

# Ontrak Program Service Claims

## Frequently Asked Questions



### Where do we submit Ontrak Program Service claims?

- Effective for service dates on an after May 1, 2021, Ontrak program service claims for Superior HealthPlan members must be submitted to Superior for processing.

### General Claims Requirements

- Provider must bill claims:
  - On a CMS1500 claim form.
  - With the rendering/servicing provider NPI/taxonomy in box 24J, if required.
  - With the billing provider's NPI in box 33a and billing provider's taxonomy in box 33b.
  - With the location where services were provided in box 32.
  - With the NPI of the facility where the services were provided in box 32a.
  - With the taxonomy of the facility where the services were provided in box 32b (Please note: boxes 32a and 32b can differ from NPI and taxonomy in 33a and 33b).
  - *Please Note: Rendering and Billing NPIs must be enrolled in Texas Medicaid to be eligible for reimbursement*

### Where do we submit Ontrak Program Service claim appeals?

- Effective for service dates May 1, 2021 and after, Ontrak program service claims and claims must be submitted to Superior for processing. All claim appeal requests must be received within 120 days from the date of the EOP or denial letter.

### What if a person sees more than one provider during an encounter?

- If a covered person sees more than one health-care professional during an encounter, the NPI billed on the CMS-1500 claim form, or its successor form, should indicate the primary contact. The primary contact (Primary Contact Billing) is defined as the health-care professional who spends the greatest amount of time with the client during services.

Services must be provided by the appropriate provider type or specialty as defined in the provider manual, or by the State. The allowed amount may be reduced based on the contracted provider's specialty and/or licensure set forth in the provider manual.

### Am I required to use modifiers on my claim?

- In order to receive the specialized rate for these services, providers will be required to submit **modifier X2**, along with the modifier that identifies the provider type rendering the services, with each Ontrak program service procedural code submitted on a claim(s) for service dates on or after May 1, 2021.

### What are the applicable provider type modifiers?

- Providers must submit the applicable provider type modifier(s) in the primary modifier position(s) as appropriate:

Table 1-

Description	Modifier
Clinical Psychologist	AH
Post-Doc	UB
LPA/LPC/LMFT/LCSW	UC
PLP	U9

**What are Ontrak specific Procedure Codes?**

	<b>CPT Code</b>
<b>Medical Provider Services</b>	
Medical Evaluation – New Patient	99203
Medical Office Visit – Established Patient	99213
Suboxone - Initial Evaluation	90792
Suboxone – Follow-up	99214
<b>Psychosocial Provider Services (Licensed Psychologist/Doctoral</b>	
Psychiatric Diagnostic Interview	90791
Psychosocial Evaluation	90834
<b>Psychosocial Provider Services (Licensed Master’s Level)</b>	
Psychiatric Diagnostic Interview	90791
Psychosocial Evaluation	90834

*\*Please refer to the Texas Medicaid Procedures Manual for code limits.*

**Will providers be reimbursed for “no show” claims billed?**

- Superior does not cover payment for “no shows” billed as this is not covered under Medicaid.

**Where can I find information about the Ontrak Services?**

- Please visit: <https://ontrakhealth.com/>