# SUBSTANCE ABUSE AGENCY MODEL (SAAM)

## Fee For Service Reports

## Q2 CY 2018

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 2 2018 | |
|---|---|---|---|---|
| | | | Providers Enrolled | Providers (Active) |
| **Provider Type NV Code** | **Provider Specialty NV Cd** | **Provider County** | | |
| 017 | 215 | Carson City | 3 | 3 |
| | | Churchill | 1 | 1 |
| | | Clark | 28 | 12 |
| | | Douglas | 1 | 1 |
| | | Elko | 1 | 1 |
| | | Lyon | 1 | 1 |
| | | Nye | 3 | 3 |
| | | Washoe | 15 | 7 |
| | | **Total** | **53** | **29** |

**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.

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# Fee for Service Reports

| Time Period: Incurred With Runoff Quarter | | QTR 2 2018 | | | |
|---|---|---|---|---|---|
| | | Claims Paid | Claims % Paid | Claims Denied | Claims % Denied |
| **Provider Type Claim NV Code** | **Provider Specialty Claim NV Code** | | | | |
| 017 | 215 | 18,340 | 89.92% | 2,055 | 10.08% |

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| Time Period: Incurred With Runoff Quarter | | | QTR 2 2018 |
|---|---|---|---|
| | | | Claims Denied |
| **Provider Type Claim NV Code** | **Provider Specialty Claim NV Code** | **Edit Error 1** | |
| 017 | 215 | Procedure Requires Authorizati | 910 |
| | | BILL ANY OTHER AVAILABLE INSUR | 386 |
| | | Duplicate Payment Request - Sa | 132 |
| | | Duplicate of History File Reco | 121 |
| | | NOT CLIA CERTIFIED TO PERFORM | 93 |
| | | Recipient Not Eligible on DOS | 91 |
| | | ENROLLED IN HMO | 61 |
| | | NUMBER OF PROCEDURES EXCEEDS N | 52 |
| | | ALLOWED AMOUNT > THRESHOLD | 46 |
| | | Unknown Edit Err1 0916 | 28 |
| | | SERVICING PROVIDER NOT MEMBER | 26 |
| | | Recipient Not on File | 25 |
| | | Rendering Provider Not Certifi | 22 |
| | | EOB DOES NOT MATCH CLM | 18 |
| | | QMB ONLY RECIPIENT - BILL MEDI | 17 |
| | | NCCI audit crnt proc denied | 9 |
| | | PROCEDURE DISAGREES WITH AUTHO | 4 |
| | | CURR. PROC. REPL. BY FOLLOW UP | 3 |
| | | INVALID DIAGNOSIS CODE | 3 |
| | | AUTHORIZATION NOT VALID FOR DO | 1 |
| | | Approved Authorization Not on | 1 |
| | | Duplicate Payment Request - Di | 1 |
| | | PROCEDURE MODIFIER DISAGREES W | 1 |
| | | PROVIDER NOT APPROVED FOR ELEC | 1 |
| | | PROVIDER NUMBER INCONSISTENT W | 1 |
| | | RECIPIENT NUMBER INCONSISTENT | 1 |
| | | Unknown Edit Err1 0327 | 1 |
| | | **Total** | **2,055** |

**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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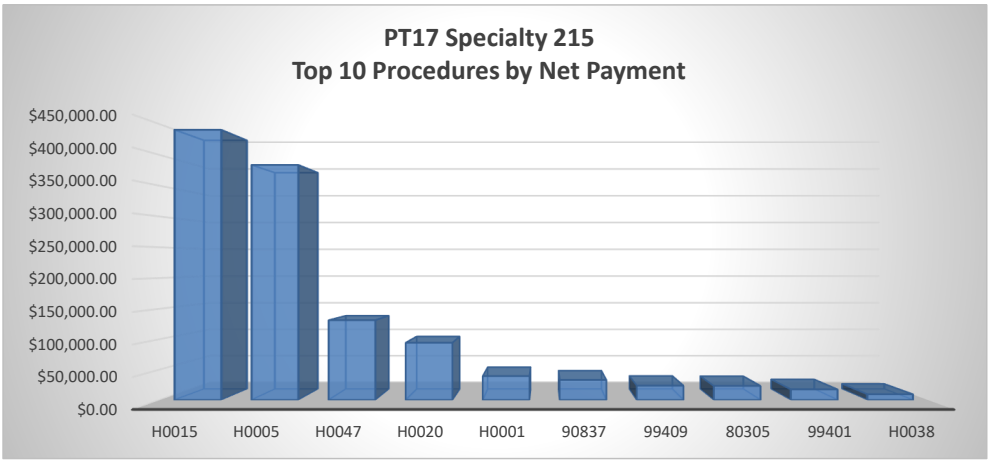
# Substance Abuse Agency Model (SAAM)
# Fee for Service Reports

| Time Period: Incurred With Runoff Quarter | | | | QTR 2 2018 | | |
|---|---|---|---|---|---|---|
| | | | | 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 | 169 | 3,144 | $440,781.05 |
| | | H0005 | Alcohol/drug services-group counsel by clinician | 414 | 12,857 | $383,675.91 |
| | | H0047 | Alcohol/drug abuse svc not otherwise specified | 563 | 2,283 | $131,369.74 |
| | | H0020 | Alcohol/drug svc-methadone admin/service | 358 | 23,956 | $94,234.96 |
| | | H0001 | Alcohol and/or drug assessment | 322 | 323 | $39,285.01 |
| | | 90837 | PSYCHOTHERAPY W/PATIENT 60 MINUTES | 89 | 305 | $32,985.75 |
| | | 99409 | ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN | 168 | 389 | $23,581.18 |
| | | 80305 | DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE | 205 | 1,628 | $23,133.88 |
| | | 99401 | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN | 179 | 497 | $17,434.76 |
| | | H0038 | Self-help/peer services per 15 minutes | 93 | 1,199 | $9,448.12 |
| | | H0049 | Alcohol &/or drug screening | 288 | 906 | $8,717.25 |
| | | 90791 | PSYCHIATRIC DIAGNOSTIC EVALUATION | 32 | 32 | $4,443.26 |
| | | H0007 | Alcohol/drug services-crisis intervention-outpt | 169 | 175 | $3,799.25 |
| | | H0002 | Behav health screen-eligibility for Tx program | 121 | 121 | $3,702.54 |
| | | 90853 | GROUP PSYCHOTHERAPY | 26 | 122 | $3,509.64 |
| | | 90834 | PSYCHOTHERAPY W/PATIENT 45 MINUTES | 7 | 43 | $3,178.26 |
| | | H0034 | Medication training & support per 15 minutes | 88 | 156 | $2,648.08 |
| | | 99213 | OFFICE OUTPATIENT VISIT 15 MINUTES | 41 | 59 | $2,596.00 |
| | | 90832 | PSYCHOTHERAPY W/PATIENT 30 MINUTES | 9 | 40 | $2,311.20 |
| | | 90847 | FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 6 | 12 | $1,174.20 |
| | | 99214 | OFFICE OUTPATIENT VISIT 25 MINUTES | 12 | 15 | $972.38 |
| | | 99205 | OFFICE OUTPATIENT NEW 60 MINUTES | 7 | 7 | $953.63 |
| | | 90833 | PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN | 3 | 9 | $342.54 |
| | | 99203 | OFFICE OUTPATIENT NEW 30 MINUTES | 4 | 4 | $321.24 |
| | | 99204 | OFFICE OUTPATIENT NEW 45 MINUTES | 2 | 2 | $227.70 |
| | | 99212 | OFFICE OUTPATIENT VISIT 10 MINUTES | 6 | 7 | $221.83 |
| | | 99202 | OFFICE OUTPATIENT NEW 20 MINUTES | 4 | 4 | $214.16 |
| | | 99211 | OFFICE OUTPATIENT VISIT 5 MINUTES | 7 | 11 | $196.35 |
| | | 90792 | PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES | 1 | 1 | $113.76 |
| | | 90839 | PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES | 1 | 1 | $112.55 |
| | | | **Total** | **3,394** | **48,308** | **$1,235,686.18** |




**Net Payment** is 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.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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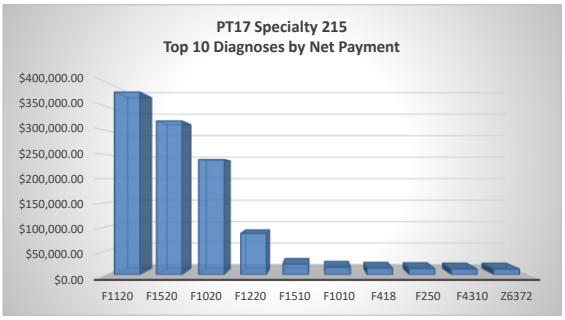
# Substance Abuse Agency Model (SAAM)
## Fee for Service Reports

| Time Period: Incurred With Runoff Quarter<br>Provider Type<br>Claim NV Code<br>17 Spec 215 | | QTR 2 2018 | | |
|---|---|---|---|---|
| | | Patients | Service Count Paid | Net Payment |
| Diagnosis Code Principal | Diagnosis Principal | | | |
| F1120 | Opioid dependence, uncomplicated | 495 | 30,877 | $379,566.44 |
| F1520 | Other stimulant dependence, uncomplicated | 251 | 6,806 | $319,710.47 |
| F1020 | Alcohol dependence, uncomplicated | 157 | 5,299 | $239,572.96 |
| F1220 | Cannabis dependence, uncomplicated | 70 | 996 | $86,113.62 |
| F1510 | Other stimulant abuse, uncomplicated | 10 | 707 | $22,156.49 |
| F1010 | Alcohol abuse, uncomplicated | 24 | 478 | $15,844.88 |
| F418 | Other specified anxiety disorders | 6 | 454 | $13,699.20 |
| F250 | Schizoaffective disorder, bipolar type | 7 | 112 | $12,830.77 |
| F4310 | Post-traumatic stress disorder, unspecified | 19 | 120 | $11,959.07 |
| Z6372 | Alcoholism and drug addiction in family | 114 | 247 | $11,811.64 |
| F329 | Major depressive disorder, single episode, unspecified | 23 | 229 | $10,842.79 |
| F330 | Major depressive disorder, recurrent, mild | 33 | 165 | $9,535.66 |
| F4321 | Adjustment disorder with depressed mood | 29 | 139 | $7,834.92 |
| F331 | Major depressive disorder, recurrent, moderate | 28 | 130 | $7,744.11 |
| F1420 | Cocaine dependence, uncomplicated | 4 | 155 | $7,533.98 |
| F1210 | Cannabis abuse, uncomplicated | 21 | 119 | $6,861.58 |
| F411 | Generalized anxiety disorder | 15 | 137 | $6,581.28 |
| F1110 | Opioid abuse, uncomplicated | 2 | 200 | $5,971.84 |
| F4322 | Adjustment disorder with anxiety | 23 | 102 | $5,127.16 |
| F1320 | Sedative, hypnotic or anxiolytic dependence, uncomplicated | 1 | 43 | $4,903.19 |
| R69 | Illness, unspecified | 17 | 58 | $4,840.47 |
| F4323 | Adjustment disorder with mixed anxiety and depressed mood | 7 | 37 | $3,268.28 |
| F4325 | Adjustment disorder with mixed disturbance of emotions and conduct | 11 | 28 | $3,070.63 |
| F10280 | Alcohol dependence with alcohol-induced anxiety disorder | 1 | 97 | $2,896.37 |
| F419 | Anxiety disorder, unspecified | 2 | 97 | $2,896.37 |
| F319 | Bipolar disorder, unspecified | 2 | 23 | $2,783.05 |
| F209 | Schizophrenia, unspecified | 4 | 20 | $2,602.42 |
| F3132 | Bipolar disorder, current episode depressed, moderate | 2 | 21 | $1,723.05 |
| F341 | Dysthymic disorder | 4 | 13 | $1,599.75 |
| F332 | Major depressive disorder, recurrent severe without psychotic features | 6 | 27 | $1,549.68 |
| F3342 | Major depressive disorder, recurrent, in full remission | 1 | 26 | $1,502.28 |
| F3481 | Disruptive mood dysregulation disorder | 2 | 22 | $1,304.81 |
| F323 | Major depressive disorder, single episode, severe w psychotic features | 4 | 22 | $1,289.04 |
| F333 | Major depressive disorder, recurrent, severe with psychotic symptoms | 3 | 16 | $1,169.05 |
| F3181 | Bipolar II disorder | 3 | 9 | $1,003.16 |
| F321 | Major depressive disorder, single episode, moderate | 5 | 13 | $972.40 |
| F322 | Major depressive disorder, single episode, severe w/o psychotic features | 3 | 8 | $865.20 |
| F439 | Reaction to severe stress, unspecified | 1 | 7 | $788.36 |
| Z0389 | Encounter for observation for oth suspect disease & conditions ruled out | 5 | 12 | $754.32 |
| F1099 | Alcohol use, unspecified with unspecified alcohol-induced disorder | 2 | 20 | $708.72 |
| F4320 | Adjustment disorder, unspecified | 3 | 12 | $705.14 |
| F1121 | Opioid dependence, in remission | 2 | 18 | $684.54 |
| Z62810 | Personal history of physical and sexual abuse in childhood | 1 | 6 | $648.90 |
| F339 | Major depressive disorder, recurrent, unspecified | 3 | 11 | $614.67 |
| F4312 | Post-traumatic stress disorder, chronic | 2 | 11 | $565.68 |
| F19951 | Other psychoact subst use, unspec w psychoact subst-ind psych halluc | 1 | 4 | $561.80 |
| F3112 | Bipolar disorder, current episode manic w/o psychotic features, moderate | 1 | 13 | $544.65 |
| F17203 | Nicotine dependence unspecified, with withdrawal | 6 | 11 | $513.58 |
| F1521 | Other stimulant dependence, in remission | 3 | 6 | $467.73 |
| F1511 | Other stimulant abuse, in remission | 1 | 3 | $421.35 |
| F258 | Other schizoaffective disorders | 1 | 3 | $421.35 |
| F1910 | Other psychoactive substance abuse, uncomplicated | 1 | 9 | $380.37 |
| F6381 | Intermittent explosive disorder | 1 | 7 | $374.28 |
| F430 | Acute stress reaction | 2 | 9 | $365.60 |
| F4324 | Adjustment disorder with disturbance of conduct | 1 | 4 | $361.22 |
| F40233 | Fear of injury | 1 | 6 | $352.57 |
| F423 | Hoarding disorder | 1 | 6 | $352.57 |
| Z630 | Problems in relationship with spouse or partner | 1 | 6 | $352.57 |
| F3110 | Bipolar disorder, current episode manic w/o psychotic features, unspec | 1 | 8 | $317.10 |
| Z590 | Homelessness | 10 | 10 | $307.70 |
| F0631 | Mood disorder due to known physiological condition w depressive features | 1 | 5 | $291.95 |
| F410 | Panic disorder [episodic paroxysmal anxiety] | 1 | 5 | $291.95 |
| F930 | Separation anxiety disorder of childhood | 1 | 2 | $247.61 |
| F1299 | Cannabis use, unspecified with unspecified cannabis-induced disorder | 1 | 3 | $200.08 |
| F639 | Impulse disorder, unspecified | 1 | 6 | $179.10 |
| F99 | Mental disorder, not otherwise specified | 5 | 5 | $178.46 |
| F918 | Other conduct disorders | 1 | 2 | $169.31 |
| F413 | Other mixed anxiety disorders | 1 | 10 | $142.10 |
| F1221 | Cannabis dependence, in remission | 1 | 1 | $139.46 |
| F200 | Paranoid schizophrenia | 1 | 1 | $139.46 |
| F840 | Autistic disorder | 1 | 1 | $139.46 |
| F1123 | Opioid dependence with withdrawal | 1 | 2 | $115.56 |
| F12288 | Cannabis dependence w other cannabis-induced disorder | 1 | 2 | $95.70 |
| F1021 | Alcohol dependence, in remission | 2 | 3 | $70.37 |
| F1410 | Cocaine abuse, uncomplicated | 2 | 2 | $61.54 |
| F1590 | Other stimulant use, unspecified, uncomplicated | 1 | 2 | $59.70 |
| F0632 | Mood disorder D/T known physio condition w major depressive-like episode | 1 | 1 | $30.77 |
| Z711 | Person with feared health complaint in whom no diagnosis is made | 1 | 1 | $30.77 |
| | **Total** | **1,484** | **48,308** | **$1,235,686.18** |




**Net Payment** is 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.

Total Patient Count is not unique (i.e. patient counts may be duplicated across diagnosis codes).

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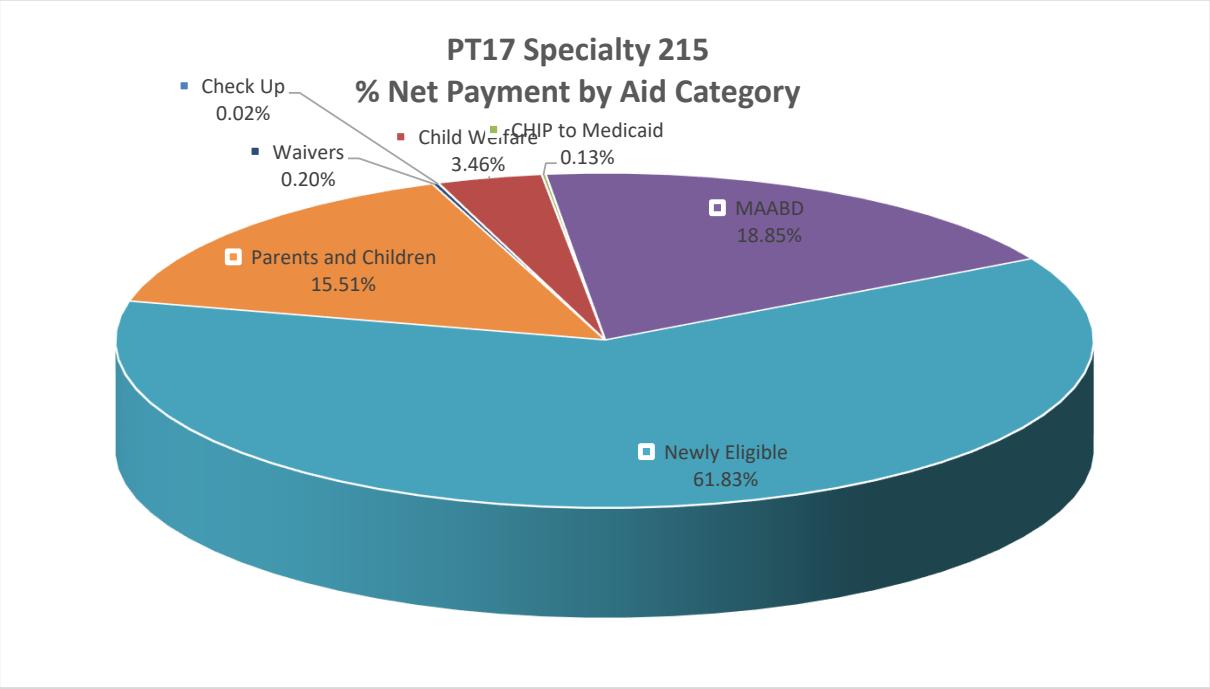
# Fee for Service Reports

| Time Period: Incurred With Runoff Quarter | | | QTR 2 2018 | | |
|---|---|---|---|---|---|
| | | | Patients | Service Count Paid | Net Payment |
| **Provider Type Claim NV Code** | **Provider Specialty Claim NV Code** | **Category** | | | |
| 017 | 215 | Check Up | 1 | 2 | $216.30 |
| | | Child Welfare | 34 | 484 | $42,788.33 |
| | | CHIP to Medicaid | 4 | 15 | $1,628.50 |
| | | MAABD | 408 | 14,704 | $232,938.16 |
| | | Newly Eligible | 649 | 25,752 | $764,004.14 |
| | | Parents and Children | 226 | 7,131 | $191,634.81 |
| | | Waivers | 4 | 220 | $2,475.94 |
| | | **Total** | **1,326** | **48,308** | **$1,235,686.18** |




**Net Payment** is 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.

Total Patient Count is not unique (i.e. patient counts may be duplicated across aid categories).

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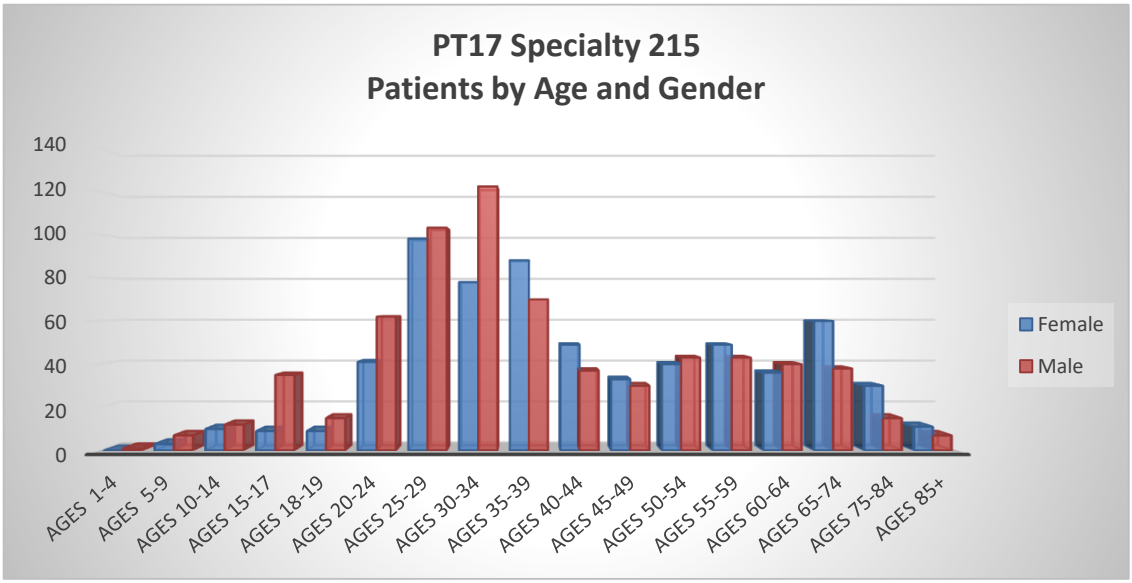
# Fee for Service Reports

| Time Period: Incurred With Runoff Quarter | | | QTR 2 2018 | |
|---|---|---|---|---|
| | | | Patients | |
| Gender Code | | | F | M |
| Provider Type Claim NV Code | Provider Specialty Claim NV Code | Age Group Medstat | | |
| 017 | 215 | Ages 1-4 | 0 | 1 |
| | | Ages 5-9 | 3 | 7 |
| | | Ages 10-14 | 10 | 12 |
| | | Ages 15-17 | 9 | 35 |
| | | Ages 18-19 | 9 | 15 |
| | | Ages 20-24 | 41 | 62 |
| | | Ages 25-29 | 98 | 103 |
| | | Ages 30-34 | 78 | 122 |
| | | Ages 35-39 | 88 | 70 |
| | | Ages 40-44 | 49 | 37 |
| | | Ages 45-49 | 33 | 30 |
| | | Ages 50-54 | 40 | 43 |
| | | Ages 55-59 | 49 | 43 |
| | | Ages 60-64 | 36 | 40 |
| | | Ages 65-74 | 60 | 38 |
| | | Ages 75-84 | 30 | 15 |
| | | Ages 85+ | 11 | 7 |
| | | **Total** | **644** | **680** |




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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| Dimension/Measure | Definition |
|---|---|
| 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. |