



April 11, 2022

SFY 2022 – DBH Guidance Document #8

Guidance Document for 1115 Contraindicated Services

Background

As we consistently monitor the 1115 Waiver Demonstration, DBH is applying a different approach to the oversight of contraindicated services that will reduce administrative burden for providers and still meet the requirements within the 1115 Standards and Administrative Services manuals.

Currently, if a participant was seen by two different providers on the same day and the services are contraindicated to each other per our 1115 Standards and Administrative Services manuals, the claims processing system would pay the first claim in and deny the second for payment. The denial reason you would see is eA1 = Contraindicated Service.

As many individual participants see numerous providers on the same day and due to the unavailability of time claims reporting, several payable services have been denied as eA1-Contraindicated.

This has resulted in many eA1 denials with the only path to resolution being the appeal process. The appeal process requires a provider to submit a first level appeal to the ASO/Optum, receive the first level appeal denial and then submit a second level appeal to DBH. Authorization to overturn a contraindicated service is the responsibility of DBH. This process created an administrative and tracking burden for providers.

Purpose

The following information is intended to provide guidance and understanding for the process of reviewing contraindicated services for the 1115 Waiver Demonstration.

Applicability

This guidance is applicable only to behavioral health claims submitted to Optum for services delivered by the provider types listed below:

1115 Waiver Substance Use Disorder
1115 Waiver Behavioral Health

Guidance

Moving forward, contraindicated oversight will be monitored as a post claim payment review by ASO/Optum. The quality team may then request and review records from providers to ensure the services are appropriate. These reviews will begin in late 2022.

For current eA1 denials, providers must submit an appeal. However, DBH is redirecting all contraindicated appeals directly to second level review. This will reduce burden on the provider to not have to follow the two-pronged appeal approach for this issue.

What does this mean for providers right now?

- DBH is ending the systematic approach to contraindicated claim denials on April 30, 2022
 - You will no longer see reason code eA1 (Contraindicated Service) on your remittance advice
- Providers are still required to follow the contraindicated guidelines in the 1115 Standards & Administrative Procedures Manuals
- Providers must be diligent in noting times of services and or admissions in the patient record
- Providers will need to appeal the current contraindicated denials (eA1). Please make sure to include the claim number(s), copy of notes, showing time of care details with your appeal request
- Send contraindicated appeals directly to DBH Second Level Appeals-Contraindicated

Second Level Appeals

Division of Behavioral Health
Attn: Appeals-Contraindicated
3601 C Street, Suite 878
Anchorage, AK 99503
FAX – (907) 269-3623
Email: mpassunit@alaska.gov

Questions regarding this guidance may be directed to mpassunit@alaska.gov. In the Subject Line please note: Contraindicated Services