



Autism/ABA

Provider Orientation



Today's Topics

- 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



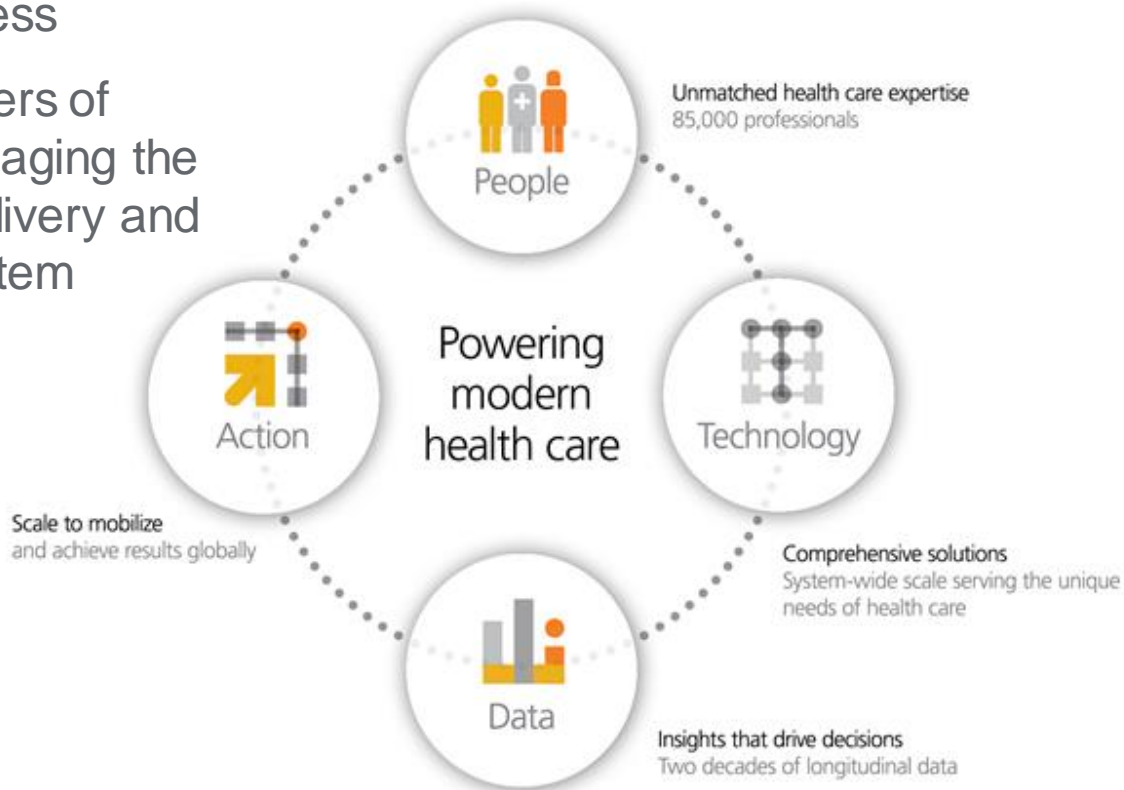
Optum

Helping People Live Their Lives
To The Fullest



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: engaging the consumer, aligning care delivery and modernizing the health system infrastructure



UnitedHealth Group Structure

UNITEDHEALTH GROUP®



Helping make the health system work better for everyone

Information and technology-enabled health services:

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

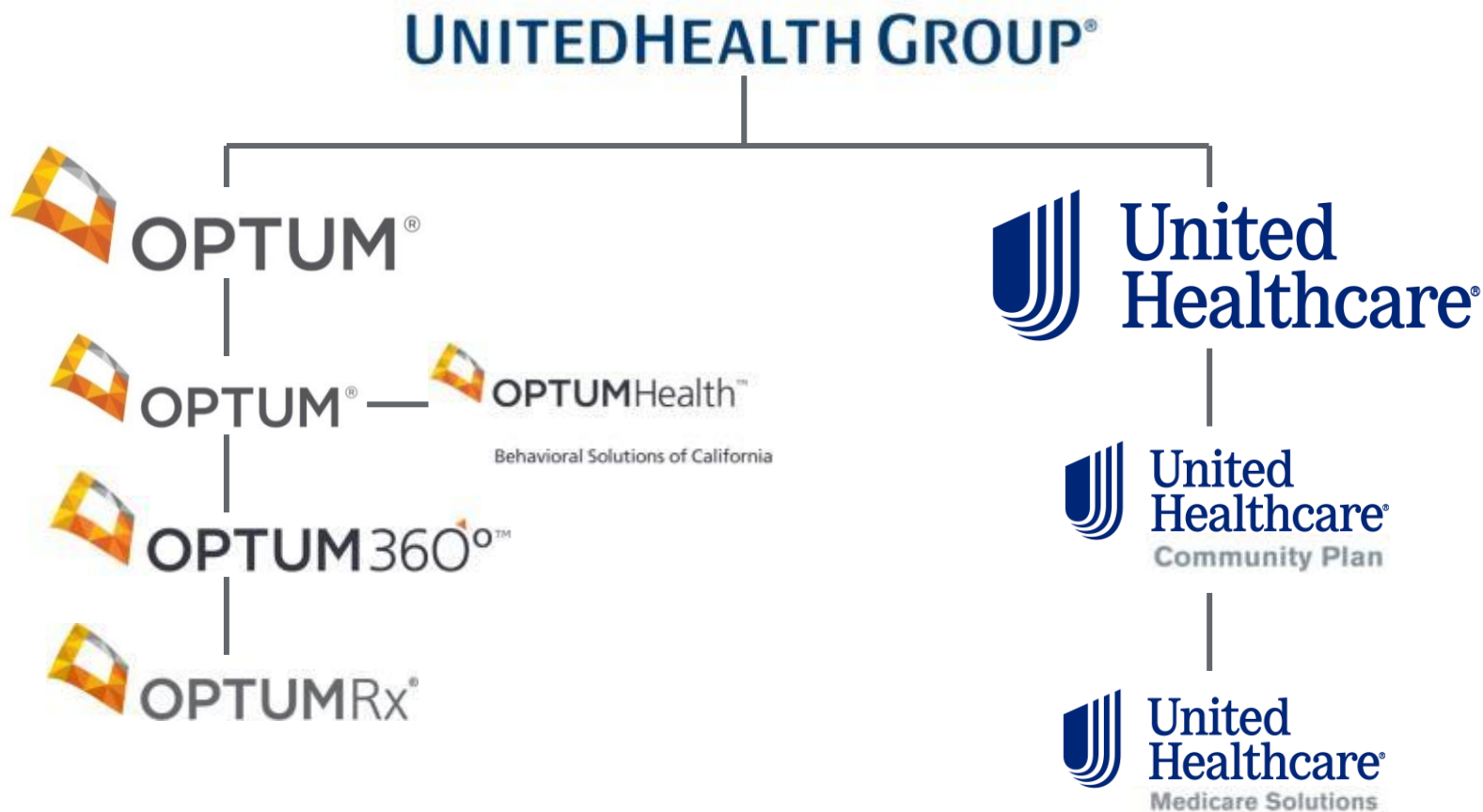


Helping people live healthier lives

Health care coverage and benefits:

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

Company Structure



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 ethics

Walk in the shoes of 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.

Optum Behavioral Health

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



ACCREDITED
HEALTH UTILIZATION
MANAGEMENT



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, **Provider Express**, 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:

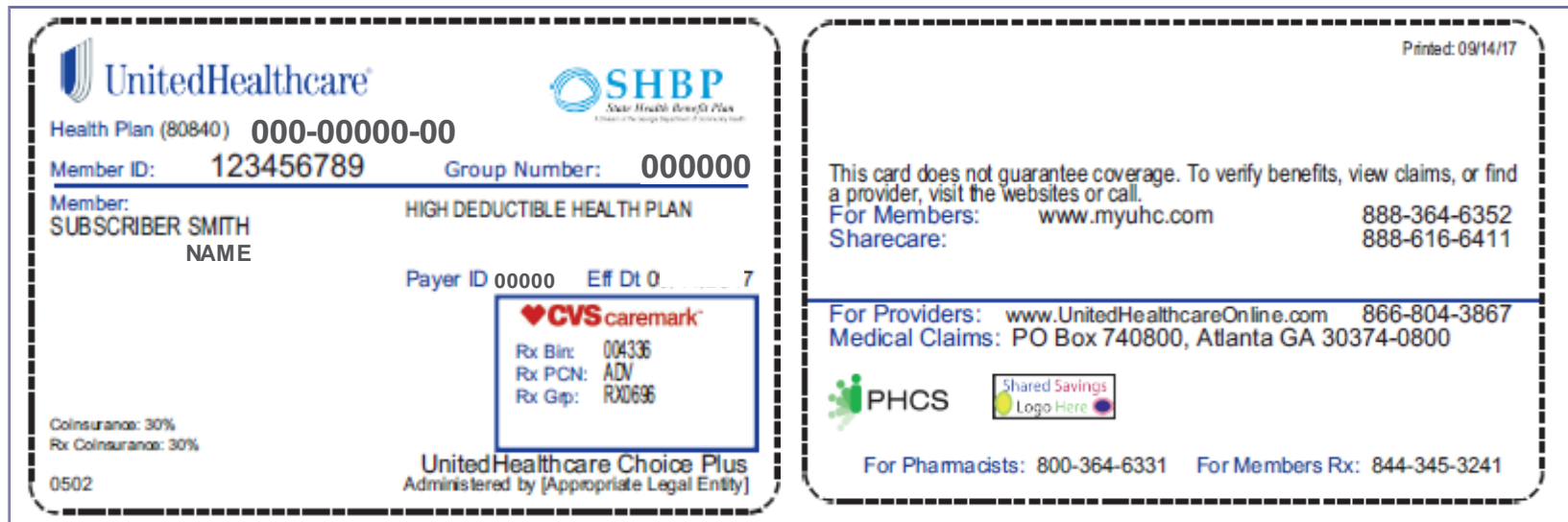
- ABA/IBT

Optum ABA Member Information



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



Please note this image is for illustrative purposes only.

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

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 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 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 for reimbursement

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

- nppes.cms.hhs.gov/NPPES/Welcome.do

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

- irs.gov
- irs.gov/businesses/small/article/0,,id=102767,00.html

Professional Liability Insurance

- bacb.com web site has coverage information; enter “liability in the site’s “Search” feature located in the right side of the menu

ABA Credentialing Criteria

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 those states that license behavior analysts
- State certification in those states that certify behavior analysts
- **PA ONLY** – Board Certified Behavior Analyst (BCBA) with active certification from the BACB **and/or** PA State licensure as a Behavior Specialist
- 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 / IBT Groups

- BCBA 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 in those states that license assistant behavior analysts
- Paraprofessionals must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBA 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
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting.
- \$1million/occurrence and \$3million/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](#) of Provider Express and will be notified of approval or denial.
- Once approved as a virtual visits 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.

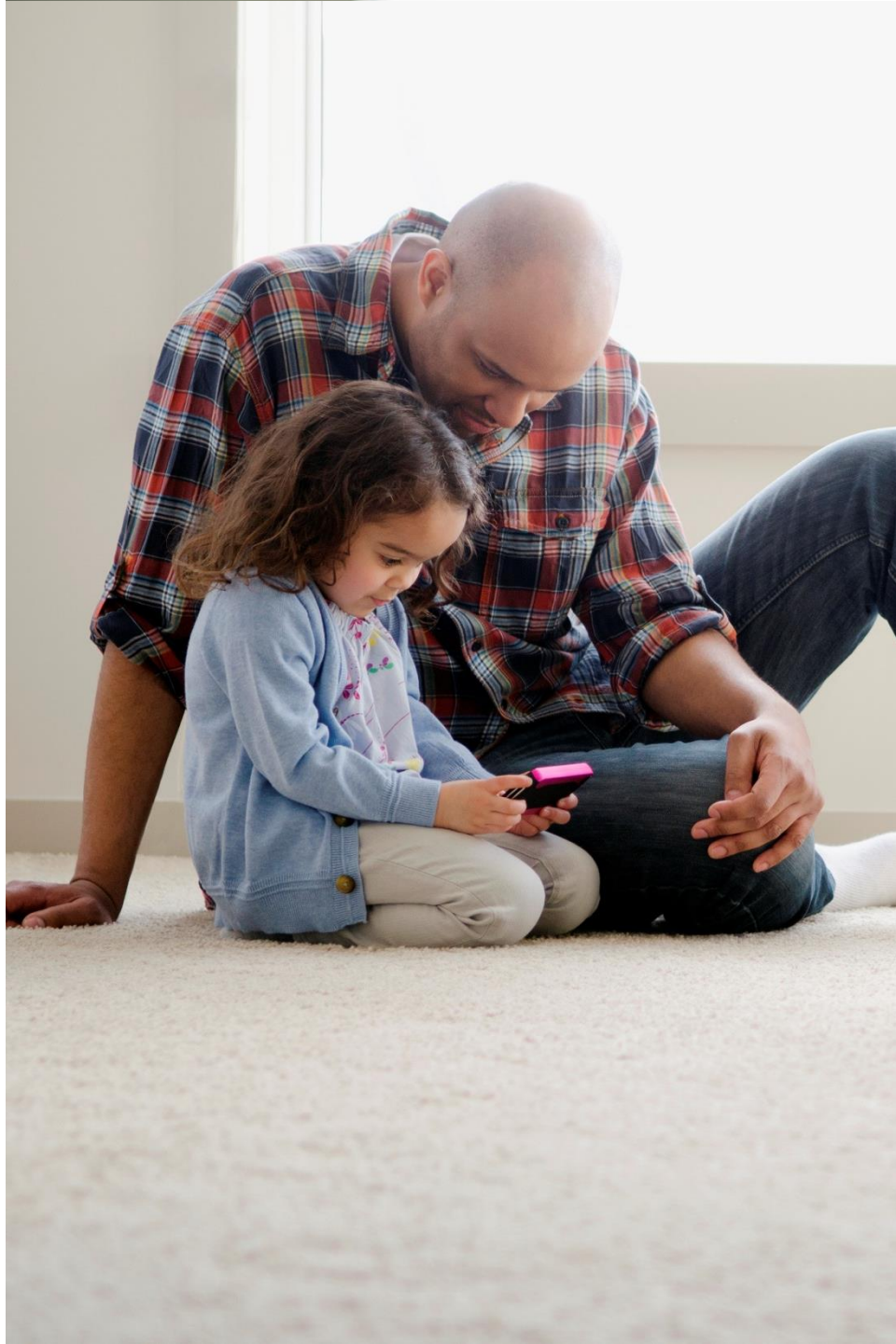
After receiving authorizations, to bill for the virtual ABA Supervision of Behavior Technicians and Family Training and Guidance:

- Simply include the same procedure code you would use for an in-person service, 97155 or 97156, 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 Provider Express.

Steps in Providing Treatment

Eligibility, Authorizations &
Concurrent Reviews



Clinical Team

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 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

Suggested information:

- Provide subscriber with your HIPAA policies
- Provide subscriber with consent for billing using protected health information including signature on file
- Always get a consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Billing policies and procedures
- Release of Information to communicate with other providers

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

All ABA services require prior authorization:

- Verify benefits/eligibility online via the secure portal on providerexpress.com or call the Behavioral Health number located on the back of the member's ID card
- Check benefit coverage relating to both the service (e.g., Is ABA therapy covered?) and the diagnosis (e.g., Is autism covered?) on provider portal or by calling the number on the member's insurance card
- Online assessment request at: optumpeeraccess.secure.force.com/ABAassessment/
- Prior Authorization obtained by
 - Calling ABA-dedicated clinical team at the Behavioral Health number on the back of member's card
 - Indiana, Arizona, Washington, Ohio, Tennessee, and New Mexico providers only, submitting treatment plan online at: optumpeeraccess.secure.force.com/ABAtreatment/
- Authorization status can be viewed via the secure portal online at: providerexpress.com
- When calling the Autism Care Advocate you must have:
 - Member's name
 - ID#
 - date of birth
 - address

Treatment Plan 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 Plan 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 Level of Care Guidelines and Coverage Determination Guidelines)

For more information, please see the Treatment 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
 - Number of hours per week the member is 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)



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 child to be discharged
- Identify next level of care for the child, (e.g., school-based services only, outpatient therapy)---Include contact info if appropriate
- Resources in the community for the parents and member
- How discharge is coordinated with the school and other providers
- Member and/or parent agreement with plan
- How to resume services if needed
- Contact the primary insurance company advocate to notify within 2 weeks
- Send a final summary treatment plan indicating:
 - Progress member made
 - Reasons for discharge
 - Services post discharge

Prior Assessment Authorization – Online Portal Submission

The screenshot displays the Optum Provider Express website interface. At the top, the logo and navigation menu are visible. The main content area features a banner with the text "Keeping your practice information up to date just got way easier." Below the banner, there are several news sections: "Admin News", "Product-Specific News", "Working Together", "Autism/ABA Corner", and "State-Specific News". A red arrow points to the "Autism/ABA Corner" section, which is circled in red. The "Autism/ABA Corner" section contains the following items:

- Autism/ABA Information
- UPDATED - Online assessment tool for ABA providers
- UPDATED - Online Network Participation Request Forms for ABA providers

Other sections include "Transactions" with links to Eligibility & Benefits, Claims, Authorizations, Appeals, My Practice Info, and More....; "Quick Links" with links to Navigating Optum, ACE Clinicians, ACE Facility, Behavioral Health Toolkit, Medication Assisted Treatment, LAI Administration, and Clinician Tax Id Add/Update Form.

Prior Assessment Authorization – Online Portal Submission

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and "Provider Express" text. To the right is a search bar and a "Search" button. Below the header is a navigation menu with links: Home, About Us, Clinical Resources, Admin Resources, Video Channel, Training, Our Network, and Contact Us. The main content area has a breadcrumb trail: Home > Clinical Resources > Autism/Applied Behavior Analysis. The title "Autism/Applied Behavior Analysis" is in orange. Below the title is a paragraph: "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." This is followed by another paragraph: "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." A third paragraph says: "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." A fourth paragraph says: "Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model versus facility model." Below this is a section titled "CPT® Code Changes 2019" with two bullet points: "Click here if you are using temporary CPT Codes" and "Click here if you are using HCPCS Codes". To the right of the text is a photograph of a family (father, mother, and two children) holding hands in a circle on a grassy field. At the bottom right of the screenshot, there is a list of state ABA programs in orange text: Iowa Healthlink ABA Program, KanCare Autism Program, MA MassHealth ABA Program, MS CAN / CHIP Autism Program, NE Heritage Health ABA Program, New York Child Health Plus ABA Program, OH Public Health Care Program (OHPHCP) ABA Program, Virginia Medicaid EPSDT ABA Program, and Washington Apple Health ABA Program.

This screenshot shows the "Provider Express Resources & Tutorials" page. It features several sections with links and icons:

- Provider Express Resources & Tutorials**
 - 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)
- DSM-5 Transition**
 - ABA Provider Notice
 - ICD-10-CM Hot Tips
- ABA Phone Review Process**
 - ABA Treatment Approvals via phone
- ABA Assessment Portal**
 - Online ABA Assessment Requests - **REQUIRED** electronic submission (commercial ABA providers only)

A large red arrow points from the bottom right towards the "Online ABA Assessment Requests" link in the ABA Assessment Portal section.

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 / HN	Behavior identification assessment, by professional
97152 / 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 / 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 / HN, HM	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)
97155 / HN	Adaptive behavior treatment with protocol modification, by professional
97156 / HN	Family adaptive behavior treatment guidance, by professional (with or without patient present)
97157 / HN	Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)
97158 / HN	Group adaptive treatment with protocol modification, by professional

Claims Submission

Electronically

- Providers must sign up for electronic submissions located on providerexpress.com – payer ID# 87726
- Follow the instructions for electronic submission by visiting our training information located at providerexpress.com/trans/flash/claimEntry/player.html

Paper Claims

- 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

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. Behavior Technician)
 - 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.

Form 1500: formerly called CMS-1500 or HCFA

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

CARRIER

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Champva) OTHER (Other) 2. INSURED'S ID NUMBER (For Program in Item 1)

3. PATIENT'S NAME (Last Name, First Name, Middle Initial) 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)

8. RESERVED FOR NUCC USE 9. RESERVED FOR NUCC USE 10. RESERVED FOR NUCC USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Authorized 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.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) 15. OTHER DATE (QUAL, MM/DD/YY)

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (NAME, ADDRESS, CITY, STATE, ZIP CODE) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (ICD 9CM, ICD 10CM) 22. SUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

LINE	A. DATE(S) OF SERVICE (MM/DD/YY)	B. PAC OF SERVICE (FMS)	C. PROCEDURE, SERVICE, OR SUPPLY (Qual, Unit, or Other)	D. MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. UNIT	H. \$ PAID	I. \$ REVENUE	J. PROVIDER ID #
1										
2										
3										
4										
5										
6										

25. FEDERAL TAX ID NUMBER (SIN, EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES/NO) 28. TOTAL CHARGE (\$) 29. AMOUNT PAID (\$) 30. REVENUE FOR NUCC USE (\$)

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include address on reverse) 32. SERVICE FACILITY LOCATION INFORMATION 33. LINS PROVIDER INFO & PH #

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

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

The image shows a Health Insurance Claim Form (NUCC) with a large, semi-transparent 'CLAIM' watermark in the center. The form is titled 'HEALTH INSURANCE CLAIM FORM' and includes a QR code in the top left corner. It contains various fields for patient and provider information, including name, address, phone number, and dates. There are also checkboxes for 'PATIENT AND INSURED INFORMATION' and 'PARTICIPATION OR SUPPLIER INFORMATION'. The form is numbered '1500 (02-12)' and includes a footer with the URL 'www.nuc.org' and the text 'PLEASE PRINT OR TYPE'.

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)
- Harken Health
- 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 the 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 United's 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.)

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



OPTUM[®] Provider Express

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

Home

Submit online. Track online.

Submission
Review of Submission
Application Management
Primary Source Verification
Quality Assurance & Credentialing Committee
Credentialed Approved
Data Loading
Process Complete

More >>

Transactions

- Eligibility & Benefits
- Auth Request & ReviewOnline
- Auth Inquiry
- Claim Entry
- Claim Inquiry
- My Provider Express
- My Practice Info

Autism/ABA Corner

- Autism/ABA Information
- Online assessment tool for ABA providers
- Learn how easy it is to get your Optum ID
- Access ABA Clinical Policies online** NEW

Admin News

- New enhancements to the My Patients list function on Provider Express** NEW
- National Network Manual – updated version – January 2018
- Reimbursement Policies available in Guidelines/Policies & Manuals

Working Together

- Check out our **2017 annual Provider Satisfaction Survey results** NEW
- Use the new "Clinician Tax Id Add/Update Form" under Quick Links to make changes online to your Tax ID Information
- Discharge Process for most commercial members
- ACE data has been posted to the secure transactions section
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!

Product-Specific News

- UnitedHealthcare Sublocade Prior Auth Notice** NEW
- Mid-Atlantic Region - Effective 2/9/18 new fax number for M.D. IPA and Optimum Choice Plans** NEW
- Effective 1/1/18 - Optum will no longer manage the behavioral health benefits for the Mail Handlers Benefit Plan
- Effective 1/1/18 - Optum is servicing Members covered under Dell Benefit Plans
- Effective 1/1/18 - Optum is servicing Members covered under JetBlue Benefit Plans
- 2018 Dual Special Needs Plan (DSNP)
- Effective 1/1/18 - Optum is expanding services for Members covered under Oscar Health Plan
- 2018 Optum-Providence DSNP Model of Care Training

State-Specific News

- CA: OHBS-CA Network Manual - updated version - March 2018** NEW
- CA: 2017 issue of OHBS-CA Network Notes newsletter
- FL: DSNP Changes effective 1/1/18
- FL - Effective 1/1/2018 Optum is the Behavioral Health vendor for Prestige Health Choice
- IA: Effective 12/1/17 AmeriHealth Caritas Members will be transitioning to UnitedHealthcare Community Plan
- LA - Effective 1/1/18 Optum is the Behavioral Health vendor for Peoples Health
- NJ Substance Use Disorder Legislation** NEW
- OH: DSNP Changes effective 1/1/18
- TX: DSNP Changes effective 1/1/18
- WA: DSNP Changes effective 1/1/18
- WI: DSNP Changes effective 1/1/18

Quick Links

- Navigating Optum
- ACE Clinicians
- ACE Facility
- Medication Assisted Treatment
- LAI Administration
- Clinician Tax Id Add/Update Form
- Join Our Network
- Forms
- Clinician Directory
- ALERT
- Guidelines / Policies & Manuals
- Claim Tips


providerexpress.com - First Time Users

- Register for your One Healthcare ID online for immediate access to secure transactions
- No fees apply
- *Provider Express* Support Center from 7:00 a.m. to 9:00 p.m. (CST) toll-free at **1-866-209-9320**
- Live chat feature also available

One Healthcare ID

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

Resources



Provider Service Line

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:

- 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

 Autism Network Commercial Solo/Agency Provider Quick Reference Guide	
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# 87728 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 Enclosure 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	Visit Autism / ABA Corner at providerexpress.com
Disclaimer	Information contained herein is subject to change. Please contact the Provider Service Line: 1-877-614-0484 with any questions.

© 2020 Optum, Inc. All Rights Reserved
BH1799b_06/2020

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Appendix



Helpful Websites

To get an NPI number:

- nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart

To learn more about HIPAA:

- hhs.gov/ocr/privacy/

To learn more about Tax IDs or Employee IDs:

- irs.gov

Optum provider website:

- providerexpress.com

[Claim Tips](#): Provider Express > Quick Links > Claim Tips

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

Autism Votes website:

- autismspeaks.org/advocacy

ABA CPT Coding Guidance

- 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

Thank you.