



Autism/ABA Provider Orientation

Optum with UnitedHealthcare



Today's Topic's

- Who is Optum?
- Specialty Network Services
- Autism/ABA Program
- Benefit Design within State Mandates
- Member Information
- Credentialing Criteria
- Eligibility, Authorizations, Concurrent Reviews
- Discharge Planning
- Billing, Claims, Denials
- ProviderExpress.com
- Resources
- Appendix

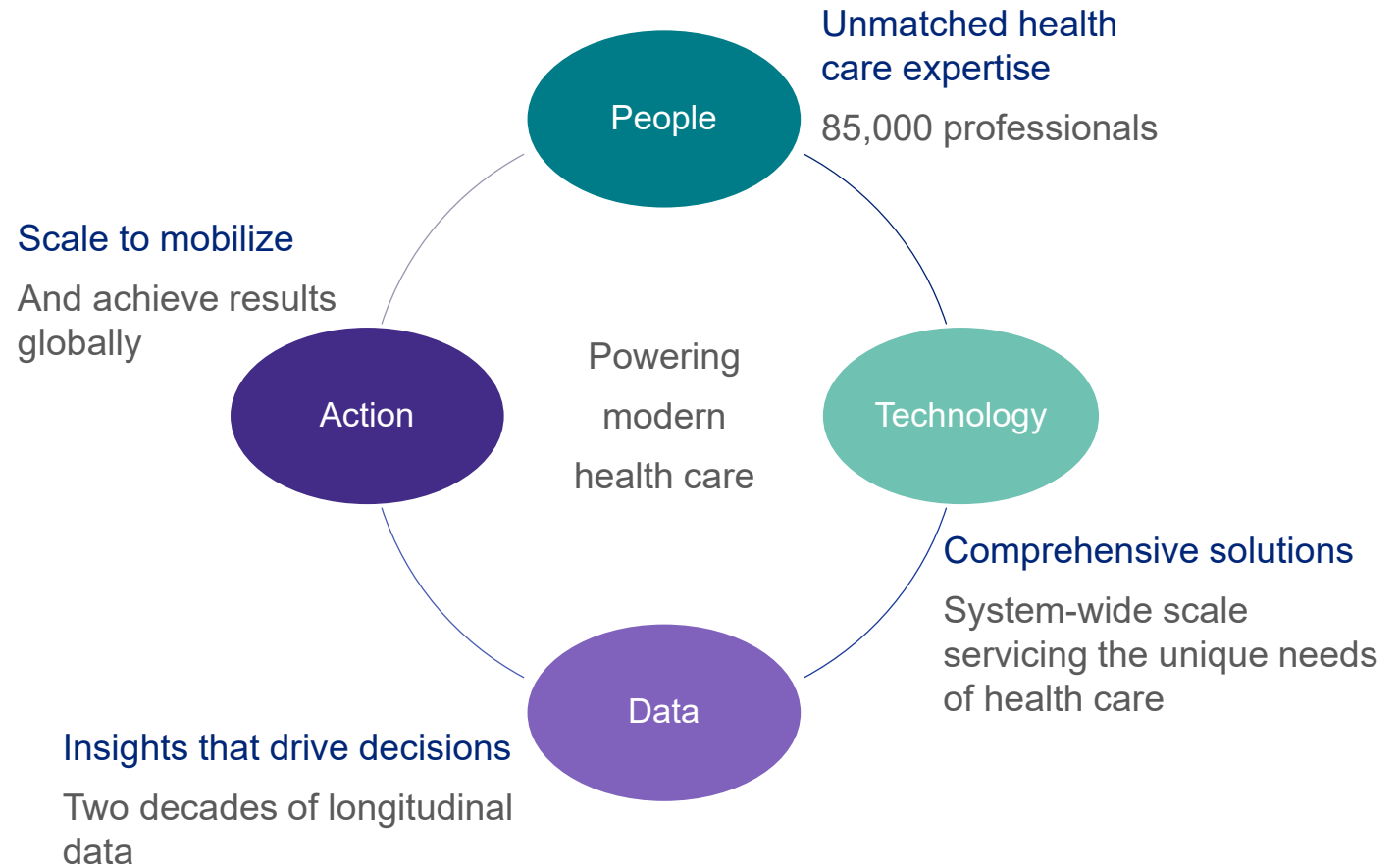
Helping People Live Their Lives to the Fullest

Optum



Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the healthcare system work better for everyone
- Optum works collaboratively across the health system to improve care delivery, quality, and cost effectiveness
- We focus on three key drivers of transformative change:
 1. Engaging the consumer
 2. Aligning care delivery
 3. Modernizing the health system infrastructure



UnitedHealth Group Structure



Helping make the health system work better for everyone

Information and technology enabled health services:

- Health and Behavioral Health management and interventions
- Health Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Administrative and financial services

Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Global

Our United Culture

Our mission is to help people live healthier lives

Our role is to make health care work for everyone

Integrity.

Compassion.

Relationships.

Innovation.

Performance.

Honor commitments

Never compromise

Walk in the shoes of the people we serve
And those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence
in everything we do

Optum and You

Our relationship with you is foundational to the recovery and well being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance.

Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.

Specialty Network Services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

Simultaneous NCQA and URAC accreditation

Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors, (e.g., child and adolescent, medical/psychiatric, Board-Certified Behavior Analysts, and addiction specialists) just to name a few



Optum Autism/ABA Program

Specialty Network:

- Dedicated department responsible for building a network of autism specialty providers made up of Board-Certified Behavior Analysts® (BCBA®) and licensed Behavior Clinicians with experience in intensive behavior therapies
- Extensive credentialing process/review of autism specialty providers that includes a site and medical record review
- Autism Corner on provider portal, [ProviderExpress.com](https://www.providerexpress.com), offers network and clinical resource information for autism specialty providers.
- National network of over 5,510 autism
- Specialty provider locations

Clinical Oversight:

- Supervised by a manager who is a licensed psychologist and BCBA-D
- Autism Clinical Team assists families with resources, education, care coordination and claims

Optum Autism/ABA Program (cont.)

Operational Initiatives:

- Autism coverage protocols and medical necessity guidelines in place
- Specialized team to assist members and facilitate authorizations and claims payment



Kudos from Customers

“I wanted to send a letter out to all of our other clients encouraging them to switch to Optum when the open enrollments occur this fall as it has been such a great experience for us, and the children are getting the services they so desperately need without a hassle.”

~ Pat, Children Making Strides

“I wanted to let you know I attended the APBA’s convention in Boston yesterday and people from all over the country attended. Everyone in the room had wonderful things to say about UBH! And I want to personally thank you, Debbie, for all the hard work and assistance. I could not have done it without you!”

~ Anne, Beacon

Benefit Design

Common Covered Services under Medical

- Well child and preventive care
- Hearing and genetic testing

Optional Services:

- Chiropractic Care
- ST, OT, PT

Common Covered Services under Behavioral Health

- Diagnostic evaluations and assessments
- Medication management (psychiatrist)
- Day treatment
- Crisis intervention
- Inpatient
- Intensive outpatient
- Outpatient
- Case management

Optional Services:

- ABA/IBT

Optum ABA Member Information

Optum



Member ID Card

- Will be sent directly to the member
- All relevant contact information will be on the back of the card for both medical and behavioral customer service



Member Rights and Responsibilities

Members have the right to be treated with respect and recognition of his or her dignity, the right to personal privacy, and the right to receive care that is considerate and respectful of his or her personal values and belief system

Members have the right to disability related access per the Americans with Disabilities Act

You will find a complete copy of Member Rights and Responsibilities in the Provider Network Manual

These can also be found on the website: [ProviderExpress.com](https://www.ProviderExpress.com)

These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting

We request that you display the Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to the members



Member Website

[LiveandWorkWell.com](https://www.liveandworkwell.com) makes it simple for members to:

- Identify network clinicians and facilities
- Locate community resources
- Find articles on a variety of wellness and work topics
- Take self-assessments

The search engine allows members and providers to locate in-network providers for behavioral health and substance use disorder services.

Providers can be located geographically, by specialty, license type and expertise.

The website has an area designed to help members manage and take control of life challenges.



Credentialing/Provider Criteria for Inclusion in the Autism/ABA/IBT Network



Required: NPI and EIN/TIN

National Provider Identifier (NPI):

Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans

- The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information
- We require that all claims submitted have an NPI number and taxonomy codes for reimbursement

To obtain an NPI number, follow the instructions on the NPI web site:

- nppes.cms.hhs.gov

Tax Identification Number (TIN), Employee Identification Number (EIN), or Social Security Number (SSN) information:

- irs.gov
- [Apply for an Employer Identification Number \(EIN\) Online | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/applyforanemployeridentificationnumber)

Professional Liability Insurance:

- [BACB - Behavior Analyst Certification Board](https://www.bacb.com/) has coverage information; enter “liability in the site’s “Search” feature located in the right side of the menu



ABA Credentialing Criteria (1 of 2)

Individual Board-Certified Behavior Analysts—Solo Practitioner

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, and
- State licensure in good standing
- Compliance with all state/autism mandate requirements as applicable to behavior analysts
- A minimum of six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Minimum professional liability coverage of \$1 million per occurrence/ \$1 million aggregate



ABA Credentialing Criteria (2 of 2)



ABA / IBT Groups

- BCBA's must meet standards above and hold Supervisory Certification from the national Behavior Analyst Certification Board if in supervisory role.
- Licensed clinicians must have appropriate state licensure and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBA's must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure
- Behavior Technicians must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBA's or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA, BCaBA, or licensed clinician performs skills assessments and provides direct supervision of Behavior Technicians in joint sessions with client and family
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)

ABA Virtual Visits

Optum allows BCBA's/Licensed BH Clinicians within contracted ABA practices to conduct ABA supervision and/or caregiver training via telehealth.



In order to provide supervision and/or caregiver training services via telehealth, you must be an approved Optum virtual visits provider who has attested to meeting the requirements specific to providing these services:

- You can complete and submit a virtual visits attestation on our virtual visits page on ProviderExpress.com and will be notified of approval or denial
- Once approved as a virtual visit's provider, please be sure to alert the Optum Care Advocate that the ABA supervision and caregiver training services will be provided virtually when completing the authorization process.

After receiving authorizations, to bill for the virtual ABA Supervision of Behavior Technicians and Family Training and Guidance:

- Simply include the same procedure code you would use for an in-person service, 97155, 97156, or 97157 on your claim with the "02" place of service code to let us know the service was provided via telehealth

Additional information and resources can be found on our ABA page at ProviderExpress.com

Steps in Providing Treatment

Eligibility, Authorizations & Concurrent Reviews

Optum



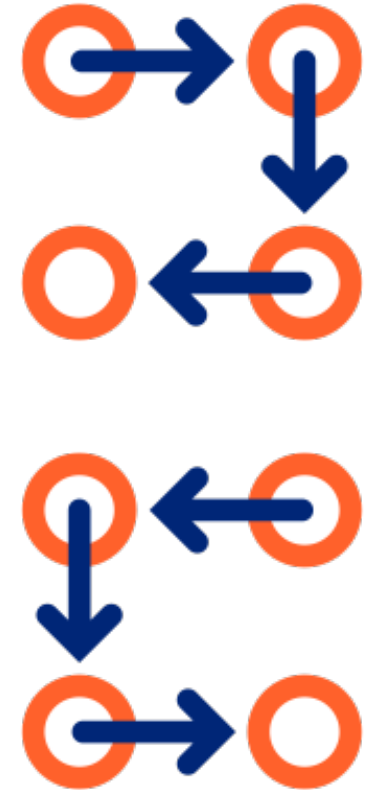
Steps to Confirm Eligibility

Documentation needed from the family

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth
- Member's (client) name and Insurance ID may be different from the subscriber

Eligibility & Coverage

- Verify online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card
- Ask for benefit coverage to both the service (e.g., Is ABA-based therapy covered?) and the diagnosis (e.g., Is autism covered?)
- Verify (as applicable) the deductible, copay, coinsurance amounts and the out-of-pocket maximums for the individual vs. the family
- [Eligibility & Benefits \(brainshark.com\)](http://brainshark.com)



Clinical Teams

Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the commercial ABA program:

- Each team member is a licensed behavioral health clinician, BCBA or LBA with experience and training in Autism Spectrum Disorders and related conditions.
- The team is managed by individuals that are licensed psychologists and BCBA-D's, LPCC's, LCSW's, and LMHC's

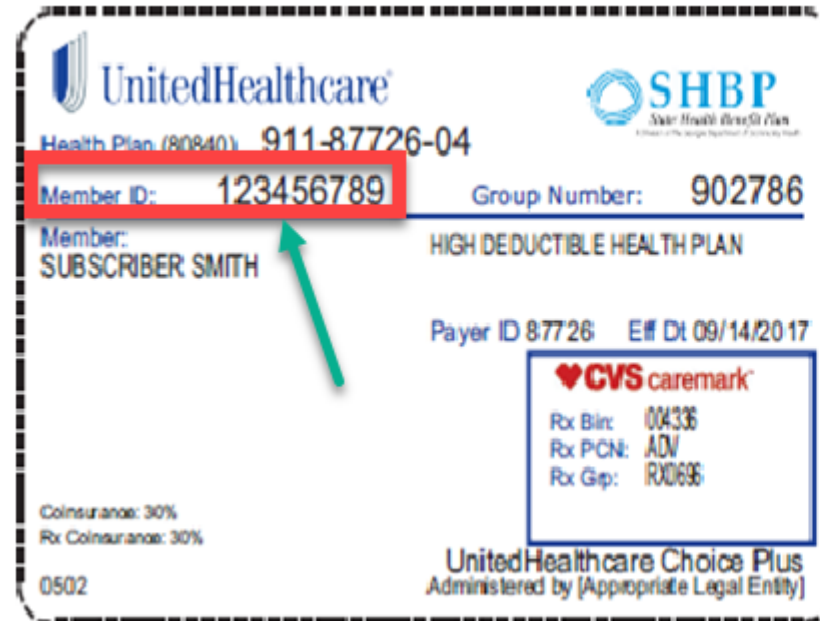


Requesting Prior Authorization

You'll need the following readily available during the phone request:

- Your name
- A call-back phone number in case we're disconnected
- Your agency Tax Identification or TIN
- Your agency's name and servicing address
- The ID number from the Insurance Card
- Member's (your client's) name
- Member's Date of Birth
- Member's address, city, state, and zip
- A description of the plan of care:

[Clinical Requests](#)



Some requests can be faxed or submitted through our provider portal on www.providerexpress.com.

Please check the portal to determine if you are eligible. All other requests should be done telephonically

Prior Authorization

All ABA services require prior authorization:

ABA Assessments



- Online assessment requests at: [ABA Assessment](#)
- Complete the Assessment form, attach, and submit all related clinical documents
- If approved, Prior Authorization details can be viewed online at [providerexpress.com](#) or [uhcprovider.com](#)

ABA Treatment – *Not all plans are eligible for online submission*



- Online treatment requests at: [ABA Treatment](#)
- Complete the treatment request form, attach, and submit all related clinical documents
- In most situations, treatment requests may be made by calling our dedicated team of Autism Care Advocates
- You can locate the phone number on the back of the insurance card and look for “behavioral health”

ABA Treatment Requests









ABA Phone Review Process

- [ABA Treatment Approvals via phone using CPT Codes](#)  

ABA Assessment Portal ←

- [Online ABA Assessment Requests](#)  - **REQUIRED** electronic submission
- [New Mexico Electronic Assessment Requests](#)  - New Mexico Providers **REQUIRED** to use this request form

ABA Treatment Request Documents (forms to coordinate the approval process with an Autism Care Advocate) ←

- [Guidelines for ABA Services Using CPT Codes](#)  
- [Guidelines for Pennsylvania BHRS Services Only Using CPT Codes](#)  
- [Request Form for Indiana ABA Services ONLY](#)  
- [Request Form for Commercial in Arizona, Indiana, New Jersey, New Mexico, Ohio, Tennessee and Washington](#)  - electronic submission
- If you have been directed by a letter requesting additional information by our National ABA Team [click here to submit](#)
- [Request for UHSS/BIND/NTCA providers](#)  - electronic submission

For online submissions, please click the box that all the information you completed is accurate

Supporting Clinical Documentation Requirements

Meet Medical Necessity

Goals are

- Related to the core deficits
- Objective
- Measurable
- Individualized

Guidelines for clinical review:

[ABA Treatment Approvals via phone using CPT Codes](#)

Includes:

- Baseline and mastery criteria
- Transition Plan to lower level of care
- Discharge Criteria
- Behavior Reduction Plan/Crisis Plan
- Caregiver Goals
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers

Not educational in nature

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Clinical Information Requirements for each Review

- Confirmation member has an appropriate DSM-5 diagnosis that can benefit from ABA
 - Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Caregiver participation
 - Additional services received by member
 - Coordination of Care Plan
- How long has member been in services?
 - Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity (see Provider Express for the Level of Care Guidelines and Coverage Determination Guidelines)

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Concurrent Reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Caregiver participation
 - Additional services received by member
 - Coordination of Care Plan
- Progress or barriers
 - Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity (see ProviderExpress for the Optum Autism/ABA Clinical Policy)

Discharge Planning

Must include the following components in every plan:

- Anticipated date of discharge
 - Objective, measurable goals that would need to be met for the member to be discharged
 - Identify next level of care for the member, (e.g., school-based services only, outpatient therapy)---Include contact info if appropriate
 - Resources in the community for the caregivers and member
 - How discharge is coordinated with the school and other providers
- Member and/or caregiver agreement with plan
 - How to resume services if needed

Billing and Reimbursement



Diagnostic Coding

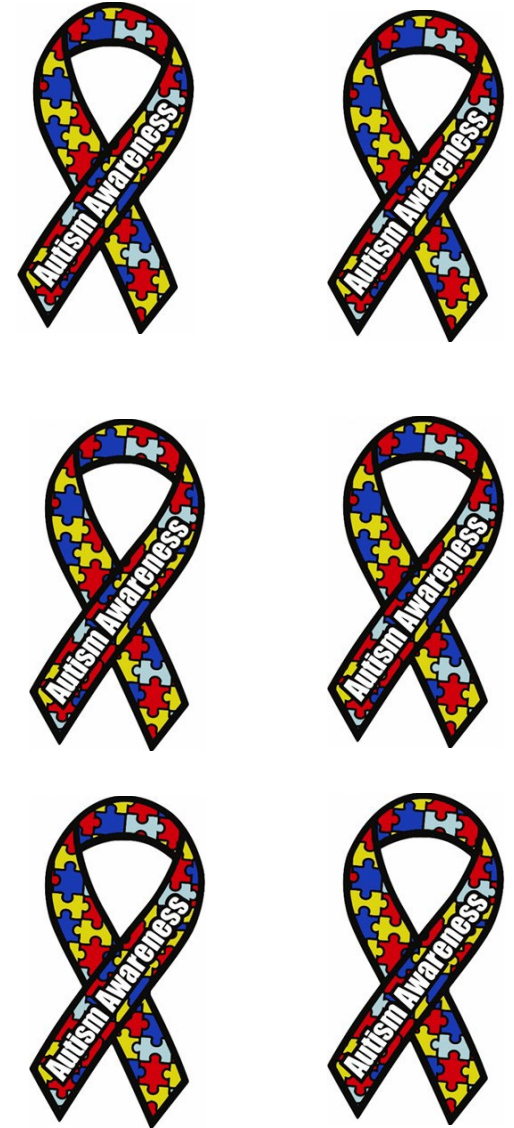
Guides for Coding:

- DSM-5 defined conditions:
 - Clinical criteria for ASD
 - Maps to the appropriate ICD billing code

ASD Coverage:

- Autism Spectrum Disorder, F84.0 (ICD-10)

A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding.



Reimbursable Codes (CPT)

Service Description

CPT Code / Modifier(s)	Service (all services are expressed in 15 minute increments)
97151 / HO, HP, HN	Behavior identification assessment, by professional
97152 / HO, HP, HN, HM	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)
0362T	Behavior identification supporting assessment, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment
97153 / HO, HP, HN, HM	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)
0373T	Adaptive behavior treatment with protocol modification, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment
97154 / HO, HP, HN, HM	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)
97155 / HO, HP, HN	Adaptive behavior treatment with protocol modification, by professional
97156 / HO, HP, HN	Family adaptive behavior treatment guidance, by professional (with or without patient present)
97157 / HO, HP, HN	Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)
97158 / HO, HP, HN	Group adaptive treatment with protocol modification, by professional

Modifiers are to be used in billing to reflect the credentials of staff delivering services and to allow for proper claims payment (HO = Master's degree level – BCBA or licensed mental health provider; HP = Doctorate degree level – BCBA-D or licensed mental health provider; HN = Bachelor's degree level -- BCaBA; HM = less than Bachelor's degree level -- Behavior Technician, when not otherwise indicated per code description)

Claims Submission update

All ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via Provider Portal at ProviderExpress.com using the Claims tool in the Provider Portal
- Submit electronically using an EDI clearinghouse and payer ID #87726
- Include appropriate taxonomy codes

Please send paper claims to:

- When submitting ABA Claims by paper to Affiliates and Optum, please mail claims to:
The address on the back of the member's insurance card

Claims status can be obtained by calling the Claims Customer Service Line:

- Optum at 1-877-440-9946
- Logging into ProviderExpress.com



ICD Indicator Field

- Provider Express (outpatient / professional claims)

Diagnosis or nature of illness or injury * ² 1. 2. 3. 4. 5. 6.
 ICD - 9 ICD - 10

- Electronic Data Interchange – 837 file (professional or institutional claims)
 - ABK = ICD-10
- Paper Claims
 - 0 for ICD-10
- Form 1500 (v02.12) claim form (outpatient/professional claims): Field 21

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

A. <input type="text"/>	B. <input type="text"/>	C. <input type="text"/>	D. <input type="text"/>
E. <input type="text"/>	F. <input type="text"/>	G. <input type="text"/>	H. <input type="text"/>
I. <input type="text"/>	J. <input type="text"/>	K. <input type="text"/>	L. <input type="text"/>

ICD Ind. ←

Form 1500 - Claim Form

All billable services must be coded.

- Coding can be dependent on several factors:
 - ❑ Type of service (assessment, treatment, etc.)
 - ❑ Rate per unit (BCBA vs. Paraprofessional)
 - ❑ Place of service (home or clinic)
 - ❑ Duration of therapy (1 hr vs. 15 min)
 - ❑ One DOS per line

You must select the code that most closely describes the service(s) provided.

Please follow billing instructions provided by your Network Manager based on your contract and system set-up.

The image shows the front side of the Health Insurance Claim Form (Form 1500). The form is titled "HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee (NUCC) 02/12. It is divided into several sections:

- Section 1:** Medicare/Medicaid/Tricare/Champus/Group Health Plan/Health Care Financing Administration/Other.
- Section 2:** Patient's Name (Last Name, First Name, Middle Initial).
- Section 3:** Patient's Birth Date (MM/DD/YY) and Sex (M/F).
- Section 4:** Insured's Name (Last Name, First Name, Middle Initial).
- Section 5:** Patient's Address (No. Street), City, State, ZIP Code, and Telephone.
- Section 6:** Patient Relationship to Insured (Self, Spouse, Child, Other).
- Section 7:** Insured's Address (No. Street), City, State, ZIP Code, and Telephone.
- Section 8:** Other Insured's Name and Policy/Group Number.
- Section 9:** Employment Status (Current or Previous).
- Section 10:** Insurance Plan Name or Program Name.
- Section 11:** Insured's Date of Birth (MM/DD/YY) and Sex (M/F).
- Section 12:** Patient's or Authorized Person's Signature and Date.
- Section 13:** Insured's or Authorized Person's Signature and Date.
- Section 14:** Date of Current Illness, Injury, or Pregnancy (MM/DD/YY).
- Section 15:** Date of Service (MM/DD/YY).
- Section 16:** Dates Patient Unable to Work in Current Occupation (MM/DD/YY).
- Section 17:** Name of Referring Provider or Other Source.
- Section 18:** Hospitalization Dates Related to Current Services (MM/DD/YY).
- Section 19:** Additional Claim Information (Use space by NUCC).
- Section 20:** Outside Lab? (Yes/No) and Charges.
- Section 21:** Diagnosis or Nature of Illness or Injury (ICD-9-CM).
- Section 22:** Submission (Original Ref. No.).
- Section 23:** Prior Authorization Number.
- Section 24:** Dates of Service (MM/DD/YY) and Procedures, Services, or Supplies (ICD-9-CM).
- Section 25:** Federal Tax ID Number (SSN/EIN).
- Section 26:** Patient's Account No. and Acceptance/Assignment (Yes/No).
- Section 27:** Total Charge and Amount Paid.
- Section 28:** Signature of Physician or Supplier (Include address or credentials).
- Section 29:** Service Facility Location Information.
- Section 30:** Billing Provider Info #.

Claim Customer Service Contact Information

In the event you experience claim problems please contact the following:

- Claim Customer Service: **1-800-557-5745**
- Administrative Services Only (ASO Claims): **1-800-842-1311**
- Oxford Claims: **1-800-201-6991**
- UMR Claims: Call the number on the back of the member's insurance card

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member ID) GROUP HEALTH PLAN (ID#) SECA (SECA) OTHER (Other) 1A. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) 7. INSURED'S ADDRESS (No. Street)

CITY STATE 8. RESERVED FOR NUCC USE CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FEDCA NUMBER

4. OTHER INSURED'S POLICY OR GROUP NUMBER 4. EMPLOYMENT? (Current or Previous) 6. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F)

5. RESERVED FOR NUCC USE 5. AUTO ACCIDENT? (YES/NO) PLACE (State) 6. OTHER CLAIMS (Designated by NUCC)

6. RESERVED FOR NUCC USE 6. OTHER ACCIDENT? (YES/NO) 6. INSURANCE PLAN NAME OR PROGRAM NAME

6. INSURANCE PLAN NAME OR PROGRAM NAME 1A. CLAIM CODES (Designated by NUCC) 4. B. THERE ANOTHER HEALTH BENEFIT PLAN? (YES/NO) If yes, complete items 9, 10, and 11.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) 15. DATE (MM/DD/YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (TIN) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)

19. ADDITIONAL CLAIM INFORMATION (Use space by NUCC) 20. OUTSIDE LAB? \$ CHARGES (YES/NO)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Refer to service line below (I-4E) (ICD-9-CM) 22. SUBMISSION ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE (From To) B. PROCEDURE, SERVICE, OR SUPPLIER (ICD-9-CM) C. CHARGES (UNIT) D. REMITTING PROVIDER (P) E. \$ CHARGES

1 2 3 4 5 6

25. FEDERAL TAX ID NUMBER (SSN/EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES/NO) 28. TOTAL CHARGE (\$) 29. AMOUNT PAID (\$) 30. Have for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE ADDRESS OR CREDENTIALS. Certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO # ()

SIGNED DATE SIGNED

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1107 FORM 1500 (02-12)

PHYSICIAN OR SUPPLIER INFORMATION

List of Affiliates

The health plans listed below have members whose Autism benefits and claims are handled by the specific health plans:

- All Savers
- American Medical Golden Rule
- Definity
- Government Employee Health Administration (GEHA)
- Heritage
- John Deere

- MAMSI
- Oxford
- Sierra
- Student Resources
- UMR
- UnitedHealth International
- United River Valley



Please complete the claims for these affiliates as you would for all other claims for member's whose benefits are administered by Optum.

Denials

Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)

- Denial Codes:
 - Ineligible
 - Over limit
 - No out-of-network benefits
 - Prior approval required
- Non-Coverage Determination (NCD)
- Appeals



Claims Tips

Rejections/Denials:

- Rejected claim – Claims that are rejected prior to hitting Optum claims system
 - Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data element)
- Denied claim – Claims that are denied by Optum claims system
 - Claims could be denied automatically during auto adjudication (e.g., eligibility or timely filing issues)
 - Or claims could be denied during processing (e.g., no authorization on file, etc.)



Provider Express

Optum



ProviderExpress.com

You can find:

- Clinical Criteria
- ABA Clinical Policy
- Best Practices
- Optum Network Manual
- Contact Information
- Common Forms
- Verify Benefits and Eligibility
- Claims Status
- Claim Submission
- Authorization Status



Please contact your assigned network manager
for any practice updates
(demographics, etc.)

The screenshot shows the Optum Provider Express website interface. Red arrows highlight several key features:

- Log In | First-time User | Global | Site Map**: Located in the top right corner of the header.
- Clinical Resources**: A menu item in the main navigation bar.
- Transactions**: A dropdown menu on the right side of the page, containing links for Eligibility & Benefits, Claims, Authorization Inquiry, Appeals, My Practice Info, and and More....

The main content area features a banner with the text: "Advancing health equity for those we serve" and "Sign up for new on-demand Cultural Sensitivity Training courses". Below the banner are several news and information sections:


- Admin News**: CPT Code Changes 2021, Latest National Network Manual updates, 1050 forms online.
- Autism/ABA Corner**: Autism/ABA Information, ABA Billing Alert, ABA Caregiver Training via telehealth, COVID-19 telehealth policy updates for ABA services, 1/1/2022 Optum will be administering ABA services for Advent Health / Health First members.
- COVID-19 Provider Information**: After the post-COVID-19 Emergency Period, FREE COVID-19 Mental Health Resource Hub, COVID-19 Resource Hub Press Release, General Guidance Updates, FAQs - COVID-19 virtual visit Policies, State-Specific Guidance Updates, VA CCN COVID-19 News.
- Join Our Network**: Autism/ABA/BCBA Providers, Individually Contracted Clinicians, Facility or Hospital Based Providers, Group with Individually Credentialed Providers, Group with Agency Credentialed Providers, Express Access Network, virtual visits.
- State-Specific News**: CA Facilities Offering Residential Programs - A SAM 3.1 and 3.2-WM, CA OHBS 2021 Network Notes Newsletter, FL - 1/1/2022 Optum will serve Advent Health/Health First members, LA Informational Bulletin 21-26: Providers of Psychosocial Rehabilitation (PSR) Services, MA Suspension of Utilization Review, NY Executive Order No. 4 & Circular Letter No. 1, OR 1/1/2022 Optum will no longer service Providence Health Plan.
- Working Together**: 2021 Provider Satisfaction Survey Results, CALOCUS and CASII Assessment Tools.
- Quick Links**: Behavioral Health Toolkits, Claim Tips, Clinician Tax Id Add/Update Form, Forms, Guidelines / Policies & Manuals, Medication Assisted Treatment, Navigating Optum, Optum Pay.

ProviderExpress.com - First Time Users

- Register online for immediate access to secure Transactions
- No fees apply
- Provider Express Support Center available from 7 a.m. to 9 p.m. Central Time toll free at 1-866-209-9320
- Live chat feature also available

Create One Healthcare ID


One Healthcare ID securely manages your account so that you can use one One Healthcare ID and password to sign in to all integrated applications.

 Already have One Healthcare ID? [Sign in now](#)

Profile Information


First name

Last name

Year of birth 

Sign In Information

Your email address

Create One Healthcare ID 

Your One Healthcare ID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents

None of these Symbols: % + " & [\] ^ ' { } < > # , / ; () : * = ~

Resources

Optum



Provider Service Line

Provider Service Line: **1-877-614-0484**

The Provider Service Line is available from 7 a.m. – 7 p.m. CST Monday through Friday, and can assist and/or triage on the following issues/questions you may have:

- Demographic changes
- Contract questions
- Fee schedule requests
- Termination requests
- Claim issues
- Tax ID changes

Commercial Autism/ABA Program Page

Home > Clinical Resources > Autism/Applied Behavior Analysis

Autism/Applied Behavior Analysis

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

If you are a master's or doctoral level BCBA providing intensive ABA in private practice, or are employed by an ABA agency that treats ASD clients, you may qualify for this unique network.

To learn more about the process for applying to the network and the clinical protocols your participation in this network would require you to follow, please review the materials below.

Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model verses facility model.

COVID-19 updates to telehealth policies for ABA services

[Read the COVID-19 bulletin here](#)

CPT® Code Changes 2019

- [Click here if you using HCPCS Codes](#) Revised

Commercial ABA Program


- Timeline for transitioning from use of HCPCS to CPT codes for ABA: Optum will be implementing the new CPT codes effective with Dates of Service (DOS) on and after March 30, 2020. Providers should continue to submit under the HCPCS codes for Dates of Service through March 29, 2020. Some ABA Agencies/Facilities may still be in process of transitioning to a Group Model set-up in Optum systems after March 30, 2020 and, until they are fully transitioned, these providers will continue to utilize the HCPCS codes
- The FAQ Using HCPCS Codes will apply for most providers for DOS through March 29, 2020
- The FAQ Using CPT Codes will apply for ABA Groups and Solo BCBA's who will use the new CPT codes for services on and/or after March 30, 2020
- [FAQ- Autism/ABA Using HCPCS Codes](#)
 - Note: applicable for most providers through 3/29/2020 DOS (see above)
- [FAQ-Autism/ABA Using CPT Codes](#)
 - Note: applicable for most providers on/after 3/30/2020 DOS (see above)
- [ABA Agency Provider Orientation](#)
- [ABA Agency Quick Reference Guide](#)



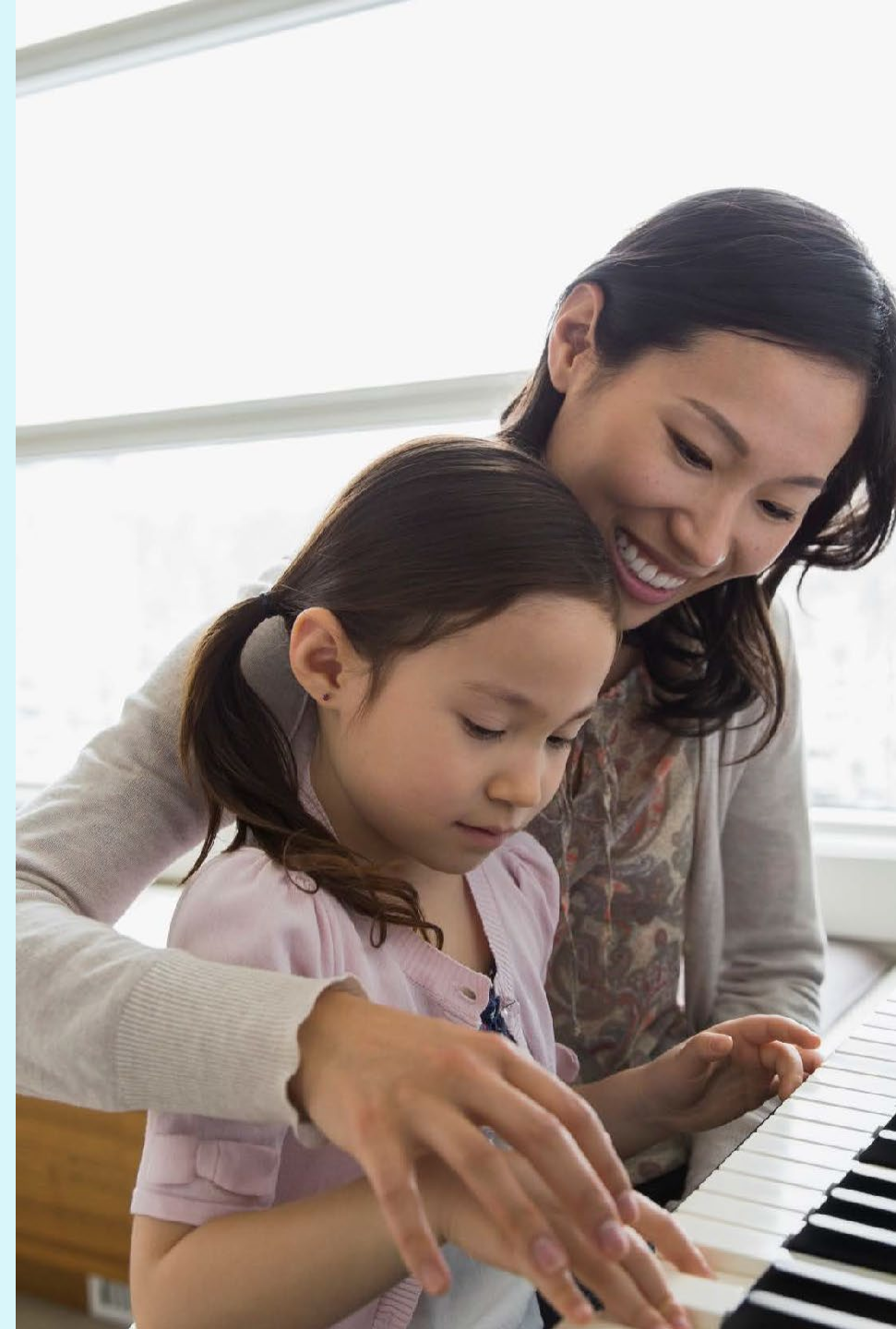
State Medicaid ABA Programs

- [AZ AHCCCS ABA Program](#)
- [CA Medi-Cal ABA Program](#)
- [Hawaii QUEST ABA Program](#)
- [Healthy Louisiana ABA Program](#)
- [ID Medicaid Behavior Modification and Consultation Program](#)
- [Iowa Healthlink ABA Program](#)
- [KanCare Autism Program](#)
- [MA MassHealth ABA Program](#)
- [MS CAN / CHIP Autism Program](#)
- [NC Medicaid Research-Based Intensive Behavioral Health Treatment Program](#)
- [NE Heritage Health ABA Program](#)
- [New Jersey Medicaid ABA Program](#)
- [New York Medicaid ABA Program](#)
- [OH Public Health Care Program \(OHPHCP\) ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [WA Medicaid ABA Program](#)

Commercial Autism/ABA Program Provider Quick Reference Guide

 <p>Autism Network Commercial Solo/Agency Provider Quick Reference Guide</p>	
Electronic Claims Submission	<p>All Autism/ABA Claims must be:</p> <ul style="list-style-type: none"> Submitted on a Form 1500 (v.02/12) claim form Submit electronically via Provider Express providerexpress.com using the "Claim Entry" transaction feature Submit electronically using an EDI clearinghouse and payer ID# 87726 Submitted within 90 days of date of service If unable to file electronically, paper claims should be mailed to the address on the back of the Member's card
Affiliate Claims Submission	<p>All affiliate claim submissions should be mailed to the address on the back of the Member's ID card:</p> <ul style="list-style-type: none"> All autism services must be billed on a Form 1500 Submission must occur within 90 days of date of service
Claim Status	<p>Claim status can be obtained by calling the Claims Customer Service Center:</p> <ul style="list-style-type: none"> Optum – 1-800-557-5745 or by logging in to providerexpress.com Affiliate Members – Call the number on the back of the Member's ID card
Provider Appeals Process	<p>Claim appeals process:</p> <ul style="list-style-type: none"> Process for appeal will be detailed in the Member's Rights Enlosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the Provider and the Member Appeals must be received within 180 days from the date of disposition on the remittance report (Explanation of Benefits)
Provider Assistance	<p>Provider Service Line: 1-877-614-0484 The Provider Service Line is available from 8 a.m. – 8 p.m. EST Monday through Friday, and can assist and/or triage on the following issues/questions you may have:</p> <ul style="list-style-type: none"> Demographic changes Contract questions Fee schedule requests Termination requests Claim issues Tax ID changes
Prior Authorization Eligibility Verification	<p>All ABA services require prior authorization:</p> <ul style="list-style-type: none"> Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card Online assessment request at optumpeeraccess.secure.force.com/ABAassessment/ Ongoing Prior Authorization obtained by: <ul style="list-style-type: none"> Calling ABA-dedicated clinical team at 1-866-830-0325, or Indiana Providers only, faxing treatment plan to 1-888-541-6691, or Indiana, Ohio, Washington, Tennessee, New Mexico and Arizona providers only, submitting treatment plan online at optumpeeraccess.secure.force.com/ABAtreatment/ Authorization status can be viewed online at providerexpress.com
Provider Portal	<p>Visit Autism / ABA Corner at providerexpress.com</p>
Disclaimer	<p>Information contained herein is subject to change. Please contact the Provider Service Line: 1-877-614-0484 with any questions.</p>

Appendix



Helpful Websites

To get an NPI number:

- [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes/)

To learn more about HIPAA:

- [HIPAA Home | HHS.gov](https://www.hhs.gov/hipaa/)

To learn more about Tax IDs or Employee IDs:

- [irs.gov](https://www.irs.gov/)

Optum provider website:

- providerexpress.com
- [Claims Tips](#): Provider Express > Quick Links > Claim Tips
- [Claim Forms](#): Provider Express > Quick Links > Forms > Optum Forms - Claims

Autism Votes website:

- [Advocate | Autism Speaks](https://www.autismvotes.com)

ABA Codes

- [ABAcodes.org](https://www.abacodes.org)



Key Terms: General

- NPI
- CPT
- HCPCS
- HIPAA
- Form 1500
- HCFA 1500
- CMS 1500
- Modifiers
- Units
- Prior authorization
- Signature on file



- DSM-5 diagnosis
- ICD-10 diagnosis code
- Subscriber ID or Member ID
- Dependent
- Policy or Group Number
- TIN or EIN
- Place of Service
- Diagnosis Pointer
- Fee schedule
- Par/Non-Par
- SPD/COC

Key Terms: Completing Claim Forms

- Type of plan box
- Patient name
- Dependent
- Subscriber ID or Member ID
- Signature on File
- Patient address
- Policy or Group Number
- Prior authorization
- DSM-5 diagnosis
- ICD-10 diagnosis code
- ICD indicator
- Dates of Service
- Place of Service
- Procedure Code
- Modifiers
- Diagnosis Pointer
- Charges (total)
- Units
- NPI and Provider ID
- TIN or EIN
- Accept assignment
- Total charge
- Amount paid by patient
- Balance due



Optum

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