



Optum Idaho Claims Training Update

November 2014

Agenda

- Introductions
- Overview of Claim Submission Guidelines
 - Supervisory Protocol and Rostered Clinicians
 - Placement of NPI #
 - Placement of Billing vs. Rendering Clinician Information
 - Billing of Community Based Rehabilitative Service (CBRS) Claims
- Overview of Provider Express Claim Submission Process
- Idaho Medicaid Fee Schedule Updates
- FAQs

Introductions

- Today's presentation will be Hosted by the following Optum Idaho Staff:
 - **Monika Mikkelsen**, Network Director
 - **Lori Grimmett**, Intake Customer Service Manager
 - **Krystle Berg**, Senior Business Process Analyst

Overview of Claim submission Guidelines

- Optum Idaho follows Claim submission guidelines as defined by the following organization:
 - CMS (Centers for Medicare & Medicaid Services)
- Supervisory Protocol and Rostered Clinicians
 - During the credentialing process all organizations supplied a listing of clinicians that render services to members
 - Only those clinicians that meet credentialing criteria, (e.g., independently licensed), will be loaded and linked within Optum's systems
 - Non-independently licensed clinicians and para-professionals are required to have their services “supervised” by the individual clinicians noted above

Placement of NPI#

- **Box 24J:** Enter the **rendering** provider's name (may be non-licensed) in the **shaded** portion, and the **NPI number of the independently licensed** supervising clinician in the **non-shaded** portion

The diagram shows a rectangular box labeled '24' in the top-left corner. Inside the box, the text 'J. RENDERING PROVIDER ID. #' is centered. Below this text is a shaded rectangular area. Below the shaded area is a dashed horizontal line. Below the dashed line is a non-shaded rectangular area. An arrow points from the non-shaded area up to the shaded area. Below the box, there is a text box containing the following text: 'Box 24J. Enter the rendering provider's name in the shaded box, enter the supervising clinician's NPI in the non-shaded box'.

Placement of Billing vs. Rendering Clinician Name

- **Box 31:** Enter the name and licensure of the independently licensed clinician who is supervising delivery of services or directly rendering the services; the name and license should be the same as it appears on the agency roster
- **Only independently licensed clinicians** should appear in Box 31

25. FEDERAL TAX I.D. NUMBER	Box 31. Name and licensure of supervising or other independently licensed rendering clinician exactly as it appears on your agency roster	
31. SIGNATURE OF PHYSICIAN OR OTHER PROVIDER INCLUDING DEGREES OR CERTIFICATIONS (I certify that the statements on this bill apply to this bill and are made in good faith.)		
SIGNED	DATE	a. NPI

Placement of Billing vs. Rendering Clinician Name

- **Box 33:** Agency name, address, and phone number
- **Box 33a:** Agency NPI number

The diagram shows a rectangular form box divided into sections. On the left side, there is a vertical label area with two entries: "Box 33. Agency Address and Phone" and "Box 33a. Agency NPI number". Two black arrows originate from this label area. The first arrow points from the "Box 33" text to the top-left corner of a large rectangular field. The second arrow points from the "Box 33a" text to a small sub-field labeled "a." within a row that also contains a sub-field labeled "b.". The large rectangular field is titled "33. BILLING PROVIDER INFO & PH # ()". The sub-field "a." contains the text "NPI".

Box 33. Agency Address and Phone	33. BILLING PROVIDER INFO & PH # ()	
	a. NPI	b.

Billing of Community Based Rehabilitative Service Claims (CBRS)

- Optum Idaho recognizes that not all CBRS services are rendered in a traditional location, (e.g., office or school) and that services may be rendered in-home or other locations in the community
- These modifiers are informational and will not impact reimbursement
- The patient's medical records must contain information to support the use of modifiers
- When billing for CBRS that occurred in multiple locations (places of service) on the same date of service utilizing HCPC code H2017, the following modifiers may be utilized: *(see next page)*

Modifier Use for CBRS

Continued:

- 25 = Two-position numeric code appended to an Evaluation and Management (E&M) code to indicate a "significant, separately identifiable E&M service was provided by the same physician on the same day of a procedure or other service."
- 76 = Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This circumstance may be reported by adding the modifier 76 to the repeated service.

Home Page

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+ First-time User

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OptumHealth Behavioral Solutions Preferred Vendor Programs

OptumHealth Behavioral Solutions partnered with preferred vendors to provide products and services to help providers manage and grow their practice.

3 Transactions

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4 Quick Links

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- Empire OTR Form
- Guidelines/Policies
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- Liveandworkwell.com

Admin News

- Notice to Providers: Update **NEW**
- OptumHealth Behavioral Solutions California: Latest news **NEW**
- ATTN PROVIDERS: For questions regarding 1099 forms please call (814) 533-2399.
- Critical Updates for Optum Wisconsin Medicaid Providers.
- ATTN PROVIDERS - please note that with the change in some of the CPT Codes, auth requirements may have changed.
- KanCare providers, access Provider Express to update your demographic information.

Together

- Change: Prepare for ICD-10 changes
- Extended Services Guidelines **NEW**
- TRICARE West: Providers can access uhcmilitarywest.com for managing Tricare membership information.
- Optum has worked with top industry vendors to help providers grow and manage their practice. Discounted options available for EMRs and ePrescribe solutions. Also, get info on low interest rate loans.

Claim Entry – Step 1 of 4 (Express/Short Form)

Claim Entry - Step 1 of 4

Federal tax ID * Please Specify ▾

Please select the type of claim *
 Mental Health/Substance Abuse
 EAP

Will the claim include any of the below? *
 Yes
 No

- More than 5 dates of service
- COB details
- Claim notes
- Paperwork attachments

— Please enter an Authorization Number OR use the Member Search below —

Please enter an Authorization Number

— OR —

Member ID Search | Name/DOB Search

Please complete the form below and click "Proceed To Step 2"

* - indicates a required field

Member ID *

Group #

First Name *

Date of Birth / / MM/DD/YYYY

Date to Check Eligibility / / MM/DD/YYYY

Provider Express recommends using the minimum search criteria of Member ID and First Name only. Do not enter a group number or a date of birth unless the systems prompts you via a specific message.

- Users can file professional MH/SA and EAP claims online using Claim Entry
- Users can search for a member using an authorization number, **OR** Member ID, **OR** Name/DOB

- *The default claim is considered the express form – however, if a claim needs additional information, such as paperwork or notes, the user can file the long form.*
- *Group logins will be prompted to choose a provider's name, and rostered groups can enter new rostered providers on the form.*

Claim Entry – Step 2 of 4 (Express/Short Form)

- Once the member information is found, *Provider Express* will bring up the claim form. The member info is auto-filled in at the top, and the required fields for the user are highlighted in orange

OPTUM™ Provider Express Log Out

Welcome, Mary J. Provider

Home Eligibility & Benefits Auth Request Auth Inquiry Claim Entry Claim Inquiry EPS ALERT Provider Reports My Provider Express My Practice Info Message Center Contact Us

Claim Entry - Step 2 of 4

[Back to Step 1](#) Asterisk(*) or color[] is not allowed in any field.

Patient Info		Insured Info	
Name	PUBLIC, JOHN Q	ID number	XXXXX3210
DOB	13/33/2016	Name	PUBLIC, JOHN Q
Address	123 Main Street	Address	123 MAIN STREET
Relationship to insured	Self - 01	City	ANYTOWN
City	ANYTOWN	State	AZ
State	AZ	ZIP	12345
ZIP	12345	Telephone	
Telephone		Group number	7654321
		Employer group name	ACME PRODUCTS CO.
		Insurance plan name	United Behavioral Health

Patient		Provider	
Patient control number	<input type="text"/>	Federal tax ID	012345678
Patient or Authorized Person's signature to authorize release of medical or other information necessary to process this claim and to pay any benefits according to the assignment listed on this claim *		Accept assignment?	YES * NO <input type="radio"/>
Signature	<input type="text"/> On File	Service address	123 MAIN ST <input type="button" value="+Add"/>
Insured or Authorized Person's signature to authorize payment of benefits to the undersigned provider of services on this claim *		Signature of rendering provider	Provider, Mary J.
Signature	<input type="text"/> On File	Billing provider name, address, zip code and phone number	CLINICIANS THAT CARE INC 312 Maple St Sometown, AZ 12345-6789 (555) 555-5555
		Billing NPI	9876543210

Service Information

Hospitalization dates are only required when using Place of Service 21 or 51. Your claim will not be processed if you submit hospitalization dates without POS 21 or 51.

Related hospitalization dates From: To:

Diagnosis or nature of illness or injury * 1. 2. 3. 4. 5. 6. more than 6?

Claim frequency Original

Authorization number

Date of Service mm/dd/yyyy *	Place of Service *	Procedure		Diagnosis Code						Charges *	Unit *	NPI ID
		CPT Code *	Modifier <input type="text"/>	1	2	3	4	5	6			
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	0123456789
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	0123456789
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	0123456789
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	0123456789
<input type="text"/>	Please Select	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00	1	0123456789

Total charge \$ 0.00 Patient paid amount \$ 0.00

Please note: All data displayed is for representation purposes only

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Claim Entry – Step 3 of 4 (Express/Short Form)

- Step 3 allows for users to review basic information on the claim before sending it for submission

Claim Entry - Step 3 of 4

Provider Name:	PROVIDER NAME	Provider Tax Id:	012345678	NPI:	9876543210
Patient Name:	MEMBER NAME	Patient Relationship:	Self		
Insured Name:	MEMBER NAME	Patient ID:	XXXXXX3210		
Date(s) of Service:		07/01/2014			
Date Submitted:		07/02/2014			
Total Claim Charge:		\$ 100.00			

If this data is incorrect, click on the back button to correct your entry.

If this data is correct, continue below. To review statements appearing on the reverse side of a CMS-1500 Form, refer to a [copy of the reverse side](#) 

Your claim has **not** yet been submitted. To submit, click **Submit This Claim:**

Submit this Claim

Back To Details

Please note: All data displayed is for representation purposes only

Claim Entry – Step 4 of 4 (Express/Short Form)

- Step 4 yields the same information as in Step 3, with the addition of a confirmation number, which is the user’s assurance that the claim has been successfully submitted

Claim Entry - Step 4 of 4

- The claim was successfully submitted with Confirmation Number 123456789

Provider Name:	PROVIDER NAME	Provider Tax Id:	012345678	NPI:	9876543210
Patient Name:	MEMBER NAME	Patient Relationship:	Self		
Insured Name:	MEMBER NAME	Patient ID:	XXXXX3210		
Date(s) of Service:			07/01/2014		
Date Submitted:			07/02/2014		
Total Claim Charge:			\$ 100.00		

Enter Another Claim

Please note: All data displayed is for representation purposes only

- *Provider Express recommends users print out this page – the confirmation number can be used to look up the status of this claim, and can be used by Provider Express technical support staff to aid in assistance as needed*

Claim Entry – Long Form

- If a claim needs to be filed with any of the following...
 - COB Details
 - Claim Notes
 - Paperwork Attachments
 - Other Supplemental Information
 - More than 5 Dates of Service...Users may be prompted to file the Long Form.

The screenshot shows the 'Claim Entry - Step 2 of 4' form in the OPTUM Provider Express system. The form is divided into several sections:

- Patient Info:** Includes fields for Name, Member Name, ID number, DOB, Address, Relationship to Insured, City, State, ZIP, Telephone, and Employment/Insurance details.
- Supervising Provider:** Includes fields for Reference code, Reference text, First name, Last name, and NPI.
- Paperwork Attachment Claim Level:** Includes fields for Report Type Code, Report Transmission Code, Report control number, Patient control number, and Signature.
- Referring Provider:** Includes fields for First name, Middle initial, Last name, and NPI.
- Service Info:** Includes fields for Related hospitalization dates, Diagnosis or nature of illness or injury, Claim frequency, Outside lab?, and Authorization number.
- Table:** A table with columns for Date of Service, Place of Service, Procedure, Diagnosis Code, Charges, Unit, NPI ID, PWK, NTE, and COB. The table contains 8 rows of data, all with a charge of 0.00.

At the bottom of the form, there is a 'Please note: All data displayed is for representation purposes only' and a 'Print' button.

Claim Inquiry

- This feature allows users to look up the status of claims paid to the individual or group, based on the login. There are several options to use in the search:
 - My Patients
 - Member ID
 - Name/DOB
- Search dates can be adjusted up to 24 months in the past

Claim Inquiry* - indicates required field(s)

[Click here to register for or view Electronic Payments and Statements](#)

My Patients | **Member ID Search** | Name/DOB Search

Please complete the form below and click "Search"

* - indicates a required field

Member ID*

Group #

First Name*

Optional - Dates of Service (default is 180 days before today's date)

Month and Year

Date Range (180 day limit)

Previous 12 Months

Previous 24 Months

Provider Express recommends using the **minimum** search criteria of Member ID and First Name only. Do not enter a group number unless the systems prompts you via a specific message.

Claim Inquiry – Summary

- Any claims found within the parameters of the criteria entered will be displayed. Users can click on the member's name to get to the detail list on that claim. Users can also click on the 'Enter' button to submit an online claim adjustment

Claim Summary

Claims for My Patients for July, 2014

* For detailed information, click on the Member's Name.

Member Name	Member Id	Date(s) of Service	Claim Status	Date Entered	Claimed Amount	Copay Amount	Disallowed Amount	Paid Amount	Provider/Practice Name	Claim Adjustment
MEMBER NAME	XXXXX4321-00	07/02/2014-07/02/2014	Finalized	07/04/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER, NAME	<input type="button" value="Enter"/>
MEMBER NAME	XXXXX4321-00	07/09/2014-07/09/2014	Finalized	07/12/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER, NAME	<input type="button" value="Enter"/>
MEMBER NAME	XXXXX4321-00	07/23/2014-07/23/2014	Finalized	07/26/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER, NAME	<input type="button" value="Enter"/>
MEMBER NAME	XXXXX4321-00	07/30/2014-07/30/2014	Finalized	08/01/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER, NAME	<input type="button" value="Enter"/>

Export: CSV

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Claims have several different status values – the specific claim status will determine how much detail on that claim is available at that time.

ubhonline - Claim Status Glossary - Microsoft Internet Explorer

Glossary of Claim Status Values

Claim Status Definitions

- Finalized — the claim has been processed and a payment determination has been made. This payment determination may or may not result in an actual payment based on claim or enrollee eligibility, benefits or previous payments related to this claim.
- Finalized/Revised — the original processed claim has been changed based on new information.
- Pending/In Process — the claim has been received and entered into the claims system. It is currently awaiting additional information and/or review by a claims examiner.

Claim Inquiry – Detail List

- The Claim Detail List includes the date(s) of service. To get to the full detail, just click on a date. Adjustment requests as well can be made on this page

Claim Detail List [Have questions about claim status?](#)

Claims for Member MEMBER NAME for July, 2014

Member Name MEMBER NAME Member Id XXXXX1234-00
Clinician Name PROVIDER NAME, LCSW

Please note: All data displayed is for representation purposes only

* For detailed information, click on the Date(s) of Service.

Date(s) of Service	Claim Status	Date Paid	Claimed Amount	Copay Amount	Paid Amount	Certification #	Claim Adjustment
07/02/2014	Finalized	07/10/2014	\$90.00	\$0.00	\$60.60		<input type="button" value="Enter"/>

Claim Inquiry – Detail

- Clicking on the date of service will bring up the full detail for the claim. Again, depending on the status of the claim, information available will vary. Adjustments as well can be requested from this screen

Claim Detail							
Date(s) of Service:	07/02/2014	Date Paid:	07/10/2014				
Clinician Name:	PROVIDER NAME, LMFT	Check #:	99999996				
Authorization #:							
Payee Name:	Claim #:	C0987654321					
Address:	Place Of Service:	AMA-OFFICE					
	Service Code:	12345					
Claimed Amount:	Contract Rate:	Deductible Amount:	Copay Amount:	Disallowed Amount:	Paid Amount:	Claim Status	Claim Adjustment:
\$90.00	\$60.60	\$0.00	\$0.00	\$29.40	\$60.60	Finalized	<input type="button" value="Enter"/>
Explanation: 0986 PROCESSED ACCORDING TO ALLOWABLE							
Optum follows the prompt payment regulations applicable to each state and payments on finalized claims will be paid within these timeframes. Please be aware that some customers have asked to have payments made in batches, releasing payment for a number of clinician claims at specified intervals rather than as each claim is received and processed. The claim status detail will be updated with Paid Date, Check Number and other claim details once a payment has been released. If you have additional questions about this claim, please contact Optum at the toll-free number located on the member's ID card.							
<input type="button" value="New Inquiry"/>							

Claim Inquiry – My Patients

Claim Inquiry* - indicates required field(s)

[Click here to register for or view Electronic Payments and Statements](#)

My Patients Member ID Search Name/DOB Search

Please select one or more patients and click "Search"

Select		Last Name	Member ID	Birth Date	State
<input checked="" type="checkbox"/>	MEMBER	NAME	XXXXX4321	01/01/1900	MA
<input type="checkbox"/>	MEMBER	NAME	XXXXX4321	01/01/1900	MN
<input checked="" type="checkbox"/>	MEMBER	NAME	XXXXX4321	01/01/1900	VA
<input type="checkbox"/>	MEMBER	NAME	XXXXX4321	01/01/1900	CA
<input checked="" type="checkbox"/>	MEMBER	NAME	XXXXX4321	01/01/1900	MA

Optional - Dates of Service (default is 180 days before today's date)

Month and Year

Date Range (180 day limit)

Previous 12 Months

Previous 24 Months

Please note: All data displayed is for representation purposes only

Search

- Users can choose one or more names from My Patients, to search multiple claims within the specified date range

Claim Inquiry – My Patients Summary List

- The Claim Summary list contains basic information on the available claims based on the previous search criteria. From here, users can click on a member's name for more detail on each claim line, or can click the Export button to send the summary information to a .csv file

Claim Summary

Claims for My Patients for July, 2014

* For detailed information, click on the Member's Name.

Member Name	Member Id	Date(s) of Service	Claim Status	Date Entered	Claimed Amount	Copy Amount	Disallowed Amount	Paid Amount	Provider/Practice Name	Claim Adjustment
MEMBER NAME	XXXX1234-00	06/30/2014-07/02/2014	Finalized	07/11/2014	\$227.00	\$0.00	\$0.00	\$227.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX2345-00	07/07/2014-07/09/2014	Finalized	07/18/2014	\$227.00	\$0.00	\$0.00	\$227.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX3456-00	07/09/2014-07/09/2014	Finalized	07/14/2014	\$110.00	\$0.00	\$49.40	\$60.60	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX4567-00	07/14/2014-07/16/2014	Finalized	07/26/2014	\$227.00	\$0.00	\$0.00	\$227.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX5678-00	07/23/2014-07/23/2014	Finalized	08/08/2014	\$12.09	\$0.00	\$0.00	\$12.09	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX6789-00	07/23/2014-07/24/2014	Finalized	08/01/2014	\$181.60	\$0.00	\$0.00	\$181.60	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX7890-00	07/10/2014-07/10/2014	Finalized	07/14/2014	\$120.00	\$0.00	\$43.00	\$77.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX8901-00	07/21/2014-07/21/2014	Finalized	07/28/2014	\$120.00	\$0.00	\$43.00	\$77.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX9012-00	07/21/2014-07/21/2014	Finalized/Revised	08/07/2014	\$0.00	\$0.00	\$0.00	\$0.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX0123-00	07/24/2014-07/24/2014	Finalized	07/28/2014	\$120.00	\$0.00	\$43.00	\$77.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX0987-00	07/31/2014-07/31/2014	Finalized	08/04/2014	\$120.00	\$0.00	\$43.00	\$77.00	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX9876-00	07/02/2014-07/02/2014	Finalized	07/04/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX8765-00	07/09/2014-07/09/2014	Finalized	07/12/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX7654-00	07/23/2014-07/23/2014	Finalized	07/26/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER NAME, LCPC	Enter
MEMBER NAME	XXXX6543-00	07/30/2014-07/30/2014	Finalized	08/01/2014	\$90.00	\$0.00	\$29.40	\$60.60	PROVIDER NAME, LCPC	Enter

Export: CSV

New Inquiry

Please note: All data displayed is for representation purposes only

Idaho Medicaid Fee Schedule Updates

- When were there changes to the fee schedule?
 - August 2014
 - For use beginning with dates of service 8/1/14 and forward
- Why are there changes to the fee schedule?
 - Providers can more easily bill for services rendered under supervisory protocol
 - Obtain accurate provider level reimbursement
- What changed?
 - Two additional modifiers allowable:
 - HO - used when service was rendered by a non-rostered, master's level or bachelor's level paraprofessional
 - U1- used when service was rendered by a non-rostered prescriber

Example: Fee Schedule Update

UBH/OPTUM IDAHO MEDICAID PROFESSIONAL REIMBURSEMENT SCHEDULE							
CPT Code	Modifier	Description	Unit	Fee: MD	Fee: PHD	Fee: Master's Level	Fee: APRN or other prescribing nurse practitioner; Physician Assistant (PA)
90791		Psychiatric Diagnostic Evaluation; used for diagnostic assessment or reassessment, if required. This code should not be used in conjunction with 99201-99215. This code does not include psychotherapeutic services. When appropriate, report with interactive complexity add on code 90785. Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 1 visit)	Unit	\$140.00	\$99.00	\$99.00	\$99.00
90791	GT	Psychiatric Diagnostic Evaluation; used for diagnostic assessment or reassessment, if required. This code should not be used in conjunction with 99201-99215. This code does not include psychotherapeutic services. When appropriate, report with interactive complexity add on code 90785. Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 1 visit)	Unit	\$140.00	Not Valid	Not Valid	NA
90791	HO	Psychiatric Diagnostic Evaluation; used for diagnostic assessment or reassessment, if required. This code should not be used in conjunction with 99201-99215. This code does not include psychotherapeutic services. When appropriate, report with interactive complexity add on code 90785. Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 1 visit)	Unit	\$99.00	\$99.00	\$99.00	NA
90791	U1	Psychiatric Diagnostic Evaluation; used for diagnostic assessment or reassessment, if required. This code should not be used in conjunction with 99201-99215. This code does not include psychotherapeutic services. When appropriate, report with interactive complexity add on code 90785. Psychotherapy services, including for crisis, may not be reported on the same day. (1 unit = 1 visit)	Unit	\$99.00	\$99.00	NA	\$99.00

Billing with Double Modifiers

- Claims that require a double modifier (for example, 90791 + HO + 25 or 90791 + U1 + 76) cannot be billed through Optum's Provider Express site (providerexpress.com) at this time. Any claim that requires a double modifier may be billed in one of 2 ways:
 - EDI
 - Submission of claims via mail
- Claims that require no modifier or a single modifier (for example, 90791 NONE or 90791 + GT) are not affected and may continue to be billed through Provider Express.

Question and Answers





Optum looks forward to building our relationship with you and serving Idahoans through the Idaho Behavioral Health Plan.

Thank You!

August 2014