



AllWays Health Partners MA MassHealth

Program Provider Orientation

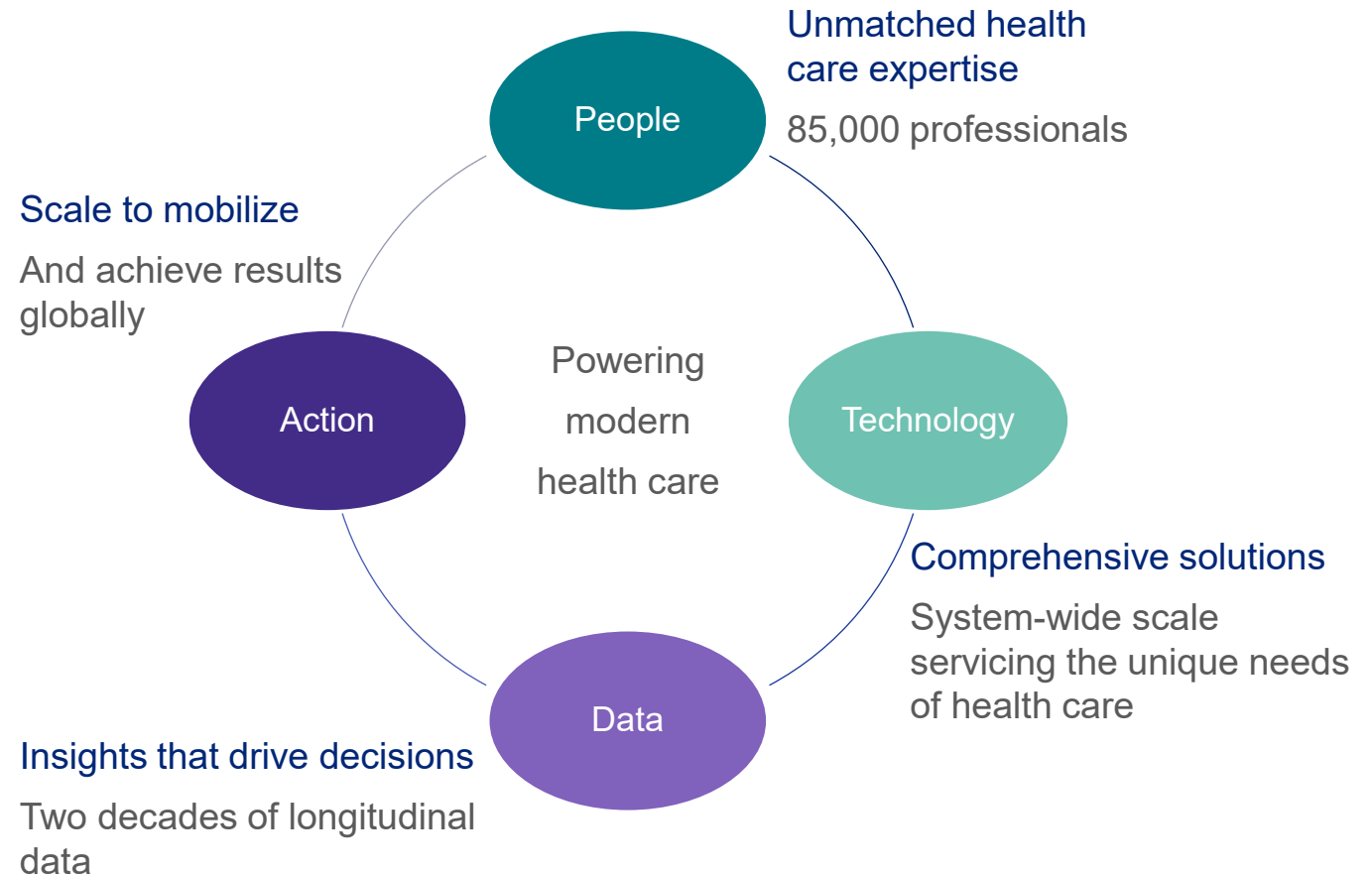


© 2023 Optum, Inc. All rights reserved.
BH4584_01/2023



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



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

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

The image shows a sample Member ID card for John A Sample. The card is divided into two main sections: a light blue top section with logos and member name, and a white bottom section with contact information and service details.

allways
HEALTH PARTNERS

My Care Family
MI FAMILIA DE CUIDADORES

John A Sample
0000000000
MassHealth#

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

Care and coverage through MassHealth by the Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners

MEMBERS
Customer Service: **1-800-462-5449**
(TTY 711)
For behavioral health services (mental health or substance use) call Optum Behavioral Health Services: **1-844-451-3519** (TTY 711)
CVS Caremark Prescription Services: **1-866-546-0662**
Visit **mycarefamily.org**, a secure member portal for detailed plan and provider information
Call your treating provider within 48 hours of an emergency visit.

PROVIDERS
Claims Info and Provider Manual: **allwaysprovider.org**
Provider Services: **1-855-444-4647**
Behavioral Health: **1-844-451-3519**
Pharmacy: **1-800-421-2342**

mycarefamily.org This card does not guarantee coverage. ID-50 (08/18)

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

[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 AllWays Heath Partners 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

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

- nppes.cms.hhs.gov

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

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

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: MA MassHealth ABA

Enhanced Autism/ABA Clinical Team

There is a dedicated, enhanced autism/ABA clinical team that will be supporting the AllWays Health Partners MA MassHealth 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/ 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

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express' text. To the right are links for 'Log In', 'First-time User', 'Global', and 'Site Map'. Below these is a search bar with the text 'Search:' and a 'Search' button. A navigation menu contains links for 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The main content area has a breadcrumb trail: 'Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis'. The section title is 'Autism/Applied Behavior Analysis'. 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 states: '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.' The final paragraph says: 'Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model verses facility model.' To the right of the text is a photograph of a family of four (a man, a woman, and two children) holding hands and smiling in a park setting.

- 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 \(OPHCP\) ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [WA Medicaid ABA Program](#)

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 Level of Care Guidelines and Coverage Determination Guidelines)

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

Concurrent reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - 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

MA MassHealth ABA Program

AllWays HealthPartners (formerly Neighborhood Health Plan of Massachusetts and Partners Health Plan) is one of the selected managed care plans within the state of Massachusetts providing coverage to the MassHealth membership.

Optum collaborates with AllWays HealthPartners 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.

- [MA MassHealth ABA Provider Orientation](#) 
- [MA MassHealth ABA Provider Quick Reference Guide](#) 
- [MA MassHealth ABA Treatment Request Form and Guidelines](#) 
- [MA MassHealth ABA Treatment Request Form - Electronic Submission](#)

Contact Us:

Please contact Heather Willis, Specialty Network Manager, at heather.willis@optum.com to learn more about this network .



Coding, Billing and Reimbursement

Optum



MA MassHealth 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
- UnitedHealthcare Community Plan requires that you initially submit your claim within 365 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 or UHCprovider.com



Claims submission (cont.)

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

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



Electronic Payment & Statements (EPS)

With EPS, 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

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 EPS with UnitedHealthcare, they will automatically receive direct deposit and electronic statements through EPS 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 365 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.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member Only) GROUP HEALTH PLAN (GHP) (ID#) FECA (FECA) (ID#) OTHER (Other) (ID#)

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

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M) (F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT RELATIONSHIP TO INSURED (Self) (Spouse) (Child) (Other)

6. PATIENT'S ADDRESS (No. Street)

7. INSURED'S ADDRESS (No. Street)

CITY STATE

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: (Current or Previous) (YES) (NO)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits within the limits of the plan and accept assignment of benefits.)

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 (MM/DD/YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM) (TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (NPI)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM) (TO)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? (YES) (NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to service line below (44)) (ICD-10)

22. SUBSCRIPTION (ORIGINAL REF. NO.)

23. PRIOR AUTHORIZATION NUMBER

LINE	A. DATES OF SERVICE (MM/DD/YY - MM/DD/YY)	B. PROCEDURE, SERVICE, OR SUPPLY (ICD-10, CPT/HCPCS, MODIFIER)	C. CHARGES	D. AMOUNT PAID	E. REMAINING PROVIDER BALANCE
1					
2					
3					
4					
5					
6					

24. FEDERAL TAX ID NUMBER (SSN/EIN)

25. PATIENT'S ACCOUNT NO.

26. ACCEPTANCE/ASSIGNMENT (YES) (NO)

27. TOTAL CHARGE \$

28. AMOUNT PAID \$

29. Have for NUCC Use

30. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE ADDRESS OR CREDIT BALANCE)

31. SERVICE FACILITY LOCATION INFORMATION

32. BILLING PROVIDER INFO & PH #

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

Diagnostic coding

Guides for Coding:

- DSM-5 defined conditions:
- Current autism diagnosis, F84.0
- 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
- 1099 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 link for users who already have an ID. The form is divided into two main sections: "Profile Information" and "Sign In Information".

Profile Information:




- First name:
- Last name:
- Year of birth: with a help icon.

Sign In Information:

- Your email address:
- Create One Healthcare ID: with a help icon.
- Below the ID field, there are instructions: "Your One Healthcare ID must have:" followed by a list of requirements: 6 to 50 characters, at least one letter, no spaces, no letters with accents, and a list of forbidden symbols: %, +, &, {, ^, *, {, } <, >, #, ., /, (,), : * ~ -.
- Create password: with an eye icon to toggle visibility.
- Below the password field, there 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.
- Type password again: with an eye icon to toggle visibility.

At the bottom, there is a "I Agree" button and a "Cancel" button. Below these is a "Chat with support" link and a note: "Note: This feature is not advisable for persons with visual impairments and/or who may require audible support."

MA MassHealth ABA provider Quick Reference Guide

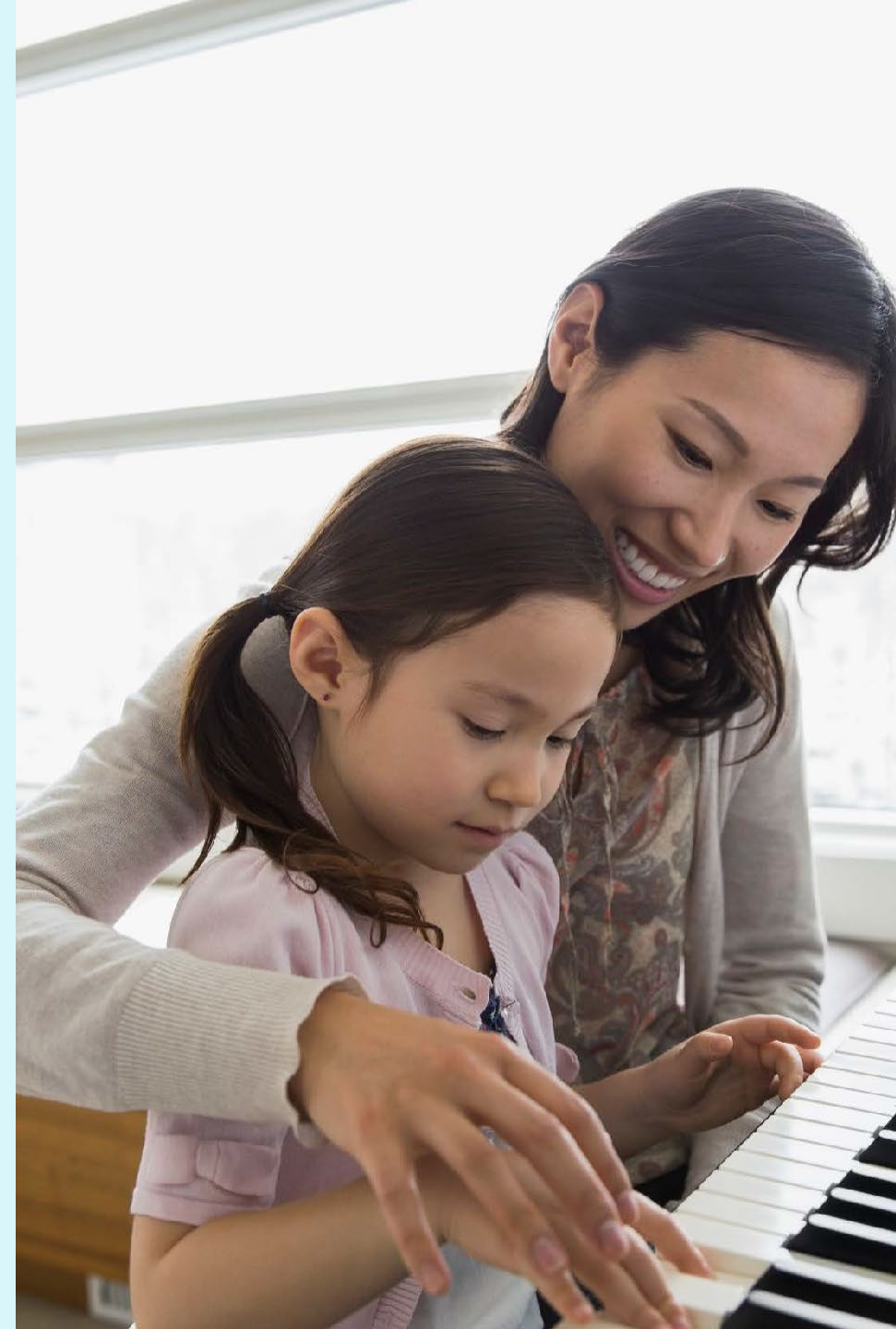
 	
MA Mass Health ABA Program Quick Reference Guide	
ID Card	
Clinician is Responsible for:	Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card <ul style="list-style-type: none"> Obtaining authorization as necessary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

Provider and Member Resources

An extensive condition-based library covering key behavioral and medical topics can be found on liveandworkwell.com under the Health and Well-Being Center within BeWell.

- Abuse & Neglect: Child
- Abuse: Domestic Violence
- Abuse & Neglect: Elder
- ADHD (Adult)
- ADHD (Youth)
- Alzheimer's & Dementia
- Anxiety
- Arthritis
- Asthma
- Autism
- Bipolar (Adult)
- Bipolar (Youth)
- Cancer
- Childhood Illness
- Chronic Pain
- Depression (Adult)
- Depression (Youth)
- Diabetes
- Eating Disorders (Adult)
- Eating Disorders (Youth)
- Heart Disease/Circulatory
- HIV
- Infertility
- Obesity
- Personality Disorders
- Obsessions & Compulsions
- Phobias
- Postpartum Depression
- Post-Traumatic Stress Disorder
- Schizophrenia (Adult)
- Schizophrenia (Youth)
- Sexual Problems
- Stress
- Traumatic Brain Injury 51

Appendix



Helpful Websites

To get an NPI number:

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