



Sending Service Authorization Exception Code 7 in an Electronic Claim File

AWARDS QUICK REFERENCE GUIDE

If your agency is billing for behavioral health carve out services, you may be required to send the Service Authorization Exception Code 7 in your claim file to Medicaid.

This claim information is needed if the following are occurring;

- The services being billed are behavioral health carve out services.
- The services cannot be billed to the consumer's primary payer.
- The secondary payer (Medicaid) is requesting to see Service Authorization Exception Code (number7 - Special handling) information in the claim file.

Contacting the payer to ensure this is the information they are requiring is strongly recommended.

If your agency is serving consumers where these restrictions are being enforced, please start by reaching out the AWARDS Help Desk. Specifically, ask the Help Desk to add a new selection called "BH Carve Out" to the **Miscellaneous** drop-down (Entitlements > Miscellaneous Entitlements / Eligibilities / Subsidies > Miscellaneous) within the Entitlements record for your consumers.

Once added by the AWARDS Help Desk, entering a new miscellaneous entitlement and selecting "BH Carve Out" alongside entering the correct effective and expiration dates (these determine which invoice dates apply to the service authorization exception code) will send the Service Authorization Exception Code (number7 - Special handling) in the claim file to the secondary payer (Medicaid) and bypass billing the primary payer first. This is known as "zero fill" billing.

This sort of situation treats the secondary payer (Medicaid) as the primary payer on their invoices. Again, once invoices have been generated for the consumer's secondary payer (Medicaid) that need a Service Authorization Exception Code (number7 - Special handling) reported on their claims, please expire the "BH Carve Out" entitlement so that all invoices moving forward will be generated as expected.