

# Welcome Optum Alaska





# Alaska Provider Training

## Claims Updates

February 9, 2022





# Alaska Provider Training Agenda

---

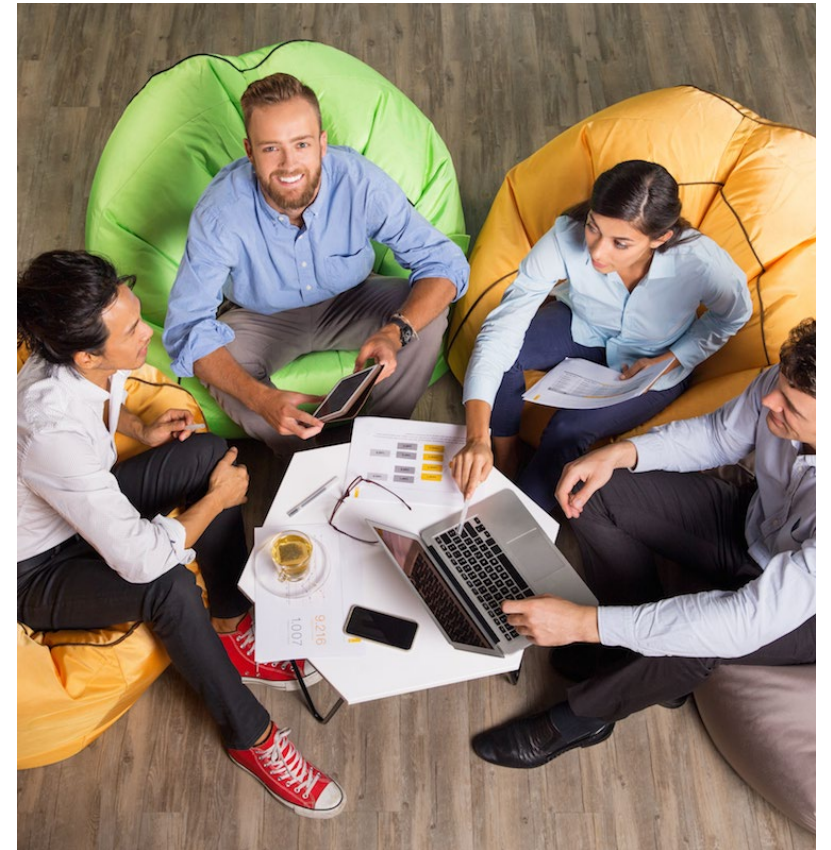
What's New

Alaska Online Provider Remittance Advice

Alaska Optum Provider Portal

Trending Top 5 Denials for Alaska

Questions & Answers



# What's New



# Optum Pay Reminders

## Exciting new changes to increase frequency of payments for AK

The Optum Behavioral Health payment schedule is changing on February 10, 2022. The current Electronic Fund Transfer (“EFT”) payment schedule pays twice a week.

Direct deposits are moving to four times a week, on Mondays, Wednesdays, Thursdays, and Fridays.

The first electronic payment file will be sent to Optum Pay on Wednesday, February 16, 2022.

<b>Claim Processed before 5 p.m. on:</b>	<b>Payment data sent to Optum Pay</b>	<b>Optum Pay Processing</b>	<b>Settled in Provider Account/Direct Deposit Date</b>
Tuesday	Tuesday	Wednesday	Friday
Wednesday	Wednesday	Thursday	Monday
Thursday	Thursday	Friday	Monday
Friday	Friday	Monday	Wednesday
Saturday	Monday	Tuesday	Thursday



# Optum Pay Continued

---

**Note:** Optum Pay experienced an issue where dates of service were being reported as one day off the actual date of service billed. This was corrected on January 8, 2022. Optum Pay Remittance will reflect accurate billed dates of service at this time.

Optum Pay accelerates claims payments to your organization improving processing accuracy that enables you to reconcile claim payments faster - reducing administrative work for your organization. With Optum Pay you get access to the right tools and solutions so you can spend less time on reconciling claims and more time getting people the care they need.

## Searching Optum Pay for adjusted claims payment

- Keep your search broad
- Search by patient first and last name
- Search by dates of service

# Optum Pay Search

## Search Criteria

### Account Number

### Subscriber ID

### NPI

### Claim Number

### Payment Type

### Payment Number

### Payer

### Market Type

- All Market Types
- CARES Act - Healthcare Relief Program
- Dental
- Medical
- Patient Payments
- Property and Casualty
- Various
- Workers Compensation

- Capitation
- HRA
- Other
- Pharmacy Payments and Rebates
- UHC West
- Vision

### Date(s) of Service

### Date(s) of Payment

### Patient First Name

### Patient Last Name

### Rendering Provider

### Zero Payment Claims

Search Remittance

Clear



# COB/Third Party Liability (TPL) Updates

---

System correction went into effect January 10, 2022

All providers have third party liability claims so everyone will be affected by the new correction.

Optum will pull impacted claims and do an adjustment project. Optum will be reviewing approximately 7900 claims for accuracy of processing.

Optum system has been updated for accuracy on electronic EOB submissions so that claims can now be processed in the appropriate order for Third Party Liability.



# Alaska Facets Frequency 7 and 8

---

Correction deploy date is February 17, 2022

**Issue:** OBH Facets is not consistently reading Frequency 7 (corrected claim) and 8 (void claim) when submitted by a provider on a claim. As a result, claims are not processing as expected.

OBH Facets IT has localized the code and is finalizing a fix that is scheduled to deploy on Thursday, 2/17/22.

Q: How long has this been an issue?

A: Issue identified pre-dates AK ASO implementation on 2/1/20.

Q: How will Optum address these claims?

A: A manual review of all Frequency 7 & 8 claims dating back to 2/1/20 will be completed. We will review each claim (4,454 in total) to determine if a denial requires override or if there is an overpayment to be recovered.

# Projects

---

Project Name: Eligibility Denials

What is Changing: Automation implemented to reprocess claims denied for eligibility for the past 30 days

What providers need to do: Providers will not need to rebill claims that denied for eligibility in error for the previous 30 days

Target Completion Date: April 01, 2022

Project Name: Autism Services claims paid to the group

What is Changing: Autism Services claims were paid in error when the rendering provider was either not present on the claim or not affiliated with the agency on the date of service

What providers need to do: Providers will need to rebill their claims if billed incorrectly

Target Completion Date: March 01, 2022

# Projects

---

Project Name: OON Providers (Out of Network)

What is Changing: State plan service codes were reprocessed and denied in error in a previous claim's re-work project. These claims have been identified and are currently being reprocessed to pay. State plan services do not require a rendering provider on the claim.

What providers need to do: Providers will not need to rebill claims.

Target Completion Date: April 01, 2022

# Alaska Online Provider Remittance Advice



# Review Your Provider Remittance Advice Access and Download Options

This update is for Alaska Medicaid Behavioral Health Providers who use Provider Express or Optum Pay to download Remittance Advice reports.

Below is a table with the lengths of times Remittance Advice reports are available online in Provider Express and Optum Pay.

Feature	Optum Pay		Provider Express
	Premium Level	Basic Level	<i>providerexpress.com</i>
Access to claims payment data	36 months	13 months	24 months

Reminder:

Optum Alaska began processing claims in February 2020.

How to request Remittance Advice reports that are older than what is available online:

You may request copies of Remittance Advice reports that are older than what is online by contacting the Optum Call Center. The Optum Call Center can be reached at: 1-800-225-8764. If you have questions or need assistance, please contact Optum at 1-800-225-8764.



# Alaska Optum Provider Portal



# Alaska Optum Provider Portal

[Alaska - Optum Provider Portal](#) Click on Provider Express.

**OPTUM® | Alaska** Search  Search

Home For Participants For Alaska Medicaid Providers For Community Partners About Us Contact Us

Alaska - Optum Provider Portal

### Stay informed on COVID-19

Check the CDC website for COVID-19 updates at [cdc.gov/coronavirus/2019-ncov](https://www.cdc.gov/coronavirus/2019-ncov)

Check the DHSS website for COVID-19 updates at [coronavirus.alaska.gov](https://coronavirus.alaska.gov)

Check the current Telehealth guidance at <https://content.govdelivery.com/accounts/AKDHSS/bulletins/2825545>

### COVID-19 Mental Health Resource Hub

#StrongerTogether

PsychHub

Check the COVID-19 Mental Health Resource Hub to help individuals and providers address their mental health needs at <https://psychhub.com/covid-19/>

**OPTUM ALASKA**

STATE OF ALASKA Department of Social Services

**OPTUM®**

# Optum Provider Express

## [Optum - Provider Express Home](#)

Providers can view claims by clicking on **Claims** or on **Log In**

**OPTUM**® Provider Express

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search:

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home

**Get the Optum EAP procedure codes and take a referral today**

[Learn more](#)

**Transactions**

- Eligibility & Benefits
- Claims**
- Authorization Inquiry
- Appeals
- My Practice Info
- and More....



# Submitting Corrected Claims

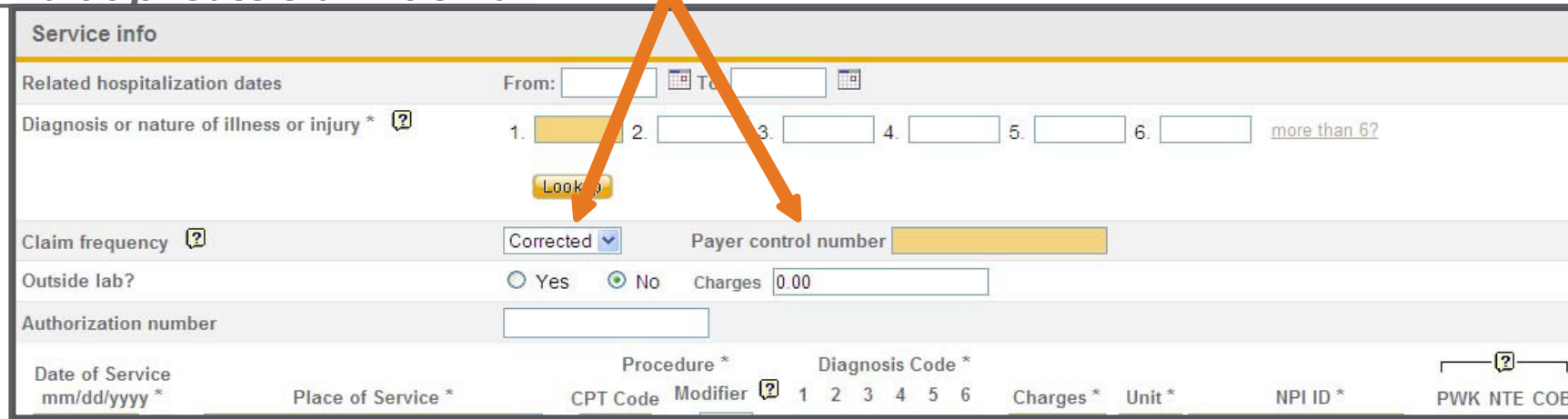


# Submitting Corrected Claims

To submit corrected claims, this is the section of the portal you will need to utilize.

You would use a corrected claim for ONE error but for multiple errors you would void the claim.

**Claim frequency** - To submit a Corrected Claim, you will need to enter the Claim Number found on the claim record in **Claim Inquiry**. The claim number will also be reported on the paper remittance advice or electronic 835 file. **You cannot submit a Corrected Claim until a claim number has been assigned. This will result in a duplicate claim denial.**



The screenshot shows a 'Service info' form with the following fields:

- Related hospitalization dates: From: [ ] To: [ ]
- Diagnosis or nature of illness or injury \*: 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] more than 6?
- Look up button
- Claim frequency \*: Corrected (dropdown)
- Payer control number: [ ]
- Outside lab?: Yes (radio) No (radio) Charges: 0.00
- Authorization number: [ ]
- Table headers: Date of Service (mm/dd/yyyy), Place of Service, Procedure (CPT Code, Modifier), Diagnosis Code (1-6), Charges, Unit, NPI ID, PWK, NTE, COB.

An orange arrow points from the 'Payer control number' field to the 'Corrected' option in the 'Claim frequency' dropdown.

“Payer control number” = Claim number



# Submitting Corrected Claim vs Claim Adjustment

---

Q: When should I submit a corrected claim via Claim Entry vs an adjustment via Claim Inquiry?

A: Use the following guidelines to help in your decision:

- If the issue with the claim was because of a problem in how it was *originally filed* by the provider/group that now needs to be corrected, submit a corrected claim via Claim Entry e.g., filing an incorrect procedure code; forgetting a modifier
- If the issue with the claim was because of an alleged problem in how *Optum processed* the claim, submit an adjustment request via Claim Inquiry e.g., processing against member's deductible when it was already met; noting an auth was required when there is an auth on file

(Please reference the Guided Tour video titled “Claim Inquiry and Claim Adjustment Request” for additional information.)

<https://www.providerexpress.com/content/ope-provexpr/us/en/training.html>

# When should you Void a Claim

---

Utilizing voids is efficient if there are multiple corrections needed on one claim.

A void request will void all paid lines on the original claim form. Every line is reprocessed.

- A paid line has the payment voided and deducted from other payments due
- A denied line remains denied
- A pending line is denied. A void transaction is shown on the Remittance Advice as a payment deduction from payment that may be due. Once the void appears on the Remittance Advice, the services may be resubmitted

*If the original claim reference number is not shown in the void request, it will not be processed and will appear on your Remittance Advice as an error. Once a claim has been voided, it cannot be reversed and repaid. You must submit a new claim.*

# Alaska Top 5 Trending Denials

---

- 1 Timely Filing
- 2 Duplicate Claim
- 3 Invalid Procedure Modifier Combination
- 4 Member Eligibility
- 5 Place of Service Inappropriate for Procedure

# Timely Filing



# Timely Filing

---

Calculate Timely filing by counting the time between the date the service was rendered and the date the claim was submitted to Optum for payment.

## AK Timely Filing of Claims

- All claim types must be filed within 12 months of the date services were provided to the patient
- Third party carrier claims
  - Provider must attach explanation of benefits documentation from the third-party carrier to the Alaska Medical Assistance claim
  - Providers must bill Alaska Medical Assistance within 12 months of the service date

Timely Filing Expired - Acceptable documentation must be attached to the claim upon resubmission. Examples of acceptable documentation include:

- A copy of the remittance advice (RA) page showing claim denial
- A copy of the in-process claims page of an RA
- Provider Express or other electronic claim submission transmission report
- Evidence of previous claim receipt by Optum within the timely filing period



# Timely Filing continues

---

## Acceptable Extensions

- Court orders
- Administrative Hearings
- Good cause – (examples: Fire, Storm, Earthquake)
- Department committed an error on previous claim submission
- Claim was filed timely, but not processed

## Filing Limits for Adjustments

Adjustment requests must be submitted within 60 days from the date of payment or within 12 months of the date of service if additional amounts are owed to the provider. If additional money is owed to Alaska Medical Assistance, the 60-day filing limitation does not apply.

# Duplicate Claim



# Duplicate Claim

---

## Definition:

Any claim submitted by a provider for the same service, provided to a covered individual, on a specified date of service, that was included in a previously submitted claim. If you feel a claim is denied a duplicate in error, request a review of the claim in question.

Duplicate claims projects are being completed for frequency 7 and 8 claim types.

When submitting a corrected claim be sure to include the original claim number along with selecting corrected claim type.

Taking the following steps can help you eliminate receiving a duplicate denial:

- Verify the claim has completed processing = (paid/denied)
  - This can be done by checking the remittance advice through Provider Express
- Verify the reason the initial claim did not allow payment
  - Examples of appropriate denials
  - Invalid diagnosis
  - Invalid NPI
  - Invalid Procedure/Modifier combo

*A corrected claim will be required if modifications to claim are needed*

# Invalid Procedure Modifier Combination



# Invalid Procedure Modifier Combination

---

One of the common reasons your claims may be denied is for missing or invalid modifier combinations (procedure code is not consistent with the modifier you have used).

Although the procedure code is a valid procedure code and the modifier is a valid modifier IF the procedure and modifier combination is not appropriate to be used together, the line item will deny as an invalid modifier combination.

If a claim is denied for an invalid modifier combination, corrected claim will be required. Records also may need to accompany the corrected claim in some situations.

# Primary Modifier Guidance Grids

---

Entering procedure code modifiers in the correct sequence is necessary for accurate claim payment amounts by Optum.

Entering procedure code modifiers in any other order than shown in the next grid will result in claim denials, underpayments and/or overpayments that must be refunded.

*A corrected claim will be required.* Records may need to accompany the corrected claim in some situations.

[Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services as of 7.1.2020](#)

[Optum Primary Modifier Guidance for Alaska Medicaid 1115 Waiver Services as of 10.4.2020](#)

# Modifier Sequence for 1115 Waiver SUD Services 1/2

Optum Primary Modifier Guidance for Alaska Medicaid 1115 Waiver Services 2.8.2022

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3	Modifier #4
Outpatient Services ASAM 1.0 - Individual	H0007	V1 - Demonstration			
Outpatient Services ASAM 1.0 - Individual (Telehealth)	H0007	V1 - Demonstration	GT - Telehealth		
Outpatient Services ASAM 1.0 - Group (Adolescent)	H0007	HQ - Group	HA - Adolescent	V1 - Demonstration	
Outpatient Services ASAM 1.0 - Group (Adolescent) (Telehealth)	H0007	HQ - Group	HA - Adolescent	V1 - Demonstration	GT - Telehealth
Outpatient Services ASAM 1.0 - Group (Adult)	H0007	HQ - Group	HB - Adult	V1 - Demonstration	
Outpatient Services ASAM 1.0 - Group (Adult) (Telehealth)	H0007	HQ - Group	HB - Adult	V1 - Demonstration	GT - Telehealth
Intensive Case Management	H0023	V1 - Demonstration			
Intensive Case Management (Telehealth)	H0023	V1 - Demonstration	GT - Telehealth		
Ambulatory Withdrawal Management	H0014	V1 - Demonstration			
Clinically Managed Residential Withdrawal Management	H0010	V1 - Demonstration			
Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010	TG - High Level	V1 - Demonstration		
Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	H0011	V1 - Demonstration			
Medically Managed Intensive Inpatient Services 4.0	H0009	TG - High Level	V1 - Demonstration		
Medically Monitored Intensive Inpatient Services 3.7	H0009	TF - Intermediate	V1 - Demonstration		
Community & Recovery Support Services - Group	H2021	HQ - Group	V1 - Demonstration		
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V1 - Demonstration	GT - Telehealth	
Community & Recovery Support Services - Individual	H2021	V1 - Demonstration			
Community & Recovery Support Services - Individual (Telehealth)	H2021	V1 - Demonstration	GT - Telehealth		
SUD Care Coordination	H0047	V1 - Demonstration			
SUD Care Coordination (Telehealth)	H0047	V1 - Demonstration	GT - Telehealth		
Peer-Based Crisis Intervention Services	H0038	V1 - Demonstration			
23-Hour Crisis Observation & Stabilization	S9484	V1 - Demonstration			
Mobile Outreach and Crisis Response Services	T2034	V1 - Demonstration			
Crisis Residential Stabilization	S9485	V1 - Demonstration			
Intensive Outpatient ASAM 2.1 - Group	H0015	HQ - Group	V1 - Demonstration		
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	HQ - Group	V1 - Demonstration	GT - Telehealth	
Intensive Outpatient ASAM 2.1 - Individual	H0015	V1 - Demonstration			
Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015	V1 - Demonstration	GT - Telehealth		
Treatment Plan Development/Review	T1007	V1 - Demonstration			
Treatment Plan Development/Review (Telehealth)	T1007	V1 - Demonstration	GT - Telehealth		
Partial Hospitalization	H0035	V1 - Demonstration			
SUD Residential 3.1 (Adolescent)	H2036	HA - Adolescent	V1 - Demonstration		
SUD Residential 3.1 (Adolescent 18 - 20)	H2036	CG - Adolescent 18-20	HA - Adolescent	V1 - Demonstration	
SUD Residential 3.1 (Adult)	H2036	HF - Substance Abuse	V1 - Demonstration		
SUD Residential 3.3	H0047	HF - Substance Abuse	V1 - Demonstration		
SUD Residential 3.5 (Adult)	H0047	TG - High Level	V1 - Demonstration		
SUD Residential 3.5 (Adolescent)	H0047	HA - Adolescent	V1 - Demonstration	TF - Intermediate	
SUD Residential 3.5 (Adolescent 18 - 20)	H0047	CG - Adolescent 18-20	HA - Adolescent	V1 - Demonstration	TF - Intermediate
Home Based Family Treatment Level 1	H1011	V2 - Demonstration			

# Modifier Sequence for 1115 Waiver SUD Services 2/2

Optum Primary Modifier Guidance for Alaska Medicaid 1115 Waiver Services 2.8.2022

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3	Modifier #4
Home Based Family Treatment Level 2	H1011	TF - Intermediate	V2 - Demonstration		
Home Based Family Treatment Level 3	H1011	TG - High Level	V2 - Demonstration		
Therapeutic Treatment Homes	H2020	V2 - Demonstration			
Assertive Community Treatment	H0039	V2 - Demonstration			
Adult MH Residential Treatment Level 1	T2016	V2 - Demonstration			
Adult MH Residential Treatment Level 2	T2016	TG - High Level	V2 - Demonstration		
Children's MH Residential Treatment Level 1	T2033	V2 - Demonstration			
Children's MH Residential Treatment Level 2	T2033	TF - Intermediate	V2 - Demonstration		
Peer-Based Crisis Services	H0038	V2 - Demonstration			
23 Hour Crisis Stabilization	S9484	V2 - Demonstration			
Mobile Outreach and Crisis Response Services	T2034	V2 - Demonstration			
Crisis Residential Stabilization	S9485	V2 - Demonstration			
Intensive Case Management	H0023	V2 - Demonstration			
Intensive Case Management (Telehealth)	H0023	V2 - Demonstration	GT - Telehealth		
Community & Recovery Support Services - Group	H2021	HQ - Group	V2 - Demonstration		
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V2 - Demonstration	GT - Telehealth	
Community & Recovery Support Services - Individual	H2021	V2 - Demonstration			
Community & Recovery Support Services - Individual (Telehealth)	H2021	V2 - Demonstration	GT - Telehealth		
Partial Hospitalization	H0035	V2 - Demonstration			
Intensive Outpatient ASAM 2.1 - Group	H0015	HQ - Group	V2 - Demonstration		
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	HQ - Group	V2 - Demonstration	GT - Telehealth	
Intensive Outpatient ASAM 2.1 - Individual	H0015	V2 - Demonstration			
Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015	V2 - Demonstration	GT - Telehealth		
Treatment Plan Development/Review	T1007	V2 - Demonstration			
Treatment Plan Development/Review (Telehealth)	T1007	V2 - Demonstration	GT - Telehealth		



# Modifier Sequence for 1115 Waiver BH Services 1/2

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Intensive Outpatient ASAM 2.1 - Group	H0015	HQ - Group	V2 - Demonstration	-		\$9.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	HQ - Group	V2 - Demonstration	GT - Telehealth		\$9.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Individual	H0015	V2 - Demonstration				\$29.61	15 Minutes
Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015	V2 - Demonstration	GT - Telehealth			\$29.61	15 Minutes
Home Based Family Treatment Level 1	H1011	V2 - Demonstration				\$24.16	15 Minutes
Home Based Family Treatment Level 2	H1011	TF - Intermediate	V2 - Demonstration			\$24.63	15 Minutes
Home Based Family Treatment Level 3	H1011	TG - High Level	V2 - Demonstration			\$27.19	15 Minutes
Therapeutic Treatment Homes	H2020	V2 - Demonstration				\$294.65	Daily
Community & Recovery Support Services - Group	H2021	HQ - Group	V2 - Demonstration			\$5.63	15 Minutes
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V2 - Demonstration	GT - Telehealth		\$5.63	15 Minutes
Community & Recovery Support Services - Individual	H2021	V2 - Demonstration				\$21.46	15 Minutes
Community & Recovery Support Services - Individual (Telehealth)	H2021	V2 - Demonstration	GT - Telehealth			\$21.46	15 Minutes
Intensive Case Management	H0023	V2 - Demonstration				\$28.07	15 Minutes
Intensive Case Management (Telehealth)	H0023	V2 - Demonstration	GT - Telehealth			\$28.07	15 Minutes
Partial Hospitalization	H0035	V2 - Demonstration				\$500.00	Daily
Peer-Based Crisis Services	H0038	V2 - Demonstration				\$20.46	15 Minutes
Assertive Community Treatment	H0039	V2 - Demonstration				\$30.63	15 Minutes
Treatment Plan Development/Review	T1007	V2 - Demonstration				\$135.43	Per Assessment
Treatment Plan Development/Review (Telehealth)	T1007	V2 - Demonstration	GT - Telehealth			\$135.43	Per Assessment

# Modifier Sequence for 1115 Waiver BH Services 2/2

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Adult MH Residential Treatment Level 1	T2016	V2 - Demonstration				\$601.61	Daily
Adult MH Residential Treatment Level 2	T2016	TG - High Level	V2 - Demonstration			\$480.26	Daily
Mobile Outreach and Crisis Response Services	T2034	V2 - Demonstration				\$175.64	Per Call Out
23 Hour Crisis Stabilization	S9484	V2 - Demonstration				\$116.20	Hourly
Crisis Residential Stabilization	S9485	V2 - Demonstration				\$665.15	Daily

# Modifier Sequence for State Plan Services 1/3

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
Behavioral Health Screen	T1023			
Behavioral Health Screen	T1023	95 or GT - Telehealth		
Alcohol and/or Drug Assessment	H0001			
Alcohol and/or Drug Assessment	H0001	95 or GT - Telehealth		
Mental Health Intake Assessment	H0031			
Mental Health Intake Assessment	H0031	95 or GT - Telehealth		
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH		
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	95 or GT - Telehealth	
Psychiatric Assessment - Diag Eval	90791	XE, XP, or XU		
Psychiatric Assessment - Diag Eval	90791	95 or GT - Telehealth	XE, XP, or XU	
Psychological Testing	96136-HO	HO	XE, XP, or XU	
Psychological Testing	96136-HO	HO	95 or GT - Telehealth	XE, XP, or XU
Psychological Testing	96137-HO	HO	XE, XP, or XU	
Psychological Testing	96137-HO	HO	95 or GT - Telehealth	XE, XP, or XU
Psychological Testing	96130-HO	HO	XE, XP, or XU	
Psychological Testing	96131-HO	HO	XE, XP, or XU	
Neuropsychological Testing	96136-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96136-HP	HP	95 or GT - Telehealth	XE, XP, or XU
Neuropsychological Testing	96137-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96137-HP	HP	95 or GT - Telehealth	XE, XP, or XU
Neuropsychological Testing	96132-HP	HP	XE, XP, or XU	
Neuropsychological Testing	96133-HP	HP	XE, XP, or XU	
Psychotherapy, Individual	90832	XE, XP, or XU		
Psychotherapy, Individual	90832	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Individual	90834	XE, XP, or XU		
Psychotherapy, Individual	90834	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Individual	90837	XE, XP, or XU		
Psychotherapy, Individual	90837	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846	XE, XP, or XU		
Psychotherapy, Family (w/o patient present)	90846	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	XE, XP, or XU	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Family (with patient present)	90847	XE, XP, or XU		
Psychotherapy, Family (with patient present)	90847	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Family (with patient present)	90847-U7	U7	XE, XP, or XU	
Psychotherapy, Family (with patient present)	90847-U7	U7	95 or GT - Telehealth	XE, XP, or XU

# Modifier Sequence for State Plan Services 2/3

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
Psychotherapy, Multi-family group	90849	XE, XP, or XU		
Psychotherapy, Multi-family group	90849	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Multi-family group	90849-U7	<b>U7</b>	XE, XP, or XU	
Psychotherapy, Multi-family group	90849-U7	<b>U7</b>	95 or GT - Telehealth	XE, XP, or XU
Psychotherapy, Group	90853	XE, XP, or XU		
Psychotherapy, Group	90853	95 or GT - Telehealth	XE, XP, or XU	
Psychotherapy, Group	90853-U7	<b>U7</b>	XE, XP, or XU	
Psychotherapy, Group	90853-U7	<b>U7</b>	95 or GT - Telehealth	XE, XP, or XU
Comprehensive Medication Services	H2010			
Comprehensive Medication Services	H2010	95 or GT - Telehealth		
Short-term Crisis Intervention Service	S9484			
Short-term Crisis Intervention Service	S9484	95 or GT - Telehealth		
Short-term Crisis Intervention Service	S9484-U6	<b>U6</b>		
Short-term Crisis Intervention Service	S9484-U6	<b>U6</b>	95 or GT - Telehealth	
Short-term Crisis Stabilization Service	H2011			
Short-term Crisis Stabilization Service	H2011	95 or GT - Telehealth		
Case Management	T1016			
Case Management	T1016	95 or GT - Telehealth		
Therapeutic BH Services - Individual	H2019			
Peer Support Services - Individual	H0038			
Therapeutic BH Services - Group	H2019-HQ	<b>HQ</b>		
Therapeutic BH Services - Family (with patient present)	H2019-HR	<b>HR</b>		
Therapeutic BH Services - Family (w/o patient present)	H2019-HS	<b>HS</b>		
Peer Support Services - Family (with patient present)	H0038-HR	<b>HR</b>		
Peer Support Services - Family (w/o patient present)	H0038-HS	<b>HS</b>		
Peer Support Services - Individual	H0038			
Day Treatment for Children (combined mental health & school district resources)	H2012			

# Modifier Sequence for State Plan Services 3/3

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2	Modifier #3
Treatment Plan Review for Methadone Recipient	T1007			
Oral Medication Administration, direct observation; on premises	H0033			
Oral Medication Administration, direct observation; off premises	H0033-HK	<b>HK</b>		
Methadone Administration and/or service	H0020			
Ambulatory Detoxification	H0014			
Clinically Managed Detoxification	H0010			
Medically Managed Detoxification	H0011			
Medical Evaluation for Recipient NOT Receiving Methadone Treatment	H0002			
Medical Evaluation for Recipient Receiving Methadone Treatment	H0002-HF	<b>HF</b>		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	XE, XP, or XU		
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	95 or GT - Telehealth	XE, XP, or XU	
Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	H0047			
Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	H0047-TF	<b>TF</b>		
Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	H0047-TG	<b>TG</b>		

# Modifier XE, XP, and XU Guidance

---

Effective for claims billed with dates of service on and after 7/1/2021, X modifiers are configured in the AK Optum claims system for correct claim reporting.

X modifiers are reported to indicate separate services that are medically necessary to occur on the same date of service as another service.

## X modifier definitions:

- **XE Modifier** – Separate encounter, service is distinct because it occurred during a separate encounter
- **XP Modifier** – Separate practitioner, service is distinct because it was performed by a separate provider
- **XU Modifier** – Unusual non-overlapping service, the service is distinct because it does not overlap usual components of the main service

# Correcting Invalid Modifier Denial

---

If a line item is denied for an invalid modifier combination, the claim cannot be adjusted. A corrected claim will be required. Records may need to accompany the corrected claim in some situations.

All information requested has to be submitted with the corrected claim in order for the claim to be reconsidered for payment.

# Modifier Placement and Payment of claims

---

It is critical to claims payment accuracy, that modifiers are billed in the appropriate sequence.

Modifier Example for Code H0011- Optum has primary modifier listed as V1 (that is also the only modifier expected by the state).

If a Provider sends a claim to Optum with a V1 Modifier: Claim will pay at the \$1500.00 rate.

If a Provider sends claim to Optum with TG and V1 Modifiers: Claim will deny because TG is not Optum's primary modifier.

Code H0010 - Optum has the primary modifier listed as V1 with a \$302.25 rate and TG with a \$900.00 rate.

If a Provider sends a claim to Optum with V1: Claim will pay at the \$302.25 rate.

If a Provider sends a claim to Optum with TG and V1: Claim will pay at the \$900.00 rate.

If a Provider sends a claim to Optum with V1 and TG: Claim will pay at the \$302.25 rate. This would be an underpayment for Medically Monitored Inpatient Withdrawal Management.



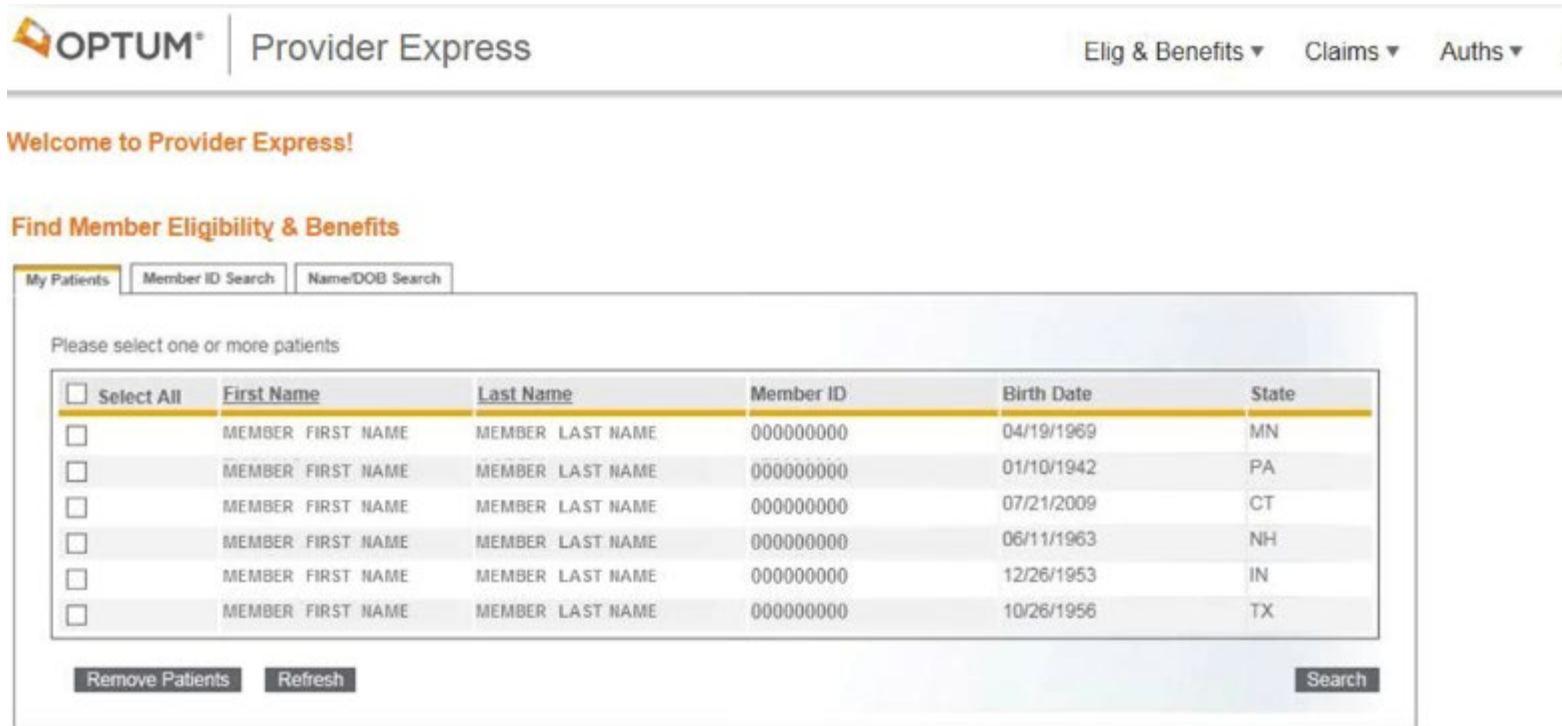
# Member Eligibility



# Member Eligibility

[Sign In With Your One Healthcare ID - One Healthcare ID](#)

**Note: Members with other insurance is not available in Provider Express only Alaska Medicaid is available.**



The screenshot shows the Optum Provider Express interface. At the top, there is a navigation bar with the Optum logo, the text "Provider Express", and dropdown menus for "Elig & Benefits", "Claims", and "Auths". Below the navigation bar, a welcome message reads "Welcome to Provider Express!". The main section is titled "Find Member Eligibility & Benefits" and contains three tabs: "My Patients", "Member ID Search", and "Name/DOB Search". The "My Patients" tab is active, displaying a table of patient information. The table has columns for "Select All", "First Name", "Last Name", "Member ID", "Birth Date", and "State". Below the table are buttons for "Remove Patients", "Refresh", and "Search".

<input type="checkbox"/> Select All	First Name	Last Name	Member ID	Birth Date	State
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	04/19/1969	MN
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	01/10/1942	PA
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	07/21/2009	CT
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	06/11/1963	NH
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	12/26/1953	IN
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	10/26/1956	TX

# Member Eligibility Continued

The initial search results from any search method you choose. You can view detailed benefits or choose to search again for a different member.

Elig & Benefit Inquiry

### Eligibility Search Results

**Member Name** Effective 01/01/2014 to 12/31/2099 (Still Active)

Relationship	Member ID	Alternate ID	Gender	Date of Birth
Subscriber	0123456789	00000000	Male	01/01/2050

**Demographic Information**

Address	Phone Number
123 Optum Ave. Optum City, MN 00000	N/A

**Plan Information**

Group Number	Plan Name	Benefit Year	Plan Type	Product Type
00000-0000	N/A	N/A	N/A	N/A

[View Benefits](#) [Search Again](#)

Elig & Benefit Inquiry

### Benefit Information

**Disclaimer:** Inquiries of coverage through Provider Express are not a guarantee of benefits. Failure to obtain an authorization, when required, may result in reduced or no benefits.

**Member Details for Member #1 Name** Effective 01/01/2014 to 12/31/2099 (Still Active)

Relationship	Member ID	Alternate ID	Group Number	State
Subscriber	0123456789	00000000	00000-0000	MN

CA LAP	Spoken Language	Written Language
Yes	Non-Specified	Non-Specified

**Plan Deductibles and Maximums**



# Member Eligibility Continued

New: You can search for multiple members at once. Selecting a multiple member search is convenient and will save time.

The screenshot shows the Optum Provider Express interface. At the top, there is a navigation bar with the Optum logo, 'Provider Express', and menu items for 'Elig & Benefits', 'Claims', and 'Auths'. Below this is a 'Welcome to Provider Express!' message and a section titled 'Find Member Eligibility & Benefits'. This section has three tabs: 'My Patients', 'Member ID Search', and 'Name/DOB Search'. The 'Member ID Search' tab is active. Below the tabs, there is a prompt 'Please select one or more patients' and a table with the following columns: 'Select All', 'First Name', 'Last Name', 'Member ID', 'Birth Date', and 'State'. The table contains six rows of placeholder data. At the bottom of the table area, there are buttons for 'Remove Patients', 'Refresh', and 'Search'. The 'Search' button is circled in red.


<input type="checkbox"/> Select All	First Name	Last Name	Member ID	Birth Date	State
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	04/19/1969	MN
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	01/10/1942	PA
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	07/21/2009	CT
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	06/11/1963	NH
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	12/26/1953	IN
<input type="checkbox"/>	MEMBER FIRST NAME	MEMBER LAST NAME	000000000	10/26/1956	TX

# Member Eligibility Continued

Click the triangle arrow left of the name to view details

Elig & Benefit Inquiry

### Eligibility Search Results

 Member #1 Name	Effective 01/01/2014 to 12/31/2099 (Still Active)
▶ Member #2 Name	Effective 11/05/2015 to 01/31/2041 (Still Active)
▶ Member #3 Name	Effective 01/01/2014 to 12/31/2099 (Still Active)

Search Again

© 2018 Optum, Inc. All rights reserved. Copyright & License Information | Privacy Policy | Terms of Use

Elig & Benefit Inquiry

### Eligibility Search Results

<b>Member #1 Name</b>		Effective 01/01/2014 to 12/31/2099 (Still Active)		
<b>Relationship</b>	<b>Member ID</b>	<b>Alternate ID</b>	<b>Gender</b>	<b>Date of Birth</b>
Subscriber	0123456789	00000000	Male	01/01/2050
<b>Demographic Information</b>				
<b>Address</b>	<b>Phone Number</b>			
123 Optum Ave. Optum City, MN 00000	N/A			
<b>Plan Information</b>				
<b>Group Number</b>	<b>Plan Name</b>	<b>Benefit Year</b>	<b>Plan Type</b>	<b>Product Type</b>
00000-0000	N/A	N/A	N/A	N/A

[View Benefits](#) [Search Again](#)

# Eligible Alaska Medicaid Behavioral Health Types

---

## Double check patients Medicaid type

On the next page is a table with Alaska Medicaid eligibility types that do not include coverage for Alaska Medicaid covered Behavioral Health Services.

If a claim is denied due to a participant having Medicaid eligibility as an incarcerated person and the person is no longer incarcerated, then providers may work with the participant and the Division of Public Assistance to update the type of eligibility.

If a claim is denied due to a participant having Medicare Premium Assistance only or being approved for a Home and Community Based Waiver assessment only, it is due to the type of Medicaid eligibility the participant received that does not cover Alaska Medicaid Behavioral Health Services.

### Medicare Premium Only

The Medicare program provides assistance with the cost of Medicare premiums only. These Medicare assistance categories generally use the financial and non-financial eligibility criteria of the Adult Public Assistance (APA) and Supplemental Security Income (SSI) programs, except that the income and resource limits are higher.

# Ineligible for Behavioral Health

Eligibility Code and Subtype	Denial Reason	Remittance Advice Reason Code (RARC)	Claim Adjustment Reason Code (CARC)
19/WD – Waiver Determination/Waiver Applicant	No Benefit Plan Exists	N30	96
20/AI – Medicaid/Incarcerated Medicaid APA Related	Participant Incarcerated on Date of Service	N103	96
20/MI – Medicaid/Incarcerated Newly Eligible-Expansion	Participant Incarcerated on Date of Service	N103	96
20/XI – Medicaid/Non-Newly Eligible	Participant Incarcerated on Date of Service	N103	96
50/NI – Under 21/Incarcerated non-SCHIP Child/Title 19 funding	Participant Incarcerated on Date of Service	N103	96
50/TI – Under 21/Incarcerated Under 21	Participant Incarcerated on Date of Service	N103	96
66/QD – Qualified Disabled & Working Individuals/Qualified Disabled & Working Individuals	Medicare Premium Only	N30	96
67/QM – QMB-only/QMB	Medicare Premium Only	N30	96
68/SL – SLMB Eligible Part B Payment Only/low income Mcare beneficiary	Medicare Premium Only	N30	96
69/AI – Dual APA/QMB/Incarcerated Medicaid APA Related	Participant Incarcerated on Date of Service	N103	96
78/SL – SLMB Plus Eligible Part B/low income Mcare beneficiary	Medicare Premium Only	N30	96

[Medicaid related \(alaska.gov\)](https://alaska.gov). If you have questions or need assistance, please contact Optum at 800-225-8764



# Place of Service Inappropriate for Procedure



# Place of Service Inappropriate for Procedure

---

## Overview

Optum will reimburse CPT and HCPCS codes when reported with an appropriate place of service (POS). POS Code set, which are two-digit codes submitted on the CMS 1500 Health Insurance Claim Form or its electronic equivalent to indicate the setting in which a service was provided. Please follow the guidance of Alaska Medicaid. Provider should review Administrative and Billing manuals to assist with POS requirements.

*A corrected claim will be required to modify the claim for payment*

Example:

B08 – inappropriate place of service and procedure code combination (example: H2015 HQ billed with Place of Service 02 but not with a telehealth modifier).

# Service Authorizations During the Public Health Emergency (PHE)

---

Service Authorization requirements are currently lifted during the Public Health Emergency.

SFY (State Fiscal Year) service limits will reset when service authorizations do go live.

The Public Health Emergency is currently extended through April 15, 2022.

Check the federal Public Health Emergency for updates on the PHE Declaration at:

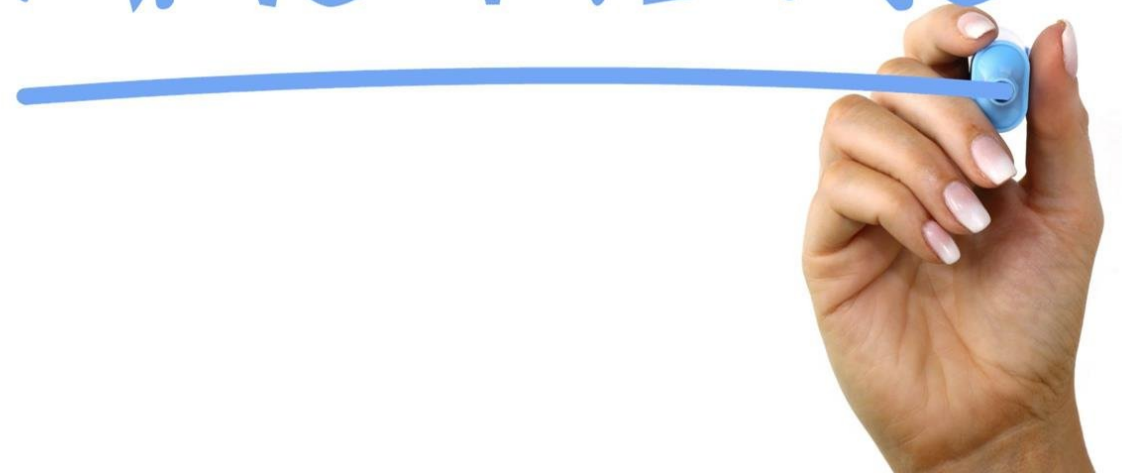
<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

# Let's Talk - Questions & Answers

---



ANSWERS



# The Provider Relations Team is here to help

The Alaska Provider Relations Team is your local guide to Navigating Optum

## The Optum Alaska Provider Relations Team can:

- Answer important questions
- Facilitate ongoing process improvements
- Keep you abreast of changes that impact your practice
- Provide useful tools and resources

## The Optum Alaska Provider Relations Team:

Ryan Bender 1-763-361-8891

Vaoita Puletapuai 1-952-324-4006

Email: [akmedicaid@optum.com](mailto:akmedicaid@optum.com)

Fax: 1-844-881-0959

Thank you for  
your time!

