



Service Authorizations Review

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Agenda / Objectives

- 1 Level of Care Guidelines
- 2 PHE
- 3 Service Authorization Process/Electronic and Fillable PDF Submissions
- 4 Retrospective Reviews
- 5 Helpful Resources

PHE and State Fiscal Year (SFY) Limits

Currently, the Federal Public Health Emergency (PHE) remains in effect with an expiration date of 05/11/23. On May 12, 2023, State Fiscal Year limits will reset, and service authorizations will be accepted.

SFY limits annually reset on July 1. Due to the PHE, this has been modified. Providers will have SFY limits begin 05/12/23, again July 1, 2023, then annually thereafter.

With SFY limits resetting, it is not necessary or beneficial to attempt to submit all service authorizations on 5/12/23.

Level of Care Guidelines

Optum Alaska will review service authorization requests using evidence-based level of care clinical guidelines approved for use by the Alaska Division of Behavioral Health:

- **ASAM:** The American Society for Addiction Medicine (ASAM) Criteria® adults and adolescents presenting with substance use disorders
- **LOCUS:** The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) by the American Association of Community Psychiatrists for adults, 18 and older, with behavioral health disorders
- **CAL-LOCUS/CASI:** The Child and Adolescent Service Intensity Instrument by the American Academy of Child and Adolescent Psychiatry, for children, 6 to 18 with behavioral health disorders
- **ECSII:** The Early Childhood Service Intensity Instrument (ECSII), published by The American Academy of Child and Adolescent psychiatry for young children from birth to age 5.

Level of care instruments for BH medical necessity determination

Level of Care Utilization System – LOCUS[®]	Early Childhood Service Intensity Instrument – ECSII[®]	Child and Adolescent Service Intensity Instrument – CALOCUS/CASII[®]
<ul style="list-style-type: none">• Adults, 18+• American Association for Community Psychiatrist (AACCP)	<ul style="list-style-type: none">• Birth to 5 years• American Academy for Child and Adolescent Psychiatry (AACAP)• Published 2009	<ul style="list-style-type: none">• 6 to 18 years• American Academy for Child and Adolescent Psychiatry (AACAP).• Updated from CA-LOCUS, 2009• Version 4.1, 2018

Matching risk to level of care - a high-level crosswalk

NOTE: This slide is to illustrate examples and is NOT prescriptive

Risk Level	ASAM/SUD	Behavioral Health
<ul style="list-style-type: none">• Low Risk- Recovery and Health Maintenance• Moderate Risk• High Risk• Very High Risk• Secure Monitored	<ul style="list-style-type: none">• ASAM 1.0 Outpatient services• ASAM 2.1 Intensive Outpatient; SUD Care coordination; ICM• ASAM 2.5- PHP• ASAM 3.1/3.3/3.5• ASAM 3.7/4.0	<ul style="list-style-type: none">• LOCUS/CASII 10-16; ESCII 9-17<ul style="list-style-type: none">• Treatment plan and review; psychotherapy services; HBFT level 1 or 2• LOCUS/CASII 17-19; ESCII 18-22<ul style="list-style-type: none">• BH IOP; HBFT level 3; ICM• LOCUS/CASII 20-23; ESCII 23-26<ul style="list-style-type: none">• BH PHP, ACT, TTH• LOCUS/CASII 23-17; ESCII 27-30<ul style="list-style-type: none">• Adult/Children's MH Residential level 1 or 2• LOCUS/CASII 28+<ul style="list-style-type: none">• Locked residential vs acute inpatient• This level not available for ESCII

1115 Waiver Demonstration

- The State of Alaska hopes to develop and implement an integrated, data-driven, fiscally sustainable system of care that achieves improved patient experience, improved population health and reduced costs as well as improved behavioral health outcomes for Alaskans.
- Rebalance current behavioral health system of care to reduce Alaska's over-reliance on acute, institutional care and shift to more community or regionally based care
- Intervene as early as possible in the lives of Alaskans to address behavioral health symptoms before they cascade into functional impairments.
- Improve overall behavioral health system accountability by reforming the existing system of care
- Find a budget neutral solution to escalating costs associated with Rehab codes

What is a Service Authorization?

- Unified method to demonstrate medical necessity for Level of Care (Right Service at the Right Time)
- A process to assist in guiding providers in the use of medical necessity criteria for LOC determinations
- A process to create data to drive decisions and growth of services

How are they related to Levels of Care?

- Level 1 Outpatient Behavioral Health Services
- Level 1 Outpatient SUD Services
- Level 2 Intensive Behavioral Outpatient Services
- Level 2 Intensive SUD Services
- Level 3 Residential Behavioral Health Services
- Level 4 Residential SUD services

How to Submit Service Authorizations

<https://alaska.optum.com/content/ops-alaska/alaska/en/providers/Service-Authorizations.html>

- Online
- Fillable Form

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Search:

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

Alaska - Optum Provider Portal > For Alaska Medicaid Providers > Service Authorizations

Service Authorization are on hold until the end of the Federal Public Health Emergency.

Service Authorization Request Forms

Service authorizations are required for all services after participant state fiscal year limits have been exhausted. Providers can submit service authorizations either through an Online Portal or by completing a PDF and faxing to Optum. Providers are encouraged to use the forms used on this webpage as form versions may change.

Service Authorization Online Submissions

[Online Service Authorization Form](#)

Service Authorization Fillable Forms

- [1115 SUD Waiver Service Authorization \(pdf\)](#)
- [1115 BH Waiver Service Authorization \(pdf\)](#)
- [Autism Services Service Authorization \(SA\) Request Form \(pdf\)](#)
- [Mental Health Physician Clinic \(MHPC\) Service Authorization \(SA\) Request Form \(pdf\)](#)
- [Psychological and Neuropsychological Testing Service Authorization \(SA\) Request](#)
- [State Plan Service Authorization \(pdf\)](#)

Where are Service Authorizations Submitted

There are four (4) methods to submit a Service Authorization request:



Fax: 844.881.3753



Phone: 800.225.8764



Online: <https://electronicforms.force.com/alaskaform/s/>



Mail: Optum Alaska
Attn: Service Authorizations
911 W. 8th Ave. Ste 101
Anchorage, AK 99501

Service Authorization Guidance and Forms



It is recommended providers review the [service authorization forms](#) and become familiar with the questions/expectations prior to the end of the PHE. Please do not submit any service authorization forms prior to the end of the PHE. Providers will find the “Planned Discharge Date” is on the form.



Most service authorizations are in 90-day increments. Please review the 1115 Waiver manuals to ensure you are requesting at the proper frequency, examples: PHP ASAM 2.5 is 21 days, Residential is 30 days, Med Monitored Intensive Inpatient Services is 7 days. Due to service codes having differing SFY limits, the timeframe for requesting an initial service authorization would vary per participant. Ideally, initial service authorizations would be submitted 1-2 weeks prior to SFY limits ending. Provider’s may submit earlier.



If the SFY limits have been used, the participant is still in need of services and a service authorization request is needed, please submit the service authorization form. Optum understands there are circumstances that may cause a delay for providers submitting the service authorization form prior to SFY limits being exhausted. If the participant is still in services, providers can submit a service authorization request that will be back dated. Example: SFY units exhausted 09/30/23, Service Authorization request submitted 11/01/23. The service authorization dates would be 10/01/23 through 90 days.

Service Authorization Guidance and Forms



All boxes on the service authorization form are to be completed. These are utilized to document medical necessity. If you are uploading/attaching supporting documents, you do not need to note “see document”. Supporting documents do not replace the need to enter medical necessity information in the service authorization form and scores from medical necessity scoring tools are not sufficient for rendering a decision.



If a code is not listed on a service authorization form, it does not require a service authorization to be in place. Example: T1007 V1 Treatment plan and review.



Service Authorization forms can be found on the [Optum Alaska](#) website, For Alaska Medicaid Providers, [Service Authorizations](#).

Service Authorization Guidance and Forms

Options to utilize are the Online portal, fillable PDF forms (can be printed) to submit via fax or mail, and telephonic.



When using the online portal, there will be an access code for returning to Incomplete requests and submitted (complete) requests. This is a required HIPAA security code, and it will not be the same each time.

Providers can check the status of service authorization requests and view current requests via Provider Express or call the Call Center at 1-800-225-8764. Provider Express does require an account and login.

How to get started with an Online Service Authorization request submission

Sign In: Provide Tax ID OR Agency NPI. We only need one. We will communicate with you through the email you provide on this form.



Optum Alaska Service Authorization Request Form

Important Note: Internet Explorer browser is not supported. Please use Google Chrome or Microsoft Edge. Use of Internet Explorer may result in performance issues including error messages and/or inability to view submitted forms.

Identification Info

IMPORTANT NOTES:

- Fields marked with * are mandatory to move forward
- The Information entered on this page will be used to store and retrieve your request(s) when needed. Incomplete Requests can be accessed and completed at a later time
- Verification Code needed to access Incomplete or Submitted requests will be sent to email used for "REQUEST RECOVERY EMAIL"
- Either a Tax ID or NPI needs to be entered here before next item can display. Do not use any special characters (examples are "-", "#, @, \$ etc.)

TAX ID

9 digit, no Text/Charac

Agency NPI

10 digit, no Text/Char:

*REQUEST RECOVERY EMAIL

Request Recovery Email

Save and Continue

Authorization does not guarantee payment. Payment is subject to recipient's eligibility. Be sure the identification card is current before rendering service.

CPT copyright 2021 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association Applicable FARS/DFARS apply. CPT code description are shortened to 28 characters or less to comply with copyright restrictions. For full descriptions, please refer to your current CPT book.

BH2537_022020

Service authorization summary info

On this page, you will find all the service authorization requests submitted for this Tax ID or NPI.

Identification Info **Summary Info**

IMPORTANT NOTES:

- All Incomplete requests submitted within the last 30 days will be listed below. Click on "Click Here" to complete the previously started application.
- All Completed applications within last 30 days are also displayed under 'Submitted Requests.' Click on "Click Here" next to a submitted request to see the read only version of the request.

To submit a new request, click on the "START" button.

START

Incomplete Requests

Service Auth - 0348	2332		heather.brady@optum.com	Click Here
Service Auth - 0357	XX0940		heather.brady@optum.com	Click Here
Service Auth - 0359	XXXXXX4501		heather.brady@optum.com	Click Here
Service Auth - 0361	XXX6363		heather.brady@optum.com	Click Here
Service Auth - 0362	XXXXXX0641		heather.brady@optum.com	Click Here

Submitted Requests

Request Ref. Number	Recipient ID	Submitted Date	Request Recovery Email	View
Service Auth - 0268	XXX7543		heather.brady@optum.com	Click Here

Access Code Email

Verification Code Required

A verification code is needed to retrieve this form. An email has been sent to "heather.brady@optum.com", please check your email and provide this code to access the form - "Service Auth - 0362"

* Please enter code :


Hi,

Please find the requested verification code below. Please enter this into the pop-up in the submission form on the website. Thank you!

Request Reference Number - Service Auth - 0362
Verification Code - 6245

Regards,
Optum Alaska

Verification code from Optum – Request Ref No: Service Auth - 0362

 DO NOT REPLY <providerexpress@optum.com>
To ● Brady, Heather L

Need more than one SA type?

*** Is this request for concurrent Medicaid State Plan and 1115 SUD or 1115 BH services?**

Yes

* Service(s) Requested

2 options selected

1115 BH Waiver Services

State Plan Services

Recipient Eligibility

Recipient Eligibility for 1115 BH Waiver Services

Drop down:

A child (0-17)

A youth (age 18-21)

An adult (age 21+)

Recipient Eligibility for State Plan Services:

Drop down:

A youth (age 0-21) w/ED (eligible for clinical services ONLY)

An Adult (age 21+) w/ED (eligible for clinical services ONLY)

A youth (age 0-21) w/ SED (eligible for clinical and rehab services)

An Adult (age 21+) w/SMI (eligible for clinical and rehab services)

A youth (age 0-21) w/ SUD (eligible for clinical and rehab services)

An Adult (age 21+) w/SUD (eligible for clinical and rehab services)

Two types continued

* Recipient Eligibility for 1115 BH Waiver Services

A Child (age 0-17) ▲▼

* Recipient Eligibility for State Plan Services

A youth (age 0-21) w/ ED (eligible for) ▲▼

* Type of Service Requested

Select an option... ▼

1115 BH Residential Services

1115 BH Crisis Services

1115 BH Treatment: Home Based

1115 BH Treatment Services

State Plan Behavioral Health Assessment

State Plan Outpatient Psychotherapy

State Plan Community Behavioral Support Services

State Plan Peer Support Services

State Plan Crisis Intervention/Stabilization

* Type of Service Requested

2 options selected ▼

1115 BH Treatment Services State Plan Community Behavioral Support Services

What about the codes?

1115 BH Treatment Services	Code	* Modifier(s)	Unit	* Units Requested
Intensive Outpatient - Individual	H0015	Select an option...▼	15 mins	<input type="text"/>
Intensive Outpatient - Group	H0015	Select an option...▼	15 mins	<input type="text"/>
Intensive Case Management	H0023	Select an option...▼	15 mins	<input type="text"/>
Partial Hospitalization	H0035	Select an option...▼	Daily	<input type="text"/>
Community & Recovery Support Svcs - Individual	H2021	Select an option...▼	15 mins	<input type="text"/>
Community & Recovery Support Svcs - Group	H2021	Select an option...▼	15 mins	<input type="text"/>
Assertive Community Treatment Services	H0039	Select an option...▼	15 mins	<input type="text"/>


State Plan Community Behavioral Support Services	Code	* Modifier(s)	Unit	* Units Requested
Day Treatment for Children (R)	H2012	Select an option...▼	Hourly	<input type="text"/>
Therapeutic BH Services - Individual (R)	H2019	Select an option...▼	15 mins	<input type="text"/>
Therapeutic BH Services - Group (R)	H2019	Select an option...▼	15 mins	<input type="text"/>
Therapeutic BH Services - Family (w/patient present) (R)	H2019	Select an option...▼	15 mins	<input type="text"/>
Therapeutic BH Services - Family (w/out patient present) (R)	H2019	Select an option...▼	15 mins	<input type="text"/>
Case Management (R)	T1016	Select an option...▼	15 mins	<input type="text"/>

Modifiers on the Forms

State Plan Outpatient Psychotherapy	Code	* Modifier(s)	Unit	* Units Requested
Psychotherapy, Individual (C)	90832	1 options selected No Modifier	30 mins	10
Psychotherapy, Individual 60 minutes (C)	90837	1 options selected No Modifier	60 mins	20
Psychotherapy, Individual (C)	90834	1 options selected No Modifier	45-50 mins	5
Community & Recovery Support Svcs - Group	H2021	2 options selected V2 HQ	15 mins	600
1115 SUD Inpatient Treatment Services	Code	* Modifier(s)	Unit	* Units Requested
SUD Med Monitored Intensive Inpatient Services 3.7	H0009	2 options selected V1 TF	Daily	7

Diagnoses and treatment plan

Provide the Treatment Plan dates, the date on which services will begin, the date by which the services will end and all relevant diagnoses.

* Treatment Plan Date 
* Requested Service Authorization Start Date 
* Requested Service Authorization End Date 

Diagnosis

Behavioral ICD-10 Diagnosis Code	Description	Comment	Action
<input type="text" value="F38.9"/>	<input type="text" value="Dx"/>	<input type="text"/>	



Medical and Other ICD-10 Diagnosis	Description	Comment	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Psychosocial ICD-10 Diagnosis Codes	Description	Comment	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Online submission SUD clinical criteria

ASAM CRITERIA

Complete for ALL requests: Attach separate document if necessary on the "Documents" section. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.
* Include all relevant information since admission, or since most recent service authorization request.
NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request

<p>ASAM Dimension 1: Acute Intoxication and/or Withdrawal Potential</p> <p>* Risk Rating 3</p> <p>* Clinical Details to support rating additional details</p>	<p>ASAM Dimension 2: Biomedical Conditions and Complications</p> <p>* Risk Rating 2</p> <p>* Clinical Details to support rating additional details</p>
<p>ASAM Dimension 3: Emotional, Behavioral or Cognitive Conditions</p> <p>* Risk Rating 0</p> <p>* Clinical Details to support rating additional details</p>	<p>ASAM Dimension 4: Readiness to Change and Complications</p> <p>* Risk Rating 1</p> <p>* Clinical Details to support rating additional details</p>
<p>ASAM Dimension 5: Relapse, Continued Use, or Continued Problem Potential</p> <p>* Risk Rating 4</p> <p>* Clinical Details to support rating additional details</p>	<p>ASAM Dimension 6: Recovery/Living Environment</p> <p>* Risk Rating 2</p> <p>* Clinical Details to support rating additional details</p>

* Total Composite Score: 12

* Do you have additional information not already covered? No

Save and Next

Online submission BH clinical criteria

MENTAL HEALTH CRITERIA

For BH requests, please complete only the BH section below. Additional attachments can be included as appropriate. Fully describe the medical necessity of this request using the behavioral health areas outlined below.

* Please include all relevant information since admission or most recent service authorization request.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

List participant current medications:

* Is there a current risk of harm to self or others?

choose one...

Are there any deficiencies in the participants ability to (select all applicable):

Select an option...

* Are there current comorbid medical issues?

choose one...

* Are there co-occurring issues of cognitive disability (i.e. dementia, traumatic brain injury, FAS, developmental disability, etc.)?

choose one...

* Are there co-occurring substance abuse issues?

choose one...

Are there any deficiencies in the participants ability to (select all applicable):

Select an option...

- Fulfill obligations (home, work, school)
- Interact with others
- Care for themselves (ADLs, health/medical, etc.)
- Utilize support systems, either through lack of or inability to engage (family, church, community supports, etc.)
- Other

Uploading supporting documents

INSTRUCTIONS FOR DOCUMENTS UPLOAD:

- Please click on the "choose file" button below to select and attach documents to this request.
- Include documentation supporting your request, for example: Most recent Individual Care/Service/Treatment Plan, doctor's notes, medication updates.
- You can use this feature multiple times to attach multiple documents.
- Saved documents will reflect under the "Uploaded Attachments" section.

No file chosen

UPLOADED ATTACHMENTS

NAME	DELETE
------	--------

Submission complete

- This is what it looks like.....

* I am the:

As the assigned directing clinician for the above named recipient, I hereby:

- Affirm the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's level of impairment.
- Affirm that, for a recipient who is a child, the clinical record documents the required participation and input of the child's treatment team.
- Acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation according to Medicaid/Denali Kid Care program rules and that the Department of Health and Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules.
- Acknowledge that approval of this authorization request does not guarantee payment

* Directing Clinician Electronic Signature	* Credentials
<input type="text"/>	<input type="text"/>
* Date of Review by Directing Clinician	* Direct Phone Number
<input type="text"/>	<input type="text"/>

* I am the:

As the Assigned Administrator for the above named recipient, I hereby:

- Affirm that the above described clinical information is true and accurate, as provided by the directing clinician.
- Affirm that I am signing on behalf of the directing clinician with their knowledge and approval.
- Affirm the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's level of impairment.
- Affirm that, for a recipient who is a child, the clinical record documents the required participation and input of the child's treatment team.
- Acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation according to Medicaid/Denali Kid Care program rules and that the Department of Health and Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules; and
- Acknowledge that approval of this authorization request does not guarantee payment.

* Assigned Administrator Electronic Signature	* Assigned Administrator Credentials
<input type="text"/>	<input type="text"/>
* Date of Review by Assigned Administrator	* Direct Phone Number
<input type="text"/>	<input type="text"/>



Your Optum Alaska Request has been submitted successfully. We will review this request and get back to you.

You can [click here](#) to view/download completed request.

You may now [click here](#) to close this window.

Other click options

- If you click “to view/download” as mentioned, you will see your entire service authorization form to include the application number

Identification Info Summary Info New Optum Alaska Form **Service Auth - 0188**

1 of 4

OPTUM | Alaska

Application No : Service Auth - 0188
Submitted Date :03/31/2022

Optum Alaska Service Authorization Request Form

Provider Details:	
Provider Agency Name : OZ 3.0	Phone Number : 9075554646
NPI :	TAX Identification Number : 123456789
DSM Email Address :	FAX Number :
Billing Office Contact Name : Gingie Bread	
Billing Office Address Line 1 : 124 Muffin Man Lane	Billing Office Address Line 2 :
Billing Office City : Kenai	Billing Office State : AK
Billing Office Zip : 99611	

Recipient Details:	
Recipient Name : Bond James Bond	Recipient ID : 123482156
AK AIMS Client ID :	Gender : Male
Date of Birth : 05/05/2000	

Close

Fillable PDF Submission

- Fax Number: 1-844-881-3753
- Telephone: 1-800-225-8764
- A Care Advocate will fill out the service authorization form while the provider is on the phone providing information. This process takes a minimum of 30 minutes.
- USPS/Surface Mail: 911 W. 8th Ave Ste 101 Anchorage AK 99501
 - (this is a very slow process however, if a provider finds themselves in a no internet, no phone situation, this is available)
 - An AK local Optum team member will fax the paper application received in the mail, to the above fax

How to complete the service authorization request form



**1115 Behavioral Health Waiver Provider
Service Authorization (SA) Request**

(*) Denotes required field

*1. Provider Agency Name: _____ *2. Tax ID: _____
 *3. Participant Name: _____ *4. Participant ID: _____
 *5. Request Date: _____ 6. AK AIMS Client ID: _____

Provider Information

*7a. Contact Name: _____ *7b. Address: _____
 *8. Phone No.: _____ *9. Fax No.: _____
 10. DSM Email Address: _____

Participant Information

*11. Admission Date: _____ *12. Planned Discharge Date: _____
 *13. Gender: Male Female Other *14. Date of Birth: _____
 *15. Participant eligibility (please select an applicable box):
 Child (age 0-17) Youth (age 18-21) Adult (age 21+)
 *16. Recommended level of care (please select an applicable box):
 Crisis Services Routine Outpatient Services
 High Intensity Community Based- IOP Intensive Integrated w/out 24-hour psychiatrist - PHP
 Residential or non-Secure 24-hour with Psych Monitoring Inpatient/Secure, 24-hour with psychiatric management
 *17. Concurrent Medicaid State Plan Services? Yes No
 *18. Is this a request for a new service authorization? Yes No
 *19. Is this a request for an amendment of an already approved service authorization? Yes No

*20. Treatment Plan Date: _____ Enter the Treatment Plan date that supports this Service Authorization Request SA
 From: _____ Through: _____ (May not exceed 90 days correlated to treatment plan date).



**1115 Substance Use Disorder Waiver Provider
Service Authorization (SA) Request**

(*) Denotes required field

*1. Provider Agency Name: _____ *2. Tax ID: _____
 *3. Participant Name: _____ *4. Participant ID: _____
 *5. Request Date: _____ 6. AK AIMS Client ID: _____

Provider Information

*7a. Contact Name: _____ *7b. Address: _____
 *8. Phone No.: _____ *9. Fax No.: _____
 10. DSM Email Address: _____

Participant Information

*11. Admission Date: _____ *12. Planned Discharge Date: _____
 *13. Gender: Male Female Other *14. Date of Birth: _____
 *15. Participant eligibility (please select an applicable box):
 A child (age 12-17) who may have a substance use disorder
 A youth (age 18-21) who may have a substance use disorder
 An adult with a substance use disorder
 *16. Recommended level of care (please select an applicable box):
 Outpatient Alcohol and Drug Withdrawal Management Services
 Intensive Outpatient Community Based Support Services
 Partial Hospitalization Crisis Services
 Residential and Inpatient SUD Treatment Services
 *17. Concurrent Medicaid State Plan Services? Yes No
 *18. Is this a request for a new service authorization? Yes No
 *19. Is this a request for an amendment of an already approved service authorization? Yes No

*20. Treatment Plan Date: _____ Enter the Treatment Plan date that supports this Service Authorization Request SA
 From: _____ Through: _____ (May not exceed 90 days correlated to treatment plan date).

Fill out demographic information entirely.

Remember that the address will be the servicing location.

Include admission date and planned date of discharge

Treatment plan dates should be included.

As a reminder: the SA form is referred to as Autism Services which is used interchangeably with ABA (Applied Behavior Analysis)

How to complete the service authorization request - paper version

***21. Diagnosis Codes**

(a) Behavioral ICD-10 Diagnosis Code(s) *Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)*:

ICD-10 Code	Description	Comment

(b) Medical and other ICD-10 Diagnosis Code(s):

ICD-10 Code	Description	Comment

(c) Psychosocial ICD-10 Diagnosis Code(s) *Injury, Poisoning, and Certain Other Consequences of External Causes (T07-T88) and Factors Influencing Health Status and Contact with Health Services (Z00-Z99)*:

ICD-10 Code	Description	Comment

***22. Medical Necessity Description**

For BH requests, please complete only the BH section below. Additional attachments can be included as appropriate. Fully describe the medical necessity of this request using the behavioral health areas outlined below.

*Please include all relevant information since admission or most recent service authorization request.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

List current prescribed medications (include psychotropic medications in this section):

No Update

Is there a current risk of harm to self or other? Yes No No Update

If yes, describe any current risk of harm to self or others. Specify if there is any active intent or plan to commit suicide or homicide. Note whether these thoughts are always present, or specific to a situation or event that has occurred recently:

***21. Diagnosis Codes**

(a) Behavioral ICD-10 Diagnosis Code(s) *Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)*:

ICD-10 Code	Description	Comment

(b) Medical and other ICD-10 Diagnosis Code(s):

ICD-10 Code	Description	Comment

(c) Psychosocial ICD-10 Diagnosis Code(s) *Injury, Poisoning, and Certain Other Consequences of External Causes (T07-T88) and Factors Influencing Health Status and Contact with Health Services (Z00-Z99)*:

ICD-10 Code	Description	Comment

22. Medical Necessity Description – Complete for ALL requests: attach separate paper if necessary. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

List current prescribed medications (include psychotropic medications in this section):

Dimension 1: Acute Intoxication and/or Withdrawal Potential
 Risk Rating: _____
 Clinical Details to support rating: _____

Dimension 2: Biomedical Conditions and Complications
 Risk Rating: _____

Include all behavioral health diagnosis codes.

Include all medical information. If medical conditions impact behavioral health, be sure to include this information.

Include **all** medications, if the patient is compliant with medications, any changes to medications, and any barriers to compliance.

For Risk of harm, include frequency and intensity behaviors, if there are changes to behaviors and if there is a safety plan in place. Can include history as well.

How to complete the service authorization request - paper version

Is there a history with trauma/ACE? Yes No No Update
If yes, briefly describe any history of trauma (include for initial request only, or if new and relevant information has been revealed):

Has the participant had any recent treatment history, including psychiatric or substance abuse hospitalizations?
 Yes No No Update
If yes, describe, include time periods, interventions that the participant has identified as successful or non-helpful treatment interventions:

Is the participant/Guardian willing to engage in services and/or motivated to change? Yes No No Update
Describe:

For continued services requests only, describe the level of participation in treatment and progress made on goals and objectives since last service authorization request:

Is the participant actively engaged in treatment? Yes No No Update
Describe:

Is there progress being made on goals and objectives since the last service authorization request? Yes No No Update
Describe:

Additional Medical Necessity Information (include any relevant information not mentioned above):

Include trauma history for the participant, including history of OCS or APS involvement.

For treatment history, include dates and levels of care (not just provider name) for all treatment that the participant has received. Provide information on participant engagement if known.

For engagement, include information for both participant and guardian (if applicable). If in OCS or DJJ custody, include this information as well.

For progress and objectives, include information related to the treatment plan and goals. How is the participant doing with reaching their goals?

Under additional medical information, include information regarding discharge planning and potential barriers to discharge. Include coordination of care plans. Highlight current symptoms at time of review and related functional impairments (MSE).

How to complete the service auth request - paper version

Units Requested				
Mental Health Treatment 1115 Services	Code	Modifiers	Unit	*23. Units Requested
Intensive Outpatient - Individual	H0015	V2	15 mins	
Intensive Outpatient - Group	H0015	HQ V2	15 mins	
Partial Hospitalization	H0035	V2	Daily	
Intensive Case Management	H0023	V2	15 mins	
Community & Recovery Support Services - Individual	H2021	V2	15 mins	
Community & Recovery Support Services - Group	H2021	HQ V2	15 mins	
Assertive Community Treatment Services	H0039	V2	15 mins	
Outpatient Mental Health Treatment 1115 Services: Home Based	Code	Modifiers	Unit	*24. Units Requested
Home-based Family Treatment Level 1	H1011	V2	15 mins	
Home-based Family Treatment Level 2	H1011	TF V2	15 mins	
Home-based Family Treatment Level 3	H1011	TG V2	15 mins	
Therapeutic Treatment Homes - Daily	H2020	V2	Daily	
Residential BH Treatment Services	Code	Modifiers	Unit	*25. Units Requested
Adult Mental Health Residential Services Level 1	T2018	V2	Daily	
Adult Mental Health Residential Services Level 2	T2018	TG V2	Daily	
Children's Mental Health Residential Services Level 1	T2033	V2	Daily	
Children's Mental Health Residential Services Level 2	T2033	TF V2	Daily	
Crisis Services	Code	Modifiers	Unit	*26. Units Requested
Crisis Residential Stabilization	S9485	V2	Daily	

Units Requested				
Outpatient SUD Services	Code	Modifiers	Unit	*24. Units Requested
Outpatient Services ASAM 1.0 – Individual	H0007	V1	15 mins	
Outpatient Services ASAM 1.0 – Group Adolescent	H0007	HQ, HA, V1	15 mins	
Outpatient Services ASAM 1.0 – Group Adult	H0007	HQ, HB, V1	15 mins	
Intensive Outpatient ASAM 2.1 - Individual	H0015	V1	15 mins	
Intensive Outpatient ASAM 2.1 - Group	H0015	HQ, V1	15 mins	
Partial Hospitalization ASAM 2.5	H0035	V1	Daily	
Residential SUD Treatment Services	Code	Modifiers	Unit	*25. Units Requested
SUD Residential 3.1 - Adolescent	H2036	HA, V1	Daily	
SUD Residential 3.1 - Ages 18-21	H2036	CG, HA, V1	Daily	
SUD Residential 3.1 - Adult	H2036	HF, V1	Daily	
SUD Residential 3.3	H0047	HF, V1	Daily	
SUD Residential 3.5 - Adolescent	H0047	HA, V1, TF	Daily	
SUD Residential 3.5 - Ages 18-21	H0047	CG, V1, HA, TF	Daily	
SUD Residential 3.5 - Adult	H0047	TG, V1	Daily	
Inpatient SUD Treatment				*26. Units Requested
Med Monitored Intensive Inpatient Services 3.7	H0009	TF, V1	Daily	
Med Managed Intensive Inpatient Services 4.0	H0009	TG, V1	Daily	
Alcohol and Drug Withdrawal Management Services	Code	Modifiers	Unit	*27. Units Requested
Ambulatory Withdrawal Management	H0014	V1	15 MIN	
Clinically Managed Residential Withdrawal Management	H0010	V1	Daily	
Med Monitored IP Withdrawal Management 3.7 WD	H0010	TG, V1	Daily	
Med Mng Intensive IP Withdrawal Management 4.0 WD	H0011	V1	Daily	
Community Based Support Services	Code	Modifiers	Unit	*28. Units Requested
Community & Recovery Support Svcs - Individual	H2021	V1	15 mins	
Community & Recovery Support Svcs - Group	H2021	HQ, V1	15 mins	
SUD Care Coordination	H0047	V1	Monthly	
Intensive Case Management	H0023	V1	15 mins	
Crisis Services	Code	Modifiers	Unit	*29. Units Requested
Crisis Residential Stabilization	S9485	V1	Daily	

Units requested should be filled out for each type of service the participant requires.

Remember, if services will be provided under State Plan and 1115 Waiver, both forms will need to be submitted.

Codes and Modifiers Used for Service Authorizations

H0007 : HQ : HA : V1 : 95: Outpatient 1.0 - Group (Adolescent) - 15 mins

H0007 : HQ : HA : V1 : GT: Outpatient 1.0 - Group (Adolescent) - 15 mins

H0007 : HQ : HA : V1 : Outpatient 1.0 - Group (Adolescent) - 15 mins

H0007 : HQ : HB : V1 : 95 : Outpatient 1.0 - Group (Adult) - 15 mins

H0007 : HQ : HB : V1 : GT : Outpatient 1.0 - Group (Adult) - 15 mins

H0007 : HQ : HB : V1 : Outpatient 1.0 - Group (Adult) - 15 mins

H0007 : V1 : 95 : Outpatient 1.0 - Individual (Telehealth) - 15 mins

H0007 : V1 : GT : Outpatient 1.0 - Individual (Telehealth) - 15 mins

H0007 : V1 : Outpatient 1.0 - Individual - 15 mins

H0047 : HA : V1 : TF : SUD Residential 3.5 (Adolescent) Daily

H0047 : CG : HA : V1 : TF : SUD Residential 3.5 (Adolescent 18-20) Daily

H0047 : HF : V1 : SUD Residential 3.3 (Adult) Daily

H0047 : TG : V1 : SUD Residential 3.5 (Adult) Daily

H0015 : HQ : V1 : 95 : Intensive Outpatient Program ASAM 2.1 Group 15 mins

H0015 : HQ : V1 : GT : Intensive Outpatient Program ASAM 2.1 Group 15 mins

H0015 : HQ : V1 : Intensive Outpatient Program ASAM 2.1 - Group 15 mins

H0015 : HQ : V2 : 95 : Intensive Outpatient - Group (Telehealth)

H0015 : HQ : V2 : GT : Intensive Outpatient - Group (Telehealth)

H0015 : HQ : V2 : Intensive Outpatient - Group

H0015 : V1 : 95 : Intensive Outpatient ASAM 2.1 - Individual (Telehealth) 15 mins

H0015 : V1 : GT : Intensive Outpatient ASAM 2.1 - Individual (Telehealth) 15 mins

H0015 : V1 : Intensive Outpatient Program ASAM 2.1 - Individual 15 mins

H0015 : V2 : 95 : Intensive Outpatient - Individual (Telehealth)

H0015 : V2 : GT : Intensive Outpatient - Individual (Telehealth)

H0015 : V2 : Intensive Outpatient - Individual

H2036 : HA : V1 : SUD Residential 3.1 (Adolescent) Daily

H2036 : CG : HA : V1 : SUD Residential 3.1 (Adolescent 18-20) Daily

H2036 : HF : V1 : SUD Residential 3.1 (Adult) Daily

1115 SUD Waiver, Residential

1115 SUD Residential Treatment Services	Code	* Modifier(s)	Unit	* Units Requested
SUD Residential 3.1 (Adolescent)	H2036	2 options selected V1 HA	Daily	
SUD Residential 3.1 (Adult)	H2036	2 options selected V1 HF	Daily	
SUD Residential 3.3	H0047	2 options selected V1 HF	Daily	
SUD Residential 3.5 (Adolescent)	H0047	3 options selected V1 HA TF	Daily	
SUD Residential 3.5 (Adult)	H0047	2 options selected V1 TG	Daily	
SUD Residential 3.1 (Ages 18-21)	H2036	3 options selected CG HA V1	Daily	
SUD Residential 3.5 (Ages 18-21)	H0047	4 options selected CG V1 HA TF	Daily	

How to complete the service authorization request - paper version

Please sign the attestation appropriate to your role (only one signature is necessary for submission):

As the Directing Clinician working for the above-named participant, I hereby:

- Affirm the assessment of the participant's symptomatology, current level of functionality is documented in the participant's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the participant's level of impairment.
- Affirm that, for a participant who is a child, the clinical record documents the required participation and input of the child's treatment team.
- Acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation according to Medicaid/Denali Kid Care program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules; and
- Acknowledge that approval of this authorization request does not guarantee payment.

28a.
Directing Clinician Credentials Signature Date

As the Assigned Administrator for the above-named participant, I hereby:

- Affirm that the above described clinical information is true and accurate, as provided by the directing clinician.
- Affirm that I am signing on behalf of the directing clinician with their knowledge and approval.
- Affirm the assessment of the participant's symptomatology, current level of functionality is documented in the participant's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's level of impairment.
- Affirm that, for a participant who is a child, the clinical record documents the required participation and input of the child's treatment team.
- Acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation according to Medicaid/Denali Kid Care program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules; and
- Acknowledge that approval of this authorization request does not guarantee payment.

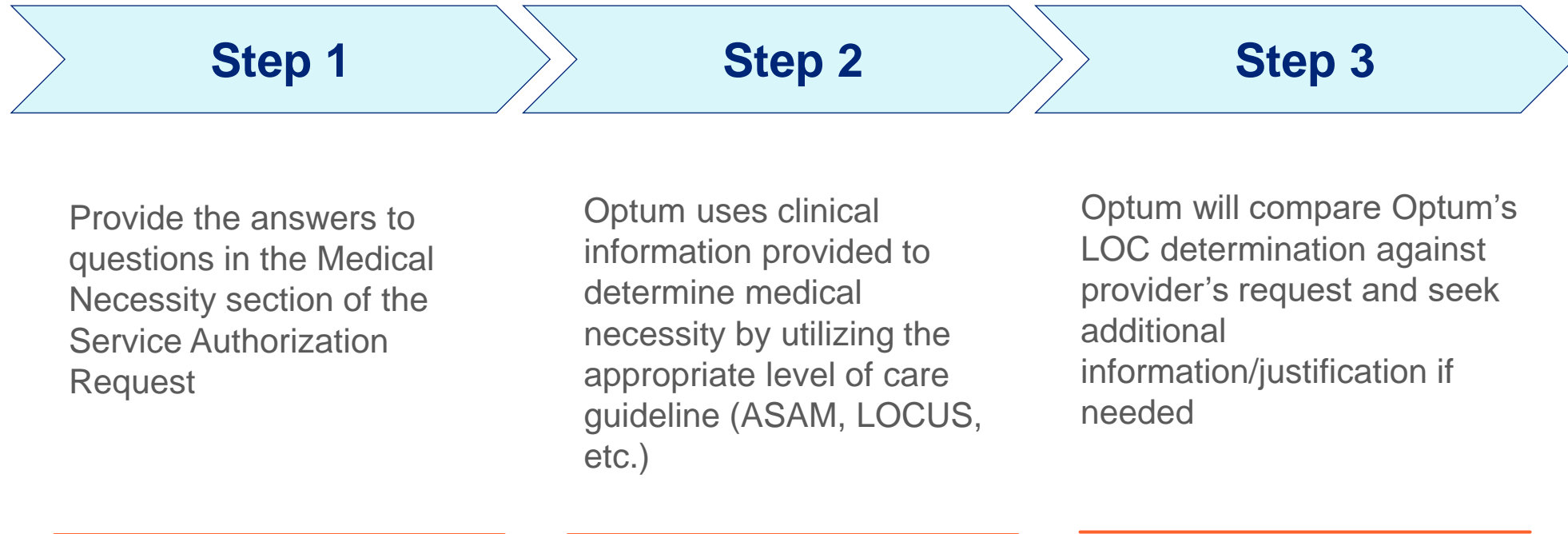
28b.
Administrative Assistant Credentials Signature Date

Special service authorization circumstances

Distance and availability of resources:

- It will be important to note special circumstances when writing the medical necessity essay on your Service Authorization Request.
- Providers are encouraged to acknowledge extenuating circumstances for extended stay at current level of care if impacted by geographic, weather, transportation or other special or unavoidable circumstance.
- Example: Currently in OP, need IOP or PHP but request is for Inpatient LOC. You may need to request a higher LOC if the level you assess is not available. Ex: Person meets criteria for 3.1, but the only residential option available in the region is 3.5.
- Extenuating circumstances **DO NOT GUARANTEE APPROVAL** of Service Authorization but should be pointed out for consideration of the request.

Making Level of Care Determinations



Care Advocates



Care Advocate Role

Receive and process service authorization requests using level of care guidelines criteria to make determinations, in collaboration with the Medical Directors



Care Advocate Tools/Medical Necessity Criteria

ASAM (SUD), **ECSII** (birth to 6), **LOCUS** (age 18+), **CALOCUS/CASII** (6-18), **Supplemental Clinical Criteria** (Autism services), **APA Guidelines** (Psych/Neuropsych testing services)



Access: Call, Portal, Fax Coverage

24/7 UM (and Call) Coverage: Operational during AK business hours, after hours, evenings, weekends, and holidays

Initial Service Authorizations can come in via Phone, Fax, Salesforce, or mail



Care Advocates maintain Independent and unrestricted clinical behavioral health licensure. Dependent upon the specialty team in which they work, they may work directly with participants or providers. Care Advocates review requests for clinical or community-based services and determine best service and fit based upon available resources and Level of Care Guideline (LOCG) criteria. Care Advocates collaborate with treating providers and facilities to ensure participants are receiving treatment in line with best practice and clinical guidelines. Additionally, Care Advocates work to coordinate benefits and transitions between various levels of care.

Optum Case Management Team Referral for Providers

- [Alaska - Optum Provider Portal](#) Home page, left side of screen

Participant Questions:
PHONE: (800) 225-8764
8:00 am to 6:00 pm Alaska Time
Monday – Friday
EMAIL:
MedicaidHelpOptumAK@Optum.com

Provider Questions:
PHONE: (800) 225-8764
FAX: (844) 881-0959
EMAIL: akmedicaid@optum.com

Optum Case Management/Peer Support Referral
EMAIL: MedicaidHelpOptumAK@Optum.com
(Do not include PHI)

Send	From	heather.brady@optum.com
	To	<input type="radio"/> Medicaid Help Alaska
	Cc	
Subject		Optum CM Team Referral (No PHI)

Please provide the following information in the space below:

Provider Name:

Provider Contact Name:

Provider Contact Phone:

Best Time to Contact:

An Optum Behavioral Health Care Navigator will contact you within 2 business days.

PLEASE DO NOT SEND PHI WITH THIS EMAIL. Thank you

Check the Status

Provider Express

The screenshot shows a web browser window with the URL <https://www.providerexpress.com/trans/authInquiryNonFacility.uol>. The page header includes the Optum logo and navigation links: Elig & Benefits, Claims, Auths, Appeals, My Practice Info, and More. A user is logged in as John Doe (provider). The main content area is titled "Authorization Inquiry" and includes a red warning: "Authorization Inquiry * - indicates required field(s)". Below this, there are four search tabs: "My Patients", "Member ID Search", "Name/DOB Search", and "Authorization # Search". The "Authorization # Search" tab is active, showing a form with the instruction "Please complete the form below and click 'Search'". The form contains a red asterisk warning: "* - indicates a required field", followed by the label "Authorization Number" and an empty text input field. A "Search" button is located to the right of the input field. At the bottom of the page, there are links for Security Notice, Privacy, Site Use Agreement, and Site Map.

What happens next?

Two routes for next steps

Authorization approved

- Verbal notification by Care Advocate
- Authorization letter mailed

Not enough information to approve

- Case staffing with Chief Medical Officer (CMO) *then*,
- Request for additional information *then*,
- Peer to peer scheduled with Optum CMO and provider/agency *then*,
- Denial letter issue with appeals rights provided

Submission Time and Approvals

- There is a minimum of five (5) calendar days for review
- A Care Advocate will contact provider/agency within seven (7) days with the determination

Amended Service Authorization Request

If you have submitted a service authorization request that did not include the maximum allowable units for the 90-day time frame, providers can submit an amended request.

- All medical necessity information would be “no update” except for the description supporting the request for additional units [picture is from the online portal]
- There are some portions in the form that do not offer “no update” as they are situations that can change at a swift rate. Examples: medications and risk to self or others.

Additional information which may support medical necessity for services requested:

Provider requested less than maximum allowed units for specified service. Requesting additional units for specified service.
Any additional points of medical necessity or information.

Save and Next

Your SA is about to expire: Now what?

- If medical necessity indicates extended stay is recommended/warranted, please follow the same steps previously until the Treatment Plan Information section.

Treatment Plan Information

* Is this a request for a new service authorization?

Choose one..

Treatment Plan Information

* Is this a request for a new service authorization?

No

* Is this a request for an amendment of an already approved service authorization?

No

* Current Service Authorization Number

Complete this field.

- If the participant is transitioning to a new level of care, the receiving level of care provider is responsible for requesting a service authorization.

Continued Stay

FOR CONTINUED SERVICE REQUESTS ONLY

Is the participant actively engaged in treatment?

Is there progress being made on goals and objectives since the last service authorization request?

Additional information which may support medical necessity for services requested:

Save and Next

Treatment Plan Alignment

- Multiple treatment plan review periods
- Runs concurrent with treatment plan periods and State regulations
- Providers are responsible for having an active, current treatment plan during time of service and authorization dates.

What if a SA cannot be submitted in a timely manner?

What if due to staff outage or being understaffed, a service authorization is not able to be submitted to Optum for 2 weeks (time used for example)?

Example: The service authorization start date/treatment plan start date is 8/1/23 but wasn't submitted to Optum until 8/15/23. Including Optum turnaround time, a determination of the status would not be available until at least 8/19/23. Once approved, would the Authorization start date be adjusted to match the Optum approval date? Or would it be approved for 8/1/23 forward?

In summary:

- Service authorizations will be required at the end of the Federal Public Health Emergency, not before
- Service authorizations are required when the participant's SFY limits are exhausted but can be requested if participant's SFY limit is unknown to avoid a claim denial
- There are two options of completing service auth requests: paper/fillable form or online (via Alaska Optum website)
- Approved authorization units will be tracked by participant and by provider within the claims system automatically. Authorization number is NOT needed on the claim submission
- All areas are to be filled out
- A printable PDF can be created
- Attachments are helpful however, the only required attachment is the ASAM

Summary Continued

- Fiscal Year limits are reset July 1 of every year
- Do not leave response boxes on the SA blank, this could result in a denied authorization or a delayed authorization determination
- Providers can call the Call Center at 1-800-225-8764, press or say 3 as a provider, then say or select 1 for treatment and authorization help. This will connect with a Care Advocate that can assist in reviewing authorized units and provide what units have been utilized based on paid claims data. Please be advised, it is not real time as it is claims based. When in doubt, submit a service authorization form.
- Optum is unable to prescribe how providers track used/unused units

Clinical Retrospective Review

Retrospective (retro) review is a request for a review of services that have already been delivered and a service authorization has not previously been submitted for clinical review.

Retro reviews may be submitted if a provider was approved by the state to retrospectively cover the time of the service and/or if the participant had Medicaid eligibility retroactively approved to cover dates of service.

If a provider has received a claims denial for lack of service authorization, the claim will be considered out-of-scope for a retro review and the provider would have to submit an appeal instead.

Optum must receive retro review requests in writing via fax or mail. Online salesforce submissions for retrospective reviews are out-of-scope for this process.

Clinical Retrospective Review

For a request to be considered a Retrospective Review, there are certain requirements that must be met:

- The request must be received **after the member has ended or has been discharged** from the service.
- **No previous approvals or Non-Coverage Determinations (NCD)** can be issued for the episode of care (treatment type, treating provider, and dates of service) identified in the request.
- The request must be received within **180 days after the last date of service.**

Required Documentation for a Retrospective Review

- Complete an Optum Alaska retro-review cover sheet. The cover sheet MUST be completed and submitted with all retro-review requests. The cover sheet is located on the provider website at: Alaska.optum.com. Please see below:
 - I. Once on the site select the “For Alaska Medicaid Providers” tab at the top in the grey
 - II. Once the drop down opens you will then click “service authorizations”
 - III. At the bottom of the page, under “Appeals Form” you will find the Retrospective Cover Sheet
- Please include any supporting documentation considered relevant (e.g., admission/intake assessment, biopsychosocial, treatment plan, chart notes, medical records, etc.)

Clinical Retrospective Review Cover Sheet



Optum Alaska
 Attn: Retroactive Reviews
 911 W. 8th Ave Ste 101
 Anchorage, Alaska 99501
 Fax# 1-855-508-9353

Retrospective Review Cover Sheet

Retrospective reviews must be received in writing and can be requested via fax or mail.

Note: Do not submit a Service Authorization form.

*Only use this cover sheet for Retrospective Review Requests

Participant Name: _____

Participant ID: _____

Participant DOB: _____

Health Plan/Group: STATE OF ALASKA

Provider/Facility Name: _____

Provider/Facility NPI: _____

Dates of Service for retro request ONLY: _____
 (Do not include future dates)

Procedure Code	U=Units, D=Days, S=Sessions	# Requested
SAMPLE 90832	U	10

Reason prior authorization was not obtained: _____

Please include: (If documents are not submitted, a review cannot be completed)

- Biopsychosocial Assessment (Include any other assessments applicable)
- Treatment plan for dates of service requested
- Medical necessity tool (i.e.: CALOCUS-CA SII, LOCUS, ASAM, EC SII)

Additional documents may be requested as needed

Retrospective Review Cover Sheet

How to Submit a Retrospective Review Request to Optum

- There are two options to submit a retrospective review:
 - I. You may fax the request to the following number: 855.508.9353 OR
 - II. Mail the request to the following address:

Optum Alaska Attn: Retrospective Reviews

911 W 8th Avenue, Suite 101,
Anchorage, AK 99501

Clinical Retrospective Review Determination

Optum will notify providers in writing of the retrospective review decision within 30 days of receipt of the retro-review submission.

To contact the Optum Appeals Department, call 866.245.3040.

If the reviewer upholds the initial decision, providers have the right to file a second level appeal

Retrospective Review Important Notes

- Retrospective Reviews are not to replace service authorization requests.
- Retro reviews may be submitted if a provider was approved by the state to retrospectively cover the time of the service and/or if the participant had Medicaid eligibility retroactively approved to cover dates of service.
- For a request to be considered a retrospective review, there are certain requirements that must be met:
 - The request must be received AFTER the participant has ENDED or has been DISCHARGED from the service (this is different from Service Authorizations as the participant is still actively enrolled in services)
 - No previous approvals or non-coverage determinations can be issued for the episode of care identified in the request
 - The request must be received within 180 days after the last date of service
- Providers submit a retrospective request utilizing the Retrospective Review Cover Sheet located at [Alaska.optum.com](https://alaska.optum.com), For Alaska Medicaid Providers, Service Authorizations, under Appeals.
- Do not submit a service authorization form.

Provider Resources



Provider Training and Outreach Plan

Onboarding of providers takes place with Provider Relations team. Trainings are located on Alaska Optum Website under Technical Assistance Trainings.



Call Center

Providers can contact the call center to ask questions or receive assistance with service authorizations 24/7. Contact number: 1-800-225-8764.



Provider Questions

Issues with: Provider Express or Salesforce: 1-800-225-8764

To complete Service Authorization via phone: 1-800-225-8764

Fax fillable form: 1-844-881-0959

Providers are welcome to email akmedicaid@optum.com during business hours to alert Optum of any issues



Our provider relations department is here to create long-term relationships with providers and engage with them regularly to ensure they are appropriately informed and updated on products, service offerings, and the latest technology available to them.

Provider Relations specialists partner with providers to help them navigate the managed care system and are resources for Provider questions.

What Resources Can Help?

Technical Assistance Trainings of importance or related to current guidance include:

- 12/14/22, [Service Authorization Review: Technical Assistance Teleconference \(optum.com\)](#)
- 09/28/22, [Service Authorization Form Submission Live Demonstration of Online Portal](#)
- 08/24/22 [Service Authorizations 101 including Q&A follow up and What, Where, Why, When Guidance](#)
- 06/22/22 [Service Authorizations 101](#)

- State Regulations
- 1115 Waiver SUD and Behavioral Health Manuals
- State of Alaska Website
 - Department of Health
 - Department of Behavioral Health

State of Alaska, Division of Behavioral Health Website

<https://health.Alaska.gov/dbh>

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Alaska Department of Health
Division of Behavioral Health

ENHANCED BY Google

Home Divisions and Agencies Services News Contact Us

DHSS Reorganization > Department of Health > Behavioral Health

Welcome to Behavioral Health

Public Comment

Friday, January 27, 2023 — 9:30 a.m. - 11:30 a.m.
State of Alaska, Department of Health Public Hearing
Medicaid Section 1115 Substance Use Disorder Treatment and Behavioral Health Program Demonstration Waiver
Join Zoom Meeting

Farina Brown
Acting Director

Laura Russell
Acting Deputy Director

Contact the division at
HSS.DBH@Alaska.gov

"Partners promoting healthy communities."

Mission & Values

Substance Abuse or Mental Health Treatment Facility Locator

988 Suicide & Crisis Lifeline

Having an easy-to-remember number for those needing mental

Behavioral Health

- Home
- Director's Office
- Communications
- Core Services
- Division Contacts
- Well-Being Alaska

Sections

- AKAIMS
- Behavioral Health Systems & Policy
- Prevention and Early Intervention
- Fetal Alcohol Spectrum Disorder
- Medicaid Provider Assistance Services
- Behavioral Health Quality Assurance Section

Treatment Bed Availability

- BRS Residential Services
- Residential SUD

Initiatives

- 1115 Waiver
- 988 Suicide Crisis & Lifeline
- AK Responders Relief Line

Alaska Behavioral Health Providers Service Standards & Administrative Procedures for Behavioral Health Provider Services

[1115 Behavioral Health Medicaid Waiver \(alaska.gov\)](#)

1115 Behavioral Health Medicaid Waiver

Medicaid Section 1115 Demonstration Waivers provide states with flexibility to test new approaches within Medicaid to aid in redesigning and improving their health systems without increasing costs.

Quick Reference Documents

- >  Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services – June 30, 2021
- >  Alaska Behavioral Health Provider Standards and Administrative Manual for SUD Provider Services - October 4, 2020

Optum Website

<https://alaska.optum.com>

The screenshot displays the Optum Alaska website interface. At the top, the Optum Alaska logo is on the left, and a search bar is on the right. Below the logo is a dark navigation bar with links for Home, For Participants, For Alaska Medicaid Providers, For Community Partners, About Us, and Contact Us. The main content area is titled "Alaska - Optum Provider Portal". On the left side, there are three vertical panels of quick links: "PARTICIPANT QUICK LINKS" (Resources & Tools, Participant Newsletter), "PROVIDER QUICK LINKS" (Sign up for Alerts, Provider Express, Provider Billing Services, Service Authorizations), and "EXTERNAL OPTUM SITES" (Find a Provider, Live & Work Well, Supports and Services Manager). The main content area features a "Stay informed on COVID-19" section with three prominent banners: a teal banner for CDC updates, a dark red banner for DOH updates and telehealth guidance, and a blue/black banner for the COVID-19 Mental Health Resource Hub. A footer at the bottom of the screenshot contains the Optum logo, copyright information, and the text "United Behavioral Health operating under the brand Optum".

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

Check the DOH website for COVID-19 updates at 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/>

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BH4518_12/2022

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Alaska Administrative Service Organization (ASO) Provider Manual

Alaska - Optum Provider Portal

Optum | Alaska

Home For Participants **For Alaska Medicaid Providers** For Co

Alaska - Optum Provider Portal > For Alaska Medicaid Providers > Provider Billing Resources

PROVIDER BILLING RESOURCES

Optum follows national guidelines and policies to ensure the integrity of our Alaska Medicaid providers.

Appeals Form

- [Provider First Level Appeals Form \(PDF\)](#)

Quick Reference Guide

- [Optum Alaska Behavioral Health Quick Reference Guide \(pdf\)](#)

Provider Manual

- [Provider Manual \(pdf\)](#)

Alaska Administrative Services Organization (ASO)
Provider Manual
March 1, 2022



Q&A

Optum

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