

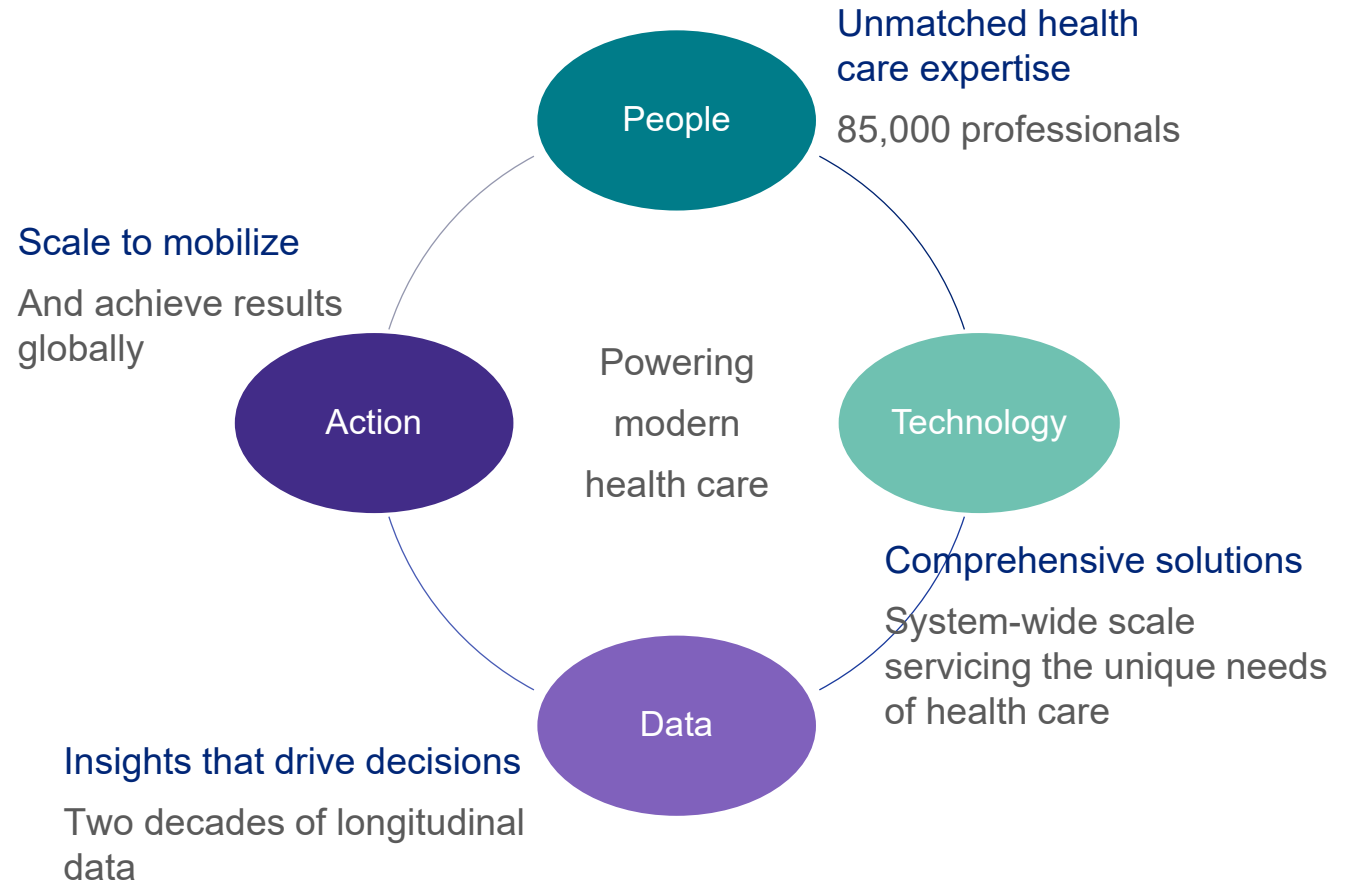


**Idaho Medicaid  
Behavior Modification  
and Consultation  
Services  
Provider Orientation**



# 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



# UnitedHealth Group Structure

## UNITEDHEALTH GROUP®



**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

# 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

# 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**

# Idaho Medicaid Principles of Care

There are 11 key values applied to all areas of services.

- 1) Family-centered—emphasizes each family’s strengths and resources.
- 2) Family and youth voice and choice—prioritizes the preferences of youth and their families in all stages of care.
- 3) Strengths-based—identifies and builds on strengths to improve functioning.
- 4) Individualized care—customizes care specifically for each youth and family.
- 5) Team-based—brings families together with professionals and others to create a coordinated care plan.
- 6) Community-based service array—provides local services to help families reach the goals identified in their coordinated care plan.
- 7) Collaboration—brings families, informal supports, providers, and agencies together to meet identified goals.
- 8) Unconditional—commits to achieving the goals of the coordinated care plan.
- 9) Culturally competent—considers the family’s unique needs and preferences.
- 10) Early identification and intervention—assesses mental health and provides access to services and supports.
- 11) Outcome-based—contains measurable goals to assess change. More information can be located at: <https://youthempowermentservices.idaho.gov/>



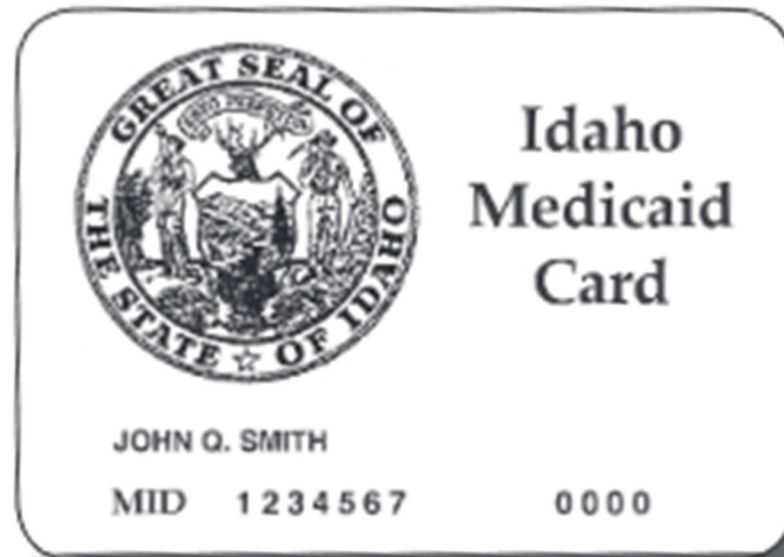
# Optum Idaho's Behavior Modification and Consultation Member Engagement

Optum



## Member ID Card

- The member should provide you with their Medicaid ID card
- The member's ten-digit 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



Please note this image is for illustrative purposes only.



# Member Rights and Responsibilities

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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

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

---

A complete copy of Member Rights and Responsibilities is available in the Optum Idaho Provider Manual and in the Optum Idaho Member handbook.

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These can also be found on the website: [Optum Idaho](#)

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

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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

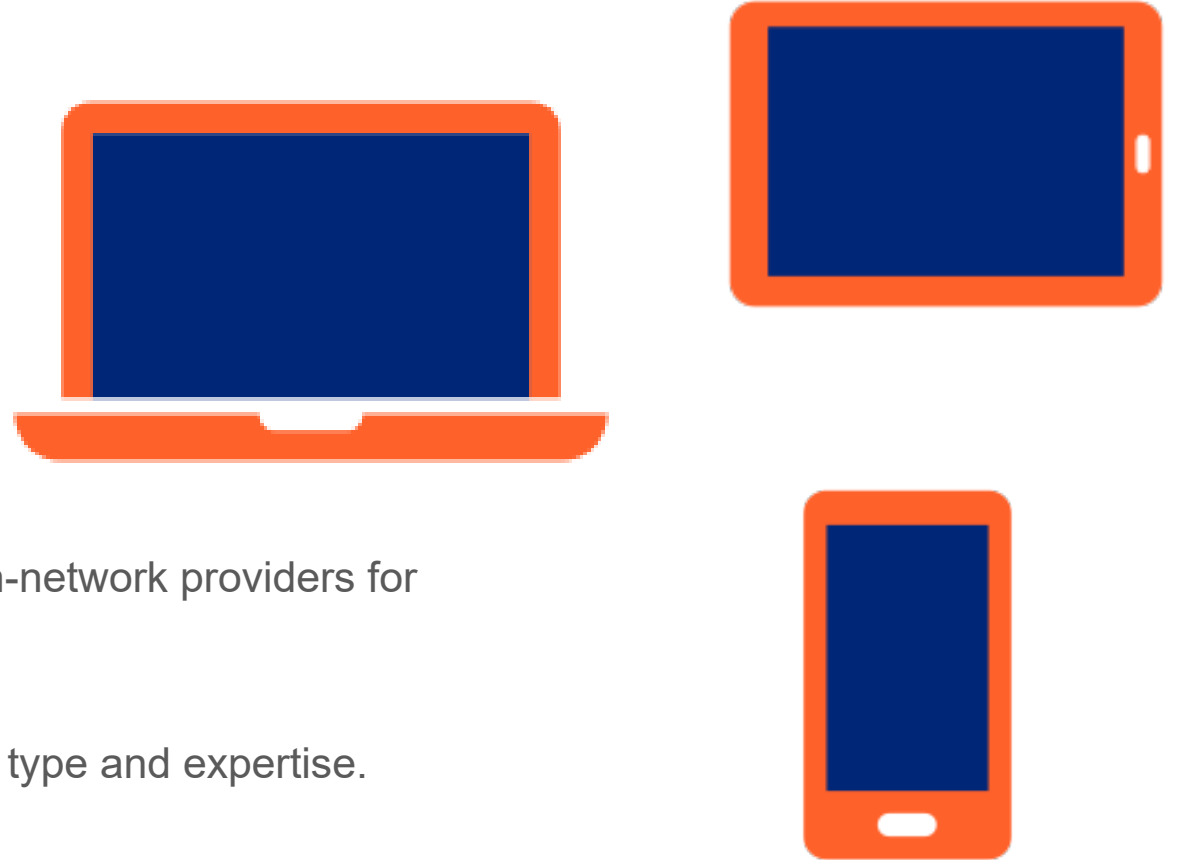
[Live and Work Well](#) makes it simple for members to:

- 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.



# 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.**

# Who is eligible?

**To be eligible for Behavior Modification and Consultation services, a member must meet the following criteria:**

-  Be under the age of 18\*
-  Be covered under the Idaho Behavioral Health Plan (IBHP)
-  Have a diagnosis of Serious Emotional Disturbance (SED)
-  Meets Optum Idaho Level of Care Guidelines for Behavior Modification and Consultation

\* Providers can request Behavior Modification and Consultation services for members 18 to under 21 years of age through the Early Periodic Screening Diagnosis Treatment (EPSDT) process.

[optumidaho.com/content/ops-optidaho/idaho/en/providers/forms.html](https://optumidaho.com/content/ops-optidaho/idaho/en/providers/forms.html)

\* A member that is diagnosed with a serious emotional disturbance (SED)  
A person is identified as having SED if they have both a DSM diagnosis and a functional impairment as identified by the Child and Adolescent Needs and Strengths (CANS) tool.

# Optum Idaho's Behavior Modification and Consultation Services Provider Information

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
- 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

- 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 a minimum of six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- BCaBA's must have active certification from the national Behavior Analyst Certification Board • 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
- Psychological service extenders must be registered with the Idaho Division of Occupational and Professional Licenses (IBOL) to be working with a specified psychologist and receive appropriate training and supervision by that psychologist • BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs assessment, develops behavior modification treatment plan, and provides direct supervision of Behavior Technicians in joint sessions with Member and family
- BCaBA's assists the BCBA/licensed clinician with assessments, treatment plans, and supervision of Behavior Technicians.
- 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, Medicaid Enrollment 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](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://irs.gov/apply-for-an-employer-identification-number-ein-online)

Professional Liability Insurance:

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



# Behavior Modification and Consultation Virtual Visits



Optum allows BCBA's/Licensed BH Clinicians within contracted ABA practices to conduct Behavior Modification and Consultation supervision and/or caregiver training via telehealth for the ID Medicaid membership.

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 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 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

Optum





# Clinical Team: Idaho Medicaid Behavior Modification and Consultation

## Idaho Behavior Modification Clinical Team

There is a dedicated Behavior Modification clinical team that will be supporting the Idaho Medicaid Behavior Modification and Consultation program:

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



# Intake

## At intake

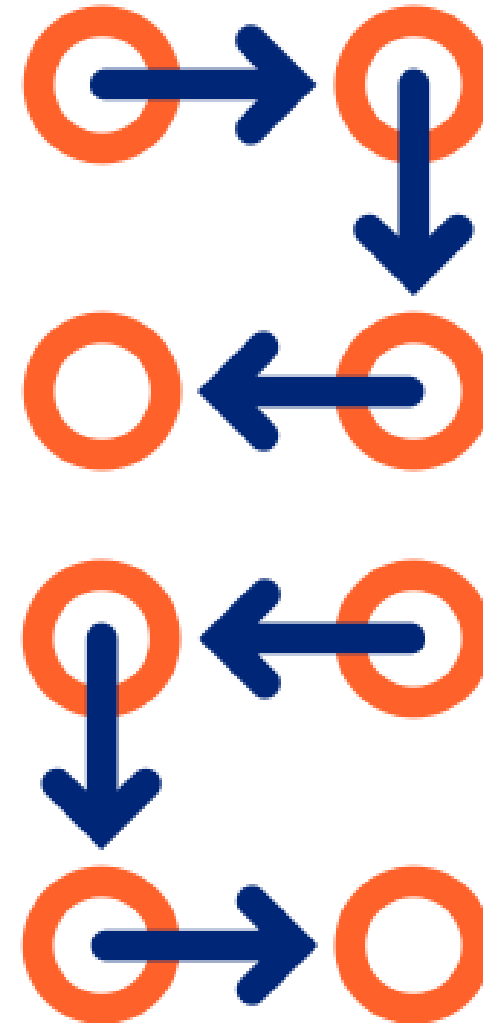
- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

## 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

- Check benefit coverage and eligibility relating to the service on the 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 is required for all Behavior Modification and Consultation services
- The Treatment Authorization Request Form can be submitted online at [electronicforms.force.com/ABATreatment/s/](https://electronicforms.force.com/ABATreatment/s/)
- Evidence of Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the assessment and the treatment plan for any treatment requests

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

# BMC Treatment Request Requirements

## Evidence of Medical Necessity

### Goals are:

- Related to the core deficits
- Objective
- Measurable
- Individualized
- Focused on skills to be increased (e.g., communication, social, imitation) and behaviors targeted for reduction (e.g., stereotypy, aggression, non-compliance, etc.)

## 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.**

# BMC Clinical Information Requirements for Each Review

- Confirmation member has an appropriate DSM-5 diagnosis and a functional impairment as identified by the Child and Adolescent Needs and Strengths (CANS) tool 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 Behavioral Modification and Consultation 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 and Optum Idaho Behavior Modification and Consultation Level of Care Guidelines)

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

# BMC 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 –
  - Goals should focus on the acquisition and/or increase of behavioral skills including, but not limited to, communication, social, imitation and reduction of maladaptive behaviors
  - Discharge criteria
  - Must meet medical necessity (see Provider Express for the Clinical Criteria and Optum Idaho Behavior Modification and Consultation Level of Care Guidelines)

# Prior Assessment Authorization – Online Portal Submission

**Optum** | Provider Express

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

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.



[providerexpress.com](https://providerexpress.com) >  
Autism/ABA Information

### CPT® Code Changes 2019

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

### Commercial ABA Program

- [FAQ - Autism/ABA](#)
- [ABA Agency Provider Orientation](#)
- [ABA Agency Quick Reference Guide](#)
- [ABA Virtual Visits for Commercial Members](#)

### 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 inquires](#)  (Brief how-to video overview)
- [How to view ABA authorizations online](#)  (You see what we see - brief video overview)

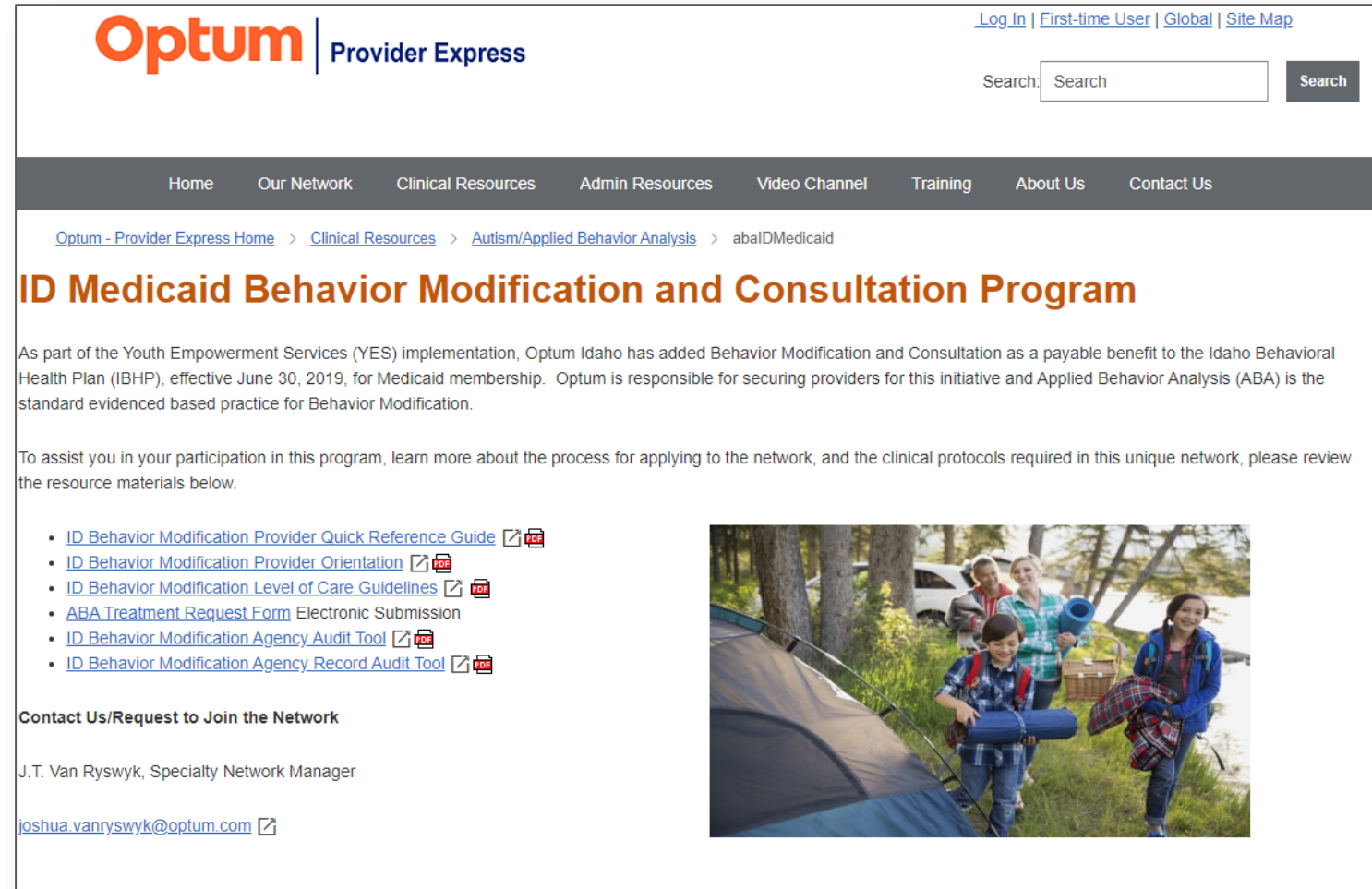
### State Medicaid ABA Programs

- [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](#)



# Prior Treatment Authorization

- Prior authorization request form can be found online at [providerexpress.com](https://providerexpress.com)



The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and "Provider Express" text. On the top right, there are links for "Log In", "First-time User", "Global", and "Site Map", along with a search bar. Below the header is a navigation menu with items: Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The breadcrumb trail reads: "Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis > abalDMedicaid". The main heading is "ID Medicaid Behavior Modification and Consultation Program". The text below explains that as part of the Youth Empowerment Services (YES) implementation, Optum Idaho has added Behavior Modification and Consultation as a payable benefit to the Idaho Behavioral Health Plan (IBHP), effective June 30, 2019, for Medicaid membership. It states that Optum is responsible for securing providers for this initiative and that Applied Behavior Analysis (ABA) is the standard evidenced based practice for Behavior Modification. A paragraph follows, stating that to assist in participation, users should learn more about the process for applying to the network and the clinical protocols required, and should review the resource materials below. A list of five PDF links is provided: "ID Behavior Modification Provider Quick Reference Guide", "ID Behavior Modification Provider Orientation", "ID Behavior Modification Level of Care Guidelines", "ABA Treatment Request Form Electronic Submission", and "ID Behavior Modification Agency Audit Tool". Below the list is a section titled "Contact Us/Request to Join the Network" with the name "J.T. Van Ryswyk, Specialty Network Manager" and the email address "joshua.vanryswyk@optum.com". On the right side of the page, there is a photograph of a family (a man, a woman, and two children) camping in a wooded area, with a tent and a car visible.

# Coding, Billing and Reimbursement

Optum



# Idaho Medicaid Behavior Modification and Consultation Fee Schedule

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
T1013		Language Interpretation Services (sign language or oral interpretation)	15 min
97151		Behavior identification assessment, by professional	15 min
97151	HN	Behavior identification assessment, by professional	15 min
97152		Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
97152	HN	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
97152	HM	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
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	15 min
97153		Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97153	HN	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97153	HM	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
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	15 min
97154		Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97154	HN	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97154	HM	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97155		Adaptive behavior treatment with protocol modification, by professional	15 min
97155	HN	Adaptive behavior treatment with protocol modification, by professional	15 min
97156		Family adaptive behavior treatment guidance, by professional (with or without patient present)	15 min
97156	HN	Family adaptive behavior treatment guidance, by professional (with or without patient present)	15 min
97157		Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	15 min
97157	HN	Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	15 min
97158		Group adaptive treatment with protocol modification, by professional	15 min
97158	HN	Group adaptive treatment with protocol modification, by professional	15 min

1	Unit Description: The units of service billed do not require a full 15 minutes of time spent on actual service delivery to be billed as a unit for billing of a 15-minute unit 10 minutes or more of services must be provided for the unit of service.
2	Use of Modifiers: Modifiers should be used in billing to reflect the credentials of staff delivering services and allow for proper claims payment.
3	Modifier Descriptions HP Doctorate level HM Less than Bachelor's degree level

# Claims Submission

## All Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Submitted within 90 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

## Please send paper claims to:

- Optum  
P.O. Box 30760  
Salt Lake City, UT 84130-0760

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

- Optum – 1-855-202-0983; Option 3



## Claims Submission (cont.)

- If not submitting claims online, providers must submit claims using the current Form-1500 claim form with appropriate coding
- Idaho Medicaid 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
- All claim submissions must include:
  - Member name
  - Medicaid identification 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 1-866-209-9320



# 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

Providers may use any clearinghouse vendor to submit claims

Payer ID for submitting claims is 87726

Electronic Data Interchange (EDI) Support Services

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

Please contact the EDI Clearinghouse Support Desk at 1- (800) 842-1109.

**To learn more about Electronic Data Interchange, visit Provider Express. From the Home Page, select Admin Resources>Claim Tips>EDI/Electronic Claims**

# 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 EPS 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
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for EPS with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan when the program is deployed.

*Note: For more information, please call 1-866-842-3278, option 5 or go to [UHCprovider.com](https://UHCprovider.com) > Claims, Billing and Payments > Optum Pay.*



# Claims Tips



## To ensure clean claims remember:

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

## Claims Filing Deadline

- Providers have 90 days from the date of service to file Medicaid 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) 05/12".
- Section 1:** Insurance type selection (Medicare, Medicaid, Tricare, etc.).
- Section 2:** Patient's name, birth date, sex, and relationship to the insured.
- Section 3:** Patient's address, city, state, and ZIP code.
- Section 4:** Other insured's name and policy/group number.
- Section 5:** Employment status and date of birth.
- Section 6:** Insurance plan name and program name.
- Section 7:** Signature of the insured or authorized person.
- Section 8:** Date of current illness, injury, or pregnancy.
- Section 9:** Name of referring provider or other source.
- Section 10:** Hospitalization dates related to current services.
- Section 11:** Discharge or nature of illness or injury.
- Section 12:** Dates of service, procedures, services, or supplies.
- Section 13:** Signature of physician or supplier.
- Section 14:** Service facility location information.
- Section 15:** Total charge and amount paid.
- Section 16:** Signature of physician or supplier.
- Section 17:** Service facility location information.
- Section 18:** Billing provider info and PI #.

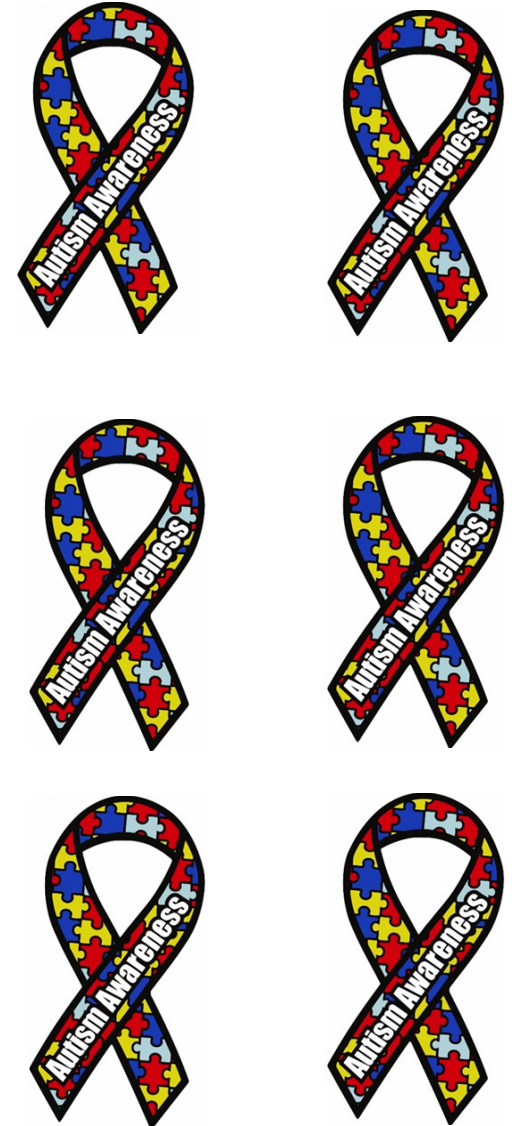
The form is divided into three main vertical sections: "CARRIER" at the top, "PATIENT AND INSURED INFORMATION" in the middle, and "PHYSICIAN OR SUPPLIER INFORMATION" at the bottom. A QR code is located in the top left corner.

# Diagnostic Coding

## Guides for Coding:

- DSM-5 defined conditions:
- A complete diagnosis with all 4 digits is required on all claims utilizing the ICD10 coding
- Diagnosed with SED - Serious Emotional Disturbance is defined as: “A person is identified as having SED if they have both a DSM diagnosis and a functional impairment as identified by the Child and Adolescent Needs and Strengths (CANS) tool”

[yes.idaho.gov](http://yes.idaho.gov)



# Appeals

Optum





# Appeals

- Must be requested within 60 days from the date of the non-coverage determination letter
- Pre-Service: is an appeal of a service that has not yet been received by a member.
- When a non-urgent pre-service appeal is requested, we will make an appeal determination and notify the provider and member or authorized member representative in writing within thirty (30) calendar days of the request.
- An urgent appeal can be requested when there is an immediate threat that could seriously jeopardize the member's life, health, or ability to regain maximum functioning. Urgent appeals are processed within 72 hours and the resolution will be provided verbally and in writing to the provider and member or authorize member representative.

- Post-Service: is an appeal of a service after it has been received by a member. These can be appeals of denied retrospective requests or denied claims. When a post service appeal is requested, we will make the appeal determination & notify the provider in writing within thirty (30) calendar days of the request.
- Pre-service appeals can be requested by the agency or provider with the member's written consent. Post-Service appeals can be requested by the agency or provider without member consent.
- Providers cannot request continuation of services when appealing on behalf of the member

**Appeal requests can be made orally or in writing; however, an oral non-urgent request to appeal must be followed up by a signed written appeal.**

# Services While In Appeal

- You may continue to provide service following an adverse determination, but the member should also be informed of the non-coverage determination
- The member or the member representative should be informed that the care will become the financial responsibility of the member from the date of the non-coverage determination forward
- The member must agree in writing to these continued terms of care and acceptance of financial responsibility. You may charge no more than the Optum contracted fee for such services, although a lower fee may be charged
- If, subsequent to the non-coverage determination and in advance of receiving continued services, the member does not consent in writing to continue to receive such care and we uphold the determination regarding the cessation of coverage for such care, you cannot collect reimbursement from the member pursuant the terms of your Agreement

# Appeals

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

Optum Quality Operations

322 E. Front Street, Ste. 400 Boise, ID 83702

Fax: 1-855-272-7053

Phone: 1-855-202-0983, Option 4





# Resources

Optum



# Provider Service Line

Provider Service Line: 1-855-202-0983

The Provider Service Line is available from 8:00 a.m. – 6:00 p.m. MST 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

**Optum** Provider Express

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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 - 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 21-28: 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)

# providerexpress.com

## You can find:

- ID Behavior Modification Clinical Criteria
- Optum Best Practice
- Coverage Determination Guidelines
- Optum Network Manual
- Optum ABA Clinical Policy with Medical Record Documentation Standards
- Contact Information
- Common Forms
- Eligibility and Benefits
- Claim Submission
- Claims Status




# providerexpress.com - First Time Users

- Register online for immediate access to secure transactions
- No fees apply
- Provider Express Support Center available from 7:00 a.m. to 9:00 p.m. Central time – toll free at 1-866-209-9320
- Live chat feature also available

## Create an Optum ID


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

 [Already have an Optum ID? Sign in now](#)

### Profile Information

First name

Last name

Year of birth  
 

### Sign In Information



# Idaho Behavior Modification and Consultation Provider Express Page

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[Optum - Provider Express Home](#) > [Clinical Resources](#) > [Autism/Applied Behavior Analysis](#) > [abaIDMedicaid](#)

## ID Medicaid Behavior Modification and Consultation Program

As part of the Youth Empowerment Services (YES) implementation, Optum Idaho has added Behavior Modification and Consultation as a payable benefit to the Idaho Behavioral Health Plan (IBHP), effective June 30, 2019, for Medicaid membership. Optum is responsible for securing providers for this initiative and Applied Behavior Analysis (ABA) is the standard evidenced based practice for Behavior Modification.

To assist you in your participation in this program, learn more about the process for applying to the network, and the clinical protocols required in this unique network, please review the resource materials below.

- [ID Behavior Modification Provider Quick Reference Guide](#) 
- [ID Behavior Modification Provider Orientation](#) 
- [ID Behavior Modification Level of Care Guidelines](#) 
- [ABA Treatment Request Form](#) Electronic Submission
- [ID Behavior Modification Agency Audit Tool](#) 
- [ID Behavior Modification Agency Record Audit Tool](#) 


**Contact Us/Request to Join the Network**

J.T. Van Ryswyk, Specialty Network Manager

[joshua.vanryswyk@optum.com](mailto:joshua.vanryswyk@optum.com) 

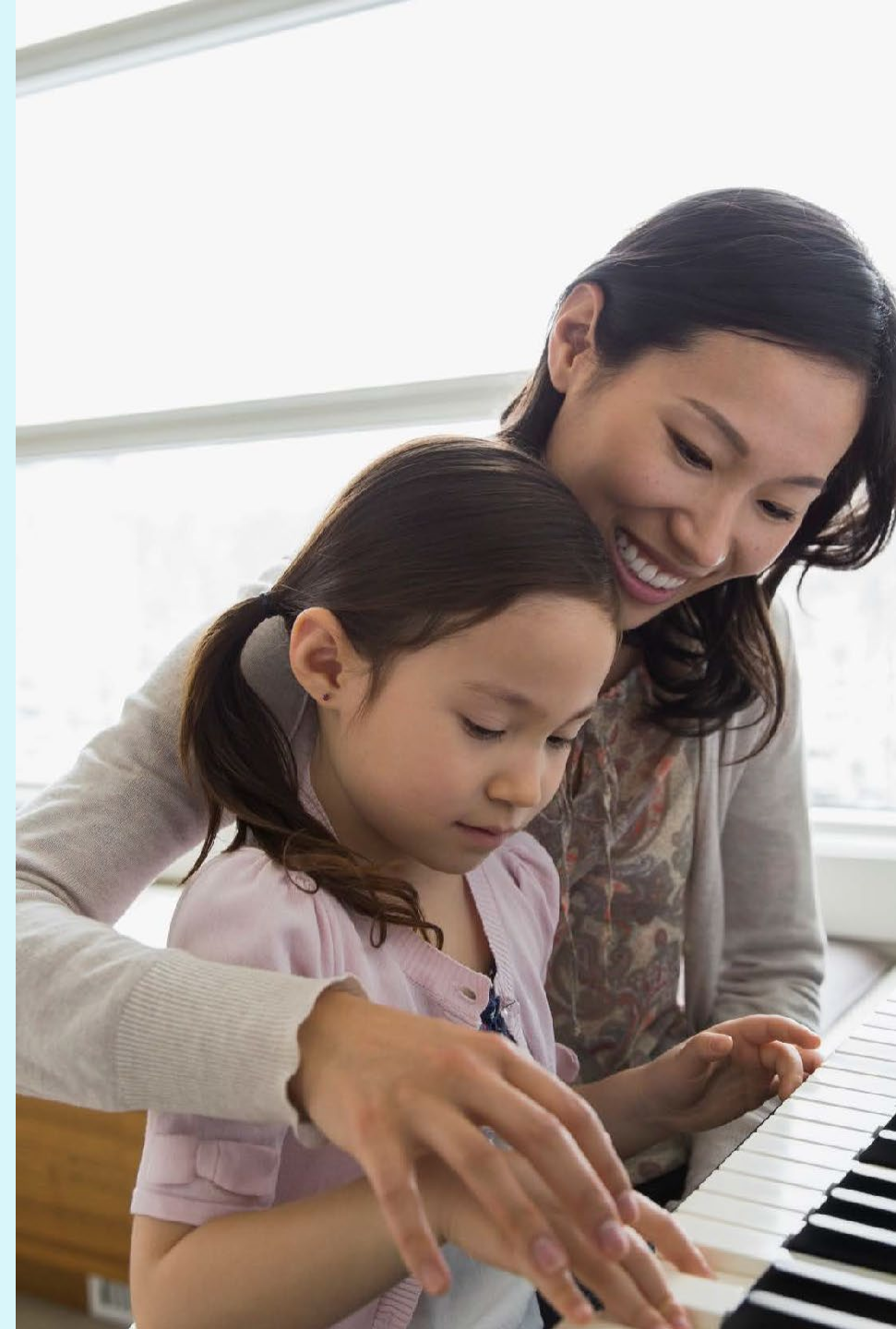
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BH4132 05/2022United Behavioral Health operating under the brand Optum47

# Idaho Behavior Modification and Consultation Provider Quick Reference Guide

<p><b>ID Card</b></p>	
<p><b>Clinician is Responsible for:</b></p>	<p>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</p> <ul style="list-style-type: none"> <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>
<p><b>Prior Authorization</b></p>	<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="https://optumpeeraccess.secure.force.com/ABAtreatment/">https://optumpeeraccess.secure.force.com/ABAtreatment/</a></li> <li>○ Or via fax at 1-888-541-6691</li> </ul> </li> </ul>
<p><b>Claims Paper Submission</b></p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>• United Healthcare, 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>
<p><b>Electronic Submission</b></p>	<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>
<p><b>Claim Status</b></p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> <li>• 1-855-202-0983</li> <li>• Or through the Web portal at <a href="http://providerexpress.com">providerexpress.com</a></li> </ul>
<p><b>Claim Appeals</b></p>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> <li>• Appeals must be requested within 60 calendar days from receipt of the notice of adverse determination</li> <li>• Mailed to Optum Idaho, Appeals and Grievances, 205 E. Watertower Street Meridian, ID 83642-6282 or faxed to 1-855-272-7053</li> </ul>
<p><b>Update Practice Info</b></p>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<p><b>Disclaimer</b></p>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<p><b>Network Management</b></p>	<p>JT Van Ryswyk Specialty Network Manager Email: <a href="mailto:Joshua.vanryswyk@optum.com">Joshua.vanryswyk@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)

Optum Idaho Behavioral Health

- [optumidaho.com](https://optumidaho.com)
- ABA Coding Coalition
- [abacodes.org](https://abacodes.org)



# Optum

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