



Provider Guide to Billing Out-of-Network

Network: CareOregon/Metro Behavioral Health

Updated: 4/30/2020

The document is a resource for:

- In-network providers looking to bill for services not covered under their current CareOregon contract.
- Out-of-network providers that would like to be reimbursed for services.

For Questions Contact: CareOregon Provider Customer Service at 503-416-4100.

To support your clinic and members' access to care, CareOregon's out-of-network policy pays qualified providers for behavioral health services provided to CareOregon/Health Share members that meet CareOregon's authorization requirements.

Prior to Providing Services

See the Behavioral Health Utilization Management Procedure Handbook for guidance how to begin providing services as an out-of-network provider: <https://www.careoregon.org/docs/default-source/providers/behavioral-health/hso-1957650-bh-utilizationmgmt-manual-1209a.pdf>

[Step #1 Review CareOregon's Guiding Clinical Principles] Page 3-7

- Overview of CareOregon's clinical values and authorization categories.
- Summary of the process for initial authorizations, assessments, prior authorizations and requests for ongoing treatment.

[Step #2 Get Set-Up in CareOregon's Billing System] Page 8-9

- PhTech is CareOregon's claims vendor and CIM is the online claims portal system.
- To register as a new provider and gain CIM access, submit a request to help.phtech.com (Learn more [here](#).)
- Visit the [CIM Provider Portal](#) to log in to your CIM account and access provider tools, like the CIM Provider Manual and the Fee Schedule.
- For support getting step-up in CIM, please contact PH TECH Provider Customer Service at 503-584-2169, option 2.

[Step #3 Submit Prior Authorization Documents for CareOregon's Clinical Review] Page 9- 40 Section "Guidelines for Medical Necessity Criteria" outlines documentation that CareOregon needs to approve each type of authorization request.

After Providing Services

See the CareOregon Provider Manual (page 17-21) <https://www.careoregon.org/docs/default-source/providers/behavioral-health/hso-1956657-bh-provider-manual-1031.pdf>

[Step #1 Claims Submission Process] Page 18-19 Review the claims submission & adjudication process for EDI and paper claims. Submit claims within 120 days of providing service to meet timely filing deadlines.

[Step #2, Claims Reprocessing] Page 20 As applicable, a resource for CareOregon's claims reprocessing procedures.

[Step #3 Member Billing] Page 21 References Oregon Regulations that prohibit in most circumstances billing members, including for missed appointments and bill balancing.

