



Technical Assistance Teleconference – October 11th, 2023

Claims Updates



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Updates

Service Authorization

Effective 5/12/2023 CMS (Center for Medicare and Medicaid Services) has approved a disaster State Plan Amendment (dSPA) to extend the pandemic era 1135 blanket waiver authority approved on April 2, 2020, to temporarily suspend the Medicaid prior/service authorizations for state plan behavioral health services for 12-months to aid Alaska in the return to routine operations. This approval expires on 5/11/2024. This does include 1115 BH and SUD waiver services)

Service authorization requirements for specific state plan services and 1115 BH and SUD waiver services are suspended from 5/12/2023-5/11/2024.

Service authorizations are suspended for specific state plan services that include services with XE, XU, XP, GT, 95, and FQ modifiers.

A full list of the service codes that apply to the specific State Plan Services and Autism codes are located on the Optum Alaska website, [here](#).

Updates

Provider Manual

The Alaska Administrative Services Organization Provider Manual (Sept. 2023) is now available on the Optum Alaska website. This manual has been updated to link updated link to the Division of Behavioral Health, Optum and others.

[Provider Manual](#)

Behavioral Health – Quick Reference Guide

The Behavioral Health – Quick Reference Guide is your all things needed Optum. Here you will find what information is available on the Optum Alaska website, how to inquire about eligibility, where to submit paper claims and much, much more.

[Behavioral Health – Quick Reference Guide](#)

Updates

Remittance Code Advice and Denial Reason List

Optum uses the national codes for claim adjustment and remittance advice reason codes. The link to the national codes is: [External Code Lists | X12](#). In addition, Optum has provided a list of the most common Denial, Claim Adjustment Reason Codes and Remittance Advice Remark codes with explanations to further assist you in reviewing your claims. The list can be found on the Provider Express portal under Alerts, Updates and Announcements or via the link provided below.

[Remittance Advice Codes and Denial Reasons](#)

Updates

Remittance Code Advice and Denial Reason List

Facets Code	CARC Code	RARC Code	Short Description	Long Description	Liability
002			Increased allowable	Increased allowable	N/A
003			Reduced allowable	Reduced allowable	N/A
017			Increased allowable units	Increased allowable units	N/A
018			Reduced allowable units	Reduced allowable units	N/A
073			Deny All Claim Lines	Deny All Claim Lines	N/A
346	18	0	Duplicate	Duplicate	Provider
AK6	234	M15	Tribal Provider Encounter	Encounter Rate applied for this service.	Provider
AKT	234	M15	Tribal Provider Encounter	Encounter Rate applied for this service.	Provider
B01	11	0	Invalid Diagnosis/CPT Combination	This is an invalid diagnosis code and procedure code combination.	Provider
B02	96	N130	Service Not Covered for this Provider	This service is not covered for this provider under your plan.	Member
B05	96	N130	Your plan does not cover this expense	Your Behavioral Health Plan does not cover this expense.	Member
B08	5	M77	Place of service inappropriate for procedure	This place of service is inappropriate for this service.	Provider
B14	109	N418	Please forward to correct carrier	Medical Services not covered under Behavioral Health coverage. Please submit claim to your Medical Health Plan for processing.	Provider
B37	96	N130	OON provider services not covered for plan	Your plan does not cover services you received from a non-network provider.	Member

Projects

Projects

What is a project? Is your agency a part of a project?

A project is defined as a single claim or multiple claims that are in the process of or are going to be re-processed.

- Projects can include one agency or as many as a hundred agencies.
- Projects can include additional payment and \ or recoups for providers.
- Some projects may include multiple versions. Versions of a project may be closed. While others may be open.
- Provider Relations will be outreaching to agencies and notifying them if \ when they are a part of a project, estimated date of completion, and expected results of that project. And any subsequent follow-up as needed.
- Once a project is complete, Provider Relations will follow-up with agencies to ensure resolution of the project.
- If agencies have questions, please contact Provider Relations at akmedicaid@optum.com

Projects

Project: 911.20 Third Party Liability (TPL) Clean-up – (4 Parts)

What is Happening: Participants were showing TPL coverage in the Optum Claims Payment system, that may have been inaccurate, outdated, and \ or unaccounted for.

What Providers Need To Do: There is no action that providers need to take.

Project Completion Date: 11.10.2023

Project Claim Volume: 13,585

Projects

Project: 911.20 Third Party Liability (TPL) Clean-up – cont.

- 911.20 (A) – claims for participants *with no TPL* identified
 - Completed: 07.31.2023
- 911.20 (B) – claims for participants *with TPL*, where services should be on TPLA
 - Completed: 08.04.2023
- 911.20 (C) – claims for participants *with TPL*
 - Currently with Re-Work
- 911.20 (D) – claims for participants *with no TPL*, however, claim may deny for other reason
 - Completed: 09.20.2023

Projects

Projects: 53.15 and 53.16 – Retro Eligibility Updates

What is Happening: Claims previously denied for participants having no current Alaska Medicaid eligibility are being reprocessed.

What Providers Need To Do: There is no action that providers need to take.

Estimated Project Completion Date: 11.07.2023

Claims Volume: 736

Projects

Project: Denied Claims (No Authorization on File)

What is Happening: The service authorization requirement was retroactively lifted and those claims that were pending for service authorization or denied for the lack thereof will be reprocessed.

What Providers Need To Do: There is no action that providers need to take.

Project Completion Date: 12.15.2023

Completed: 67.76%

Claims Volume: 1439

Participant Incarcerated on Date of Service

Participant Incarcerated on Date of Service

Providers have submitted claims when the participant was reflecting as incarcerated on the date of service. This subtype is not covered for Alaska Medicaid 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. Providers may also contact Provider Relations for confirmation of eligibility status.

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 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 Assistance Categories

The Medicare program provides assistance with the cost of Medicare premiums, deductibles, and co-insurance. 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

Links

Links

Optum Alaska - [Alaska - Optum Provider Portal](#)

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

Creating a One Healthcare ID - [Create One Healthcare ID - One Healthcare ID](#)

Optum Pay- [Login \(optumhealthpaymentservices.com\)](#)

Provider Quick Links Page- [Provider Resource Links \(optum.com\)](#)

Printable ASAM Assessment- [ASAM Criteria Intake Assessment Guide](#)

Provider Quick Reference Guide- [Optum Alaska Medicaid Behavioral Health - Quick Reference Guide](#)

Reminders

Reminders

- Generally, clean claims that contain all the required information will be paid within 30 days after receipt of the claims. This may exclude claims which require an exception process, such as coordination of benefits (COB) and student status verification, which can delay this process. The procedure for processing claims will be modified as necessary to satisfy any applicable state laws.
- Registered users of Provider Express can use the Claim Inquiry transaction within Provider Express.
- For questions about using the site, issues with requesting a user ID and password, or for technical issues, call the Provider Express Support Center at **866-209-9320** from 7 a.m. to 7 p.m. (CST), 4 a.m. to 4 p.m. (AKST) or click on the ***Chat Now*** button on the Provider Express [Contact Us](#) page to chat with a tech support representative online.
- If your agency is having issues with getting Provider Express to accept your rendering and \ or billing NPI number, please reach out to Provider Relations at akmedicaid@optum.com

Reminders

If an agency would prefer to mail in paper claims. Paper claims can be mailed to:

Optum
P.O. Box 30760
Salt Lake City, Utah 84130-0760

Fax:

248-733-6085

Reminders

Appeals

A provider may request a first level appeal if payment of an original claim was denied or reduced, or if payment was reduced due to a recoupment action. Providers may file first level appeals with Optum. You can find the First Level Appeal form on the [Alaska - Optum Provider Portal](#) website

First level appeals must be in writing received within 180 days of the claim disposition date (the date of the remittance advice). Any appeal submitted past timely will not be considered.

The [Optum Provider First-Level Appeal Request Form](#) must be completed to appeal the denial or reduction of a claim or service. All fields on the form are required. Once the form is completed, please mail the form with all required and applicable documentation to Optum Alaska. First-Level appeals are not accepted by email, or telephone.

Optum Alaska
Attn: First-Level Appeals
911 W. 8th Avenue, Suite 101
Anchorage, Alaska 99501
Fax: 855-508-9353

Reminders

Call Center

800-225-8764

The call center is available from 8:00 a.m. – 6:00 p.m. AKT, Monday through Friday for questions, or concerns that you may have regarding claims inquiries, participant eligibility, service authorizations or any other inquiry.

Reminders

Uncashed Checks

From time to time, Optum will reach out to a provider \ agency with regards to uncashed checks. These are paper checks that are mailed to the provider \ agency address on file.

Why would a check be uncashed:

- Lost or never received
- Provider \ Agency moved
- Delayed in making a trip to the bank

To ensure that Optum is contacting the right person within your agency, please ensure that any staff member who may handle payments is signed up with Optum to receive Provider Alerts and outreach.

[Optum Alaska - Provider Alert Email](#)

Reminders

Upcoming Trainings for 2024

To prepare for the relaunch of Service Authorizations, May 12, 2024, Optum will be providing a new Training Series starting in January 2024 focusing on Service Authorizations and Level of Care Guideline refresher trainings.

- Youth Residential
- Youth Therapeutic Treatment Homes & Home Based Family Therapy
- Crisis Residential and Stabilization Services
- Service Authorization Townhalls

Reminders

Provider Newsletter

In Touch, the Alaska Medicaid Provider Quarterly Newsletter is information for you, the provider.

This issue offers:

- Insite to your well-being
- Coding Corner
- Rendering Provider Listings on Live and Work Well
- Upcoming Trainings

You can find the Alaska Medicaid Provider Newsletter on the Optum Alaska website at the following link: [Provider Newsletter](#). If you are interested in receiving print copies of the newsletter, or have suggestions for topics, please reach out to a member of our Provider Relations team at akmedicaid@optum.com

Q&A

Optum

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