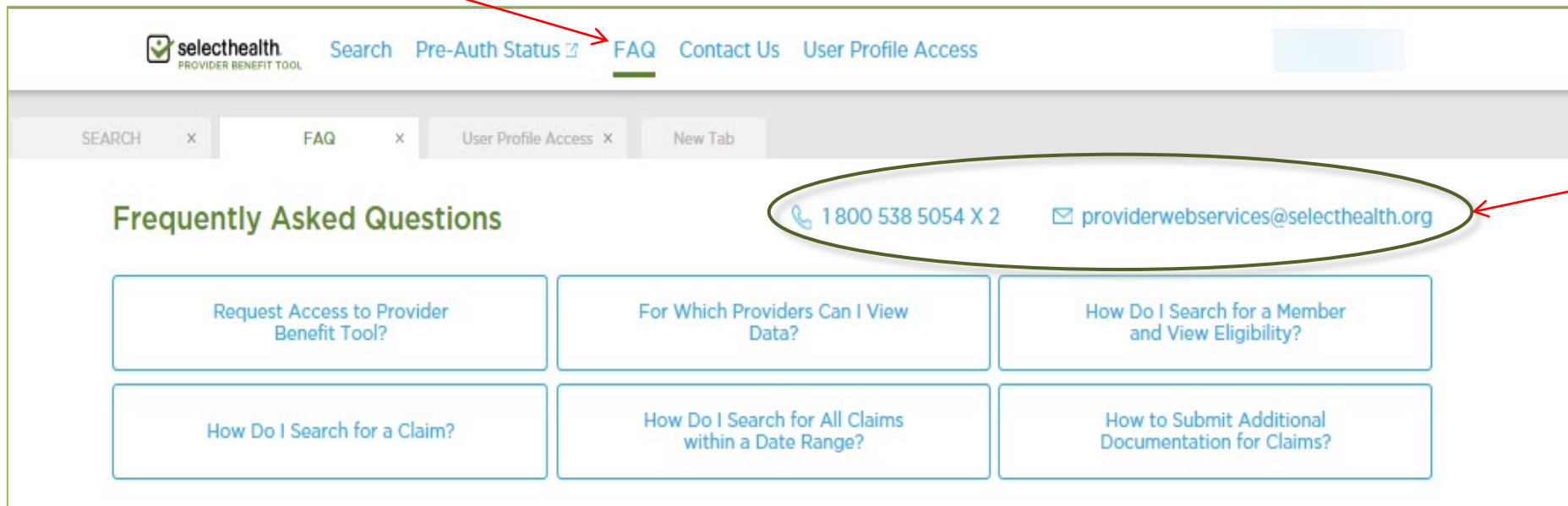
- To track eligibility and claims status, consider using the Provider Benefit Tool.
- **Need access?** Follow the instructions on selecthealthphysician.org.)

The screenshot shows the 'selecthealth. Physician' portal. At the top, there are navigation tabs for 'PRACTICE MANAGEMENT', 'PROVIDER SUPPORT', 'SERVICES', and 'TOOLS'. A 'Secure Content Login' button is visible. The main content area includes a 'CORONAVIRUS UPDATES' banner with a red circular icon containing a white exclamation mark and the text 'The latest news and resources for SelectHealth providers' with a 'Learn more >' link. Below this is a 'SelectHealth News & Information' section with several news items, including 'Testing and Radiation Oncology Services: Changes to Clinical Appropriateness and Authorization Reviews' and 'Sign Up to View Patient Information Online*'. A red circle highlights the 'Sign Up to View Patient Information Online*' banner, which includes a mouse cursor icon. The text in the banner reads: 'Request access to the SelectHealth physician portal, Provider Benefit Tool (Claim status), and Care Affiliate (preauthorization tool)'. At the bottom of the page, there is a footer with the SelectHealth logo and name.

Getting Started: Provider Benefit Tool

Once you have access in the Provider Portal, click on the Provider Benefit Tool icon.

From the screen that opens when you click on the Provider Benefit Tool icon on the Provider Portal, you can find information on all key functions related to the tool. This FAQ tab offers links to information on commonly asked questions. The FAQs are also available to the public at: <https://selecthealth.org/pbt/faq#claim-documentation>.



For more information or assistance, contact Provider Web Services by phone or email.

Provider Benefit Tool, Continued

This tab indicates search options available for locating patients, claims, or remittance advice.

The screenshot displays the SelectHealth Provider Benefit Tool interface. At the top left is the SelectHealth logo and the text "PROVIDER BENEFIT TOOL". To the right of the logo are navigation links: "Search", "Pre-Auth Status", "FAQ", "Contact Us", and "User Profile Access". A red arrow points to the "Search" link. Below the navigation bar, there are two tabs: "SEARCH" and "Quick Search". The "Quick Search" tab is active and highlighted with a green underline. Below the tabs, there is a "NEW!" banner with the text "Search for Patients, Claims, or Remittance Advice using any form of numeric ID" and "Subscriber ID, Claim ID, Check Reference ID, SSN, Medicaid". Below the banner is a form with a label "ID NUMBER" and a text input field containing "Enter ID (Subscriber ID, Claim ID, etc.)". To the right of the input field is a "SEARCH" button. There are also two informational pop-up boxes: "Quick Search" and "Patients and Claims".

selecthealth.
PROVIDER BENEFIT TOOL

[Search](#) [Pre-Auth Status](#) [FAQ](#) [Contact Us](#) [User Profile Access](#)

SEARCH **Quick Search** **Patient Lookup** **Browse Claims**

Quick Search
The new quick search feature allows you to enter any form of unique ID to help you find the precise information you are looking for, without jumping between tools.

Patients and Claims
If you don't have a unique ID relevant to the information you are looking for, you can still search for Patients and Claims with basic information.

NEW! Search for Patients, Claims, or Remittance Advice using any form of numeric ID
Subscriber ID, Claim ID, Check Reference ID, SSN, Medicaid

ID NUMBER
Enter ID (Subscriber ID, Claim ID, etc.)

Most Common CPT Codes* (by practitioner type)

Psychotherapy services (consistent among provider types)	Unique CPT codes** used by MD, APRN, NP prescribers	Unique CPT codes** used by PhDs and neuropsychologists
<ul style="list-style-type: none"> • 90785 Psychiatric Complex Interactive • 90791 Psychiatric Diagnostic Evaluation • 90832 Psychotherapy Patient & Family; 30 minutes • 90834 Psychotherapy Patient & Family; 45 minutes • 90837 Psychotherapy Patient & Family; 60 minutes • 90839 Psychotherapy Crisis; initial 60 minutes • 90840 Psychotherapy for Crisis; additional 30 minutes • 90846 Family Psychotherapy without Patient • 90847 Family Psychotherapy with Patient • 90849 Multiple Family Group Psychotherapy • 90853 Group Psychotherapy 	<ul style="list-style-type: none"> • 90792 Psychiatric Diagnostic Evaluation with Medical Services • 90838 Psychotherapy Patient & Family with Evaluation and Management; 60 minutes • 99202–99204 Office Outpatient Visit, New • 99212–99215 Office Outpatient visit, Established 	<ul style="list-style-type: none"> • 96110 Developmental Screening, with Interpretation and Report • 96116 Neurobehavioral Status Exam

* Based on claims data from the previous year

** These codes are used by the specified group IN ADDITION TO codes listed in the first column.

Enhanced Claims Payment

Top three ways to ensure timely claims payment:

- 1. Don't change locations.** This impacts your status on the network as well as reimbursement and directory listing.
- 2. Submit claims (per your contract).** This is not the member's responsibility. Claims filing deadlines are within 12 months of the date of service.
- 3. For individual contracts:**
Don't have people bill under your name.