

Claims Updates

Optum Alaska



BH3259_06/2021

Agenda

- DBH eMemo – Billing with T2033, not H2033
- Billing with Rendering Providers on Claims
- Reprocessing of psychotherapy codes status
- Additional codes to be reprocessed
- Reprocessing of claims paid to rendering providers rather than the agency
- Telehealth codes reminder for providers
- Primary Modifier Guidance Grids
- Optum ID to One Healthcare ID Migration
- National Call Center Calls

DBH eMemo – Billing with T2033, not H2033

From: Alaska Division of Behavioral Health <AlaskaDHSS@public.govdelivery.com>

Sent: Monday, October 5, 2020 4:02 PM

To:

Subject: Section 1115 Waiver Update e-Memo - 1115 Waiver Services permanent regulations

Dear Provider:

We have uploaded the 1115 Standards and Administrative manuals and the Chart of Services provided with the 1115 Waiver Services permanent regulations to our website. You will find these documents dated October 4, 2020 under Quick Reference Documents at <http://dhss.alaska.gov/dbh/Pages/1115/default.aspx>. Please take a moment to notate the corrections listed below. We will update the DBH website with these documents on the Medicaid related page for future reference.

Alaska Behavioral Health Provider Standards and Administrative Manual for BH Provider Services October 4, 2020

- Note - H2033 V2 code on page 18 is incorrect. The code should be **T2033 V2**
- Note - H2033 TF V2 code on page 21 is incorrect. The code should be **T2033 TF V2**

Chart of 1115 Medicaid Waiver Services October 4, 2020

- Note - Children's MH Residential Treatment Level 1 – Code should be **T2033 V2**
- Note - Children's MH Residential Treatment Level 1 – Code should be **T2033 TF V2**

If you have any questions, please submit them to mpassunit@alaska.gov

Billing with Rendering Providers on Claims Has Been Temporarily Lifted

Clarification: Claims for dates of services on and after April 1, 2021 do not require rendering providers on claims. This is a temporary lift due to the provider enrollment back log.

Note: Dates of service before April 1, 2021 must continue to be billed with rendering providers on the claims.

DBH will notify providers when they will need to submit rendering provider information on a claim again.

DBH eMemos are posted on the DBH Communications page at: <http://dhss.alaska.gov/dbh/Pages/Communications.aspx> -DBH eMemos

Procedure Codes to be Reprocessed

Status Update: This project has been completed as of 5/27/2021 and payment to providers should go out weeks of 5/24/2021 and 5/31/2021.

Denied or reduced claims with the following codes will be reprocessed and paid dating back to the first date of service the provider billed Optum. In addition, future claims will pay without unit limits or procedure to procedure denials until the end of the public health emergency.

- 90846: Psychotherapy, Family (w/o patient present)
 - with or without U7
- 90847: Psychotherapy, Family (with patient present)
 - with or without U7
- 90849: Psychotherapy, Multi-Family Group
 - with or without U7
- 90853: Psychotherapy, Group
 - with or without U7

Additional Procedure Codes to be Reprocessed

Status Update: This project is in the beginning stage of configuration and estimated completion time is unknown at this time.

Denied or reduced claims with the following codes will be reprocessed and paid dating back to the first date of service the provider billed Optum. In addition, future claims will pay without unit limits or procedure to procedure denials until the end of the public health emergency.

- 90832: Psychotherapy, Individual
 - with or without any modifier combination allowed
- 90834: Psychotherapy, Individual
 - with or without any modifier combination allowed
- 90837: Psychotherapy, Individual
 - with or without any modifier combination allowed

Rendering Provider Payments

- ❖ Claims that were paid directly to rendering providers have been adjusted and reprocessed to pay to the group/agency.
- ❖ Providers will see claims adjustments in their remittance advices for claims processed through the end of May and beginning of June, as these claims finalize.
- ❖ Optum's system has been updated to pay to the group/agency instead of the rendering providers.

Telehealth Service Codes

- ❖ Reminder to providers that all claims billed with a telehealth modifier GT or 95 must be billed with place of service 02 (and claims with place of service 02 require a GT or 95 modifier) for dates of service 4/15/2021 and after.

Primary Modifier Guidance Grids

The Primary Modifier Grids are posted on the website under Updates at:
<https://alaska.optum.com/content/ops-alaska/alaska/en/providers/Updates.html>

UPDATES

- Optum Primary Modifier Guidance for Alaska Medicaid Community Behavioral Health Services as of 7.1.2020
- Optum Primary Modifier Guidance for Alaska Medicaid Waiver Services as of 10.4.2020
- This presentation demonstrates the importance of entering the exact sequence of procedure code modifiers when billing services to Optum
- 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 Mental Health Physician Clinics 1/2

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
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		
Psychological Testing	96136-HO	HO	
Psychological Testing	96136-HO	HO	95 or GT - Telehealth
Psychological Testing	96137-HO	HO	
Psychological Testing	96137-HO	HO	95 or GT - Telehealth
Psychological Testing	96130-HO	HO	
Psychological Testing	96131-HO	HO	
Neuropsychological Testing	96136-HP	HP	
Neuropsychological Testing	96136-HP	HP	95 or GT - Telehealth
Neuropsychological Testing	96137-HP	HP	
Neuropsychological Testing	96137-HP	HP	95 or GT - Telehealth
Neuropsychological Testing	96132-HP	HP	
Neuropsychological Testing	96133-HP	HP	

Modifier Sequence for Mental Health Physician Clinics 2/2

Service Title/Description	Service Code	Primary Billed Modifier #1	Modifier #2
Psychotherapy, Individual	90832		
Psychotherapy, Individual	90832	95 or GT - Telehealth	
Psychotherapy, Individual	90834		
Psychotherapy, Individual	90834	95 or GT - Telehealth	
Psychotherapy, Individual	90837		
Psychotherapy, Individual	90837	95 or GT - Telehealth	
Psychotherapy, Family (w/o patient present)	90846		
Psychotherapy, Family (w/o patient present)	90846	95 or GT - Telehealth	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	
Psychotherapy, Family (w/o patient present)	90846-U7	U7	95 or GT - Telehealth
Psychotherapy, Family (with patient present)	90847		
Psychotherapy, Family (with patient present)	90847	95 or GT - Telehealth	
Psychotherapy, Family (with patient present)	90847-U7	U7	
Psychotherapy, Family (with patient present)	90847-U7	U7	95 or GT - Telehealth
Psychotherapy, Multi-family group	90849		
Psychotherapy, Multi-family group	90849	95 or GT - Telehealth	
Psychotherapy, Multi-family group	90849-U7	U7	
Psychotherapy, Multi-family group	90849-U7	U7	95 or GT - Telehealth
Psychotherapy, Group	90853		
Psychotherapy, Group	90853	95 or GT - Telehealth	
Psychotherapy, Group	90853-U7	U7	
Psychotherapy, Group	90853-U7	U7	95 or GT - Telehealth
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	U6	
Short-term Crisis Intervention Service	S9484-U6	U6	95 or 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 1115 Waiver SUD Services 1/2

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Outpatient Services ASAM 1.0 - Individual	H0007	V1 - Demonstration				\$25.64	15 Minutes
Outpatient Services ASAM 1.0 - Individual (Telehealth)	H0007	V1 - Demonstration	GT - Telehealth			\$25.64	15 Minutes
Outpatient Services ASAM 1.0 - Group (Adolescent)	H0007	HQ - Group	HA - Adolescent	V1 - Demonstration		\$8.43	15 Minutes
Outpatient Services ASAM 1.0 - Group (Adolescent) (Telehealth)	H0007	HQ - Group	HA - Adolescent	V1 - Demonstration	GT - Telehealth	\$8.43	15 Minutes
Outpatient Services ASAM 1.0 - Group (Adult)	H0007	HQ - Group	HB - Adult	V1 - Demonstration		\$8.43	15 Minutes
Outpatient Services ASAM 1.0 - Group (Adult) (Telehealth)	H0007	HQ - Group	HB - Adult	V1 - Demonstration	GT - Telehealth	\$8.43	15 Minutes
Medically Monitored Intensive Inpatient Services 3.7	H0010	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	-		\$9.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	HQ - Group	V1 - Demonstration	GT - Telehealth		\$9.77	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
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

Modifier Sequence for 1115 Waiver SUD Services 2/2

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Intensive Case Management	H0023	V1 - Demonstration				\$28.07	15 Minutes
Intensive Case Management (Telehealth)	H0023	V1 - Demonstration	GT - Telehealth			\$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	H0047	HF - Substance Abuse	V1 - Demonstration			\$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
SUD Residential 3.1 (Adolescent)	H2036	HA - Adolescent	V1 - Demonstration			\$354.03	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 Sequence for State Plan Services 1/3

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Fee	Unit of Measure
Behavioral Health Screen	T1023			\$ 41.95	1 screening
Behavioral Health Screen	T1023	GT - Telehealth		\$ 41.95	1 screening
Alcohol and/or Drug Assessment	H0001			\$ 227.51	1 Assessment
Alcohol and/or Drug Assessment	H0001	GT - Telehealth		\$ 227.51	1 Assessment
Mental Health Intake Assessment	H0031			\$ 428.50	1 Assessment
Mental Health Intake Assessment	H0031	GT - Telehealth		\$ 428.50	1 Assessment
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH		\$ 492.78	1 Assessment
Integrated Mental Health & Substance Use Intake Assessment	H0031-HH	HH	GT - Telehealth	\$ 492.78	1 Assessment
Psychiatric Assessment - Diag Eval	90791			\$ 561.80	1 Assessment
Psychological Testing	96136-HO	HO		\$ 66.37	1 Unit
Psychological Testing	96136-HO	HO	GT - Telehealth	\$ 66.37	1 Unit
Psychological Testing	96137-HO	HO		\$ 66.37	7 units
Psychological Testing	96137-HO	HO	GT - Telehealth	\$ 66.37	7 units
Psychological Testing	96130-HO	HO		\$ 132.83	1 unit
Psychological Testing	96131-HO	HO		\$ 132.83	1 unit
Neuropsychological Testing	96136-HP	HP		\$ 77.98	1 unit
Neuropsychological Testing	96136-HP	HP	GT - Telehealth	\$ 77.98	1 unit
Neuropsychological Testing	96137-HP	HP		\$ 77.98	1 unit
Neuropsychological Testing	96137-HP	HP	GT - Telehealth	\$ 77.98	1 unit
Neuropsychological Testing	96132-HP	HP		\$ 155.94	1 Unit
Neuropsychological Testing	96133-HP	HP		\$ 155.94	3 units
Psychotherapy, Individual	90832			\$ 63.98	30 minutes(16-37 minutes)
Psychotherapy, Individual	90832	GT - Telehealth		\$ 63.98	30 minutes(16-37 minutes)
Psychotherapy, Individual	90834			\$ 95.97	60 minutes(38-52 minutes)
Psychotherapy, Individual	90834	GT - Telehealth		\$ 95.97	60 minutes(38-52 minutes)
Psychotherapy, Individual	90837			\$ 127.96	60 minutes(53-60 minutes)
Psychotherapy, Individual	90837	GT - Telehealth		\$ 127.96	60 minutes(53-60 minutes)
Psychotherapy, Family (w/o patient present)	90846			\$ 134.60	60 minutes
Psychotherapy, Family (w/o patient present)	90846	GT - Telehealth		\$ 134.60	60 minutes
Psychotherapy, Family (w/o patient present)	90846-U7	U7		\$ 67.30	30 minutes
Psychotherapy, Family (w/o patient present)	90846-U7	U7	GT - Telehealth	\$ 67.30	30 minutes
Psychotherapy, Family (with patient present)	90847			\$ 130.76	60 minutes
Psychotherapy, Family (with patient present)	90847	GT - Telehealth		\$ 130.76	60 minutes
Psychotherapy, Family (with patient present)	90847-U7	U7		\$ 65.30	30 minutes
Psychotherapy, Family (with patient present)	90847-U7	U7	GT - Telehealth	\$ 65.30	30 minutes
Psychotherapy, Multi-family group	90849			\$ 52.31	60 minutes
Psychotherapy, Multi-family group	90849	GT - Telehealth		\$ 52.31	60 minutes
Psychotherapy, Multi-family group	90849-U7	U7		\$ 26.14	30 minutes
Psychotherapy, Multi-family group	90849-U7	U7	GT - Telehealth	\$ 26.14	30 minutes

Modifier Sequence for State Plan Services 2/3

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Fee	Unit of Measure
Psychotherapy, Group	90853			\$ 51.19	60 minutes
Psychotherapy, Group	90853	GT - Telehealth		\$ 51.19	60 minutes
Psychotherapy, Group	90853-U7	U7		\$ 25.59	30 minutes
Psychotherapy, Group	90853-U7	U7	GT - Telehealth	\$ 25.59	30 minutes
Comprehensive Medication Services	H2010			\$ 142.17	1 visit
Comprehensive Medication Services	H2010	GT - Telehealth		\$ 142.17	1 visit
Short-term Crisis Intervention Service	S9484			\$ 125.76	1 hour
Short-term Crisis Intervention Service	S9484	GT - Telehealth		\$ 125.76	1 hour
Short-term Crisis Intervention Service	S9484-U6	U6		\$ 31.44	15 minutes
Short-term Crisis Intervention Service	S9484-U6	U6	GT - Telehealth	\$ 31.44	15 minutes
Short-term Crisis Stabilization Service	H2011			\$ 25.30	15 minutes
Short-term Crisis Stabilization Service	H2011	GT - Telehealth		\$ 25.30	15 minutes
Case Management	T1016			\$ 24.70	15 minutes
Case Management	T1016	GT - Telehealth		\$ 24.70	15 minutes
Therapeutic BH Services - Individual	H2019			\$ 22.58	15 minutes
Peer Support Services - Individual	H0038			\$ 21.76	15 minutes
Therapeutic BH Services - Group	H2019-HQ	HQ		\$ 9.03	15 minutes
Therapeutic BH Services - Family (with patient present)	H2019-HR	HR		\$ 22.58	15 minutes
Therapeutic BH Services - Family (w/o patient present)	H2019-HS	HS		\$ 22.58	15 minutes
Peer Support Services - Family (with patient present)	H0038-HR	HR		\$ 21.76	15 minutes
Peer Support Services - Family (w/o patient present)	H0038-HS	HS		\$ 21.76	15 minutes
Comprehensive Community Support Services - Individual	H2015			\$ 21.62	15 minutes
Comprehensive Community Support Services - Individual	H2015	GT - Telehealth		\$ 21.62	15 minutes
Peer Support Services - Individual	H0038			\$ 21.76	15 minutes
Comprehensive Community Support Services - Group	H2015-HQ	HQ		\$ 8.65	15 minutes
Comprehensive Community Support Services - Group	H2015-HQ	HQ	GT - Telehealth	\$ 8.65	15 minutes
Day Treatment for Children (combined mental health & school district resources)	H2012			\$ 19.36	1 hour
Recipient Support Services	H2017			\$ 9.24	15 minutes
Treatment Plan Review for Methadone Recipient	T1007			\$ 86.48	1 review
Oral Medication Administration, direct observation; on premises	H0033			\$ 68.51	1 day
Oral Medication Administration, direct observation; off premises	H0033-HK	HK		\$ 79.46	1 day
Methadone Administration and/or service	H0020			\$ 20.55	administration episode
Ambulatory Detoxification	H0014			\$ 34.65	15 minutes
Clinically Managed Detoxification	H0010			\$ 309.81	1 day
Medically Managed Detoxification	H0011			\$ 494.96	1 day
Medical Evaluation for Recipient NOT Receiving Methadone Treatment	H0002			\$ 449.28	1 evaluation
Medical Evaluation for Recipient Receiving Methadone Treatment	H0002-HF	HF		\$ 558.20	1 evaluation

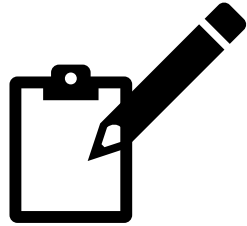
Modifier Sequence for State Plan Services 3/3

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Fee	Unit of Measure
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408			\$ 40.17	15 to 30 minute episode
Screening, Brief Intervention, and Referral for Treatment (SBIRT)	99408	GT - Telehealth		\$ 40.17	15 to 30 minute episode
Daily Behavioral Rehabilitation Services	H0018			\$ 250.78	1 day all rehab services
Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	H0047			\$ 205.87	1 day
Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	H0047-TF	TF		\$ 280.89	1 day
Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	H0047-TG	TG		\$ 439.38	1 day

Optum ID to One Healthcare ID Migration



National Call Center Calls



Please note the number you dialed, date, time, and name of the person who assisted you. This will help Optum help you!!

Questions?