

# **SUBSTANCE ABUSE AGENCY MODEL (SAAM)**

## **Fee For Service Reports**

**Q4 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 4 2018	
			Providers Enrolled	Provider (Active)
Provider Type NV Code	Provider Specialty NV Cd	Provider County		
017	215	Carson City	3	2
		Churchill	1	1
		Clark	33	12
		Douglas	2	1
		Elko	1	1
		Humboldt	1	1
		Lyon	1	1
		Nye	5	5
		Washoe	16	7
		<b>Total</b>	<b>63</b>	<b>31</b>

**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.

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

Time Period: Incurred With Runoff Quarter		QTR 4 2018			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	17,761	87.83%	2,461	12.17%

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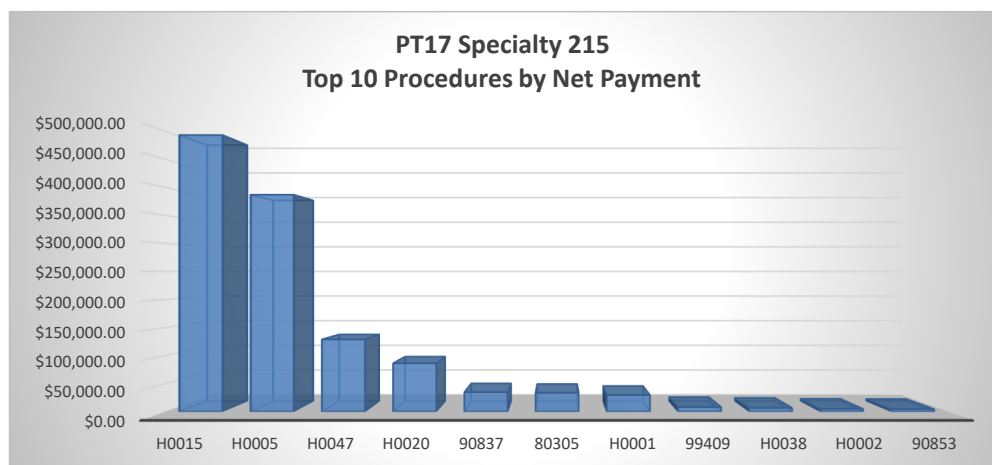
Time Period: Incurred With Runoff Quarter			QTR 4 2018
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Duplicate of History File Reco	982
		Procedure Requires Authorizati	369
		BILL ANY OTHER AVAILABLE INSUR	230
		Duplicate Payment Request - Sa	165
		Recipient Not Eligible on DOS	165
		PROVIDER NOT APPROVED FOR ELEC	146
		ENROLLED IN HMO	110
		Recipient Not on File	80
		NUMBER OF PROCEDURES EXCEEDS N	70
		Unknown Edit Err1 0916	46
		NOT CLIA CERTIFIED TO PERFORM	40
		ALLOWED AMOUNT > THRESHOLD	18
		INVALID DIAGNOSIS CODE	13
		NCCI audit crnt proc denied	7
		Unknown Edit Err1 0312	7
		QMB ONLY RECIPIENT - BILL MEDI	4
		PROCEDURE DISAGREES WITH AUTHO	3
		Duplicate Payment Request - Di	2
		Approved Authorization Not on	1
		BILLING PROVIDER IS NOT A GROU	1
		CCI:Cur Proc Deny due to His	1
		INVALID PROCEDURE/MODIFIER COM	1
		<b>Total</b>	<b>2,461</b>

**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 4 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	189	3,512	\$493,260.40
		H0005	Alcohol/drug services-group counsel by clinician	393	12,959	\$386,826.15
		H0047	Alcohol/drug abuse svc not otherwise specified	559	2,230	\$128,739.52
		H0020	Alcohol/drug svc-methadone admin/service	333	21,849	\$86,068.29
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	84	319	\$34,499.85
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	483	2,346	\$33,321.89
		H0001	Alcohol and/or drug assessment	255	257	\$29,537.19
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	98	133	\$8,062.46
		H0038	Self-help/peer services per 15 minutes	88	845	\$6,589.30
		H0002	Behav health screen-eligibility for Tx program	154	154	\$4,737.66
		90853	GROUP PSYCHOTHERAPY	30	149	\$4,447.65
		H0049	Alcohol &/or drug screening	207	445	\$4,338.75
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	13	59	\$3,409.02
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	23	23	\$3,168.66
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	8	33	\$2,439.36
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	30	38	\$1,672.00
		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	14	41	\$1,438.28
		H0034	Medication training & support per 15 minutes	53	69	\$1,052.76
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	13	14	\$960.68
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	5	5	\$625.25
		H0007	Alcohol/drug services-crisis intervention-outpt	14	25	\$542.75
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	4	4	\$455.04
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	3	3	\$341.55
		99203	OFFICE OUTPATIENT NEW 30 MINUTES	4	4	\$321.24
		G0513	Prolonged preventive service, first 30 minutes	1	8	\$317.04
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	1	1	\$112.55
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	2	2	\$112.54
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	2	2	\$107.08
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	1	1	\$97.85
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	3	3	\$95.07
		99211	OFFICE OUTPATIENT VISIT 5 MINUTES	1	1	\$17.85
<b>Aggregate(Provider Type Claim NV Code Values)</b>				<b>1,266</b>	<b>45,534</b>	<b>\$1,237,715.68</b>

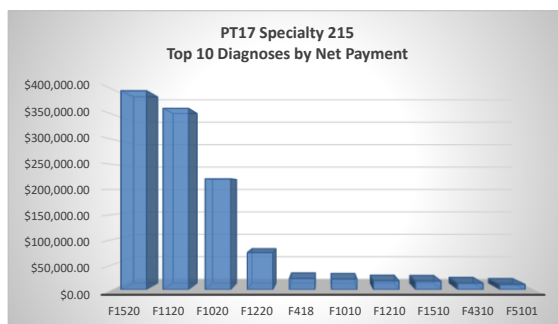


**Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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

Time Period: Incurred With Runoff Quarter		QTR 4 2018		
Provider Type		Patients	Service Count	Net Payment
Claim NV Code			Paid	
17 Spec 215				
Diagnosis Code	Diagnosis Principal			
Principal				
F1520	Other stimulant dependence, uncomplicated	261	7,823	\$397,324.40
F1120	Opioid dependence, uncomplicated	494	27,987	\$361,989.74
F1020	Alcohol dependence, uncomplicated	171	4,451	\$221,372.26
F1220	Cannabis dependence, uncomplicated	76	1,205	\$73,841.26
F418	Other specified anxiety disorders	5	743	\$22,183.15
F1010	Alcohol abuse, uncomplicated	23	387	\$20,943.05
F1210	Cannabis abuse, uncomplicated	20	397	\$17,332.19
F1510	Other stimulant abuse, uncomplicated	14	533	\$16,723.75
F4310	Post-traumatic stress disorder, unspecified	17	259	\$12,642.21
F5101	Primary insomnia	2	338	\$10,091.14
F250	Schizoaffective disorder, bipolar type	2	50	\$6,828.70
F1110	Opioid abuse, uncomplicated	2	188	\$5,613.64
F330	Major depressive disorder, recurrent, mild	6	156	\$4,811.37
F3341	Major depressive disorder, recurrent, in partial remission	1	151	\$4,508.27
F209	Schizophrenia, unspecified	3	38	\$4,356.32
F1420	Cocaine dependence, uncomplicated	7	75	\$4,129.83
R69	Illness, unspecified	8	65	\$3,989.22
F17203	Nicotine dependence unspecified, with withdrawal	59	59	\$3,576.58
F331	Major depressive disorder, recurrent, moderate	13	34	\$3,046.66
F913	Oppositional defiant disorder	1	20	\$2,809.00
Z62820	Parent-biological child conflict	1	20	\$2,809.00
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	6	23	\$2,644.87
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	8	26	\$2,603.60
F419	Anxiety disorder, unspecified	2	75	\$2,396.27
F3181	Bipolar II disorder	3	17	\$2,084.17
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	3	37	\$2,014.96
F4323	Adjustment disorder with mixed anxiety and depressed mood	3	17	\$1,761.17
F0631	Mood disorder due to known physiological condition w depressive features	3	12	\$1,312.89
F1021	Alcohol dependence, in remission	7	24	\$1,303.60
F319	Bipolar disorder, unspecified	6	24	\$1,299.49
F4321	Adjustment disorder with depressed mood	6	14	\$1,276.45
F329	Major depressive disorder, single episode, unspecified	5	18	\$1,256.93
Z62810	Personal history of physical and sexual abuse in childhood	1	11	\$1,189.65
F411	Generalized anxiety disorder	5	13	\$1,106.76
F1121	Opioid dependence, in remission	4	19	\$1,036.91
F1521	Other stimulant dependence, in remission	5	16	\$1,025.66
F1221	Cannabis dependence, in remission	3	13	\$956.23
F1910	Other psychoactive substance abuse, uncomplicated	2	26	\$886.63
F439	Reaction to severe stress, unspecified	1	8	\$865.20
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	3	7	\$673.84
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	6	\$648.90
F22	Delusional disorders	1	8	\$580.76
F320	Major depressive disorder, single episode, mild	1	5	\$540.75
F4312	Post-traumatic stress disorder, chronic	1	5	\$540.75
F10220	Alcohol dependence with intoxication, uncomplicated	1	9	\$535.78
Z590	Homelessness	17	17	\$523.09
F639	Impulse disorder, unspecified	1	4	\$444.45
F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	2	12	\$441.99
F341	Dysthymic disorder	2	4	\$432.60
F339	Major depressive disorder, recurrent, unspecified	1	7	\$365.55
F1190	Opioid use, unspecified, uncomplicated	2	4	\$340.46
F918	Other conduct disorders	2	3	\$308.77
F321	Major depressive disorder, single episode, moderate	1	4	\$295.68
F323	Major depressive disorder, single episode, severe w psychotic features	4	4	\$242.48
F4322	Adjustment disorder with anxiety	4	4	\$242.48
F99	Mental disorder, not otherwise specified	24	24	\$234.00
F4324	Adjustment disorder with disturbance of conduct	1	2	\$216.30
I10	Essential (primary) hypertension	3	3	\$181.86
F1193	Opioid use, unspecified with withdrawal	1	2	\$170.23
F1523	Other stimulant dependence with withdrawal	1	2	\$170.23
Z634	Disappearance and death of family member	1	2	\$170.23
F10120	Alcohol abuse with intoxication, uncomplicated	1	1	\$139.46
F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder	1	1	\$139.46
Z653	Problems related to other legal circumstances	1	1	\$139.46
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	2	2	\$121.24
Z6372	Alcoholism and drug addiction in family	2	2	\$121.24
F902	Attention-deficit hyperactivity disorder, combined type	1	2	\$115.56
F430	Acute stress reaction	1	1	\$97.85
Z711	Person with feared health complaint in whom no diagnosis is made	2	4	\$89.96
F3131	Bipolar disorder, current episode depressed, mild	1	1	\$73.92
F1990	Other psychoactive substance use, unspecified, uncomplicated	1	1	\$60.62
F338	Other recurrent depressive disorders	1	1	\$60.62
F423	Hoarding disorder	1	1	\$60.62
F4320	Adjustment disorder, unspecified	1	1	\$60.62
F6381	Intermittent explosive disorder	1	1	\$60.62
J449	Chronic obstructive pulmonary disease, unspecified	1	1	\$60.62
F1011	Alcohol abuse, in remission	1	2	\$59.70
F29	Unspecified psychosis not due to substance or known physio condition	1	1	\$9.75
<b>Aggregate(Provider Type Claim NV Code Values)</b>		<b>1,266</b>	<b>45,534</b>	<b>\$1,237,715.68</b>

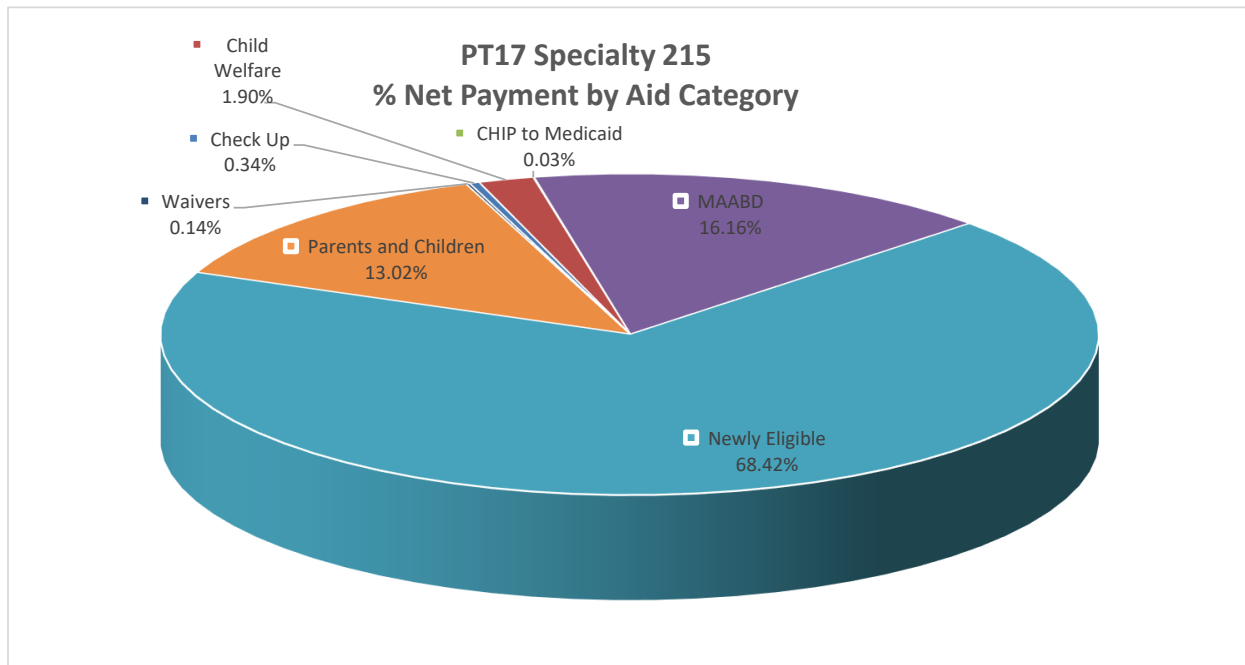


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Time Period: Incurred With Runoff Quarter			QTR 4 2018		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	Check Up	6	36	\$4,198.78
		Child Welfare	31	249	\$23,541.13
		CHIP to Medicaid	2	4	\$323.90
		MAABD	357	13,336	\$200,035.20
		Newly Eligible	690	25,597	\$846,801.35
		Parents and Children	211	6,103	\$161,111.05
		Waivers	4	209	\$1,704.27
<b>Aggregate(Provider Type Claim NV Code Values)</b>			<b>1,266</b>	<b>45,534</b>	<b>\$1,237,715.68</b>

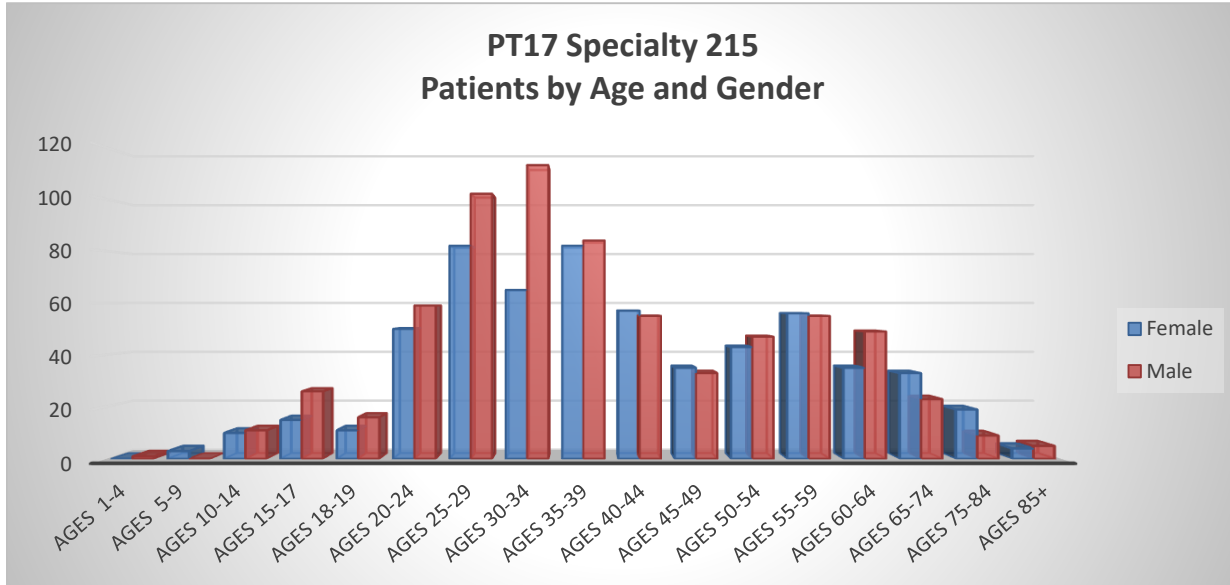


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## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 4 2018	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages 1-4	0	1
		Ages 5-9	3	0
		Ages 10-14	10	11
		Ages 15-17	15	26
		Ages 18-19	11	16
		Ages 20-24	50	59
		Ages 25-29	82	102
		Ages 30-34	65	113
		Ages 35-39	82	84
		Ages 40-44	57	55
		Ages 45-49	35	33
		Ages 50-54	43	47
		Ages 55-59	56	55
		Ages 60-64	35	49
		Ages 65-74	33	23
		Ages 75-84	19	9
		Ages 85+	4	5
<b>Aggregate(Provider Type Claim NV Code Values)</b>			<b>592</b>	<b>674</b>



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