



SERVICE AUTHORIZATION TRAINING FOR BEHAVIORAL HEALTH MEDICAID PROVIDERS

WHAT IS A SERVICE AUTHORIZATION?

Conduent has the responsibility to:

- Assure that those who need the most intensive services are the ones receiving them.
- Assure that approved authorizations for services that exceed service limits are driven by and clearly linked to current:
 - ASTs
 - Client Status Reviews
 - Assessments
 - Treatment plans
- Prevent and identify over-utilization of services when the services are not documented as medically necessary.

 COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICE AUTHORIZATION REQUEST		Effective 12/01/2011 Page 1 of 2																																																																											
Please complete pages 1 and 2 of this request. Only complete requests can be reviewed and processed.																																																																													
Provider Information 1. Request Date _____ 2. Provider Name _____ 3. Provider ID _____ 4. Contact Name and Address (decision will be returned to this address) _____ 5. Phone No. _____ 6. Fax No. _____ 7. E-Mail Address _____		Recipient Information 8. Recipient Name _____ 9. Recipient ID _____ 10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 11. Date of Birth _____ 12. Recipient Address _____ _____ <input type="checkbox"/> a. Private Home <input type="checkbox"/> b. Foster Home <input type="checkbox"/> c. Behavioral Rehabilitation Services Home/Facility <input type="checkbox"/> d. Transitional/Supported Living Home <input type="checkbox"/> e. Residential Substance Use Treatment Center <input type="checkbox"/> f. Detoxification Treatment Facility <input type="checkbox"/> g. Homeless/Shelter <input type="checkbox"/> h. Other – Explain _____ 13. Type of Client: <input type="checkbox"/> a. Adult w/ED <input type="checkbox"/> b. Adult w/ SMI <input type="checkbox"/> c. Child w/ED <input type="checkbox"/> d. Child w/SED <input type="checkbox"/> e. Adult w/SUD <input type="checkbox"/> f. Child w/SUD 14. DSM-IV-TR: Axis I _____ Axis II _____ Axis III _____ Axis IV _____ Axis V/GAF Score _____																																																																											
15. <input type="checkbox"/> New Request Requested Dates: From: _____ Thru: _____ 16. <input type="checkbox"/> Update to existing SA a. Update From: _____ Thru: _____ b. SA No. _____ (required for SA updates only)																																																																													
17. AK AIMS Client ID: _____																																																																													
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Behavioral Health	Section I Part A	Page I-A-28																																																																											

WHAT IF I HAVE A RETROACTIVE SERVICE AUTHORIZATION?

Conduent will authorize retroactive requests that are within the *timely filing period* for the services for one year from the dates of service.

Starting October 1, 2015, the new SA Request Form will be used for all requests (with ICD-10 codes).

LINK: <http://manuals.medicaidalaska.com/docs/forms.htm>



MEDICAL NECESSITY DEFINITIONS

- ✓ Mental health services that are medically necessary are defined as being: reasonable, necessary and appropriate, based upon evidence based standards to improve the recipient's functioning.
- ✓ Maladaptive behavior(s): what are the recipient's behaviors in response to the environment that are inadequate or inappropriate and have been demonstrated within the last 135 days?
- ✓ Functional status: what is the recipient's ability to perform daily activities, meet basic needs, fulfill useful roles and maintain their own health and wellbeing within the last 135 days.
- ✓ Reason(s) recipient is unable to maintain without these services. What would the recipient look like without these services in place? What maladaptive behaviors will be remediated through prescribed treatment?
- ✓ Further description from Psychosocial ICD-10 Diagnosis Code(s): Additional information that will support the need for services.

MEDICAL NECESSITY EXAMPLES

Description of the recipient's **current maladaptive behavior**: Joe exhibits extreme mood swings and impulsively acts out on a daily basis; last week, he assaulted a peer, and staff needed to intervene, which required considerable time to calm him down. Joe easily upsets when he thinks others are unfair to him and he lacks coping skills to manage his intense emotions.



Description of recipient's **current functional status**: Over the last month, Bob. has reluctantly engaged in recreation with his peers because of his overwhelming anxiety and lack of self confidence. Bob reported earlier this week that he is often the target of bullying at his school and that he does not have any close relationships due to an underlying fear of being rejected by others.

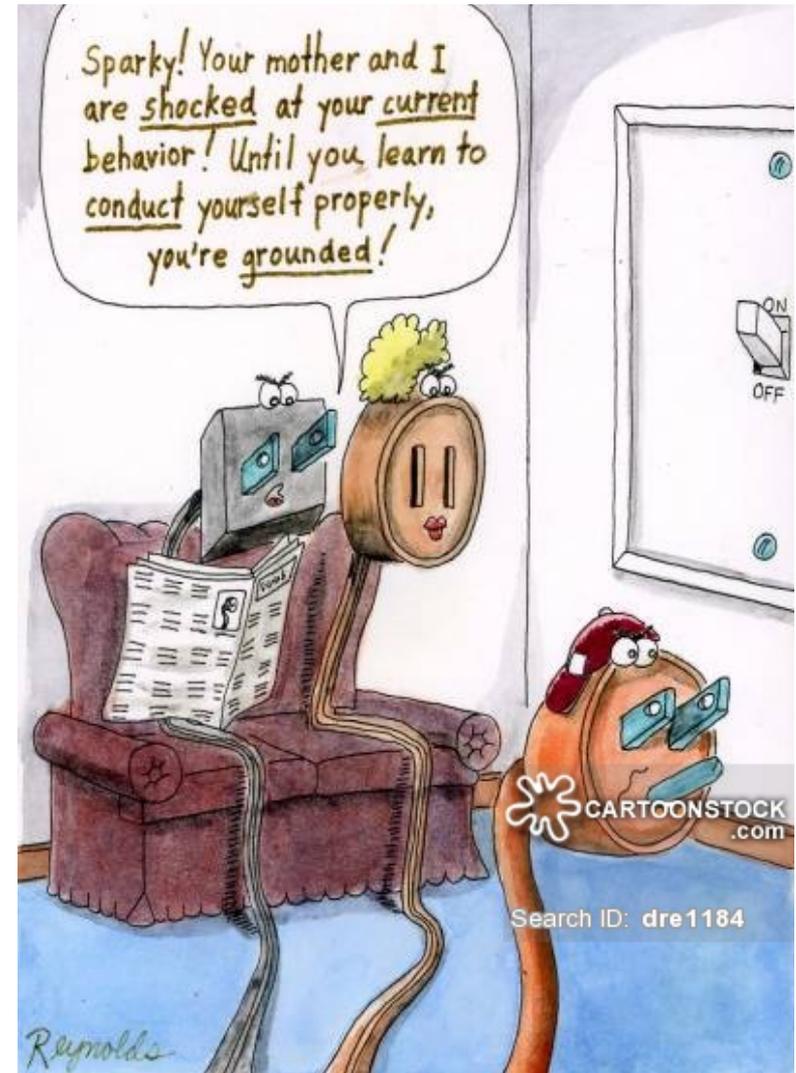


Reasons recipient is **unable to maintain** without the requested services. Without supervision, Jane left her caretakers last week and went into the woods alone which put her at considerable risk. Jane lacks decision making skills and yesterday Jane was seen soliciting advice from strangers.



WHAT IS CURRENT BEHAVIOR?

- CURRENT is within the last 135 days.
- CURRENT is within the last CSR and Treatment Plan Review.
- **CURRENT** is before the Treatment Plan EXPIRES, which is *AFTER* 135 Days.



USE SPECIFIC PHRASING SUCH AS:

USE THESE	NOT THESE
Crying when told no, Excessive Clinging	Cries Frequently, Angry Outbursts
Hypervigilance, Excessive Fear, Worry	Nervous, Afraid
Daredevil Behavior, Fire Setting In Last Week	Risky Behaviors, Hx Setting Fires
Runaway Less Than 24 hours (48 hrs, X # days)	Runs
Self-injurious Behavior, Hallucinations In Last Week (Specifically Describe)	Hurts Themselves, Sees Things
Drop in School Grades (A to D in Last 6 Weeks)	Not doing Well In School
School Time Outs 1x wk, Absent 3 Days in Last 5	Misses School
Suicidal / Homicidal Ideation With / Without Plan	Wants to Hurt Self
Detention @ Least 2x in Last 5 Days, Suspended & Note Reason, When Occurred	Made to Stay After School
Impulsive, Property Destruction, Threw the TV	Acts Without Thinking
Absent 5 Days from Work in Last Month	Misses Work
Arrest / Specific Illegal Activity in Last Month	Legal Troubles
Socially Withdrawn in Last Month	Stays to Themselves, Loner

SPECIFIC DESCRIPTION OF TIME

USE THESE	NOT THESE
In the Last Month	Has a History Of ...
3x Week for Last 6 Months or Since the Last Treatment Plan Review	Recently
In the Last 48 Hrs.	Frequently, Often
In the Last Week	Seldom

Month/Year:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>						
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TIPS

- **Update Diagnosis:** With new ICD-10 codes and any changes to Treatment Plan.
- **Note specific behaviors:** How does the recipient interact with others, respond to directions, share feelings, peer interactions, any aggression –physical, verbal, what did they do? What intervention was required? Any self harm behaviors?
- **Individual Therapy:** Are they sharing, resistant, issues that were discussed, current mental status.
- **Family Therapy:** Who participates, how do they interact, what are the issues?
- **Groups:** Do they attend? Is the recipient discussing issues, giving feedback, how do they behave?
- **Treatment Plan:** Is it consistent with the mental ability, developmental stage, generally accepted treatment, and practices for the particular symptoms, behavioral and social dysfunctions exhibited by the recipient? Are the interventions effective and if not, what are your plans to address this? When is the expected discharge from your care? What is the discharge plan?
- **School:** Are they focused on task? Do they do the required work? What is their attendance and grades, what is their behavior in groups and when they are left alone to work independently?
- **Current Medications/ Testing ordered:** List meds, any changes or reasons for meds, the results of the testing.
- **Special Trips or Unforeseen Stressors:** Describe events and recipient's response.

EXAMPLES OF INCOMPLETE DOCUMENTATION OF MEDICAL NECESSITY

John was brought by DJJ with a criminal history. His delinquent behaviors include school suspension for fighting and substance use. He was prenatally exposed to alcohol and exhibits behaviors consistent with FASD.

- **WHAT'S WRONG?** BEHAVIORS ARE NOT CURRENT; SPECIFIC NEED NOT NOTED

“Recipient is in crisis.”

- **WHAT'S WRONG?** LACK OF INFORMATION!



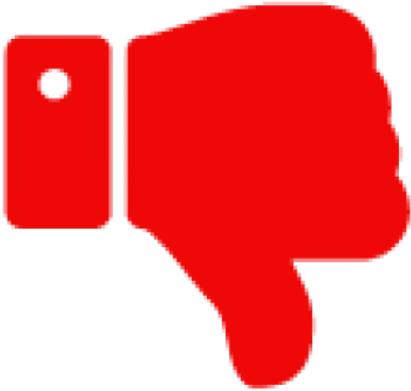
ACCEPTABLE EXAMPLES OF MEDICAL NECESSITY

Fred is a 48 year old man diagnosed with paranoid schizophrenia, alcohol dependence, cannabis dependence and cocaine dependence. He is currently in remission of substances, supported by his level of care at his Group Home in Ptarmigan.

He continues to struggle *daily* with memory impairment, disorganized thoughts, and has trouble remaining oriented to times, places, and tasks. He requires *daily* prompts and coaching by staff to perform *daily* hygiene tasks (showering, changing clothes, etc.) and to maintain a sanitary living space. His insight is extremely limited and he has trouble distinguishing between internal stimulation and reality and requires *daily* staff monitoring for safety, support, and direction to help him remain grounded and oriented. Fred also requires *ongoing* support to ensure adequate nutrition and hydration.

WHAT'S GREAT? CONTAINS CURRENT, SPECIFIC INFO RELATED TO DIAGNOSIS.

EXAMPLES OF INCOMPLETE DOCUMENTATION OF MEDICAL NECESSITY



Mary is exhibiting symptoms of depression and a recent history of suicidal gestures. She needs inpatient treatment for continued stabilization and development of effective coping skills for life stressors.

WHAT'S WRONG? LACK OF CURRENT, SPECIFIC INFO.

Recipient requires monitoring of food for nutritional status, she has a history of colon disease. She exhibits a significant history of overeating and drinking. Staff provide supervision to maintain personal safety.

WHAT'S WRONG? LACK OF CURRENT, SPECIFIC INFO.

ACCEPTABLE EXAMPLES OF MEDICAL NECESSITY

Winnie is a 55 year old woman diagnosed with paranoid schizophrenia, which is complicated by a compounding brain injury. She still suffers from delusional thinking, paranoia and auditory hallucinations on a *daily basis* and has limited insight into her illness' impact on her. Her psychosis continues to cause her to become verbally abusive towards others, including her peers in the group home and requires *constant* supervision by staff for redirection and intervention to curb this behavior. Winnie also continues to restrict her diet and attempts to water intoxicate. She requires *daily* staff monitoring to keep her healthy and prevent the onset of any medical emergencies. She further requires *daily* staff reminders to perform *daily* hygiene and to engage in healthy sleep and exercise routines. *Without this level of care, Winnie would not be able to* maintain the medication regimen as prescribed by the psychiatrist.

WHAT'S GREAT? CURRENT, SPECIFIC INFO RELATED TO DX, EXPLAINS REASONS NEEDS SERVICES.



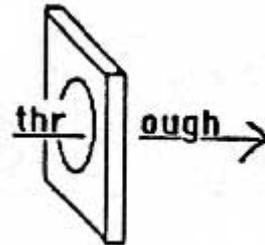
OUTSTANDING EXAMPLE OF MEDICAL NECESSITY

John is well known at the agency for his paranoid schizophrenia, aggression, and poor impulse control. Due to these symptoms, he has difficulty maintaining his daily ADLs and becomes aggressive with staff when prompted about proper hygiene or keeping up with his medical needs (i.e. insulin). John has quick shifts in mood, from pleasant to aggressive or depressed when not provided with support or structure in the home. *Since the last review*, he broke the TV and a window when receiving limits on his diabetic diet. He becomes threatening when instructed his insulin dose, that he calculates, is incorrect. Due to these symptoms, he requires supervision and structure in the home and community setting in order to maintain safety to self and others.



IMPORTANT ADMINISTRATIVE INFORMATION

- Alaska state fiscal years runs from July 1 – June 30 each year.
- Service authorizations cannot cross from one state fiscal year to another.
 - RBRS has different rules – please contact DBH to discuss.
- Service authorizations cannot be extended.
- Best practices: request SAs every 90-135 days so there are fewer SAs to manage.
- If more dates are needed, you must submit a new request.



Step 1

COMPLETE A SERVICE AUTHORIZATION REQUEST FORM

- Fill out the SA request form asking for the number of units prescribed in the treatment plan.
- SA request form dates must be based on the treatment plan/CSR date.
- If you send a new SA request each month for less than treatment plan dates, then claims for the service provided must match the authorized dates and the correct authorization number.
- New service authorization each time the CSR and treatment plan are reviewed.

SERVICE AUTHORIZATION TRAINING RELATIONSHIP BETWEEN TREATMENT PLAN REVIEW DATE & SERVICE AUTHORIZATION

Requests are based on existing current treatment plan;
authorization is effective until next treatment plan review is due except at the end of Fiscal Year.

Feb 1	Mar 1	Apr 1	May 1	Jun 1	Jul 1	Aug 1	Sept 1	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	Feb 1
Tx Plan				Tx Plan				Tx Plan				Tx Plan			
SA 1				SA 2	SA 1			SA 2				SA 3			
	Tx Plan				Tx Plan				Tx Plan				Tx Plan		
	SA 1				SA 1				SA 2				SA 3		
		Tx Plan				Tx Plan				Tx Plan					Tx Plan
		SA 1			SA 1	SA 2				SA 3				SA 4	

Starts new Fiscal Year with new SA | Treatment Plan may carry over if necessary

STEP 2

WHERE DO I SEND SERVICE AUTHORIZATION REQUESTS?

- Send them to Conduent via **fax: 866-653-1435**
- Conduent will screen the requests for current Medicaid eligibility and overlapping dates of service.
 - If the request has overlapping dates of service, it will be returned to provider (RTP).
 - If the recipient is ineligible for the dates requested, Conduent will deny the SA.

STEP 3

CONDUENT'S REVIEW IS FOCUSED ON

- ✓ completeness of the SA Request Form.
- ✓ description of current maladaptive behavior.
- ✓ description of current functional status.
- ✓ description of recipient's need for requested services.
- ✓ documented relationship between mental health diagnosis and behaviors, functional status, and requested services.

HOW TO CALCULATE TOTAL UNITS NEEDED

1. If the service is anticipated 2 hours per day for 6 days per week = 12 hours/week.
2. Multiply the weekly amount by # of weeks (135 days is almost 20 weeks) $12 \times 20 = 240$ hours.
3. Subtract the allowable hours allowed per year per procedure code (example 10 hours). *Always remember to reduce requests by their allowable amounts.*

$$240 \text{ hours} - 10 \text{ hours} = 230 \text{ hrs}$$

4. Convert the remaining hours into units by multiplying x4 for 15 min units or 2 for 30 minute units .

$$230 \times 4 = 920 \text{ units or}$$

$$230 \times 2 = 460 \text{ units}$$



ADMINISTRATIVE PROCESS

PRESCRIPTION FOR SERVICES IN TREATMENT PLAN

Procedure	Frequency	Quantity	Duration	Total Hours – allowable hrs = Unit
H2019 (TBS)	hrs per wk	12	4 months	48 hrs - 100 hrs = none needed
90832 (IT)	hrs per wk	1	4 months	16hr - 10 = 6 hrs = 12units
H2015 (CCSS)	hrs per mo	100	4 months	400hrs -240 = 160hr = 640units

	90832 (IT)	H2019 (TBS)	H2015 (CCS)
Hours ordered	16	48	400
Regulation approved	-10 hrs	-100 hrs	-240 hrs
Total hours	6 hrs	None remaining	160hrs
Units	12 units @ 30 minutes each	0	640 units@ 15 min each

STATE FISCAL YEAR LIMITATIONS

Clinic Services	Code	Service Limit (per fiscal year)
Psychotherapy, 30 min. w/ pt. or family mem	90832	Individual + group + family therapy not to exceed 10 hours/year
Group psychotherapy	90853	Individual + group + family therapy not to exceed 10 hours/year
Family psytx w/ patient	90847	Individual + group + family therapy not to exceed 10 hours/year
Family psytx w/o patient	90846	Individual + group + family therapy not to exceed 10 hours/year
Multiple family group psytx	90849	Individual + group + family therapy not to exceed 10 hours/year
Psychiatric diagnostic evaluation	90791	Not to exceed 4 assessments/year
Psycho testing by psych/phys	96101	Not to exceed 6 hours/year
Neuropsych tst by psych/p	96118	Not to exceed 12 hours/year
MH assessment by non MD (MH intake assessment)	H0031	1 assessment every 6 months
Integrated MH & SA assessment - BH assessment	H0031	1 assessment every 6 months
Crisis intervention services	S9484	Not to exceed 22 hours/year
<u>Rehabilitation Services, Adult and Child</u>		
Alcohol and/or drug use assess	H0001	1 assessment/year
Crisis stabilization services	H2011	Not to exceed 22 hours per year
Case management	T1016	Not to exceed 180 hours/year
		* No more than 1 hour/week in direct supervision of service provision
<u>Rehabilitation Services, Child Only</u>		
Ther behav svc Individual	H2019	Ther behav hlth services + peer support services not to exceed 100 hours/year
Ther behav svc Group	H2019 HQ	Not to exceed 140 hours/year
Ther behav svc Family with patient present	H2019 HR	Ther behav svc + Self help/peer svc not to exceed 180 hours/year
Ther behav svc Family without patient present	H2019 HS	Ther behav svc + Self help/peer svc not to exceed 180 hours/year
Self-help/peer svc Individual - family w/ patient present	H0038	In conjunction with individual, family and individual comp comm support services; 100 hrs child; 240 hrs adult
Self-help/peer svc Individual - family w/o patient present	H0038	In conjunction with individual, family and individual comp comm support services; 100 hrs child; 240 hrs adult
BH day treatment	H2012	No more than 6 hrs/day; 180 hours/year
<u>Rehabilitation Services, Adult Only</u>		
Individual comprehensive comm support services and peer support services	H2015	240 hours/year
Group comprehensive comm support services	H2015 HQ	140 hours/year
<u>Recipient Support Services (RSS), Adult and Child</u>		
Psysoc rehab svc	H2017	4 hours/day

DOUBLE CHECK!

Submit requests that are less than 24 hours a day, otherwise the audit potential very high.

FROM TREATMENT PLANS TO AUTHORIZATIONS



- Authorizations start with the Directing Clinician
- AST / CSR
- Assessment
- Treatment Plan
- Prescription for Treatment in Services and Hours
- Service Authorization Request Form with Number of Services and Hours

REASONS FOR POTENTIAL DENIAL

DENIED

- Documentation does not describe recipient's current maladaptive behavior.

DENIED

- Documentation does not describe recipient's current functional status.

DENIED

- Documentation does not describe the reason recipient is unable to maintain without the requested services.

DENIED

- Lack of relation to Mental Health Diagnosis

DENIED

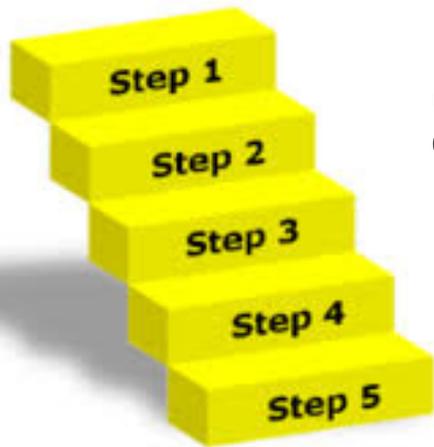
- Lack of Information (**requests by Conduent not fulfilled within 15 business days**).

A circular icon with a dark green background and a white border. The word "Step" is written in a white, cursive font at the top, and the number "4" is written in a large, white, sans-serif font below it.

Step
4

MAKING THE DECISION

- Conduent will make one of the following decisions:
 - Approve as requested.
 - Deny the request.
 - Reduce the request (partial approval/partial denial).
- They will make a determination.
- Conduent will enter the decisions into the Enterprise system and return them to providers.



SA REQUESTS RETURNED FROM CONDUENT

- ✓ Conduent returns the signed SA request to provider.
- ✓ If the request is denied or partially denied, a denial letter is sent to the provider and recipient.
- ✓ Recipient denial letter will also contains a notice of fair hearing rights.

WHAT IF MY RECIPIENT OR I DISAGREE WITH A BEHAVIORAL HEALTH DECISION?



- ✓ All determinations that deny or reduce the amount of requested services will be sent to both your recipients and you.
- ✓ Your recipient may request a Fair Hearing and you may request an Appeal.
- ✓ However, before you do that, if there is an error or you have additional information that was not included in the review, please contact Conduent.

PROVIDER APPEALS 7 AAC 105.270

REASONS TO REQUEST AN APPEAL

- ✓ Denied or reduced claims (180 days).
- ✓ Denied or reduced service authorization (180 days).
- ✓ Disputed recovery of overpayment (60 days).

LEVELS OF APPEALS:

- ✓ First level appeals.
- ✓ Second level appeals.
- ✓ Commissioner level appeals.
- ✓ Superior Court.



FIRST LEVEL APPEAL

7 AAC 105.270

A provider may request a first-level appeal of a decision that is denied or reduced if the provider submits a written request to Conduent no later than 180 days after the date of the decision.

They may be mailed to:

CONDUENT STATE HEALTHCARE

ATTN: FIRST LEVEL APPEALS

P.O. BOX 240808

ANCHORAGE, AK 99524-0808



FIRST LEVEL APPEAL

Providers may also contact the fiscal agent's Provider Appeals staff at:

1.800.770.5650 Option 1, 5, in-state, toll-free

or

907.644.6800 Option 8, in Anchorage, or outside Alaska



SECOND LEVEL APPEAL

7 AAC 105.280

If the decision is upheld, providers have the right to file a second level appeal.

- A second level appeal must be filed by the provider within 60 days of the first level appeal decision.
- Providers must submit the same documentation listed previously and include a copy of the first level appeal determination.
- Second level appeals should be submitted to:

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF BEHAVIORAL HEALTH

ATTN: CLAIMS APPEAL SECTION

3601 C STREET, SUITE 878

ANCHORAGE, AK 99503



COMMISSIONER LEVEL APPEAL

- ONLY used to challenge/appeal
 - adverse timely filing denials
 - Claim reductions
- Must be submitted in writing within 60 days of Second Level Appeal decision.
- Valerie Davidson, Commissioner, State of Alaska, Health and Social Services.



CHECKING USED AND REMAINING BILLING UNITS

There is an Automated Voice Response System that providers may use to access service authorization information.

Contact Conduent for recipient service limit information.

Providers may check used and remaining units on Service Authorizations online through the Enterprise Provider Portal.



POINTS TO REMEMBER

Why are all the Procedure Codes such as 90837 not on the Service Auth (SA) form?

SA requests are for billing codes with the smallest billing unit, so every procedure code/modifier combination is not present on the SA form but can be used for billing claims.

If the recipient's SA needs amending or updating and the directing clinician is not available, who else can sign it? The directing clinician's supervisor or whomever has been assigned to cover your patients because they are attesting that the completed form is current, accurate, and meets Medicaid requirements.

Can a provider deliver services after filing a SA while waiting for Behavioral Health to approve additional units? Yes, however the provider accepts that they may not receive reimbursement if the SA is denied.

Is Medical Necessity Description required for all SA requests? Yes



Points to Remember

- What specific detailed information needs to be in the medical necessity description of the SA form?
- At this time, it is a description of the recipient's current maladaptive behavior, functional status, and the reason the recipient needs the services as supported by the Treatment Plan.
- If a recipient has a SA on file and is being seen by one clinician and begins receiving services from another clinician in the same office, is a SA required for additional units?
- If additional units are needed to provide a service, they can be requested under the same, previously approved SA number.
- If we used more units than have been approved, what do we do?
 - File a retro request with documentation noting reasons more services were needed. The provider accepts that they may not receive reimbursement if SA is denied.



Points to Remember

- SA dates cannot overlap.
- More units can be requested to update a Service Authorization, but dates cannot be changed.
- One agency cannot operate under two Behavioral Health Treatment Plans at the same time (example: SDS/BH & Waiver/BH ok)
- All services on one Service Authorization for one treatment plan period.



CONDUENT CONTACTS

ENHANCED PROVIDER SUPPORT FOR BEHAVIORAL HEALTH CLAIMS

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BEHAVIORAL HEALTH SERVICE AUTHORIZATIONS

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Cheryl.Smith@Conduent.com