



CLAIMS SYSTEM CONVERSION UPDATE

April 1, 2022 update to March 3, 2022 update

Alert Summary: This alert details the use of valid Behavioral Health diagnosis beginning April 1, 2022. This may impact your current claims submission. This March 29, 2022 update includes clarification for billing and information on use of diagnosis codes.

Dear Provider,

With our new claims system update effective Jan. 1, 2022, we're looking for additional ways to better streamline our claims process and payments. As a result, there is an upcoming change impacting Providers regarding the use of diagnosis codes.

Effective April 1, 2022 all services/codes will require a valid diagnosis in the first position for claims to pay. If a non-valid diagnosis code comes in, it will be rejected and the position of the diagnosis on the claim will not matter. If a Non-HIPAA Compliance diagnosis code is submitted, then claim will be denied. Unless noted in the fee schedule, claims must be billed with the proper Behavioral Health diagnosis (Mental Health or SUD).

For the Optum Behavioral Health policy on Inappropriate Primary Diagnosis Codes Reimbursement, please go to www.ProviderExpress.com > Clinical Resources > Guidelines/Policies/Manuals > Reimbursement Policies > Inappropriate Primary Diagnosis Codes Reimbursement Policy. [Reimbursement Policies \(providerexpress.com\)](http://www.ProviderExpress.com)

For a list of valid Behavioral Health diagnosis codes, please refer to your ICD-10 and Provider Manual. If you have any questions, please contact Customer Service at 855-202-0983.

Thank you,

The Optum Idaho Team