OPTUM® | Maryland

April 2020 Provider Council Meeting
Questions and Answers (Q&A)

This Q&A addresses questions and concerns raised by the provider community during April's Provider Council Meeting.

Reconciliation

1. **Will the reconciliation process allow for the actual denial reasons to be accurate and reviewed for appeal?**
   a. *Yes, the explanation/denial reason codes will be displayed on the Provider Remittance advice and the 835 files.*

2. **Will the reconciliation process also address claims that were not settled and paid out prior to January 1 (i.e., those that were under Beacon)?**
   a. *The reconciliation process will only address claims paid by Optum Maryland.*

Telehealth

1. **Are partial hospitalization programs (PHP) now approved for telehealth services?**
   a. *Per the Maryland Department of Health (MDH) telehealth guidance, IOP and PHP may provide group therapy by telehealth only if the platform is HIPAA compliant. The provider must ensure that each participant consents to the service by telehealth and understands and accepts that the provision of service is less secure and possibly confidential than an in-person service. Each participant should attest that they are in a private space where no other family members or friends can overhear the therapy sessions. Click here to view more telehealth information on PHP and IOP.*

2. **Has there been any relaxation on the Psych IOP rules?**
   a. *IOP may bill for telehealth services. Group services can only be offered with HIPAA compliant technology. Telehealth services should be billed with a GT modifier.*

3. **Can the SUD Outpatient initial assessment be done telephonically?**
    a. *Requirements for initial evaluations have been relaxed to allow for telehealth, and, if not viable, telephone interviews with informed participant consent. Exception: OTPs (PT32) and new methadone patients must be seen in person.*

Authorization

1. **Why can't PRP authorizations be requested in the system?**
    a. *Most providers are now able to request PRP authorizations. Please contact marylandproviderrelations@optum.com directly if you have cleared your cache and are still unable to enter your requests.*

2. **When processing PHP authorizations for substance abuse, it only allows five units. Is the correct number seven units for PHP substance abuse and five units should be for mental health authorizations?**

    a. *Based on MDH's authorization parameters, both mental health and SUD PHP initial authorizations allow for five units. This can be increased to seven if the result would be a review due on a weekend or holiday.*

3. **It is difficult to track authorizations for different codes for one client. We are given 24 authorizations each for 90834, 90846 and 90847. Is there a way to track it on Incedo?**

    a. *The authorization is actually for 24 units overall. Currently, there is not a way to track how many units have been used in the portal.*

4. **Claims cannot be sent with multiple authorization numbers, and we cannot send multiple claims for each set of units authorized. How is this being addressed?**
    a. *Please submit claims using the initial SR authorization number provided on all claims associated with that stay.*

5. **Is there one number that encompasses the patient's entire hospital stay? Right now, there are SR numbers and approval numbers and each one is different.**
    a. *Yes, the SR authorization number provided on initial reviews can be utilized for the entire stay.*

6. **Will Incedo show how many authorizations are available or left as you use authorizations?**
    a. *Unfortunately, this is currently not functionality in Incedo.*

7. **How are things progressing toward the previously granted April 30 extension date? Will this date be extended again?**
    a. *The original grace period will be continued until the relaunch. Beyond that, MDH is allowing providers six months from the reactivation date to **enter authorizations for dates of service between January 1, 2020 and the relaunch date**. This means that after April 30, 2020, providers can continue to submit service requests that require backdating between January 1, 2020 and the relaunch date. That relaunch date is TBD and will be communicated by Optum Maryland and MDH at a later date.*

8. **Can you share the logistics behind how/when authorizations are granted?**
    a. *There are two separate processes regarding the granting of authorizations. One process focuses on current requests, while the other is working the backlog. Please note that no claims will be denied prior to relaunch for lack of authorization, and all authorizations will be processed before the grace period end date.*

Claims/Billing

1. **Are we required to add the SR number on claims for payment processing?**
    a. *Including the SR number on claims is not a requirement; however, it is highly encouraged to include it on claim submissions to ensure the accuracy of claims processing.*

2. **Can we now submit claims for telehealth services?**
    a. *Yes, claims for telehealth services can be submitted at this time.*

3. **Would you please confirm which claim form 1500/UB04 gets the GT modifier?**
    a. *The GT modifier is to be submitted on the CMS-1500 claim form.*

4. **When will billing reflect payment with the new GT modifiers?**
    a. *Claims submitted with the GT modifiers are currently being reprocessed at this time.*

5. **When will Optum Maryland start reviewing claims denials?**

a. *Optum Maryland has started to review all claims denials. Please contact customer service at 1-800-888-1965 for more information on the status of denied claims.*

6. Is there a way to correct claims in Incedo?
   a. *At this time, correcting claims via Incedo is not available. Providers should continue to submit corrected claims via mail or 825I/P file.*

7. For PRP billing, is it possible for the portal to be set up so that diagnosis codes only have to be entered for the H2018 entry as opposed to entering for all encounters?
   a. *Optum Maryland is working on an enhancement that will support this request. We anticipate the enhancement to be rolled out in May 2020*

8. I'm still having problems when I submit claims that are being denied due to place of service for providers. I was told claims have to be resubmitted and it may take 30 days for processing.
   a. *At this time, Optum Maryland is not processing and releasing claims for payment as the estimated payment process is currently in effect. After the estimated payments process completes, clean claims will be paid in 14 days, and all claims will be processed within 30 days.*

9. When will claims be processed for providers that began their practice effective January 1, 2020?
   a. *As we release backlogged claims, providers that have submitted claims and have not received estimated payments will have their claims released and paid.*

10. Will there be a way to file a claims appeal through Incedo?
   a. *Providers can appeal claims decisions, but not directly through the Incedo Provider Portal. To file an appeal, please reference section 9.5, page 37 in the* [Optum Maryland Provider Manual](#).

Payments

1. If providers are being reimbursed strictly on an estimated scale, how long will it take for Optum Maryland to review and retract incorrect payments and make adjusted payments?
   a. *The reconciliation process is still being developed by MDH. Communications will soon be released regarding the reconciliation process.*

2. **What is the policy on payment retractions and overpayments? What needs to be done if Beacon overpaid a claim/account and payment retraction is needed?**
    a. *A corrected claim that references the original claim number should be submitted.*

3. **Currently, when asking Optum Maryland customer representatives about denials on a claim, we are told that Optum Maryland is paying all claims on estimated payments. Maryland Medicaid only allows 60 days to correct and resubmit claims from the date of the rejection. However, I have claims denying for things like triage and ED visits that typically are covered, but we get told that Optum is paying on an estimated scale, and claims aren't being reviewed for denial until after things are fixed. Will there be a grace period as the actual denials we are receiving are incorrect due to just being reimbursed via estimated payments?**
    a. *If the original claim was filed with Optum Maryland within 12 months of the date of service and denied, the provider may resubmit the claim to Optum Maryland, with additional information, for consideration, within that same 12-month period. Or, if after the 12-month period, within 60 days of the last received date by Optum Maryland or last rejected date by Optum Maryland.*

General

1. **Will we receive copies of the materials being presented?**
    a. *To view the presentation from this meeting, click here. Additionally, all future Provider Council Meeting presentations will be posted to the Optum Maryland website within 24 hours after the meeting. Please visit maryland.optum.com and click the "Behavioral Health Providers" tab. On the drop-down menu, select "Provider Tools" and scroll to find the presentation.*

2. **We are receiving calls from new participants asking when they will receive services. What do we tell them so we will not lose them?**
    a. *Start dates for servicing new participants should be decided by the provider.*

3. **When will rendering providers be loaded in Incedo?**
    a. *Optum Maryland recognizes this is an issue for providers and is working on an enhancement to allow for submission of this information. We anticipate the functionality to go live in May.*