Alaska Behavioral Health Administrative Services Organization - Claims Problem Resolution

Agenda

- Modifier Sequence for Services
- Modifier Examples Do's and Don'ts
- Diagnosis Sequence
- Claim Updates
- Reading a Remittance Advice and Payment Cycles
- Optum LINK IEDI Login and Training Information
- How to Adjust, Correct, and Void Claims
- Q& A
- Contact the Provider Relations Team

Modifier Sequence for Services

OPTUM®

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.

Purpose of this Information

- This presentation demonstrates the importance of entering the exact sequence of procedure code modifiers when billing 1115 Waiver and State Plan 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 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 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 Sequence for 1115 Waiver BH Services 1/2

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

Modifier Sequence for 1115 Waiver BH Services 2/2

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

Modifier Sequence for State Plan Services 1/3

Service Title/Description	Service Code	Primary Billed Modifier	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 - Famly (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

Diagnosis Sequence

- Claims for SUD services must have a SUD diagnosis and claims for BH services must have mental health diagnosis
- This applies to 1115 Waiver and State Plan services
- For Home Based Family Treatment Level 1, H1011, if a recipient does not have a diagnosed mental condition, a provider may use ICD 10, (F99), list the recipient as “not otherwise specified” until a primary diagnosis is available. The Z-code may only be used as a secondary or tertiary diagnosis. At no time can a Z-code be the primary diagnosis on a professional claim

Claim Updates

- AKAIMS Billing: Optum is aware that providers are continuing a different process than they're used to and we are working on an automated solution with DBH. Providers may work with the Optum Intelligent EDI Team directly. Jennifer Runk (jenn.runk@optum.com) and Christy Coyne (christy.coyne@optum.com) are the employees who assist providers. AKAIMS questions continue to go to Patrick Swiger and Lisa Good at DBH

- Clearinghouses: Optum recommends providers double check that their clearinghouses are routing behavioral health claims to the appropriate system, Conduent or Optum

- Claim denials for "Out of Network" providers: All claims denied in error for this reason are reprocessed by Optum. We have internally identified the reason and claims for reprocessing. If a provider does receive a claim denial for this reason, please send the claim number to akmedicaid@optum.com

Claim Updates Continued

- Optum is aware of Tribal Health Organization claim overpayments. We have internally identified the reason and claims for reprocessing. Providers may allow the refunds to be recouped from future payments and do not have to adjust their claims

- Overpayment recovery letters are sent to the servicing, not remit, addresses, and Optum is updating the business rule to use provider's remit addresses

- Third Party Liability (TPL) Avoidance for claims: This is going to require a multi-step solution that is in progress:
  - Medicare non covered codes
  - Medicare non covered renderers
  - TPL non covered services

Reading a Remittance Advice

Remittance Advice

Claim Summary Information

Pat Ctrl #	Patient Name / Subscriber Name	Pat Rel	Patient ID

Claim Date	Rend Prov	Claim Number	Rend Prov ID	Med Rec #
02/03/2020 – 02/05/2020				

Auth/Ref #	Clm Chg	Total Line Item Adj Amt	Clm Payment	Pat Resp	Group/ Policy	Contract	DRG/ Wght
	202.68	0.00	202.68	0.00	15458	721CM	

Service Line Information

Line Ctrl #	DOS	Rend Prov ID					Auth # / Ref #			
	Rev	Adj Prod/ Svc	Mod	Units	Charge	Considered Charge	Adj Amt	Grp Cd	Clm Adj Rsn Cd	Payment	Remark Cd
1	02/03/2020 – 02/03/2020										
		H2021HQ	V1	12.00	67.56	67.56	0.00			67.56	
2	02/04/2020 – 02/04/2020										
		H2021HQ	V1	12.00	67.56	67.56	0.00			67.56	
3	02/05/2020 – 02/05/2020										
		H2021HQ	V1	12.00	67.56	67.56	0.00			67.56	
TOTALS:					202.68	202.68	0.00			202.68	

Group/Policy: This is the internal Facets Group ID for State of Alaska

Contract: This is the Provider's Agreement ID in the Facets claim system

721CM - AK Medicaid Fee Schedule

Payment Cycles

- Electronic Fund Transfers (EDI/835) – Runs on Tuesdays and Saturdays –

  Claims need to be in "01" status by 8:00 PM AKST on Monday and Friday. Payments settle in the providers account on the following **Friday** (for Tuesdays payments) and **Thursday** (for Saturdays payments)

- Status "01" is Awaiting Check Run and means the claim is ready to be picked up for the next available check run

- Paper checks – Runs Tuesday through Saturday. Claims need to be in "01" status by 8:00 PM AKST Monday through Friday

Optum LINK IEDI Login and Training Information

Below is a sample of what the email looks once an account is created.

You are now provisioned to the new Optum IEDI Portal. Now, that you have created your Optum ID please confirm access and the ability to login to the portal at https://provider.linkhealth.com

Your Org ID is: ZL ######

Please click on the top of the screen where it states, Welcome, “your name”, then click on profile. Check that your time zone is set to your local time zone on your computer.

Once your access is confirmed, please attend the IEDI Portal Training. Please also feel free to attend any of our other weekly training offerings.

Click on this link to access the training: https://optum.webex.com/optum

Optum LINK lEDI Login and Training Information Continued

Copy and Paste the meeting number and password for the meeting you wish to join.

lEDI LINK Training
Tuesday and Thursday, 9:00 am AKST
Meeting number: 611 905 965
Meeting password: Gg3huFk$

lEDI Portal FAQ
Wednesday, 8:00 am AKST
Meeting number: 646 391 148
Meeting password: BuNs4sz@

lEDI Enrollments Training
Monday, 8:00 am AKST
Meeting number: 646 188 539
Meeting password: dP8Gt7ZbQ$8

Status of Payments with Optum LINK IEDI

Under claim file upload, there is the first level to find if claims were accepted or rejected.

Claim search>Claim reports is the second level to see if any claims were rejected by the payer.

There is also a dash board that can be customized by date range to look at what has been accepted/rejected and a provider can create a CSV file of accepted or rejected from the pie chart.

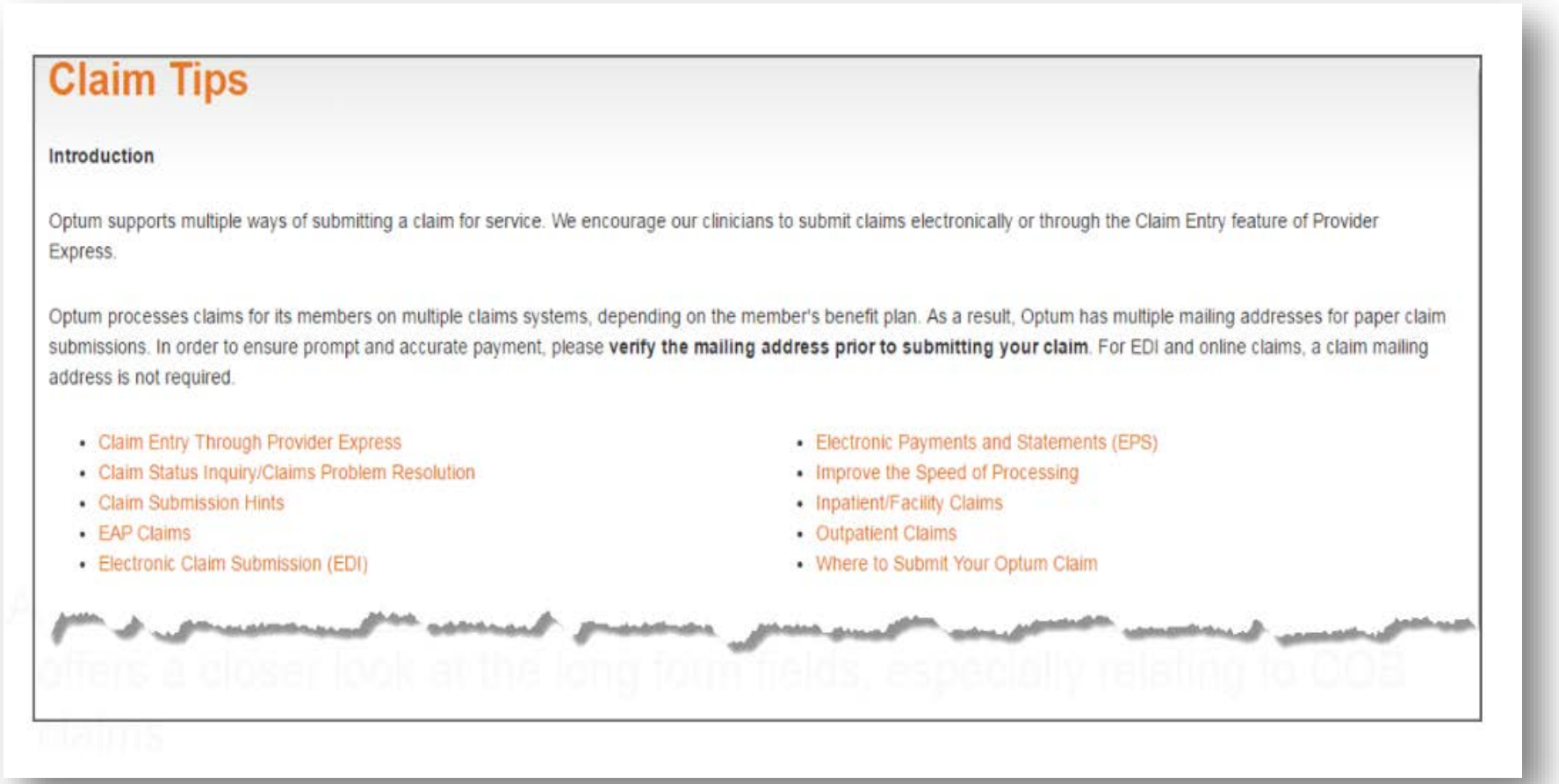
For questions on where to find, or how to find or do something in IEDI, there is an IEDI portal FAQ training at 8:00 a.m. AK Time every Wednesday.

Click on this link to access the training: https://optum.webex.com/optum

Submitting Claim Adjustments and Corrected (or Void) Claims

OPTUM®

General Claim Assistance



Claim Tips

Introduction

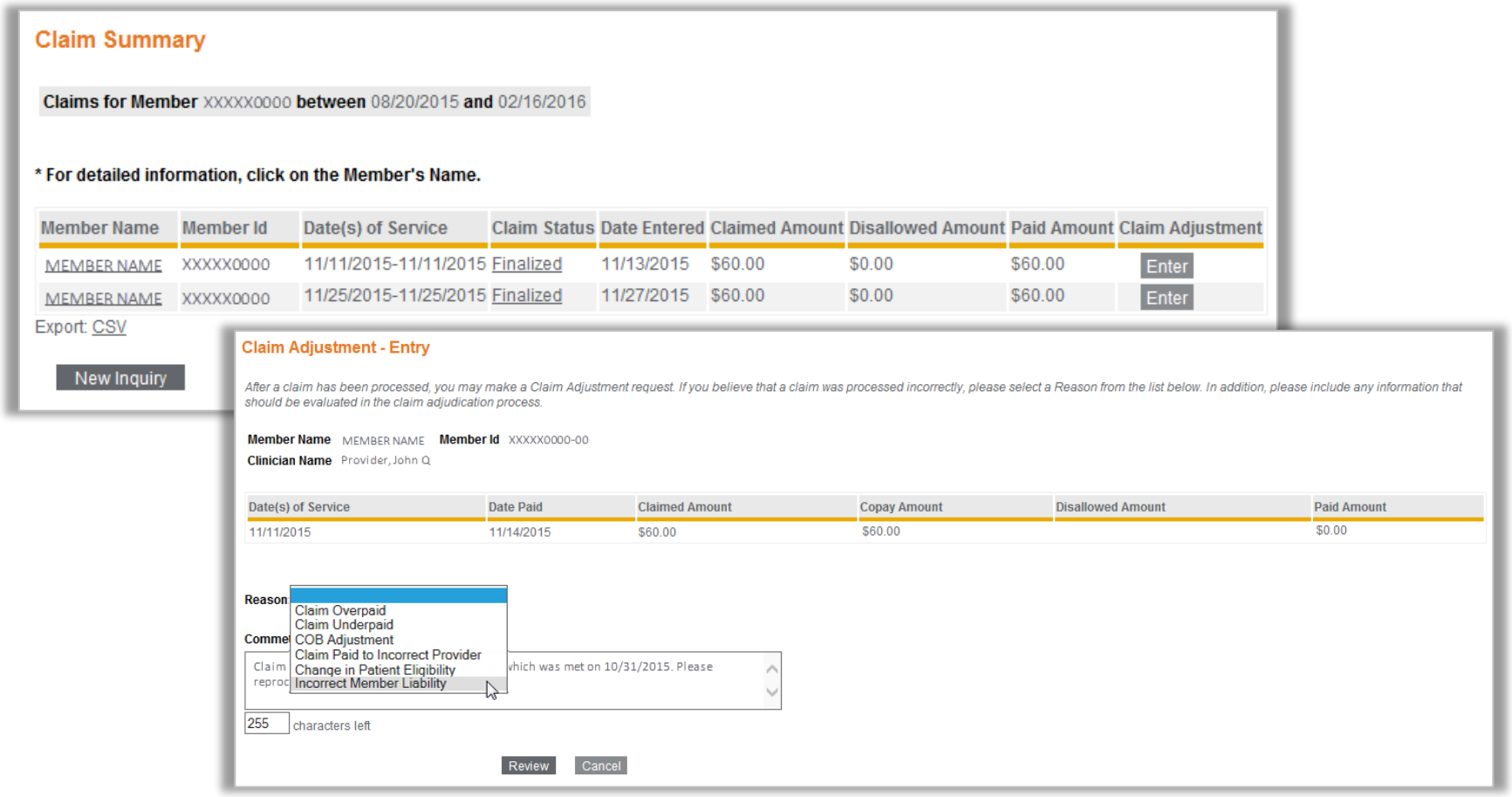
Optum supports multiple ways of submitting a claim for service. We encourage our clinicians to submit claims electronically or through the Claim Entry feature of Provider Express.

Optum processes claims for its members on multiple claims systems, depending on the member's benefit plan. As a result, Optum has multiple mailing addresses for paper claim submissions. In order to ensure prompt and accurate payment, please **verify the mailing address prior to submitting your claim**. For EDI and online claims, a claim mailing address is not required.

- Claim Entry Through Provider Express
- Claim Status Inquiry/Claims Problem Resolution
- Claim Submission Hints
- EAP Claims
- Electronic Claim Submission (EDI)
- Electronic Payments and Statements (EPS)
- Improve the Speed of Processing
- Inpatient/Facility Claims
- Outpatient Claims
- Where to Submit Your Optum Claim

Quickly verify claim status or make adjustments

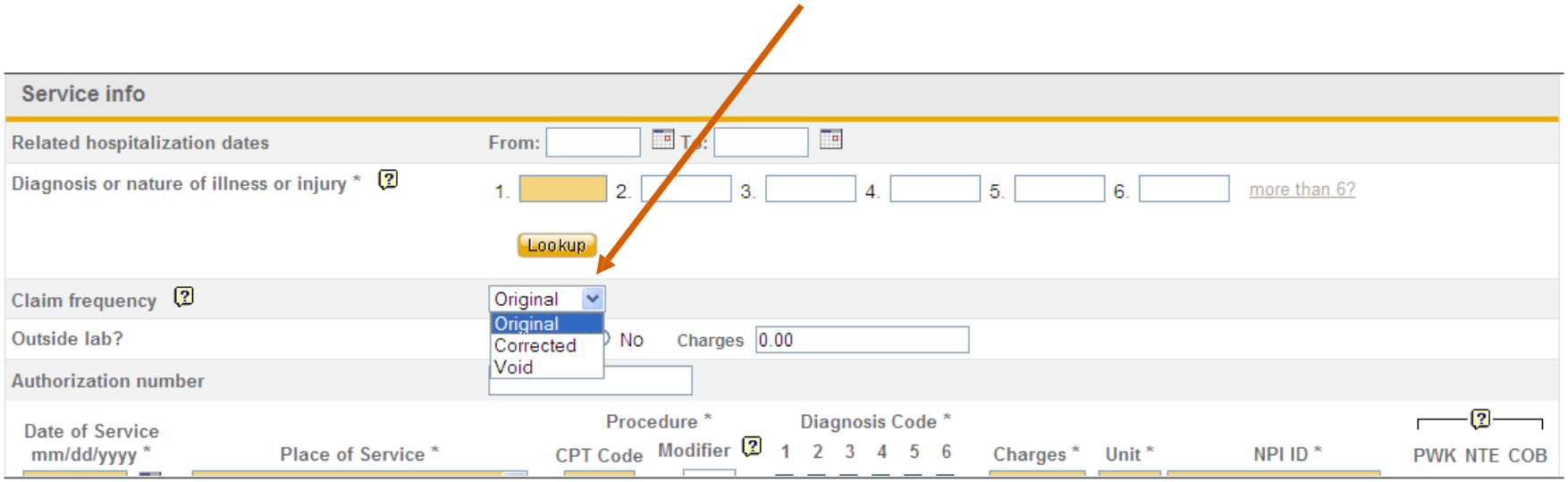
Check the status of your claim on *Provider Express* where you can also submit Claim Adjustment Requests online



Submitting Corrected (or Void) Claims

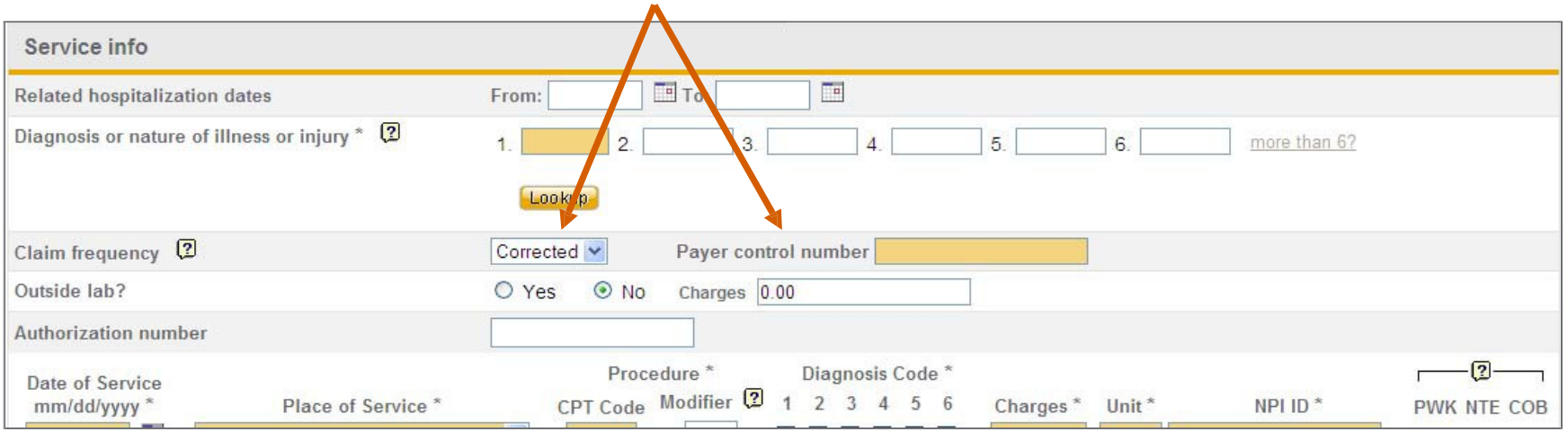
- Regardless of the claim form (short or long), you do have the ability to submit a Corrected or Void claim request as well, when a previously submitted claim had incorrect information on it

- 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

OPTUM®

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

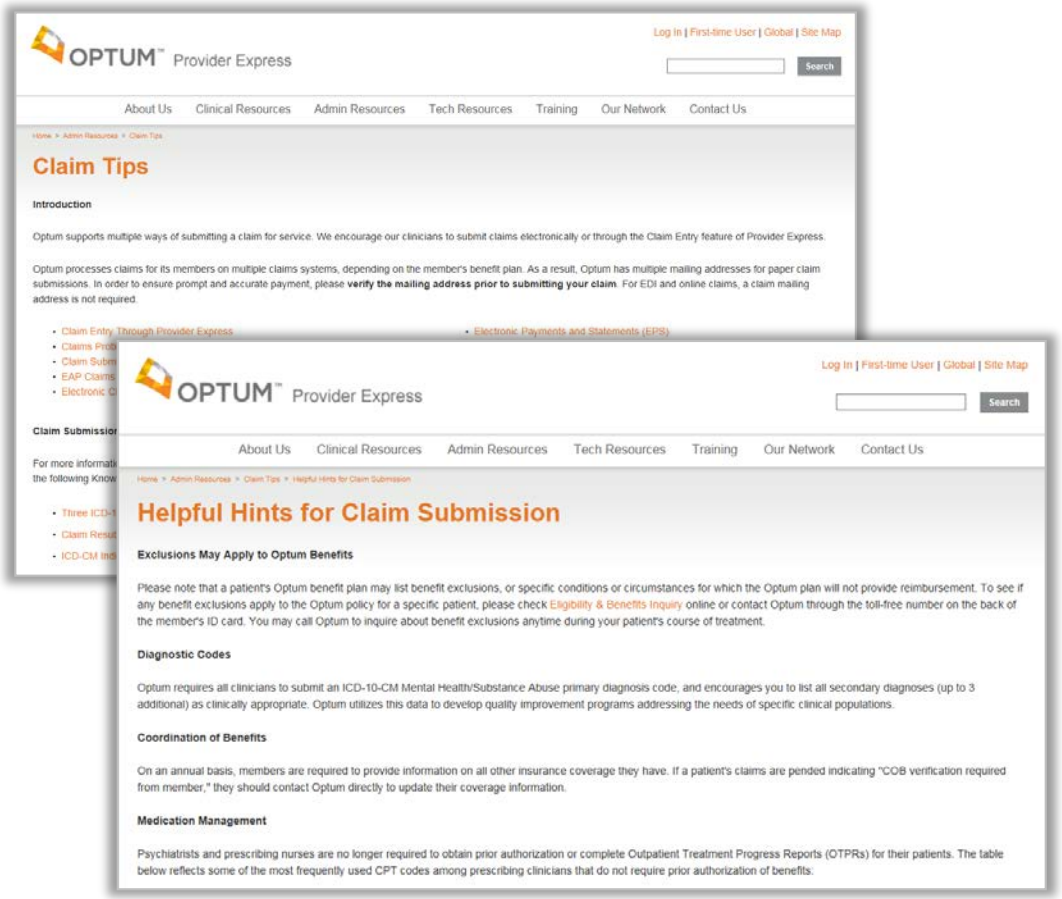
  e.g., processing against member's deductible when it was already met; noting an auth was required when there is an auth on file

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

Additional handy claim tips

Visit *Provider Express* for additional information on preventing common claim errors.

Claim Tips Link

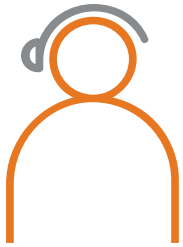


Let’s Talk

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

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