Alaska Behavioral Health Administrative Services Organization Claim Modifiers for 1115 Waiver SUD Services

Provider Billing Notice!

In order to ensure correct and timely payment of services, Providers billing the Optum ASO are advised to bill their services using the necessary placement of procedure code modifiers as indicated in this presentation!

Agenda

- Purpose of this Information
- Modifier Sequence for 1115 Waiver SUD Services
- Modifier Examples Do’s and Don’ts
- How to Correct or Adjust Claims
- Q& A
- Contact the Provider Relations Team

Purpose of this Information

- ✓ This presentation demonstrates the importance of entering the exact sequence of procedure code modifiers when billing 1115 Waiver SUD services to Optum for dates of service on and after 2/1/2020
- ✓ 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 may result in claim denials, underpayments and/or overpayments that must be refunded

Modifier Sequence for 1115 Waiver SUD Services

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Medically Monitored Intensive Inpatient Services 3.7	H0009	TF - Intermediate	V1 - Demonstration			$900.00	Daily
Medically Managed Intensive Inpatient Services 4.0	H0009	TG - High Level	V1 - Demonstration			$1,500.00	Daily
Clinically Managed Residential Withdrawal Management	H0010	V1 - Demonstration				$302.25	Daily
Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010	TG - High Level	V1 - Demonstration			$900.00	Daily
Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	H0011	V1 - Demonstration				$1,500.00	Daily
Ambulatory Withdrawal Management	H0014	V1 - Demonstration				$30.00	15 Minutes
Intensive Outpatient ASAM 2.1 - Group	H0015	HQ - Group	V1 - Demonstration			$7.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	HQ - Group	V1 - Demonstration	GT - Telehealth		$7.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Individual	H0015	V1 - Demonstration				$29.61	15 Minutes
Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015	V1 - Demonstration	GT - Telehealth			$29.61	15 Minutes
Intensive Case Management	H0023	V1 - Demonstration				$28.07	15 Minutes
Partial Hospitalization	H0035	V1 - Demonstration				$500.00	Daily
SUD Care Coordination	H0047	V1 - Demonstration				$300.00	Monthly
SUD Care Coordination (Telehealth)	H0047	V1 - Demonstration	GT - Telehealth			$300.00	Monthly
SUD Residential 3.3	Code Pending					$615.94	Daily
SUD Residential 3.5 (Adult)	H0047	TG - High Level	V1 - Demonstration			$455.29	Daily
SUD Residential 3.5 (Adolescent)	H0047	HA - Adolescent	V1 - Demonstration	TF - Intermediate		$498.62	Daily
Community & Recovery Support Services - Group	H2021	HQ - Group	V1 - Demonstration			$5.63	15 Minutes
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V1 - Demonstration	GT - Telehealth		$5.63	15 Minutes
Community & Recovery Support Services - Individual	H2021	V1 - Demonstration				$21.46	15 Minutes
Community & Recovery Support Services - Individual (Telehealth)	H2021	V1 - Demonstration	GT - Telehealth			$21.46	15 Minutes
SUD Residential 3.1 (Adolescent)	H2036	HA - Adolescent	V1 - Demonstration			$348.39	Daily
SUD Residential 3.1 (Adult)	H2036	HF - Substance Abuse	V1 - Demonstration			$400.83	Daily
Treatment Plan Development/Review	T1007	V1 - Demonstration				$135.43	Per Assessment
Treatment Plan Development/Review (Telehealth)	T1007	V1 - Demonstration	GT - Telehealth			$135.43	Per Assessment

Modifier Example #1 for H0009

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Medically Monitored Intensive Inpatient Services 3.7	H0009	TF - Intermediate	V1 - Demonstration			$900.00	Daily
Medically Managed Intensive Inpatient Services 4.0	H0009	TG - High Level	V1 - Demonstration			$1,500.00	Daily

Code H0009 - Optum has the primary modifier listed as TF with $900.00 rate and TG with a $1500.00 rate

- If a Provider sends a claim to Optum with **TG and V1** Modifiers in this order:
  Claim will pay at the $1500.00 rate.

- If a Provider sends a claim to Optum with **TF and V1** Modifiers in this order:
  Claim will pay at the $900.00 rate.

- If a Provider sends claim to Optum with V1 as the primary modifier:
  Claim will deny because V1 is not Optum's primary modifier.

Modifier Example #2 for H0010

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Clinically Managed Residential Withdrawal Management	H0010	V1 - Demonstration				$302.25	Daily
Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010	TG - High Level	V1 - Demonstration			$900.00	Daily

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.

Modifier Example #3 for H0011

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	**H0011**	V1 - Demonstration				$1,500.00	Daily

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.

Modifier Example #4 for H0021

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Community & Recovery Support Services - Group	H2021	HQ - Group	V1 - Demonstration			$5.63	15 Minutes
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V1 - Demonstration	GT - Telehealth		$5.63	15 Minutes
Community & Recovery Support Services - Individual	H2021	V1 - Demonstration				$21.46	15 Minutes
Community & Recovery Support Services - Individual (Telehealth)	H2021	V1 - Demonstration	GT - Telehealth			$21.46	15 Minutes

Code H2021 - Optum has the primary modifier listed as V1 with a $21.46 rate and HQ with a $5.63 rate

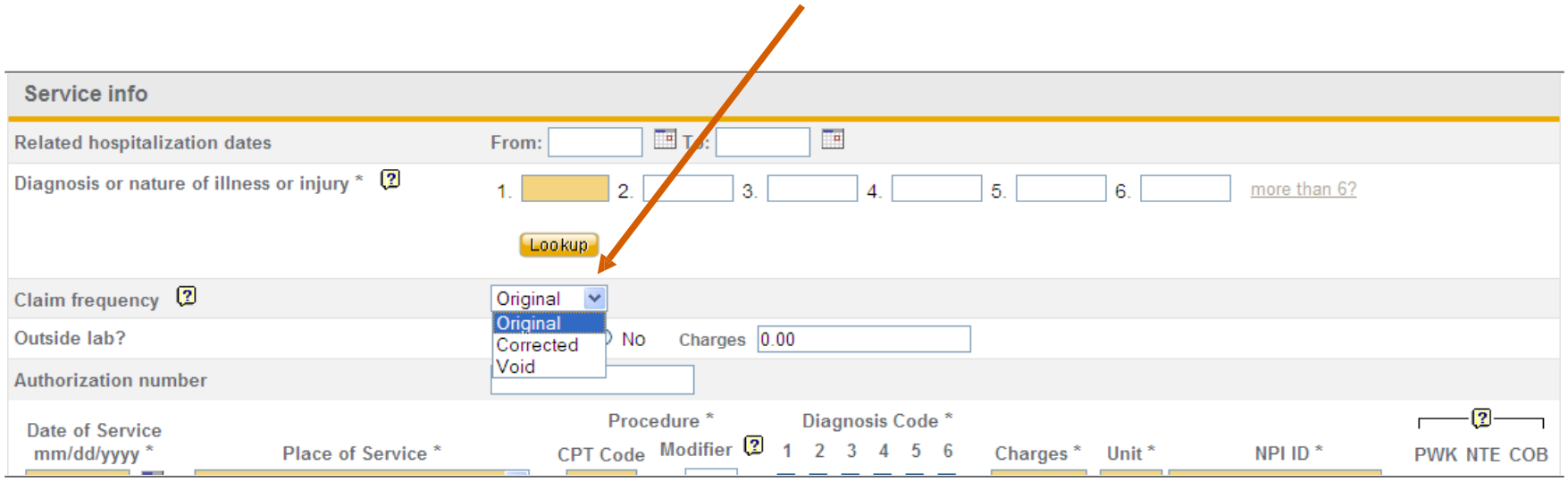
- If a Provider sends a claim to Optum with V1:
  Claim will pay at the $21.46 rate.
- If a Provider sends a claim to Optum with HQ and V1:
  Claim will pay at the $5.63 rate.
- If a Provider sends a claim to Optum with V1 and HQ:
  Claim will pay at the $21.46 rate. This would be an over-payment for Community and Recovery Support Services-Group.

Submitting Corrected (or Void) Claims

Submitting Corrected (or Void) Claims

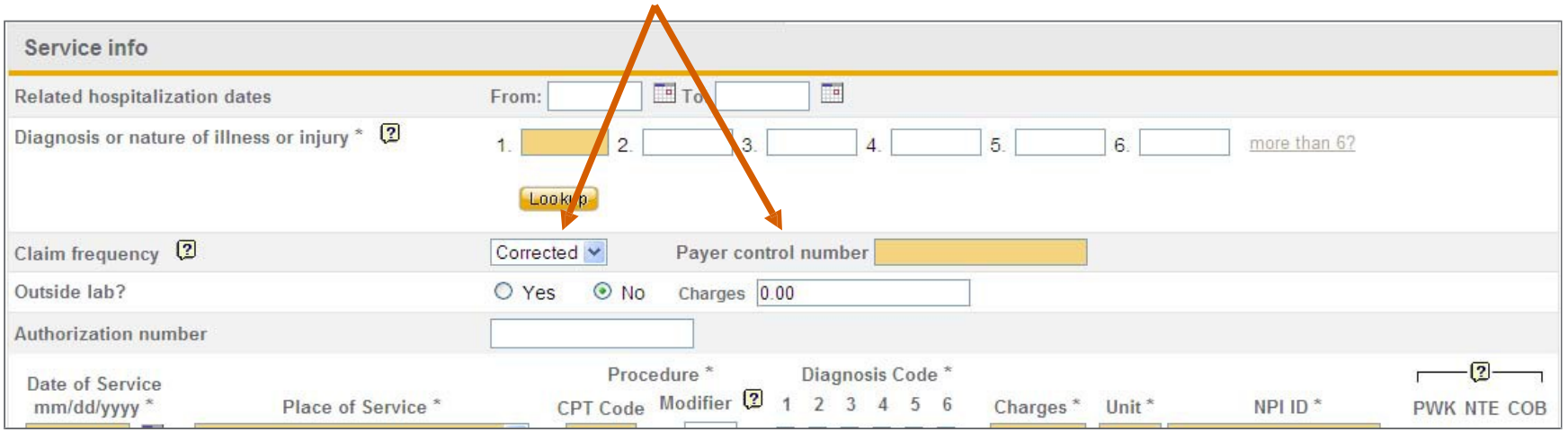
- Regardless of the claim form (short or long), you do have the ability to submit a Corrected or Void claim request as well, when a previously submitted claim had incorrect information on it.

- In the Service info section, the “Claim frequency” code is what is used to determine the type of claim you are filing. Provider Express defaults to "Original" but you can change it to "Corrected" or "Void".



Submitting Corrected (or Void) Claims (cont.)

- As the help icon next to this section indicates:
  - **Claim frequency -** To submit a Corrected or Void 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 or Void claim until a claim number has been assigned.



"Payer control number" = Claim number

When to Use the Corrected Claim Option Via Claim Entry

vs.

The Claim Adjustment Request Feature Via Claim Inquiry

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 it, 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

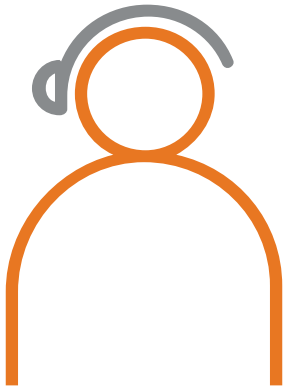
(Please reference the Guided Tour video titled "Claim Inquiry and Claim Adjustment Request" for additional information)

Let’s Talk!

The Provider Relations Team is here to help

As a new Provider to Optum, the Alaska Provider Relations Team is your local guide to Navigating Optum.

The AK Provider Relations Team can:	The Optum AK Provider Relations Team:
• Act as your Optum liaison • Answer important questions • Facilitate ongoing process improvements • Keep you abreast of changes that impact your practice • Provider useful tools and resources	Lisa Brown: 1-763-797-2092 Lorraine Afe & Vaoita Puletapuai Email: akmedicaid@optum.com Fax: 1-844-881-0959



Thank you

Optum Behavioral Health Team