How to Complete Monthly Claims Submission Template for Payment:

- 1. Utilize the MHBEC Claims Submission Template
- 2. Complete all required columns as they appear on the template
- 3. Follow the instructions below under "How to Complete" to assist you
- 4. Upload a new monthly template via provided secure portal, by the 5th of each month for services performed in the prior month.

Item	How to Complete	Additional Information
Rendering Provider	Enter Agency Name	
Childcare Center Name	Enter the name of childcare center where referral was made	
Client Date of Birth	Enter Client Date of Birth	
Client First Name	Enter Client First Name	
Client Last Name	Enter Client Last Name	
Insurance Type	Choose from Drop Down Menu	Medicaid, Private Pay, or Uninsured
Date of Service	Enter date services took place	
Place of Service	Choose from Drop Down Menu	 POS 02 – Telehealth Provided Other than in Patient's Home POS 10 – Telehealth Provided in Patient's Home POS 12 – In-Home POS 53 – Community Mental Health Center POS 99 – Childcare Center (Other Place of Service)
Type of Service Rendered	Enter brief description of services	
CPT Code	Choose from Drop Down Menu	Initial Assessment Codes 90791 90792 CPT Codes 90832, 90840 90834, 90846 90836, 90847 90837, 90849 90838, 90853 90201, 90202 90203, 90204 90205, 99211 99212, 99213 99214, 99215 CPST & TBS Codes: not allowable for clients with commercial payors H2019 H0036
Rate	Auto-calculated after CPT/HCPS Entry	 \$500 – initial assessment \$150 – up to 6 subsequent sessions for eligible clients

Claims Tab:

Provider Agency	Rendering Provider	Child Care Center Name	Date of Birth	Client First Name	Client Last Name	Insurance Type	Date of Service	Place of Service	CPT Code	Rate
ABC Agency	Jane Doe	123 for Kids	1/1/2018	Little	Baby	Medicaid	12/5/2023	99 – Childcare Center (Othe	90791	\$500.00
ABC Agency	Jane Doe	123 for Kids	1/1/2018	Little	Baby	Medicaid	12/16/2023	12 – In-Home	99204	\$150.00