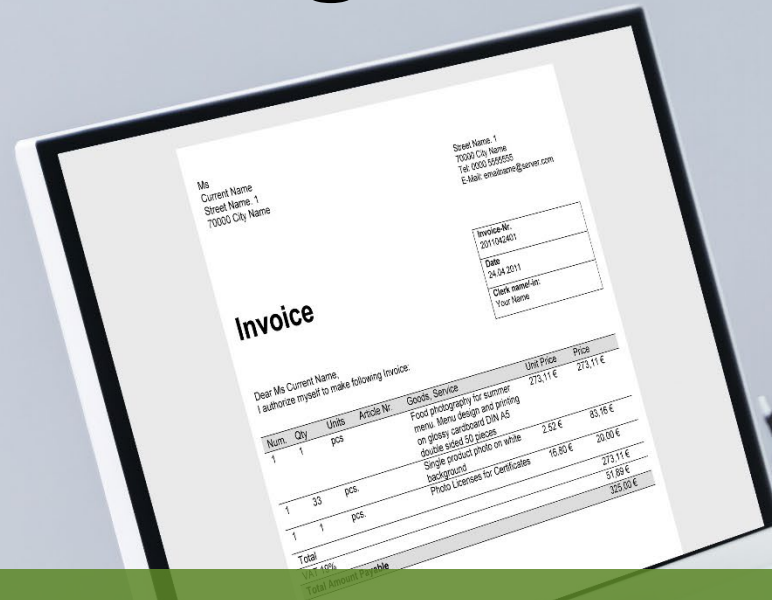# Claims Management

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

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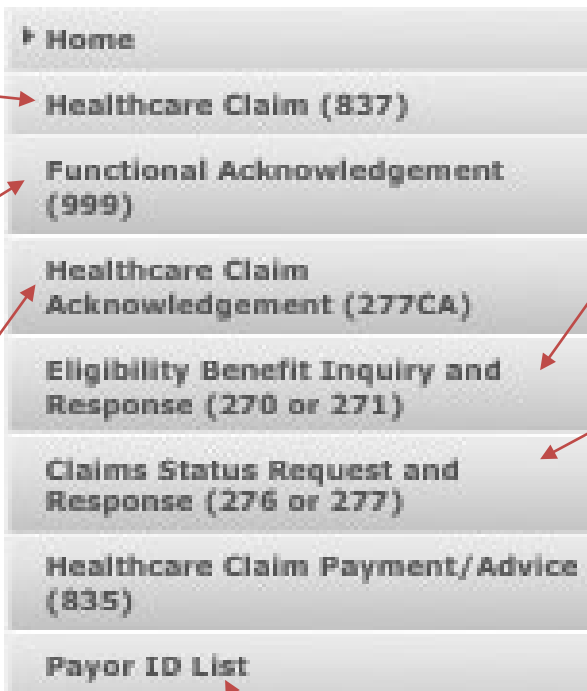 Check status by calling Member Services (**801-538-5038**).

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.

▶ Home

Healthcare Claim (837)

Functional Acknowledgement (999)

Healthcare Claim Acknowledgement (277CA)

Eligibility Benefit Inquiry and Response (270 or 271)

Claims Status Request and Response (276 or 277)

Healthcare Claim Payment/Advice (835)

Payor ID List

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).

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The Provider Benefit Tool

- To track eligibility and claims status, consider using the Provider Benefit Tool.

- **Need access?** Follow the instructions on selecthealthphysician.org.)

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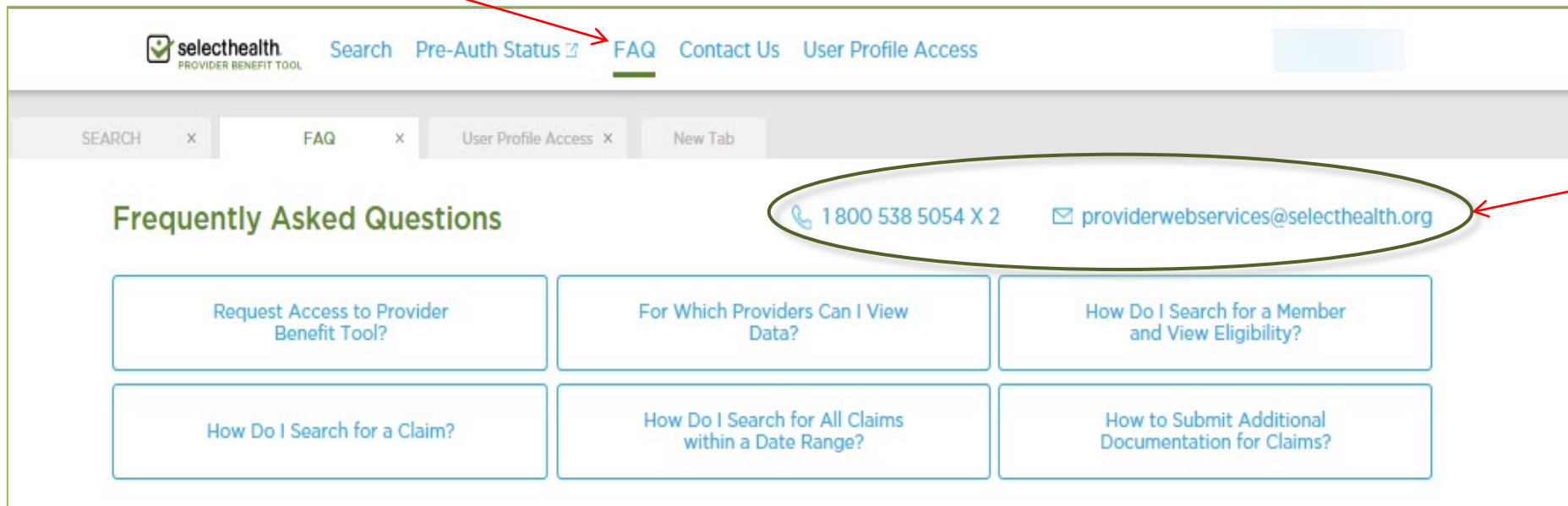
For more information or assistance, contact Provider Web Services by phone or email.

Provider Benefit Tool, Continued

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

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
• 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	• 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	• 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.

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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.

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