



# Mass General Brigham Health Plan ACO Model A Medicaid ABA

Program Provider Orientation

Published January 2023

BH4628 01/2023



# Introductions and Background

---



Effective January 1, 2023, AllWays Health Partners became Mass General Brigham Health Plan

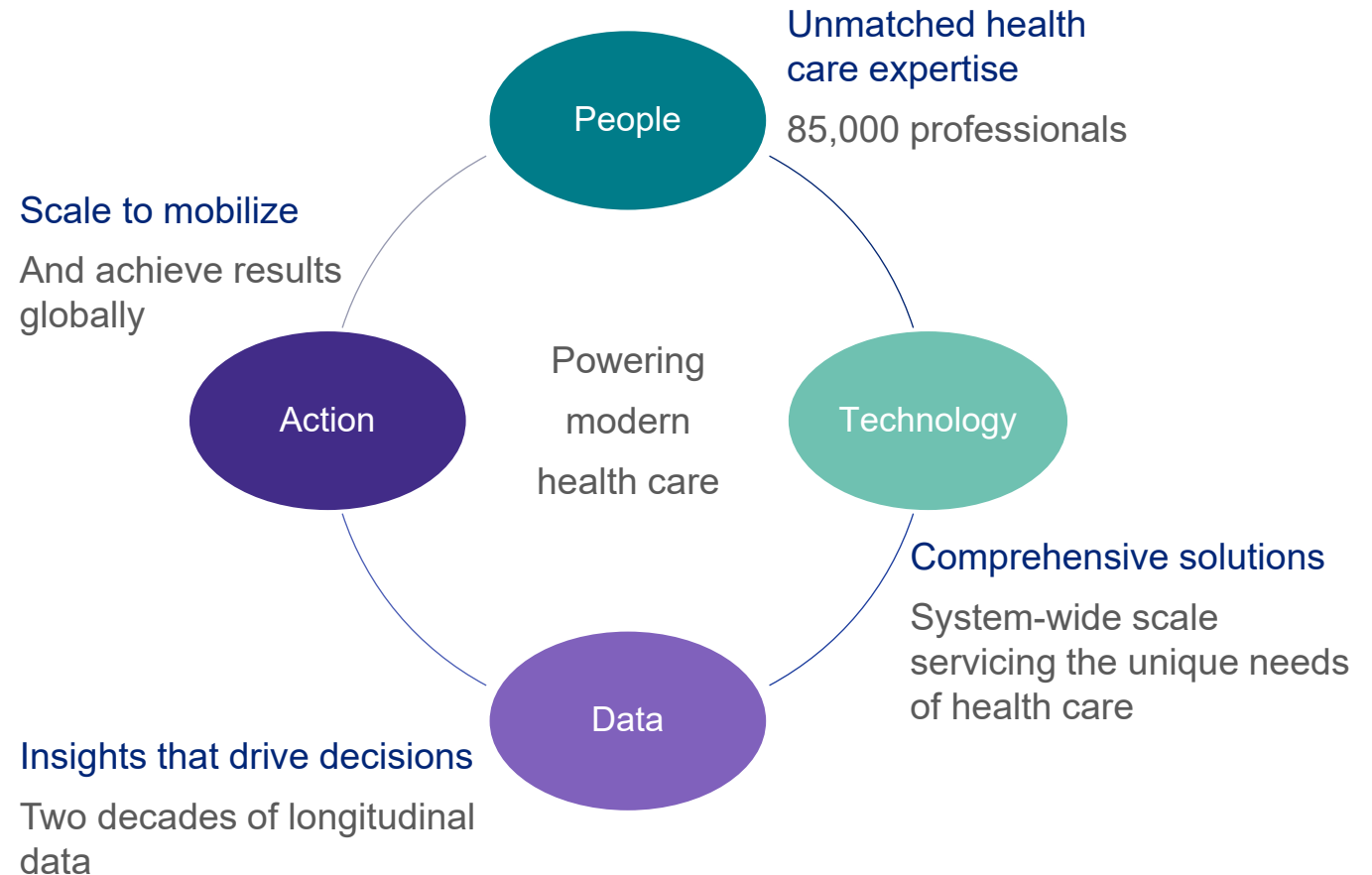


Optum, the behavioral health partner for **Mass General Brigham Health Plan** is a leading health services organization dedicated to making the health system work better for everyone.

Mass General Brigham ACO currently partners with MassHealth as the payer. Starting April 1, 2023, Mass General Brigham (the delivery system) will partner with Mass General Brigham Health Plan for ACO patients. Members who have MGB ACO today will remain with MGB ACO unless they opt for another plan/provider.

# Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: **to make the health care 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



# Who is Optum?

## Making care simpler and more effective for everyone

Health intelligence and innovation



Whole person health - physical, mental and social



Simpler, smarter care coordination



Proven clinical expertise and informed decision support



Connecting every aspect of health  
Designing care around the person  
Making health care smarter  
Ensuring equitable health for all



Seamless administrative transactions



Health equity ingrained into every aspect of our company culture



Innovative community care models



Information when you need it

# 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 Member Information

Optum



# Member ID card

- ID card is sent directly to the member
- The member's ID number is their Medicaid number
- All relevant contact information will be on the back of the card for both medical and behavioral customer service

**Mass General Brigham Health Plan** **Mass General Brigham ACO**

**John Sample**  
**Health Plan ID # CDW0000000**  
**MassHealth #**

---

PCP/Specialist: \$0 **RXBIN: 004336**  
Preventive Services: \$0 **RXPCN: ADV**  
Emergency Room: \$0 **RXGROUP: RX1653**

Coverage through Mass General Brigham Health Plan

**Members**

Customer Service:  
800-462-5449 (TTY 711)

For behavioral health services  
(mental health or substance use)  
Optum Behavioral Health Services:  
800-462-5449 (TTY 711)

CVS Caremark Prescription Services:  
866-546-0662

*Call your treating provider within  
48 hours of an emergency visit.*

Visit [member.mgbhealthplan.org](https://member.mgbhealthplan.org),  
a secure member portal for detailed  
plan and provider information.

[MassGeneralBrighamHealthPlan.org](https://MassGeneralBrighamHealthPlan.org)

**Providers**

Claims Info and Provider Manual:  
[provider.mgbhealthplan.org](https://provider.mgbhealthplan.org)

Where to submit claims

**Mass General Brigham Health Plan:**  
855-444-4647 | Payer ID: 04293

**Behavioral Health: Optum**  
844-451-3519 | Payer ID: 87726

For more information,  
visit [mgbhealthplan.org/claims](https://mgbhealthplan.org/claims)

---

**Pharmacy Help Desk:**  
CVS Caremark | 800-421-2342

This card does not guarantee coverage. ID-05 (01/23)



# 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://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

[Live and Work Well](#) 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.



# Who is eligible?

To be eligible for ABA services, a client must meet the following criteria:

- Be 21 or younger
- Be covered under Mass General Brigham Health Plan Medicaid Program

**AND:**

- Have a documented Autism Spectrum Diagnosis, as defined by the most current version of the *Diagnostic and Statistical Manual (DSM-5)*



# ABA Program Services

Optum



## 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
- 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 one million per occurrence/one million aggregate





# ABA Credentialing Criteria (2 of 2)



## ABA / IBT Groups

- BCBAAs 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
- BCaBAs must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure
- Paraprofessionals must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAAs or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs skills assessments and provides direct supervision of paraprofessionals in joint sessions with client and family
- One million/occurrence and Three million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting
- One million/occurrence and three million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)

# Required: NPI and EIN/TIN

## Massachusetts Medicaid enrollment is required to provide services

### 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](https://nppes.cms.hhs.gov)

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

- [nppes.cms.hhs.gov](https://nppes.cms.hhs.gov)

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

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

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 Remote supervision

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



In order to be eligible to provide ABA remote supervision via videoconferencing technology you must do the following:

1. Complete and submit a virtual visits attestation on our virtual visits page of Provider Express and you will be notified of approval or denial:
  - Complete the Autism/ABA Remote Supervision Compliance Attestation by [clicking here](#), and faxing it to your Regional ABA Network Manager
  - Ensure that your videoconferencing technology is HIPAA compliant and meets current American Telemedicine Association minimum standards
  - After you receive approval from your Regional ABA Network Manager, you must indicate on each applicable treatment request that ABA remote supervision will be utilized
2. Billing for ABA remote supervision services:
  - Continue to bill for supervision with H0032, whether performed remotely or in person

# Steps in Providing Treatment

Optum



# Clinical Team: Mass General Brigham Health Plan

## Enhanced Autism/ABA Clinical Team

There is a dedicated, enhanced autism/ABA clinical team that will be supporting the Mass General Brigham Health Plan ABA program:

- Each team member is a licensed behavioral health clinician or BCBA with experience and training in Autism
- Supervised by a manager who is a licensed psychologist and BCBA-D





# Intake

## At intake:

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

## Additional information to obtain from the member:

- Consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Release of Information to communicate with other providers
- Consent for billing using protected health information, including signature on file

## Information to provide to the member or subscriber:

- Your HIPAA policies
- Your billing policies and procedures



# Release of information

- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time
- The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations



## Eligibility and prior authorization

- Call the number on the back of the member's insurance card to see if member is eligible for your services or verify on provider portal
- Check benefit coverage relating to both the service and the diagnosis on provider portal or by calling the number on the member's insurance card.
- Make sure all services receive prior approval before beginning services
- When calling the Autism Care Advocate, you must have:
  - Member's name
  - ID #
  - Date of birth
  - Address
- Prior authorization required for all ABA services
- Treatment Authorization Request Form can be submitted either online at [electronicforms.force.com/ABATreatment/s/](https://electronicforms.force.com/ABATreatment/s/) or via fax at **1-888-541-6691**
- Meet Medical Necessity -this applies to initial and concurrent reviews
- Provider must submit the results of the ABA assessment and the treatment request for any treatment requests

# Prior Assessment Authorization – online portal submission

**Optum** | Provider Express

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search:  Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

[Optum - Provider Express 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.

vised

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 York Medicaid ABA Program](#)
- [OH Public Health Care Program \(OHPHCP\) ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [WA Medicaid ABA Program](#)

- Overview of online tools that improve workflow and efficiency
- How to become a registered Provider Express user (Brief video overview of obtaining your Optum ID)
- ABA online eligibility and benefit inquiries (Brief how-to video overview)
- How to view ABA authorizations online (You see what we see - brief video overview)

# Treatment request requirements

## Meet Medical Necessity

### Goals are:

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

### Includes:

- Baseline and mastery criteria
- Transition Plan to lower level of care
- Discharge Criteria
- Behavior Reduction Plan/Crisis Plan
- Parent 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?
  - Parent participation
  - Why IBT now?
- 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 Clinical Criteria)

**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?
  - Parent participation
- Progress or lack thereof
  - 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 Provider Express for the Optum Autism/ABA Clinical Policy)

# Prior Assessment Authorization – online portal submission

## Mass General Brigham Health Plan

Mass General Brigham Health Plan is one of the selected managed care plans within the state of Massachusetts providing coverage to the MassHealth membership.

Optum collaborates with Mass General Brigham Health Plan and is responsible for securing and managing the Autism/ABA Network for this initiative, effective 1/1/2019. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

- [Mass General Brigham Health Plan](#) 
- [Mass General Brigham Health Plan - Quick Reference Guide](#) 
- [Mass General Brigham Health Plan ABA Treatment Request Form and Guidelines](#) 
- [Mass General Brigham Health Plan ABA Treatment Request Form - Electronic Submission](#)
- [Mass General Brigham Health Plan ABA Rate & Code Change Provider Alert](#)

### Contact Us:

Please contact Heather Willis, Specialty Network Manager, at [heather.willis@optum.com](mailto:heather.willis@optum.com) to learn more about this network .



# Coding, Billing and Reimbursement

Optum





# Mass General Brigham Health Plan Fee Schedule

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments; discussing findings and recommendations and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Initial functional behavior assessment and reassessment)	15 min
97153		Adaptive behavior treatment by protocol; administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes. (Adaptive behavior treatment)	15 min
97154		Group adaptive behavior treatment by protocol; administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes. (Social skills group, up to 8 participants)	15 min
97155		Adaptive behavior treatment with protocol modification; administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes. (Adaptive behavior treatment)	15 min
97156		Family adaptive behavior treatment guidance; administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. (Parent training with or without child present)	15 min
97157		Multiple-family group adaptive behavior treatment guidance; administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes. (Multiple group parent training, up to 8 participants)	15 min
H0031	U2	Mental health assessment by physician or other qualified health professional. (Assessment and case planning for home services by a licensed professional, each 15 minutes.)	15 min

1	Per Hour or Unit Payment: The Reimbursement Rate made to Provider for each unit of service provided to a Member as defined by the definition of the Billing Code. Such payment shall be considered payment in full for all MH Services provided to the Member, included but not limited to nursing care, diagnostic and therapeutic services, and supplies. Such payment is exclusive of physician fees. If physician services are rendered, such services are included in the rate of reimbursement.
2	Per 15 Minute Payment: The Reimbursement Rate made to Provider for each unit of service provided to a Member as defined by the definition of the Billing Code. Such payment shall be considered payment in full for all MH Services provided to the Member, included but not limited to nursing care, diagnostic and therapeutic services, and supplies. Such payment is exclusive of physician fees. If physician services are rendered, such services are included in the rate of reimbursement.
3	The MH Services authorized by UBH and provided to a Member on an outpatient basis of the diagnosis, testing, and/or treatment of a mental health condition, other than Emergency MH Services or as part of a partial hospitalization or day treatment program, Provider shall be paid by Payor the lesser of (a) Provider's Customary Charge for such MH Services, less any applicable Member Expenses; or (b) the Method of Payment set forth above, less any applicable Member Expense(s).
4	Proper billing form: CMS 1500



# Claims submission

## All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Include appropriate taxonomy codes
- Mass General Brigham Health Plan requires that you initially submit your claim within 90 days of the date of service
- When a provider is contracted as a group, the payment is made to the group, not to an individual

## Please send paper claims to:

- Optum Behavioral Health  
P.O. Box 30760  
Salt Lake City, Utah 84130-0760

## Claims status can be obtained by calling the Claims Customer Service Center:

- Optum – 1-888-980-8728
- Logging into [providerexpress.com](https://providerexpress.com) or [UHCprovider.com](https://UHCprovider.com)



## Claims submission (cont.)

### All claim submissions must include:

- Member name
- Medicaid identification number
- Member Health Plan ID number
- Date of birth
- Provider's Federal Tax I.D. number
- National Provider Identifier (NPI)
- Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at [cms.gov](https://www.cms.gov)

## Claims submission, Option 1- Online

Log on to [providerexpress.com](https://providerexpress.com)

Secure HIPAA-compliant transaction features streamline the claim submission process:

- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500 claim form
- Allows claims to be paid quickly and accurately

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free **1-866-842-3278**



# Claims submission, Option 2 – EDI/electronically

## Electronic Data Interchange (EDI) is an exchange of information

Performing claim submission electronically offers distinct benefits:

- Fast - eliminates mail and paper processing delays
- Convenient - easy set-up and intuitive process, even for those new to computers
- Secure - data security is higher than with paper-based claims
- Efficient - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- Notification - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
- Cost-efficient - you eliminate mailing costs the solutions are free or low-cost

## Claims submission, Option 2 - EDI/electronically (cont.)

You may use any clearinghouse vendor to submit claims:

- Payer ID for submitting claims is 87726

Additional information regarding EDI is available on:

- [EDI Contacts | UHCprovider.com](#)

and

- [providerexpress.com](#)

### Electronic Data Interchange (EDI) Support Services:

- Provides support for all electronic transactions involving claims and electronic remittances

### EDI Issue Reporting Form:

- This form should be used to report EDI related issues
- Providers can also call us at **1-800-210-8315** or e-mail us at [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com)



# Optum Pay

**With Optum Pay, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online:**

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

**To receive direct deposit and electronic statements through Optum Pay you need to enroll at [myservices.optumhealthpaymentservices.com/registrationSignIn.do](https://myservices.optumhealthpaymentservices.com/registrationSignIn.do)**

**Here's what you'll need:**

- Bank account information for direct deposit
- Voided check or bank letter to verify bank account information
- A copy of your practice's W-9 form

If a provider is already signed up for Optum Pay with UnitedHealthcare, they will automatically receive direct deposit and electronic statements through Optum Pay for UnitedHealthcare Community Plan of Massachusetts when the program is deployed.



# Claims Tips

## To ensure clean claims:

- An NPI number and taxonomy code is always required on all claims
- Complete diagnosis is also required on all claims

## Claims Filing Deadline:

- Providers have 90 days from the date of service to file claims

## Claims Processing:

- Clean claims, including adjustments, will be adjudicated within 30 days of receipt

## Balance Billing:

- The member cannot be balance billed for behavioral services covered under the contractual agreement

## Examples of coding Issues related to claims denials:

- Incomplete or missing diagnosis
- Invalid or missing HCPCS/CPT codes and modifiers
- Use of codes that are not covered services
- Required data elements missing, (e.g., number of units)
- Provider information is missing/incorrect
- Required authorization missing
- Units exceed authorization (e.g., 10 inpatient days were authorized, facility billed for 11 days)



# 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). It is a complex form with multiple sections and fields. Key sections include:

- Header:** "HEALTH INSURANCE CLAIM FORM" and "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12".
- Section 1:** Insurance type selection (Medicare, Medicaid, TRICARE, CHAMPVA, etc.).
- Section 2:** Patient's name, birth date, sex, and address.
- Section 3:** Insured's name, birth date, sex, and address.
- Section 4:** Patient relationship to insured (Self, Spouse, Child, Other).
- Section 5:** Other insured's name and policy/group number.
- Section 6:** Employment status and accident information.
- Section 7:** Insurance plan name and program name.
- Section 8:** Signature of patient or authorized person.
- Section 9:** Date of current illness, injury, or pregnancy.
- Section 10:** Dates patient unable to work in current occupation.
- Section 11:** Hospitalization dates related to current services.
- Section 12:** Out-of-pocket charges.
- Section 13:** Diagnosis or nature of illness or injury.
- Section 14:** Dates of service and procedures/services or supplies.
- Section 15:** Federal tax ID number, patient's account number, and assignment of benefits.
- Section 16:** Total charge and amount paid.
- Section 17:** Signature of physician or supplier and service facility location information.
- Section 18:** Billing provider info and PH #.

The form also includes a QR code in the top left corner and a "PLEASE PRINT OR TYPE" instruction at the bottom.

# Diagnostic coding

## Guides for Coding:

- DSM-5 defined conditions:
- Current autism diagnosis, F84.x
- A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding



# Appeals

Optum



# Appeals

## Provider Disputes

- Optum has a formal process for handling practitioner/facility disputes that is compliant with the standards and regulations set forth by National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) and state/federal regulations. These standards and regulations serve as guidelines to ensure that:
  - Review turnaround time requirements are met
  - Appropriately qualified professionals are involved in the review of practitioner/facility disputes
  - Relevant clinical/administrative information is consistently gathered and reviewed as part of the investigation
  - Practitioners/facilities are informed of the rationale for disputes that are upheld, in whole or in part

One (1) level of internal dispute review is available through Optum, unless required by state law or contractual requirement.



# Appeals: Standard and Expedited

## Non-Urgent (Standard)

- MassHealth (Medicaid): must be requested within 60 calendar days from receipt of the notice of adverse determination
- Optum will make an appeal determination and notify the practitioner or facility in writing within 30 calendar days of receipt of request

## Urgent (Expedited)

- Practitioner/facilities can file an urgent appeal on behalf of a member
- Must be requested as soon as possible after the adverse determination
- Optum will make a reasonable effort to contact you prior to making a determination on the appeal. If Optum is unsuccessful in reaching you, an urgent appeal determination will be made based on the information available to Optum at that time
- Notification will occur as expeditiously as the member's health condition requires, not exceeding 72 hours of the receipt of the request



# Appeals

To submit an appeals please send request to the Provider Appeals Address:

Optum Appeals & Grievances  
P.O. Box 30512  
Salt Lake City, UT 84130-0512  
Fax: **1-855-312-1470**  
Phone: **1-866-556-8166**

# Resources

Optum



**Optum** Provider Express

Log In | First-time User | Global | Site Map

Search:  Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home

## Working together to coordinate care.

Our updated tools and tips help facilitate best communication practices that benefit patient care.

[MORE INFO](#)

**Transactions**

- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More....

**Admin News**

- CPT Code Changes 2021
- Latest National Network Manual updates
- 1055 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

**Product Specific News**

- Veterans Affairs Community Care Network (VA CCN) Resources
- OptumServe VA CCN Provider Portal

**State-Specific News**

- CA Facilities Offering Residential Programs - ASAM 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 21-28: 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 Merged
- Coordination of Care tips and forms
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!
- National Network Notes newsletter - Spring 2022

**Quick Links**

- Behavioral Health Toolkits
- Claim Tips
- Clinician Tax Id Add/Update Form
- Forms
- Guidelines / Policies & Manuals
- Medication Assisted Treatment
- Navigating Optum
- Optum Pay

**Other Websites**

- Live and Work Well (Clinician Directory)
- Live and Work Well (members)
- Optum Alaska
- Optum Idaho
- UHC Provider

# 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

The screenshot shows a web form titled "Create One Healthcare ID". At the top, there is a sub-header and a brief explanation: "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." Below this is a green button with an information icon and the text "Already have One Healthcare ID? Sign in now".

The form is divided into two main sections:

- Profile Information:** This section contains three input fields: "First name", "Last name", and "Year of birth". The "Year of birth" field has a small question mark icon to its right.
- Sign In Information:** This section contains two input fields: "Your email address" and "Create One Healthcare ID". The "Create One Healthcare ID" field has a question mark icon to its right.

Below the "Create One Healthcare ID" field, there are instructions: "Your One Healthcare ID must have:" followed by a list of requirements: "8 to 50 characters", "At least one letter", "No spaces", "No letters with accents", and "None of these Symbols: % + \* & [ ] ^ { } < > # , / : ( ) - ' = ~".




Next is the "Create password" section, which includes an input field with an eye icon to toggle visibility. Below it are instructions: "Your password must have:" followed by requirements: "Between 8 and 100 characters", "At least 1 uppercase letter", "At least 1 lowercase letter", "At least 1 number", and "No spaces and no & symbol".

Below the password field is a "Type password again" section with another input field and eye icon.

At the bottom of the form, there is a line of text: "You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the One Healthcare ID service. If you do not agree, click Cancel and do not use any aspect of the One Healthcare ID service." Below this text are two buttons: "I Agree" and "Cancel".

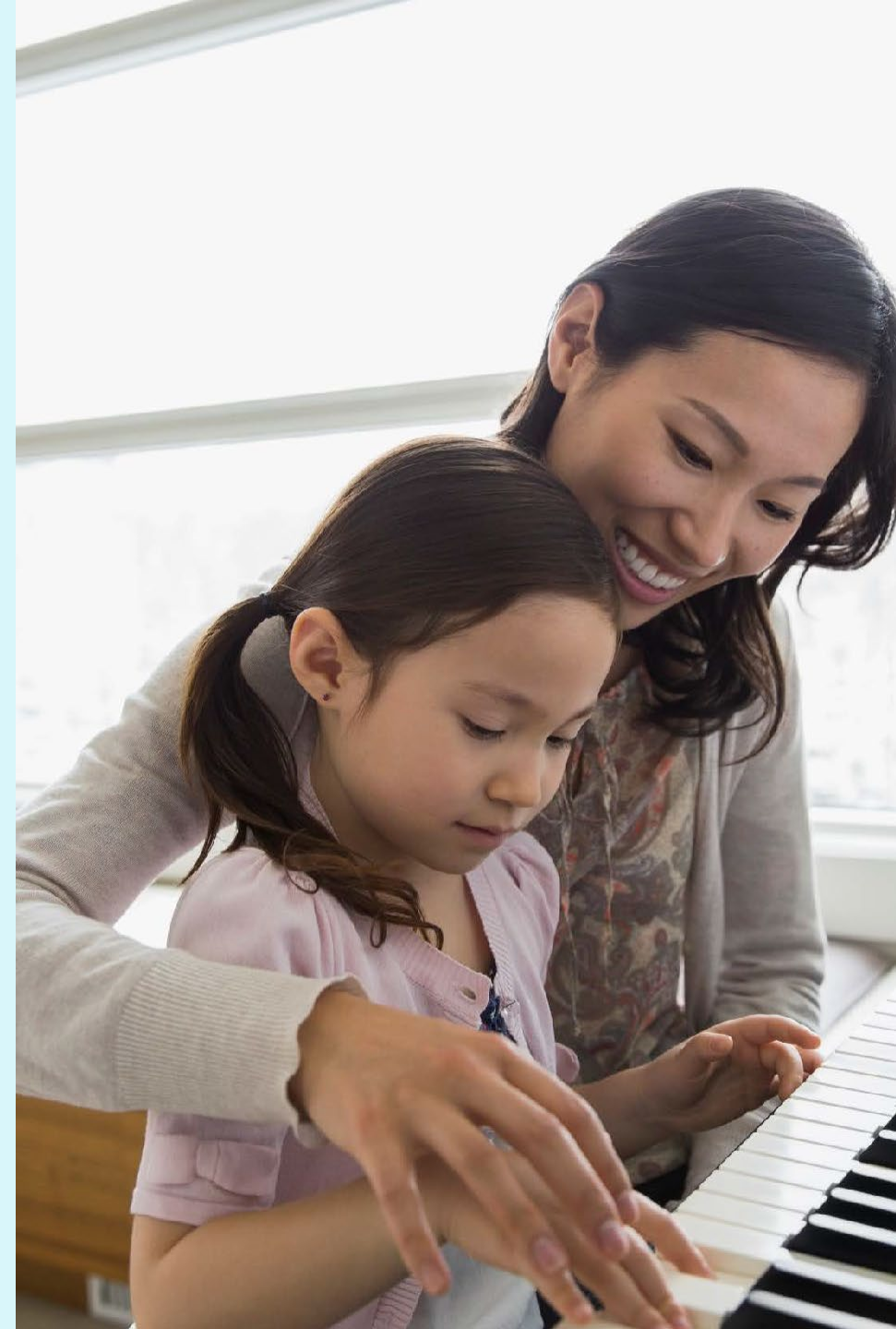
At the very bottom, there is a "Chat with support" link with a speech bubble icon. A small note below it reads: "Note: This feature is not advisable for persons with visual impairments and/or who may require audible support."

# Mass General Brigham Health Plan ABA provider Quick Reference Guide

	
<b>Mass General Brigham Health Plan ABA Program Quick Reference Guide</b>	
	
<b>Clinician is Responsible for:</b>	<ul style="list-style-type: none"> <li>Verifying benefits/eligibility online at <a href="http://providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the Member's ID card</li> <li>Obtaining authorization as necessary</li> <li>Being familiar with the Network Manual located on our web site: <a href="http://providerexpress.com">providerexpress.com</a> &gt; Guidelines / Policies &amp; Manuals &gt; Network Manual</li> </ul>
<b>Prior Authorization</b>	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> <li>Verify benefits/eligibility online at <a href="http://providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the Member's ID card</li> <li>Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either:                             <ul style="list-style-type: none"> <li>Online at <a href="http://optumpeeraccess.secure.force.com/ABA/treatment/">optumpeeraccess.secure.force.com/ABA/treatment/</a></li> <li>Or via fax at <b>1-888-541-6691</b></li> </ul> </li> </ul>
<b>Claims Paper Submission</b>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare, P.O. Box 30760, Salt Lake City, UT 84130-0760</li> <li>All autism provider services must be billed on a Form 1500</li> <li>Submission should occur within 90 days of date of service</li> </ul>
<b>Electronic Submission</b>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> <li><a href="http://providerexpress.com">providerexpress.com</a></li> <li>Payer ID for submitting claims is 87726</li> </ul>
<b>Claim Status</b>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> <li><b>1-877-843-4366</b></li> <li>Or through the Web portal at <a href="http://providerexpress.com">providerexpress.com</a></li> </ul>
<b>Claim Appeals</b>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> <li>Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the Provider and the Member</li> <li>Appeals must be requested within 60 calendar days from receipt of the notice of adverse determination</li> </ul>
<b>Update Practice Info</b>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<b>Disclaimer</b>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<b>Network Management</b>	<p>Heather Willis, Specialty Network Manager                      Email: <a href="mailto:heather.willis@optum.com">heather.willis@optum.com</a></p>



# Appendix





# Helpful Websites

To get an NPI number:

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

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](https://providerexpress.com)
- Claim 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)



# 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

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2023 Optum, Inc. All rights reserved.