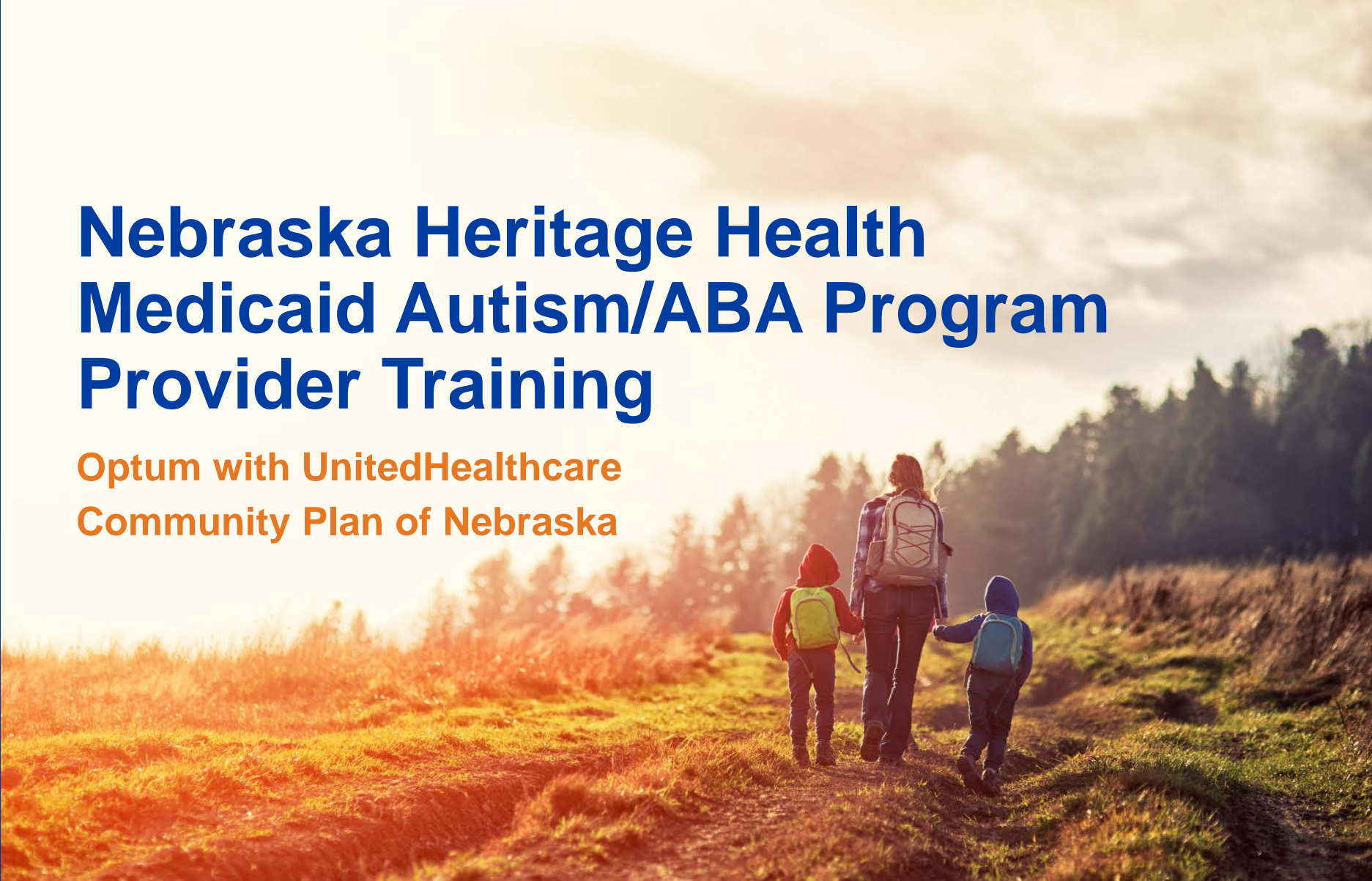


# Nebraska Heritage Health Medicaid Autism/ABA Program Provider Training

Optum with UnitedHealthcare  
Community Plan of Nebraska



BH1434\_06/2018





**Optum**

**Helping People Live their  
Lives to the Fullest**

BH1434\_06/2018

 **UnitedHealthcare<sup>®</sup>**  
Community Plan

**Mission**  
Helping people live healthier lives and helping make the health system work better for everyone.



Our goal is to deliver simplicity and earn trust from our members...



Be a catalyst for person-centered, community-based health transformation...



And be the recognized leader for our state partners in delivering person-centered, community-based health transformation.

**Vision**  
Be the most trusted name in healthcare.

## 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 & State
- Military & Veterans
- Global

# Company Structure



# 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



## 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





A photograph of a woman with long dark hair smiling warmly and hugging a young girl with dark hair in pigtails. They are outdoors in a grassy area with trees in the background. The lighting is bright and natural, suggesting a sunny day.

# Optum Autism/ABA Member Information

BH1434\_06/2018

# Member ID Card

- Will be sent directly to the member
- The member's ID number will be 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

---

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

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

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

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

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

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

## Member Website

---

[liveandworkwell.com](https://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.

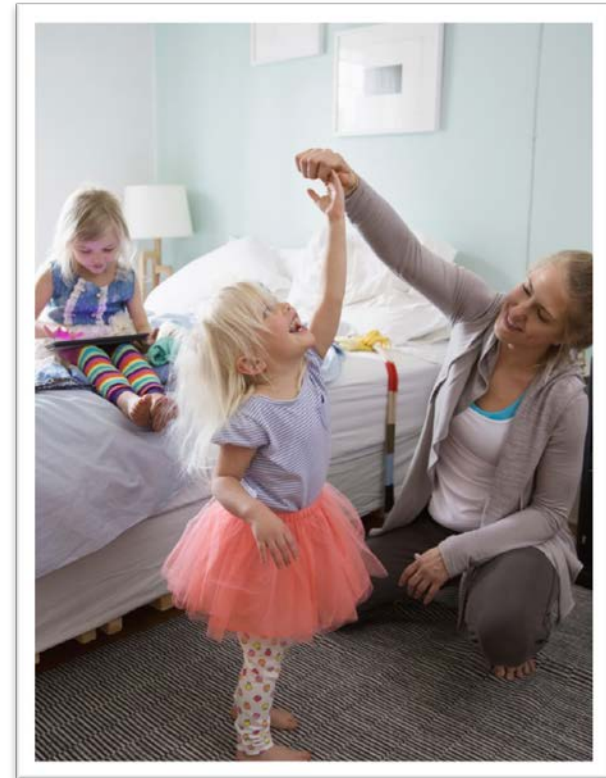
Providers can be located geographically, by specialty, license type and expertise.

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

## Who is Eligible?

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

- Be younger than age 20
- Be covered under Nebraska Heritage Health Medicaid Program



A photograph of three children on a red metal playground structure. In the foreground, a young girl with blonde hair, wearing a purple t-shirt, is smiling broadly while hanging from a horizontal bar with both hands. Behind her, a boy is also hanging from the same bar. In the background, another girl in a pink and white striped shirt is standing on a different part of the structure. The scene is outdoors with a bright, slightly hazy sky.

# Autism/ABA Program Services

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# Nebraska Heritage Health Medicaid Autism/ABA Program 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 Medicaid certification in good standing
- Compliance with all state/autism mandate requirements as applicable to behavior analysts
- A minimum of six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Minimum professional liability coverage of \$1 million per occurrence/ \$1 million aggregate

## ABA / 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, Medicaid certification in good standing, and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBA's must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure in those states that license assistant behavior analysts
- Behavior technician must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBA's or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs skills assessments and provides direct supervision of behavior technician 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)



# Steps in Providing Treatment

BH1434\_06/2018



## Autism/ABA Clinical Team

There is a dedicated autism/ABA clinical team that will be supporting the Nebraska Heritage Health Medicaid Autism/ABA program:

- Each team member is a licensed behavioral health clinician or BCBA with experience in Autism and training in ABA
- 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 declining 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

## Benefits/Eligibility Review

---

First step to reviewing the authorization request is to confirm eligibility, either by calling the number on the back of the member's card, or by contacting the Nebraska Medicaid Eligibility System (NMES) line at **1-800-642-6092** to verify benefits.

### Nebraska Heritage ABA requirements -

- **Age:** Younger than age 20
- **Eligibility:** Covered under Nebraska Heritage Medicaid Health Program
- **Behaviors:** Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities
- **Diagnosis:** Have been diagnosed with ASD
- **Evaluation:** Had a comprehensive diagnostic evaluation (CDE) by a qualified health care professional
- **Referral:** Have a prescription for ABA-based therapy services ordered by a qualified health care professional

## Treatment Plan Requirements

- Provider can submit their request for assessment or treatment authorization via fax or online portal at -

<https://optumpeeraccess.secure.force.com/ABAassessment/>

or via fax at 888-541-6691

- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the evaluation from the diagnosing provider and the treatment plan



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

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Home

## Submit online. Track online.

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

[More >>](#)

### Transactions

- [Eligibility & Benefits](#)
- [Auth Request & ReviewOnline](#)
- [Auth Inquiry](#)
- [Claim Entry](#)
- [Claim Inquiry](#)
- [My Provider Express](#)
- [My Practice Info](#)

#### Admin News

- National newsletter, **Network Notes – Spring 2018 is available** NEW
- New enhancements to the My Patients list function on Provider Express
- Reimbursement Policies available in Guidelines/Policies & Manuals

#### Product-Specific News

- UnitedHealthcare Sublocade Prior Auth Notice
- Mid-Atlantic Region - Effective 2/9/18 new fax number for M.D. IPA and Optimum Choice Plans
- 2018 Dual Special Needs Plan (DSNP)
- 2018 Optum-Providence DSNP Model of Care Training

#### Working Together

- **Autism Spectrum Disorder, 6-part continuing education learning series, free** NEW
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!

#### 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

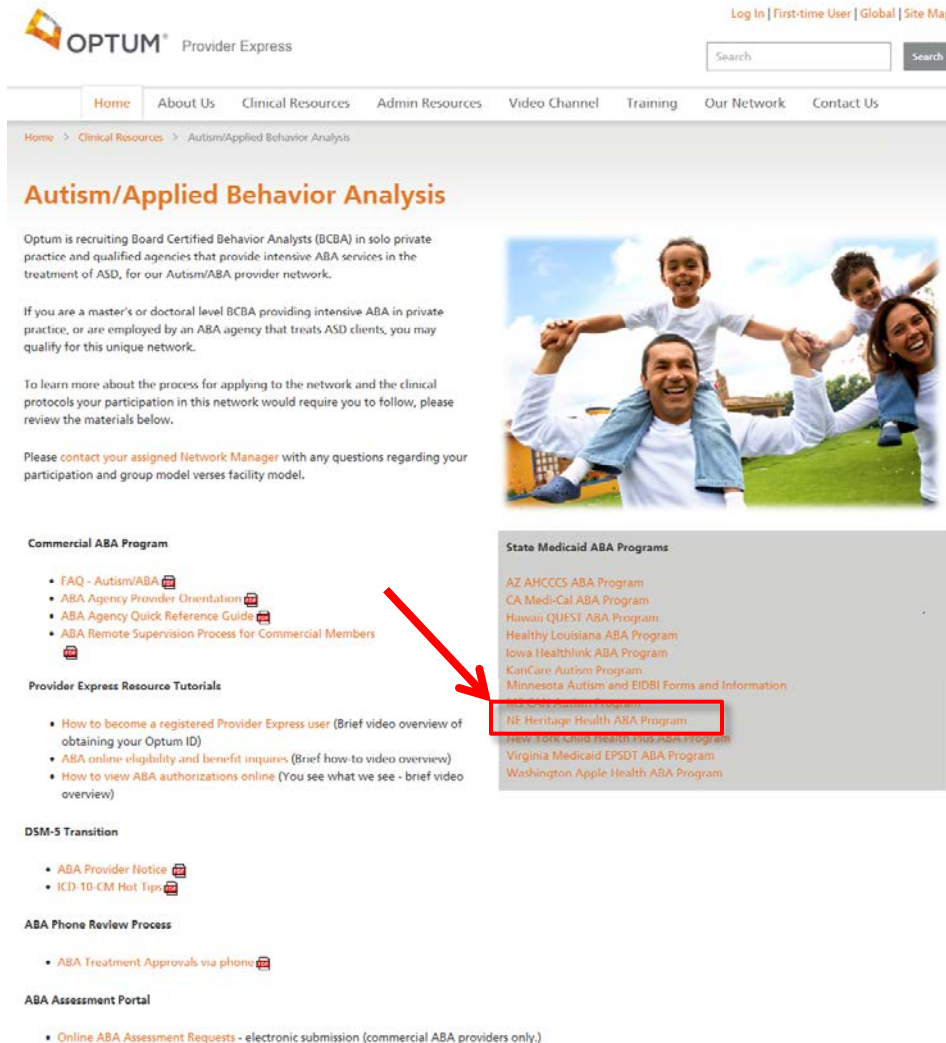
#### State-Specific News

- CA: OHBS-CA Network Manual - updated version - March 2018
- **LA Provider Survey - The Opioid Crisis in Louisiana: Call for Public Input** NEW
- NJ Substance Use Disorder Legislation

### Quick Links

- [▶ Navigating Optum](#)
- [▶ ACE Clinicians](#)
- [▶ ACE Facility](#)
- [▶ Medication Assisted Treatment](#)
- [▶ LAI Administration](#)
- [▶ Clinician Tax Id Add/Update Form](#)
- [▶ Join Our Network](#)

[providerexpress.com/trans/loginUser.uol](http://providerexpress.com/trans/loginUser.uol)



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## 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 your assigned Network Manager](#) with any questions regarding your participation and group model verses facility model.



### Commercial ABA Program

- [FAQ - Autism/ABA](#)
- [ABA Agency Provider Orientation](#)
- [ABA Agency Quick Reference Guide](#)
- [ABA Remote Supervision Process for Commercial Members](#)

### Provider Express Resource Tutorials

- [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](#) - electronic submission (commercial ABA providers only.)

### State Medicaid ABA Programs

- [AZ AHCCCS ABA Program](#)
- [CA Medi-Cal ABA Program](#)
- [Hawaii QUEST ABA Program](#)
- [Healthy Louisiana ABA Program](#)
- [Iowa Healthlink ABA Program](#)
- [KareCare Autism Program](#)
- [Minnesota Autism and EIDBI Forms and Information](#)
- [NE Heritage Health ABA Program](#)
- [New York United Health Plus ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [Washington Apple Health ABA Program](#)



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## NE Heritage Health ABA Program

**UnitedHealthcare Community Plan**, is one of the selected managed care plans providing coverage to Heritage Health enrollees in Nebraska. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for NE Heritage Health members, effective January 1, 2017.

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.

- [NE Heritage Health ABA Provider Orientation](#)
- [NE Heritage Health ABA Provider Quick Reference Guide](#) 
- [NE Heritage Health ABA Treatment Request Form and Guidelines](#) 
- [ABA Treatment Request Form Electronic Submission](#)



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





# Treatment Plan Requirements

## Meet Medical Necessity

### Goals are:

- Related to the core deficits of autism
- 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 ASD diagnosis
  - 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 ABA 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 of autism 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
  - 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 of autism 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) Clinical Policy)



A young child with curly hair is blowing a bubble outdoors. The child is wearing denim overalls over a grey t-shirt and holding a yellow container. The background shows trees and a clear blue sky.

# Coding, Billing and Reimbursement

BH1434\_06/2018

# Nebraska Heritage Health Medicaid Autism/ABA Provider Fee Schedule



UNITED BEHAVIORAL HEALTH (OHBS)			
NEBRASKA MEDICAID ABA EFFECTIVE 7.1.2019 FS 5107			
Billing Code	Service Description	Unit	Reimbursement
97151	Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute	15 min	\$42.37
97152	Behavior identification supporting assessment administered by one tech under the direction of a Dr. or other qualified health care professional, F2F, one patient each 15 minute	15 min	\$28.25
97153	Adaptive behavior treatment by protocol, administered by tech under the direction of a Dr. or other qualified healthcare professional, F2F, one member each 15 minute	15 min	\$28.25
97154	Group adaptive behavior treatment by protocol, administered by Tech under the directions of a Dr. or other qualified healthcare professional, F2F with two or more patients, each 15 minutes	15 min	\$28.25
97155	Adaptive behavior treatment by protocol, administered by Dr or other qualified healthcare professional, which may include simultaneous direction of a tech, F2F one patient, each 15 minutes	15 min	\$28.25
97156	Family adaptive behavior treatment guidance, administered by Dr. or other qualified healthcare professional, (with or without patient present), F2F with guardian or caregiver each 15 minute	15 min	\$42.37
97158	Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional F2F with Multiple patients. Each 15 minutes	15 min	\$42.37
<p>1) 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.</p>			
<p>2) 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).</p>			
<p>3) Proper billing form: CMS 1500</p>			

## Claims Submission –

### Required Claim Forms

- Form1500

### Claims/Customer Service # :

- Phone: 1-866-331-2243
- Fax: 1-855-312-1470

### Electronic Claims Payer ID:

- 87726

### Paper Claims:

When submitting behavioral Claims by paper, please mail claims to:

United Healthcare  
P.O. Box 31365  
Salt Lake City, UT 84131



## Claims Submission (Cont.)

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- If not submitting claims online, providers must submit claims using the current 1500 Claim Form with appropriate coding
- UnitedHealthcare Community Plan requires that you initially submit your claim within 180 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 and 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 [uhcprovider.com](https://uhcprovider.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 CMS-1500 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:

[uhccommunityplan.com/health-professionals/la/electronic-data-interchange.html](https://uhccommunityplan.com/health-professionals/la/electronic-data-interchange.html)

and

[Uhcprovider.com](https://Uhcprovider.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](https://myservices.optumhealthpaymentservices.com). Here is what you will 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 [UCHProvider.com](https://UCHProvider.com) > Quick Links > Electronic Payments and Statements.*

# Claims Tips

---

## **To ensure clean claims remember:**

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

## **Claims filing deadline:**

- UnitedHealthcare Community Plan requires that you initially submit your claim within 180 days of the date of service

## **Claims Processing:**

- Clean claims, including adjustments, will be adjudicated within 15 days of receipt

## **Balance Billing:**

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

## Claims Tips (Cont.)

---

### Member Eligibility

- Provider is responsible to verify member eligibility through DHS website

### Coding Issues

- Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
  - Submitting claims with codes that are not covered services
  - Required data elements missing, (i.e., number of units)

### Provider information missing/incorrect

- Example: provider information has not been completely entered on the claim form or place of service

### Prior Authorization Required

- Prior Authorization is required for all services or when additional units are being requested

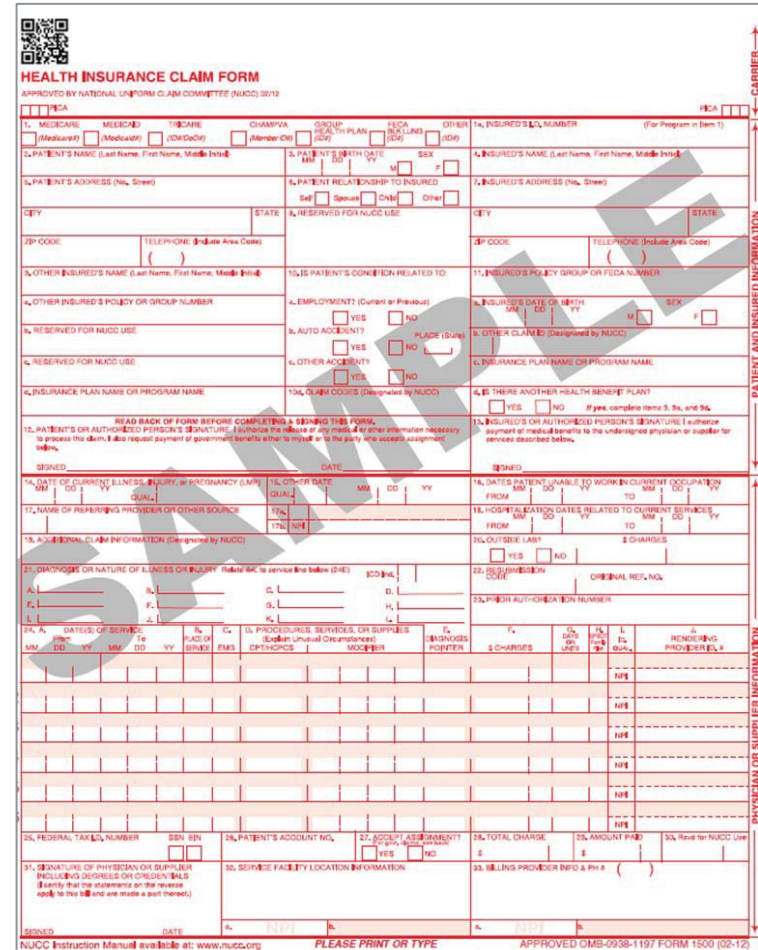
# Form 1500 - Claim Form

All billable services must be coded. Coding can be dependent on several factors:

- Type of service (assessment, treatment, etc.)
- Use appropriate modifier for specific provider type
- 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 note: Field 31 must have a rendering provider name. Rendering supervisor (BCBA/Licensed Clinician) will bill for all services by them or the BCaBAs/RBTs under the supervisory protocol.



The image shows the 'HEALTH INSURANCE CLAIM FORM' (NUCC 2012) with a QR code in the top left corner. The form is divided into several sections:
 

- 1. MEDICARE:** Includes checkboxes for MEDICARE, TRICARE, CHAMPVA, GROUP HEALTH PLAN, FECA, and OTHER.
- 2. PATIENT'S NAME:** Fields for last name, first name, middle initial, and birth date.
- 3. PATIENT'S ADDRESS:** Fields for address, city, state, and ZIP code.
- 4. PATIENT RELATIONSHIP:** Checkboxes for Self, Spouse, Child, and Other.
- 5. OTHER INSURED'S NAME:** Fields for name and birth date.
- 6. OTHER INSURED'S POLICY OR GROUP NUMBER:** Field for policy/group number.
- 7. EMPLOYMENT:** Checkboxes for Current or Previous, Auto Accident, and Other Accident.
- 8. INSURED'S DATE OF BIRTH:** Fields for month, day, and year.
- 9. OTHER CLAIM ID:** Field for designated by NUCC.
- 10. INSURANCE PLAN NAME OR PROGRAM NAME:** Field for plan name.
- 11. INSURED'S POLICY GROUP OR FECA NUMBER:** Field for policy/group number.
- 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE:** Signature line with date.
- 13. AUTHORIZED PERSON'S SIGNATURE:** Signature line with date.
- 14. DATE OF CURRENT ILLNESS, INJURY, OR INFIRMITY (AMI):** Fields for month, day, and year.
- 15. OTHER DATE:** Fields for month, day, and year.
- 16. DATES PATIENT UNABLE TO WORK:** Fields for start and end dates.
- 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE:** Fields for name and NPI.
- 18. HOSPITALIZATION DATES:** Fields for start and end dates.
- 19. ADDITIONAL CLAIM INFORMATION:** Field for information designated by NUCC.
- 20. OUTSIDE LAB:** Checkboxes for YES and NO.
- 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY:** Fields for ICD-9-CM code and description.
- 22. ICD-9-CM CODE:** Field for code.
- 23. PHYSICIAN AUTHORIZATION NUMBER:** Field for authorization number.
- 24. DATES OF SERVICE:** Fields for start and end dates.
- 25. PROCEDURES, SERVICES, OR SUPPLIES:** Fields for procedure codes and descriptions.
- 26. FEDERAL TAX ID NUMBER:** Fields for SSN and EIN.
- 27. PATIENT'S ACCOUNT NO.:** Field for account number.
- 28. ACCEPT ASSIGNMENT:** Checkboxes for YES and NO.
- 29. TOTAL CHARGE:** Field for total charge.
- 30. AMOUNT PAID:** Field for amount paid.
- 31. SIGNATURE OF PHYSICIAN OR SUPPLIER:** Signature line with date.
- 32. SERVICE FACILITY LOCATION INFORMATION:** Fields for location information.
- 33. BILLING PROVIDER INFO & PH #:** Fields for provider info and phone number.

## 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.





# Appeals and Grievances

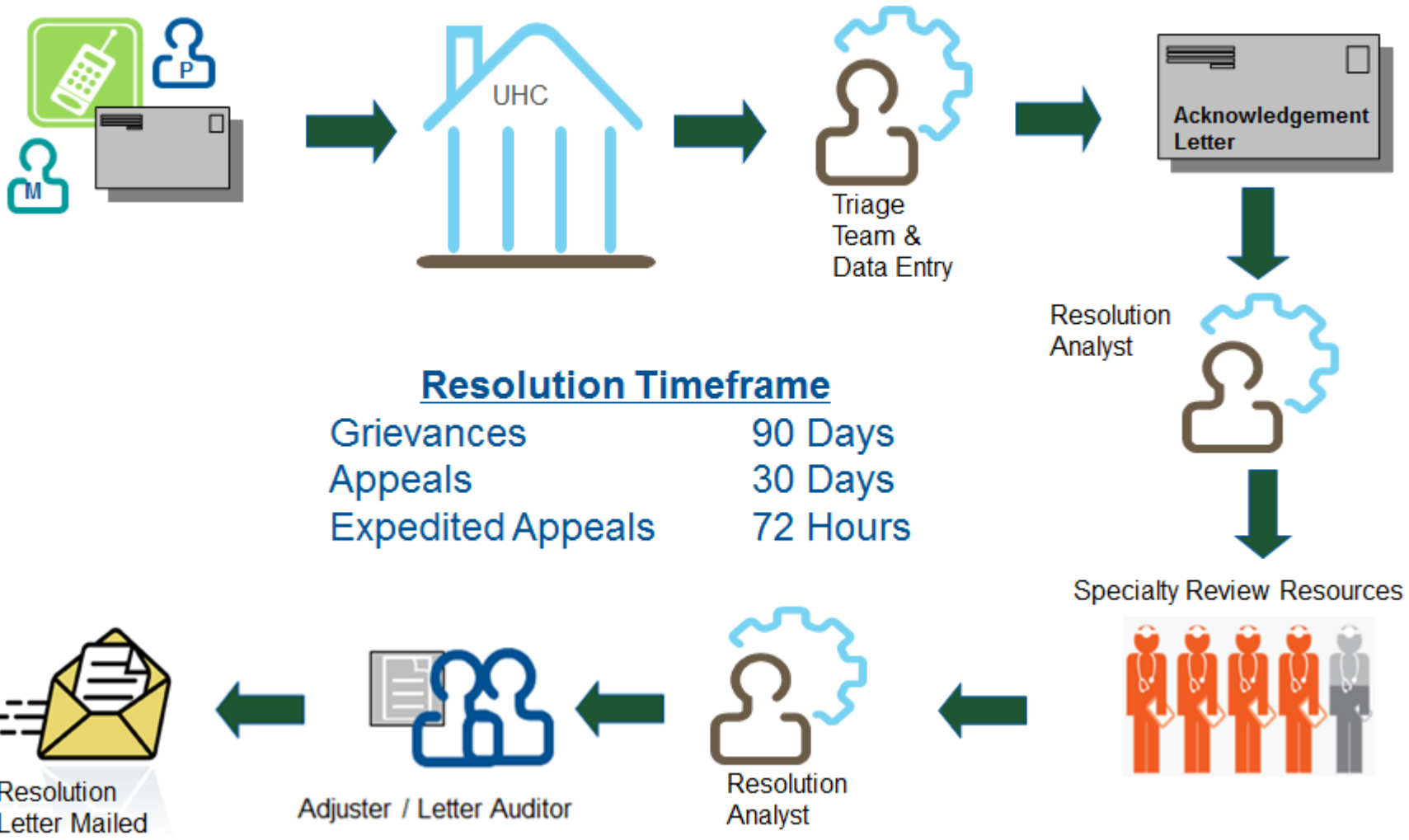
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# Grievances, Appeals and State Fair Hearings

- Effective for dates of service Jan. 1, 2017 and after, the Medicaid Managed Care Rule has updated the timeframes for Grievance, Appeals and State Fair Hearings:
- The timeframe to file a grievance or appeal was changed from 90 calendar days to **60 calendar days after** the notice of adverse benefit determination.
- The standard resolution timeframe for appeals was changed from 45 calendar days to **30 calendar days.**
- The timeframe to file a Nebraska State Fair Hearing was changed from 90 calendar days to **120 calendar days** from the appeal decision notice.

# Appeals & Grievance (A&G) Overview



## How to File A Grievance

You and your patients who are UnitedHealthcare members may file a grievance in three ways:

- **Phone:**

*Call* Provider Services at **1-866-331-2243**

- **Writing:**

*Mail*

UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, Utah 84131

- **In person:**

*Visit*

UnitedHealthcare Community Plan  
2717 North 118th Street, Suite 300  
Omaha, Nebraska 68164

## How to File an Appeal

---

- Submit a written request within 60 calendar days following the notice of adverse benefit determination.
- If you file an appeal on behalf of the member, the member's written consent must be filed within same timeframe.
- To submit a request and any medical records, you can:
  - *Call* Provider Services at **1-866-331-2243**.
  - *Write*

UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, Utah 84131

You may request an expedited 72-hour appeal if a delay would seriously jeopardize the life, health, or ability to attain, maintain or regain maximum function of a member. To request an expedited appeal, call **1-866-331-2243**.

## How to File a State Fair Hearing

- A provider may request a State Fair Hearing if they are acting as the member's authorized representative, with the member's written consent.
- A State Fair Hearing can be requested only after the appeals process has been completed.
- You may file a written request within 120 calendar days from the MCO Notice of Adverse Benefit Determination by writing to:

**Nebraska Department of Health & Human Services  
Legal Services - Hearing Section  
P.O. Box 98914  
Lincoln, Nebraska 68509-8914**

- If the member needs help writing a letter, they can call UnitedHealthcare customer service or call the NHHSS Legal Services at **1-402-471-7237**.
- The member, the provider or other delegated person acting as an authorized representative for the member may appear in person or via telephone to present the case at the State Fair Hearing.



# Resources

BH1434\_06/2018

# UHCprovider.com Provider Website





Resources for physicians, administrators and healthcare professionals

Use the MENU to explore by topic

Search can take you quickly to what you want

Head straight to LINK for self-service tools

## Hello!

Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.

[Learn More About Site Features](#)

Quickly access important self-service areas from tiles below

See the blue tab? We'd love to hear your feedback!

Claims and Payments

[Learn More](#)

Eligibility and Benefits

[Learn More](#)

Policies and Protocols

[View Current](#)

Prior Authorization and Notification

[Learn More](#)

Feedback

## Latest UnitedHealthcare Provider News

Claim Submission Is Coming To Link

[Claim Submission Is Coming To Link](#)

Feedback

# New User Registration

## [uhcprovider.com](https://uhcprovider.com)

Provides clinicians with access to the latest news, policy information and to Link self-service tools for care providers.

## [Create an Optum ID](#)

In order to access secure content on UHCprovider.com or to access [Link](#) self-service tools to submit claims, verify eligibility or to check for prior authorization requirements, you first need to have an Optum ID that has been connected to the Tax ID of your practice, facility or organization.

## [Video: Accessing Link via UHCprovider.com](#)

**Need an Optum ID?** Please [register](#) to create your Optum ID.

## **Have an Optum ID, but need to connect a Tax ID?**

To start the process, [sign in](#) with your Optum ID on UHCprovider.com and click "No" when asked if you received a registration letter that included a security code. From that point, complete the required fields for the form as prompted. For help see the [Accessing Link - Quick Reference Guide](#).



## **Need help accessing certain applications on Link?**

If you are unable to access specific Link Self-Service application using your Tax ID connected Optum ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.



# Nebraska Heritage Health Medicaid Autism/ABA Program Page

Nebraska Heritage Health Medicaid Autism/ABA Program providers has their own page on [providerexpress.com](https://providerexpress.com)



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

[Home](#) [About Us](#) [Clinical Resources](#) [Admin Resources](#) [Video Channel](#) [Training](#) [Our Network](#) [Contact Us](#)

[Home](#) > [Clinical Resources](#) > [Autism/Applied Behavior Analysis](#) > [abaNEMedicaid](#)

## NE Heritage Health ABA Program

**UnitedHealthcare Community Plan**, is one of the selected managed care plans providing coverage to Heritage Health enrollees in Nebraska. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for NE Heritage Health members, effective January 1, 2017.



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.

- [NE Heritage Health ABA Provider Orientation](#)
- [NE Heritage Health ABA Provider Quick Reference Guide](#) 
- [NE Heritage Health ABA Treatment Request Form and Guidelines](#) 
- [ABA Treatment Request Form](#) Electronic Submission

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



# Nebraska Heritage Health Medicaid Autism/ABA Provider Quick Reference Guide

 <div style="background-color: #f4a460; padding: 5px; text-align: center; color: white; font-weight: bold;">NE Heritage Health Medicaid Autism / ABA Program</div>	
<b>ABA Provider Quick Reference Guide</b>	
<b>Member ID Cards</b>	
	
<b>Clinician is Responsible for:</b>	<ul style="list-style-type: none"> <li>• Calling the number on the member's ID card to verify benefits or contacting the Nebraska Medicaid Eligibility System (NMES) line at <b>1-800-642-6092</b> to verify benefits.</li> <li>• Verifying enrollee eligibility &amp; benefits</li> <li>• Obtaining authorization as necessary</li> <li>• Being familiar with the Provider Manual located on our website <a href="http://www.uhccommunityplan.com/health-professionals/ne/Provider-Manual.html">http://www.uhccommunityplan.com/health-professionals/ne/Provider-Manual.html</a></li> <li>• Being familiar with Autism/ABA resource information and guidelines located at <a href="http://providerexpress.com">providerexpress.com</a> &gt; Home &gt; Autism ABA Corner &gt; Autism/ABA Information &gt; NE Heritage Health ABA Program</li> </ul>
<b>How to Verify Benefits and Obtain Authorizations:</b>	<ul style="list-style-type: none"> <li>• Call the number on the member's ID card to verify benefits or contact the Nebraska Medicaid Eligibility System (NMES) line at <b>1-800-642-6092</b> to verify benefits.</li> <li>• To obtain authorizations please complete our Nebraska Treatment Request form located at <a href="http://providerexpress.com">providerexpress.com</a> &gt; Home &gt; Autism ABA Corner &gt; Autism/ABA Information &gt; NE Heritage Health ABA Program</li> </ul>
<b>Claims Submission Information:</b>	<ul style="list-style-type: none"> <li>• On <a href="http://unitedhealthcareonline.com">unitedhealthcareonline.com</a></li> <li>• Through Electronic Data Interchange (EDI) Payer ID: 87726</li> <li>• Mailing Address: UnitedHealthcare PO Box 31365 Salt Lake City, UT 84131</li> <li>• Claims Customer Service #: <b>1-866-331-2243</b></li> </ul>
<b>Network Management:</b>	<ul style="list-style-type: none"> <li>• Consuela Morales-Streit – <a href="mailto:consuela.morales-streit@optum.com">consuela.morales-streit@optum.com</a></li> </ul>

# Provider and Member Resources

An extensive condition-based library covering key behavioral and medical topics can be found on [liveandworkwell.com](https://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

**Thank You**