

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q1 CY 2019

1. Provider
2. Claims
3. Denials
4. Procedures
5. Diagnoses
6. Aid Category
7. Demographics
8. Definitions

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2019	
			Providers Enrolled	Providers (Active)
Provider Type NV Code	Provider Specialty NV Cd	Provider County		
017	215	CARSON CITY	4	3
		CHURCHILL	1	1
		DOUGLAS	2	2
		ELKO	1	1
		HUMBOLDT	1	0
		LYON	1	1
		NYE	5	5
		RURAL WASHOE	1	0
		URBAN CLARK	36	14
		URBAN WASHOE	15	8
		Total	67	35

Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

The DHCFP data warehouse is comprised of claims data submitted by over 28,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 1 2019			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	19,395	82.18%	4,206	17.82%

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Time Period: Incurred With Runoff Quarter			QTR 1 2019
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	Claims Denied
017	215	CLAIM PROCESSED BY CLINICAL CL	949
		PRIOR AUTHORIZATION NOT FOUND	548
		EXACT DUPLICATE: PRACTITIONER	401
		ALLOWED AMT LESS THAN BILLED A	324
		MUE PROFESSIONAL	255
		BILLING PROV IS NOT A GRP/PERF	209
		CLIENT INELIGIBLE ON DTL DOS	147
		CLIENT COVERED BY PRIVATE INSU	138
		NO PROVIDER BILLING INDICATOR	132
		PERFORMING PROVIDER NOT ON PRO	114
		OPR PROV NOT ENROLLED	113
		FOUND CARRIER - TPL AMOUNT SUB	100
		EXCP CLAIMS SUSPEND FOR REVIEW	73
		CLIENT SERVICES COVERED BY HMO	70
		RECIPIENT NUMBER BILLED DOES N	57
		0155-PROCEDURE REQUIRES AUTHOR	50
		PRIOR AUTH SERVICE CONFLICT	44
		PERF/FACILITY PT/PS RESTRICTIO	43
		CLIENT FIRST NAME IS MISSING O	38
		CLIENT LAST NAME IS MISSING OR	28
		CLAIM TYPE RESTRICTION ON PROC	27
		1 UNIT ALLOWED PER 90 ROLLING	24
		0148-RENDERING PROVIDER IS NOT	22
		BILLING PROVIDER SIGNATURE MIS	22
		0301-DUPLICATE PAYMENT REQUEST	21
		0313-RECIPIENT IS COVERED BY P	21
		DIAGNOSIS CANNOT BE USED AS PR	21
		3RD DIAGNOSIS NOT COVERED	18
		3RD DIAG AGE CONFLICT	16
		POSSIBLE DUPLICATE: PRACTITION	16
		0318-RECIPIENT NOT ELIGIBLE ON	15
		ADJ/VOID - PREVIOUS ICN NOT FO	15
		CLIENT COVERED BY MEDICARE B	15
		RENDERING PROVIDER IS NOT DESI	15
		CLIA LICENSE NUMBER INVALID	14
		REFERRING PROV CANNOT BE A GRO	11
		UNITS EXCEED AUTHORIZED UNITS	9
		0480-PROVIDER NOT CLIA CERTIFI	7
		0178-INVALID/MISSING PRINCIPAL	6
		ADD-ON CODE BILLED W/O PAID PR	6
		RENDERING PROV NOT MEMBER OF	6
		0249-DUPLICATE PAYMENT REQUEST	4
		0453-ENROLLED IN HMO	4

Substance Abuse Agency Model (SAAM) Fee for Service Reports

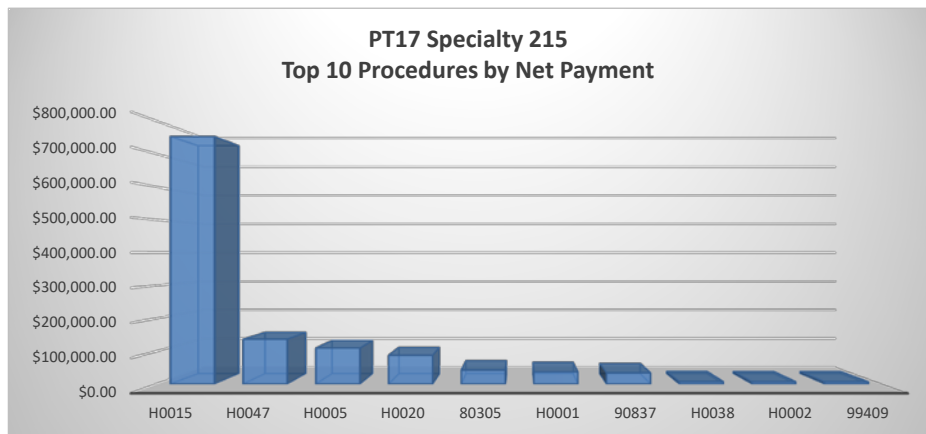
Time Period: Incurred With Runoff Quarter			QTR 1 2019
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
		CALCULATED DETAIL MEDICARE ALL	4
		ONE UNIT ALLOWED PER NINETY RO	4
		PROVIDER ID ON CLAIM DOES NOT	4
		0162-NUMBER OF PROCEDURES EXCE	3
		0916-SERVICE LIMIT EXCEEDED -	3
		0302-DUPLICATE OF HISTORY FILE	2
		1329-ALLOWED AMOUNT GREATER TH	2
		CONTRACT COULD NOT BE DETERMIN	2
		DUPLICATE PROCEDURE ONLY ALLOW	2
		NON-COVERED PROC DUE TO CMS TE	2
		SAME PROCEDURE DIFF MODS SAME	2
		0961-PROVIDER NOT APPROVED FOR	1
		1139-SMOKING CESSATION CODES F	1
		BILLING PERIOD EXCEEDS 90 DAYS	1
		BILLING PT/PS RESTRICTION ON P	1
		CLIENT NOT ELIGIBLE ON ALL DAT	1
		DOS EXCEEDS TIMELY FILING LIMI	1
		HEADER STMT COVERS PERIOD TDOS	1
		NCCI PTP CONFLICT PRACT MODS C	1
Aggregate(Provider Type Claim NV Code Values)			4,206

Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

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Time Period: Incurred With Runoff Quarter				QTR 1 2019		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	280	5,359	\$752,541.86
		H0047	Alcohol/drug abuse svc not otherwise specified	600	2,372	\$136,707.48
		H0005	Alcohol/drug services-group counsel by clinician	399	3,677	\$109,757.60
		H0020	Alcohol/drug svc-methadone admin/service	358	22,253	\$87,619.19
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	516	3,026	\$42,999.46
		H0001	Alcohol and/or drug assessment	284	284	\$37,445.39
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	92	318	\$34,391.70
		H0038	Self-help/peer services per 15 minutes	114	1,005	\$7,629.60
		H0002	Behav health screen-eligibility for Tx program	238	238	\$7,323.26
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	88	119	\$7,213.78
		G0513	Prolonged preventive service, first 30 minutes	13	167	\$6,598.43
		90853	GROUP PSYCHOTHERAPY	28	177	\$5,283.45
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	22	91	\$5,257.98
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	37	37	\$5,121.10
		G0514	Prolonged preventive service, each ADDL 30 min	13	117	\$4,636.71
		H0049	Alcohol &/or drug screening	196	391	\$3,783.20
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	18	22	\$2,476.10
		H0034	Medication training & support per 15 minutes	57	89	\$1,511.22
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	29	33	\$1,452.00
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	6	15	\$1,108.80
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	10	15	\$1,029.30
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	5	5	\$683.96
		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	6	16	\$561.28
		H0007	Alcohol/drug services-crisis intervention-outpt	9	19	\$412.49
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	2	2	\$227.52
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	2	3	\$168.81
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	3	3	\$160.62
		99203	OFFICE OUTPATIENT NEW 30 MINUTES	2	2	\$160.62
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	1	1	\$113.85
		99215	OFFICE OUTPATIENT VISIT 40 MINUTES	1	1	\$100.93
		99211	OFFICE OUTPATIENT VISIT 5 MINUTES	2	2	\$35.70
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	1	1	\$31.69
		99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	1	1	\$31.12
Aggregate(Provider Type Claim NV Code Values)				1,331	39,861	\$1,264,576.20

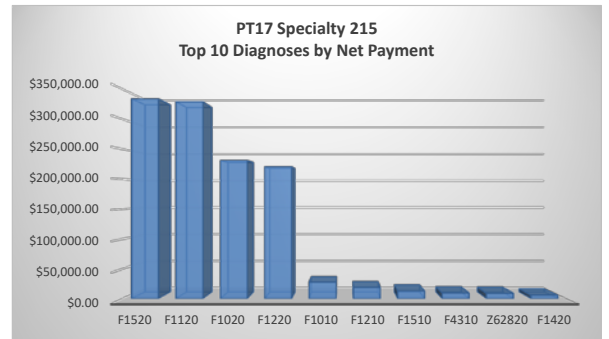


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Time Period: Incurred With Runoff Quarter Provider Type Claim NV Code 17 Spec 215		QTR 1 2019		
		Patients	Service Count Paid	Net Payment
Diagnosis Code Principal	Diagnosis Principal			
F1520	Other stimulant dependence, uncomplicated	286	5,218	\$334,175.44
F1120	Opioid dependence, uncomplicated	522	26,610	\$329,321.11
F1020	Alcohol dependence, uncomplicated	191	3,372	\$231,315.96
F1220	Cannabis dependence, uncomplicated	129	2,488	\$220,613.97
F1010	Alcohol abuse, uncomplicated	38	409	\$27,545.18
F1210	Cannabis abuse, uncomplicated	22	241	\$18,845.07
F1510	Other stimulant abuse, uncomplicated	17	231	\$12,760.36
F4310	Post-traumatic stress disorder, unspecified	9	87	\$9,426.66
Z62820	Parent-biological child conflict	1	63	\$8,848.35
F1420	Cocaine dependence, uncomplicated	10	68	\$5,885.05
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	5	56	\$4,798.36
F17203	Nicotine dependence unspecified, with withdrawal	50	63	\$4,292.10
F10220	Alcohol dependence with intoxication, uncomplicated	8	94	\$4,069.26
F1990	Other psychoactive substance use, unspecified, uncomplicated	1	28	\$3,822.92
F5101	Primary insomnia	2	36	\$3,619.32
Z6372	Alcoholism and drug addiction in family	47	49	\$3,601.10
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	4	54	\$3,553.57
F1110	Opioid abuse, uncomplicated	3	65	\$3,469.40
R69	Illness, unspecified	6	47	\$2,694.66
F209	Schizophrenia, unspecified	2	12	\$1,685.40
F411	Generalized anxiety disorder	5	16	\$1,664.87
F913	Oppositional defiant disorder	5	20	\$1,551.42
F331	Major depressive disorder, recurrent, moderate	4	14	\$1,497.88
F419	Anxiety disorder, unspecified	2	49	\$1,462.65
F418	Other specified anxiety disorders	1	48	\$1,432.80
F438	Other reactions to severe stress	2	16	\$1,213.61
F918	Other conduct disorders	2	11	\$1,111.35
F4321	Adjustment disorder with depressed mood	4	10	\$1,047.28
F329	Major depressive disorder, single episode, unspecified	3	12	\$996.85
F0631	Mood disorder due to known physiological condition w depressive features	1	9	\$973.35
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	5	9	\$922.98
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	7	\$873.47
F1021	Alcohol dependence, in remission	5	13	\$857.81
F319	Bipolar disorder, unspecified	4	10	\$807.44
F1221	Cannabis dependence, in remission	4	12	\$772.10
F439	Reaction to severe stress, unspecified	1	7	\$757.05
F1511	Other stimulant abuse, in remission	4	14	\$750.95
F4323	Adjustment disorder with mixed anxiety and depressed mood	3	13	\$741.31
Z590	Homelessness	15	16	\$709.70
F3341	Major depressive disorder, recurrent, in partial remission	2	23	\$686.55
F250	Schizoaffective disorder, bipolar type	3	7	\$631.76
F1121	Opioid dependence, in remission	3	8	\$631.32
F341	Dysthymic disorder	2	17	\$617.06
F11220	Opioid dependence with intoxication, uncomplicated	2	85	\$611.88
F639	Impulse disorder, unspecified	1	5	\$540.75
F330	Major depressive disorder, recurrent, mild	1	18	\$537.30
F4320	Adjustment disorder, unspecified	2	9	\$488.00
F1011	Alcohol abuse, in remission	2	8	\$376.34
F1521	Other stimulant dependence, in remission	2	5	\$376.30
F320	Major depressive disorder, single episode, mild	1	3	\$324.45
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	3	\$324.45
F339	Major depressive disorder, recurrent, unspecified	1	3	\$324.45
Z62810	Personal history of physical and sexual abuse in childhood	1	3	\$324.45
F1523	Other stimulant dependence with withdrawal	2	3	\$309.69
F10239	Alcohol dependence with withdrawal, unspecified	1	9	\$296.58
F4312	Post-traumatic stress disorder, chronic	2	4	\$286.26
F1421	Cocaine dependence, in remission	1	7	\$264.81
F99	Mental disorder, not otherwise specified	9	9	\$217.46
F912	Conduct disorder, adolescent-onset type	1	2	\$216.30
Z789	Oth specified health status	1	3	\$199.16
F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	1	5	\$177.18
F1123	Opioid dependence with withdrawal	1	2	\$170.23
F3481	Disruptive mood dysregulation disorder	1	5	\$149.25
F1229	Cannabis dependence with unspecified cannabis-induced disorder	1	1	\$139.46
Z609	Problem related to social environment, unspecified	1	1	\$139.46
Z711	Person with feared health complaint in whom no diagnosis is made	1	1	\$139.46
Z751	Person awaiting admission to adequate facility elsewhere	1	1	\$139.46
Z6379	Other stressful life event affecting family and household	1	6	\$130.26
F200	Paranoid schizophrenia	1	1	\$112.55
Z716	Tobacco abuse counseling	3	3	\$105.24
F4322	Adjustment disorder with anxiety	1	2	\$59.70
Z599	Problem related to housing and economic circumstances, unspecified	1	1	\$30.77
F259	Schizoaffective disorder, unspecified	1	1	\$9.75
Aggregate(Provider Type Claim NV Code Values)		1,331	39,861	\$1,264,576.20

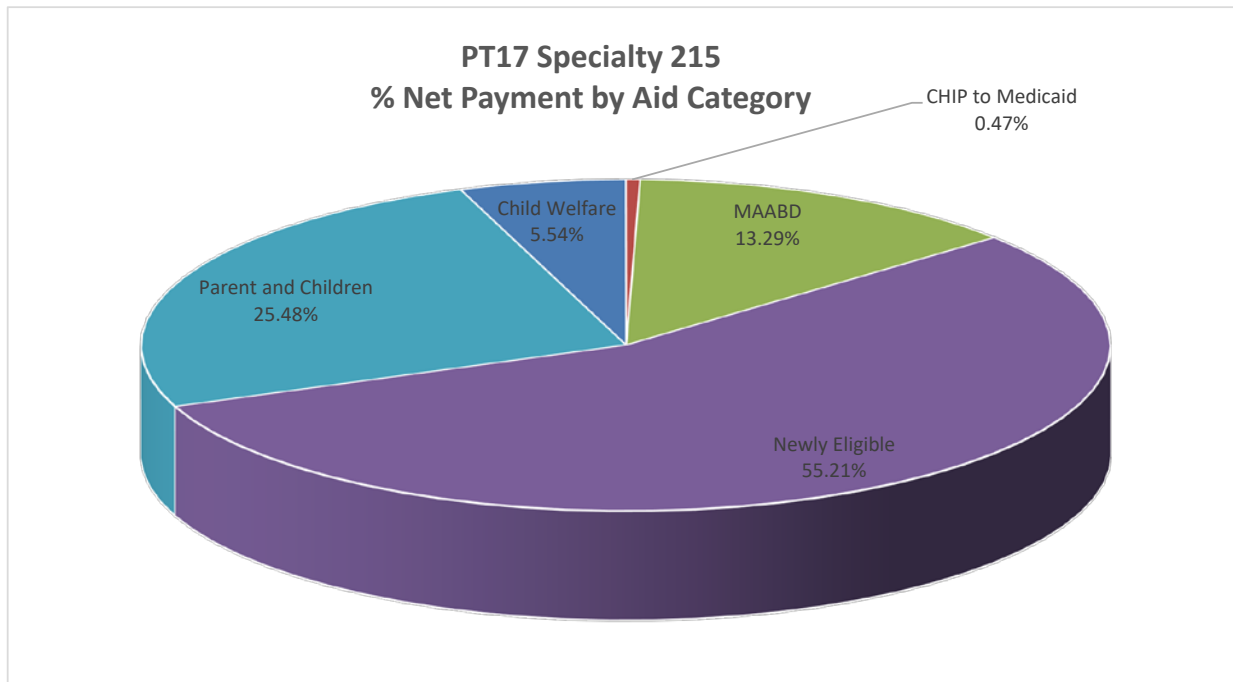


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			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
		Check Up	10	99	\$9,729.86
		Child Welfare	39	604	\$69,485.01
		CHIP to Medicaid	7	96	\$5,921.97
		MAABD	352	12,450	\$166,561.46
		Newly Eligible	684	19,204	\$692,030.09
		Parent and Children	270	7,208	\$319,368.45
		Waivers	4	200	\$1,479.36
		Grand Total	1,366	39,861	\$1,264,576.20
Aggregate(Provider Type Claim NV Code Values)			1,331	39,861	\$1,264,576.20

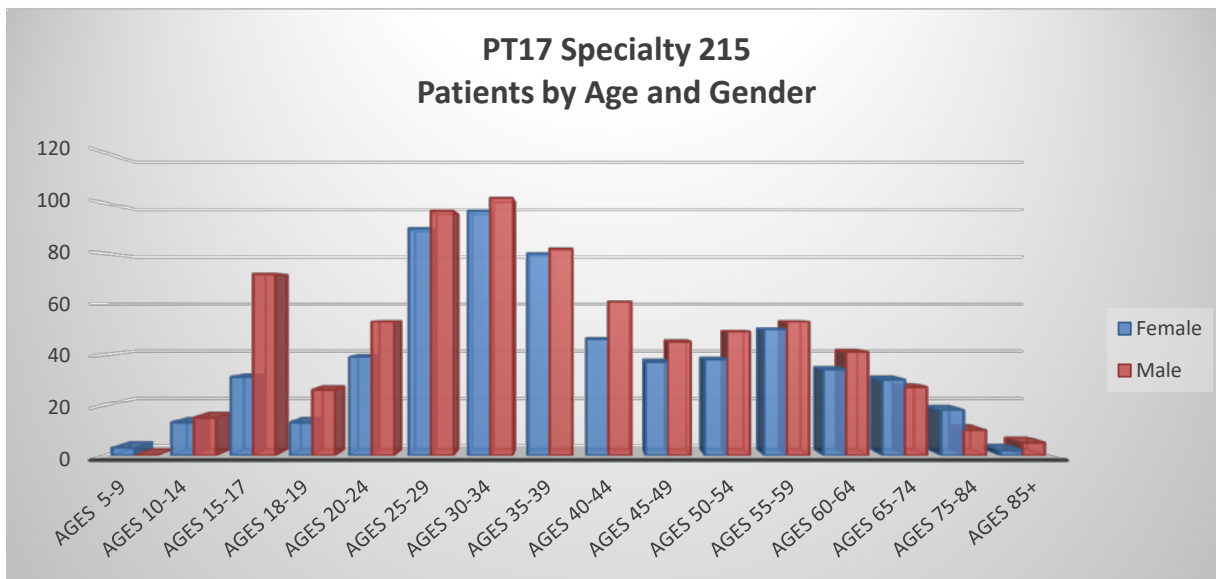


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Time Period: Incurred With Runoff Quarter			QTR 1 2019	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages 5-9	3	0
		Ages 10-14	13	15
		Ages 15-17	31	72
		Ages 18-19	13	26
		Ages 20-24	39	53
		Ages 25-29	90	97
		Ages 30-34	97	102
		Ages 35-39	80	82
		Ages 40-44	46	61
		Ages 45-49	37	45
		Ages 50-54	38	49
		Ages 55-59	50	53
		Ages 60-64	34	41
		Ages 65-74	30	27
		Ages 75-84	18	10
Ages 85+	2	5		
Aggregate(Provider Type Claim NV Code Values)			605	726



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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<u>Dimension/Measure</u>	<u>Definition</u>
Aid Category	Nevada - specific description for the local aid category.
Claims Denied	The number of claims denied based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Claims Paid	The number of claims paid based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
Edit Error 1	The description for Edit Error.
Net Payment	The net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Patients	The unique count of members who received facility, professional, or pharmacy services.
Procedure Code	The procedure code for the service record.
Provider County	The current county description of the provider of service.
Provider Specialty Claim NV Code	The Nevada specific code for the servicing provider specialty reported on the claim.
Provider Type Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.
Providers	The unique count of providers who performed any facility, professional, or pharmacy services.
Providers Enrolled	The unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients. The enrolled provider measures differ from the other provider measures in that those measures only include providers who have submitted claims for facility, professional, or pharmacy services under the plan.
Service Count Paid	The sum of the units paid across professional and facility claims.