

# Claims Updates & Document Vault/Optum Pay Update

Optum Alaska



BH3259\_03/2021

# Procedure Codes to be Reprocessed

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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 federal disaster declaration.

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

# Claims Reprocessing Updates for Diagnosis Codes

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- The system has been updated for Behavioral Health, Substance Use Disorder, and Z code diagnosis codes that are allowed for certain services.
- There are claims reprocessing projects underway to reprocess denied claims with S9484, H2011, T1007 V2, H0023 V1, and H0035 V2 that were previously denied for inappropriate diagnosis codes.
- SFY 21 Guidance Document 1 State plan Z codes.pdf.  
<http://dhss.alaska.gov/dbh/Pages/Communications.aspx>

# Claims Reprocessing Updates for Age

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- The system has been updated for recipient ages that are allowed for certain services.
- There are claims reprocessing projects underway to reprocess denied claims with H2020 V2 that were previously denied for recipient age.

# Claims Reprocessing Updates for Place of Service Codes

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- The system has been updated for Place of Service 22 and 23 for certain procedure codes. Those claims reprocessing projects are currently underway.
- The system has also been updated for procedure code H0039 V2 to allow for place of service 12. Those claims are currently being reprocessed to be paid.
- Reminder: Telehealth claims should be billed with place of service “02.”

<http://dhss.alaska.gov/dbh/Pages/Communications.aspx> -  
[Telemedicine Emergency Response Guidance](#) - September 23, 2020 - Replaces July 8, 2020.

# Claims Reprocessing Updates for TPL

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- There are still claims being reprocessed for multiple providers with Medicare non-covered codes.
- Providers with members that have commercial primary insurance will be required to submit at least one EOB per calendar year.
- Optum is still streamlining processes so if providers have questions, please reach out to the Optum Providers Relations Team.

# 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 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 - 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

# Document Vault Update

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In a past training, providers were trained to use Document Vault.



Document Vault does not have payment information for behavioral health providers.



The Remittance Advice (RA) will continue to be available in **Optum Pay** for an extended period.

# Document Vault Update – Continued

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## **Why do I have to enroll to take advantage of the free trial period for premium portal access?**

Optum Pay requires affirmative consent to activate Optum Pay services. You will need to agree to the terms and conditions in order to experience the premium level. If you do not activate, you will have basic level access.

# Updates and Questions

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There are claims adjustment projects that are currently underway for the impacted claims.



Providers do not need to rebill or appeal any claims for the specific procedure codes with denials or reduced units.



If providers have questions, please reach out to Provider Relations at Optum Alaska  
[akmedicaid@optum.com](mailto:akmedicaid@optum.com)



# Questions?