



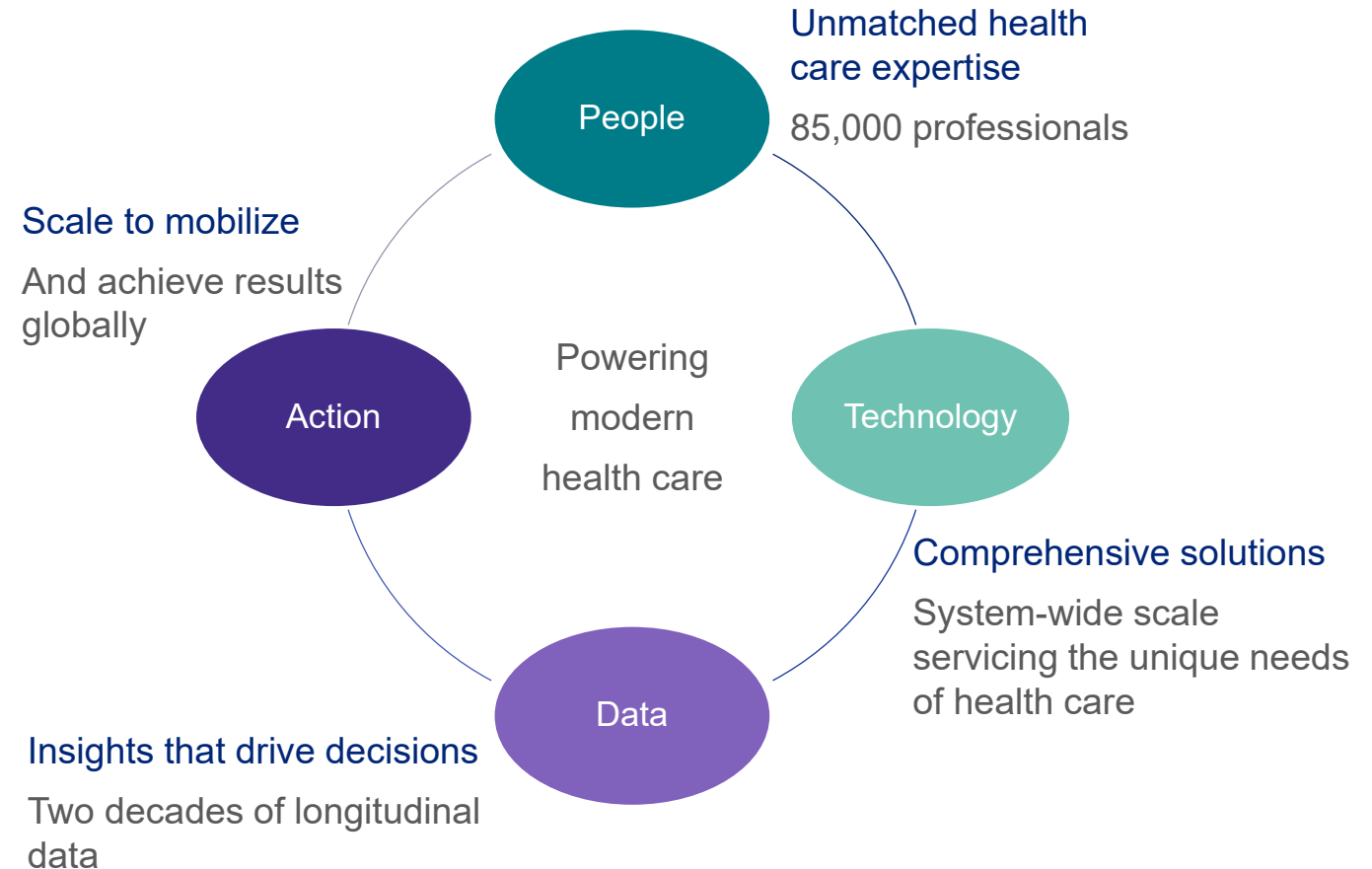
Texas Medicaid ABA Provider Orientation

Optum with UnitedHealthcare Medicaid Plan of
Texas



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®



Optum

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



UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

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

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



Member Information

Optum



TX Medicaid Member ID card

- Will be sent directly to the member
- All relevant contact information will be on the back of the card for both medical and behavioral customer service



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 Applied Behavior Analysis (ABA) services, the member must meet the following criteria:

- Be under the age of 21
- Be covered under UnitedHealthcare Community Plan of Texas
- Have an Autism Diagnosis



Credentialing Criteria for Autism/ABA Network



Required: NPI, Medicaid Enrollment and EIN/TIN

Licensed Behavior Analyst (LBA) Providers must be enrolled with Texas Medicaid as Provider Type 86, Specialty Type 51

- Have a National Provider Identifier (“NPI”) for both the rendering provider and group provider

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:

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

Professional Liability Insurance:

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

ABA Credentialing Criteria (1 of 2)

Individual Board-Certified Behavior Analysts—Solo Practitioner

- Board Certified Behavior Analyst (BCBA) - Required to possess a master's degree in psychology or behavior analysis, with active certification from the national Behavior Analyst Certification Board. Must have an unrestricted state issued license and meet all applicable Texas licensure requirements
- Texas Medicaid enrollment
- Compliance with all state autism mandate requirements as applicable to behavior analysts
- 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 Credentialing Criteria (2 of 2)



ABA / IBT Groups

- If in a supervisory role, BCBAs must meet standards listed previously and hold Supervisory Certification from the national Behavior Analyst Certification Board.
- Compliance with all state autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBAs required to possess an undergraduate degree and must have active certification from the national Behavior Analyst Certification Board
- Behavior Technicians must be a high school graduate and receive appropriate training and supervision by BCBAs BCBA on staff providing program oversight
- BCBA performs skills assessments and provides direct supervision of BCaBAs/Behavior Technicians 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

Eligibility, Authorizations &
Concurrent Reviews



Clinical Team

Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the Texas Medicaid ABA program:

- Each team member is a licensed behavioral health clinician, BCBA or LBA with experience and training in Autism Spectrum Disorders and 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 decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations



Eligibility and Prior Authorization

All ABA services require prior authorization:

- Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card
- The initial assessment (97151) requires prior authorization. All subsequent assessments for 97151 authorization is required but does not need to be prior authorization. Authorization maybe submitted AFTER the assessment has been completed.
- Check benefit coverage relating to both the service (e.g., Is Autism-based therapy covered?) and the diagnosis (e.g., Is autism covered?) on provider portal or by calling the number on the member's insurance card.
- Treatment Authorization Request Form can be submitted on-line at electronicforms.force.com/ABATreatment/s/
- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the ABA assessment and the treatment plan for any treatment requests. Authorization status can be viewed online at providerexpress.com
- When calling the Autism Care Advocate, you must have:
 - Member's name
 - ID #
 - Date of birth
 - Address
 - Provider Tax ID
 - Agency Address

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 history
- 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 was received within the past 3 years 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 – 85% involvement is required based on the requested amount
 - Attendance/Care giver participation log is required for each review
 - Why IBT now?
- Previous history in ABA-based treatment with your agency or another ABA provider
 - 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

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 (updated diagnostic evaluation if not received within the past 3 years)
 - 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— 85% involvement is required based on the request amount
 - Attendance/Care giver participation log is required for each review
- 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
 - [Texas Medicaid Guidelines](#)

Prior Assessment Authorization – Online Portal Submission



providerexpress.com > Autism/ABA Information

- Prior authorization request form can be found online at providerexpress.com
- Requests can also be faxed to 1-877-217-6068

- 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 inquiries (Brief how-to video overview)
- How to view ABA authorizations online (You see what we see - brief video overview)

ABA Programs

- 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

Billing and Reimbursement

Optum



Diagnostic Coding

Guides for Coding:

- DSM-5 defined conditions:
 - ❑ Clinical criteria for ASD
 - ❑ Maps to the appropriate ICD billing code

ASD Coverage:

- Autism Spectrum Disorder, F84.0 (ICD-10)
- A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding.



Texas ABA Medicaid fee schedule

UNITED BEHAVIORAL HEALTH				
Billing Code	Modifier	Non-Facility (N)/ Facility (F)	Service Description	Units
97151	HO		Behavior identification assessment, administered by a physician or other qualified health care professional.	15 min
97153			Adaptive behavior treatment by protocol, administered by technician under direction of a physician or other qualified health care professional, face-to-face with one patient.	15 min
97154			Group adaptive behavior treatment by protocol, administered by technician under direction of a physician or other qualified health care professional, face-to-face with two or more patients.	15 min
97155	HO		Adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one	15 min
97155	HN		Adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one	15 min
97156	HO		Family adaptive behavior treatment guidance, administered by a physician or other qualified health care professional, (with or without patient present) face to face guardian.	15 min
97156	HN		Family adaptive behavior treatment guidance, administered by a physician or other qualified health care professional, (with or without patient present) face to face guardian.	15 min
97158	HO		Group adaptive treatment with protocol modification, administered by a physician or other qualified health care professional, face to face with multiple patients.	15 min
97158	HN		Group adaptive treatment with protocol modification, administered by a physician or other qualified health care professional, face to face with multiple patients.	15 min
99366		N	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care	15 min
99366		F	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care	15 min

1	Modifier Descriptions HO Licensed Behavior Analysts HN Licensed Assistant Behavior Analyst
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Claims Submission update

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via Provider Portal at UHCprovider.com using the Claims tool in the Provider Portal
- Submit electronically using an EDI clearinghouse and payer ID # 87726

Electronic Remittance Advice (ERA)

- Payer ID 86047
- Include appropriate taxonomy codes
- Submitted within 95 days from the service date

Please send paper claims to:

- Optum
P.O. Box 5270
Kingston, NY 12402-5270

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

- 1-888-887-9003 STAR
- 1-888-887-9003 STAR+PLUS
- 1-888-887-9003 STAR KIDS
- Logging into UHCprovider.com



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)
 - 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 of a Health Insurance Claim Form (Form 1500). The form is titled "HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee (NUCC) 05/12. It features a QR code in the top left corner. The form is divided into several sections:

- Section 1:** MEDICAID, MEDICARE, TRICARE, CHAMPVA, GROUP HEALTH PLAN, RECA, OTHER.
- Section 2:** PATIENT'S NAME (Last Name, First Name, Middle Initial).
- Section 3:** PATIENT'S BIRTH DATE and SEX.
- Section 4:** INSURED'S NAME (Last Name, First Name, Middle Initial).
- Section 5:** PATIENT'S ADDRESS (No. Street), CITY, STATE, ZIP CODE, TELEPHONE.
- Section 6:** PATIENT RELATIONSHIP TO INSURED (Self, Spouse, Child, Other).
- Section 7:** INSURED'S ADDRESS (No. Street), CITY, STATE, ZIP CODE, TELEPHONE.
- Section 8:** RESERVED FOR NUCC USE.
- Section 9:** OTHER INSURED'S NAME (Last Name, First Name, Middle Initial).
- Section 10:** IS PATIENT'S CONDITION RELATED TO: (Current or Previous).
- Section 11:** INSURED'S POLICY GROUP OR FEDCA NUMBER.
- Section 12:** PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE.
- Section 13:** INSURED'S DATE OF BIRTH and SEX.
- Section 14:** OTHER INSURED'S POLICY OR GROUP NUMBER.
- Section 15:** IS AUTO ACCIDENT? (YES/NO).
- Section 16:** OTHER CLAIMS (Designated by NUCC).
- Section 17:** NAME OF REFERRING PROVIDER OR OTHER SOURCE.
- Section 18:** HOSPITALIZATION DATES RELATED TO CURRENT SERVICES.
- Section 19:** ADDITIONAL CLAIM INFORMATION (Designated by NUCC).
- Section 20:** OUTSIDE LAB? (YES/NO).
- Section 21:** DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to ICD-9-CM).
- Section 22:** SUBSCRIPTION ORIGINAL REF. NO.
- Section 23:** PRIOR AUTHORIZATION NUMBER.
- Section 24:** DATES OF SERVICE (From/To).
- Section 25:** PROCEDURES, SERVICES, OR SUPPLIES (ICD-9-CM).
- Section 26:** CHARGES (CPT/HCPCS).
- Section 27:** ACCEPTANCE/ASSIGNMENT (YES/NO).
- Section 28:** TOTAL CHARGE.
- Section 29:** AMOUNT PAID.
- Section 30:** Rate for NUCC Use.
- Section 31:** SIGNATURE OF PHYSICIAN OR SUPPLIER (including address or credentials).
- Section 32:** SERVICE FACILITY LOCATION INFORMATION.
- Section 33:** BILLING PROVIDER INFO & PH #.

 The form also includes a "SIGNED" and "DATE" field at the bottom left, and a "PLEASE PRINT OR TYPE" instruction at the bottom center. The form number is 1500 (02-12).

Claim Customer Service contact information

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

In the event you experience claim problems, please contact the following:

By Phone:

- 1-888-887-9003 STAR
- 1-888-887-9003 STAR + Plus
- 1-888-887-9003 STAR KIDS

OR

- Online by logging in to: UHCprovider.com

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 ID#) GROUP HEALTH PLAN (ID#) FECA (FECA) OTHER (ID#) 1a. INSURED'S ID NUMBER (For Program in Item 1)

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'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No. Street)

CITY STATE 8. RESERVED FOR NUCC USE CITY STATE

ZIP CODE TELEPHONE (Include Area Code) 2P CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: YES NO 11. INSURED'S POLICY GROUP OR FECA NUMBER

4. OTHER INSURED'S POLICY OR GROUP NUMBER 4. EMPLOYMENT? (Current or Previous) YES NO 6. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX M F

6. RESERVED FOR NUCC USE 6. AUTO ACCIDENT? YES NO PLACE (State) 6. OTHER CLAIM# (Designated by NUCC)

6. RESERVED FOR NUCC USE 6. OTHER ACCIDENT? YES NO 6. INSURANCE PLAN NAME OR PROGRAM NAME

6. INSURANCE PLAN NAME OR PROGRAM NAME 14. CLAIM CODES (Designated by NUCC) 4. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 3, 9a, and 9b.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Authorize the release of any medical or other information necessary to process this claim. It also requests payment of government benefits either to medical or to the party who accepts assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (Authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

SIGNED DATE SIGNED

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 17a. NPI 17b. 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 ICD-9-CM to service the below (2-6)) (ICD-9-CM) 22. RESUBMISSION YES NO ORIGINAL REF. NO.

A. B. C. D. E. F. G. H. I. J. K. L.

24. A. DATES OF SERVICE FROM TO B. FACILITY NAME C. PROCEDURES, SERVICES, OR SUPPLIES (Under General Circumstances) D. PHYSICIAN OR SUPPLIER E. POINT OF SERVICE F. \$ CHARGES G. CODE OR LMP# H. ICD-9-CM I. ICD-9-CM J. RENDRING PROVIDER ID#

1 2 3 4 5 6

25. FEDERAL TAX ID NUMBER SSN/EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPTANCE/ASSIGNMENT? YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rate for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include address on credit bills. I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH#

SIGNED DATE a. b. a. b.

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

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

- Timely filing for Texas Medicaid is 95 days from date of service

Balance Billing

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

Member Eligibility

- Provider is responsible to verify member eligibility through UHCprovider.com

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
- The initial assessment (97151) requires prior authorization. All subsequent assessments for 97151 authorization is required but does not need to be prior authorization. Authorization maybe submitted AFTER the assessment has been completed.



Denials

Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)

- Denial Codes:
 - Ineligible
 - Over limit
 - No out-of-network benefits
 - Prior approval required

Non-Coverage Determination (NCD)

Appeals

Claims Tips

Rejections/Denials:

- Rejected claim – Claims that are rejected prior to hitting Optum claims system
 - ❑ Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data element)
- Denied claim – Claims that are denied by Optum claims system
 - ❑ Claims could be denied automatically during auto adjudication (e.g., eligibility or timely filing issues)
 - ❑ Or claims could be denied during processing (e.g., no authorization on file, etc.)



Claims Submission Option 1- online

Log on to 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 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.

Electronic Remittance Advice (ERA) Payer ID: 86047

EDI Support: 1-800-210-8315 or email ac_edi_ops@uhc.com

Additional information regarding EDI is available on:

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

and

- [UHCprovider.com](#)



Optum Pay

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

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

To receive direct deposit and electronic statements through Optum Pay you need to enroll at myservices.optumhealthpaymentservices.com/registrationSignIn.do

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 Optum Pay with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through Optum Pay 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 > Claims, Billing and Payments > Optum Pay.

Provider Express

Optum



providerexpress.com

You can find:

- Autism ABA Corner with specific ABA resources
- New provider orientation “Navigating Optum” viewable on demand
- Network Manual
- Demographic Updates
- Guidelines / Policies & Manuals
- Clinical Resources
- Administrative Resources
- Recovery & Resiliency Toolkit
- Video Channel
- Webinars/Training Resources



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
- 1059 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/CSBA 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 Psycho-social 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 on “Contact Us” page

Create One Healthcare ID

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

i Already have One Healthcare ID? [Sign in now](#)

Profile Information

First name

Last name

Year of birth ⓘ

Sign In Information

Your email address

Create One Healthcare ID ⓘ

Your One Healthcare ID must have:

- 8 to 50 characters
- At least one letter
- No spaces
- No letters with accents
- None of these Symbols: % + " & [\] ^ * { | } < > # . / ; () : " = ~


Create password ⓘ

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- No spaces and no & symbol

Type password again ⓘ

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the One Healthcare ID service. If you do not agree, click Cancel and do not use any aspect of the One Healthcare ID service.

 [Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.

Resources

Optum



UHCprovider.com provider website

The screenshot displays the UHCprovider.com website interface. At the top, there is a navigation bar with a 'MENU' icon, the UnitedHealthcare logo, a search bar with the text 'What can we help you find?', and several utility icons: MEMBERS, FIND DR., LINK, NEW USER, and SIGN IN. Below the navigation bar, a sub-header reads 'Resources for physicians, administrators and healthcare professionals'. The main content area features a large banner with a smiling woman's face. The banner includes a 'Hello!' greeting, a welcome message, and a 'Learn More About Site Features' button. Callout arrows point to the 'MENU', search bar, 'LINK' icon, and a blue tab on the right. Below the banner are four colored tiles: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (purple). Each tile has a 'Learn More' or 'View Current' button. At the bottom, there is a 'Latest UnitedHealthcare Provider News' section with two news items, both titled 'Claim Submission Is Coming To Link'. A vertical 'Feedback' button is located on the right side of the page.

New User registration

UHCprovider.com

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

Create a One Healthcare 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 a One Healthcare ID that has been connected to the Tax ID of your practice, facility or organization.

Video: Accessing Link via UHCprovider.com

Need a One Healthcare ID?

Please register to create your One Healthcare ID.

Have a One Healthcare ID, but need to connect a Tax ID?

To start the process, sign in with your One Healthcare 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 UnitedHealthcare Provider Portal?

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

Prior Treatment authorization

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](#) > Texas Medicaid ABA Program


Texas Medicaid ABA Program

UnitedHealthcare Community Plan Texas, is one of the selected managed care plans providing coverage to Texas Medicaid enrollees. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for Texas Medicaid members, effective February 1, 2022.


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.

- [Texas Medicaid ABA Provider Orientation](#) 
- [Texas Medicaid ABA Quick Reference Guide](#) 
- [ABA Treatment Request Form Electronic Submission](#) 
(Treatment Requests can also be faxed to 1-877-217-6068)
- [Member Attendance Log sample](#) 
- [Parent Attendance Log sample](#) 

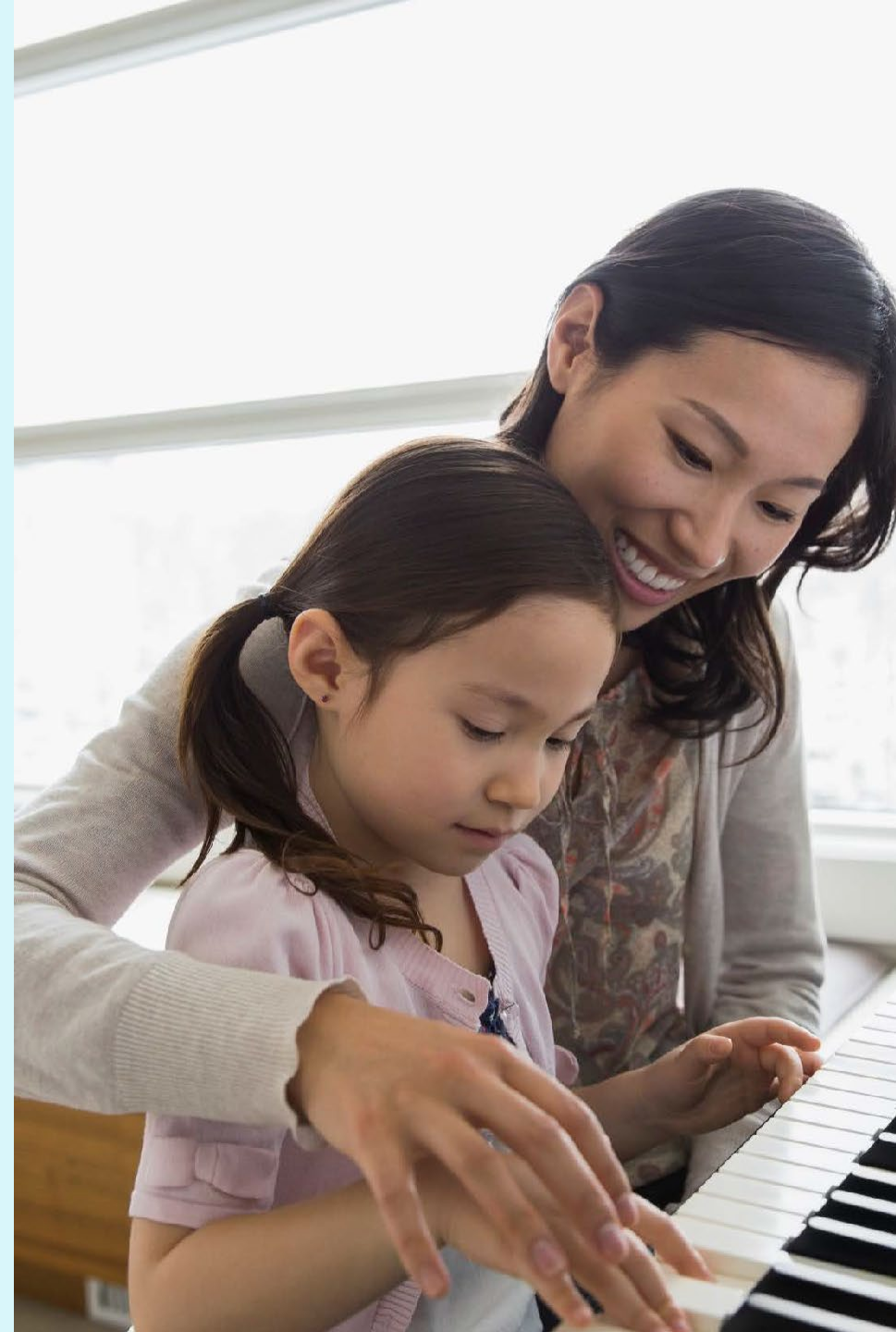
Contact Us/Request to Join the Network
Edgardo Marrero-Diaz
edgardo.marrero-diaz@optum.com



Texas Medicaid ABA program provider Quick Reference Guide

 UnitedHealthcare Community Plan of Texas ABA Program Quick Reference Guide	
Clinician is Responsible for:	Verifying benefits/eligibility online at uhcprovider.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
ABA Clinical Policy and Level of Care Guidelines	ABA Clinical Policy and Level of Care Guidelines can be found at providerexpress.com > Clinical Resources > Guidelines/Policies & Manuals > State/Contract Specific Criteria > Texas Medicaid Autism Services, along with other resource materials.
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 call 1-877-217-6068
Claims Paper Submission	Mail paper claims to: <ul style="list-style-type: none"> Optum Behavioral Health, P.O Box 5270, Kingston, NY 12402-5270 All autism provider services must be billed on a Form 1500 Submission should occur within 95 days of date of service
Electronic Submission	Submit claims online through: <ul style="list-style-type: none"> Claims Payer ID 87726 Electronic Remittance Advice (ERA) Payer ID 86047 EDI Support 1-800-210-8315 or email ac_edi_ops@uhc.com
Claim Status	Claims status can be obtained by calling Customer Service Center: <ul style="list-style-type: none"> STAR 1-888-887-9003 STAR+PLUS 1-888-887-9003 STAR KIDS 1-888-887-9003 Or through the Web portal at providerexpress.com or uhcprovider.com
Clinical Appeals	Mail appeals to: <ul style="list-style-type: none"> Optum Behavioral Health, P.O Box 31364, Salt Lake City, UT 84131-0364
ABA Clinical Policy and Clinical Criteria	ABA Clinical Policy and Clinical Criteria can be found at providerexpress.com > Clinical Resources > Guidelines/Policies & Manuals > State/Contract Specific Criteria > Texas Medicaid Autism Services, along with other resource materials.
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	Edgar Marrero-Diaz, Specialty Network Manager Email: Edgar.marrero-diaz@optum.com

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
- 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)

Texas Medicaid

- [tmhp.com](https://www.tmhp.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

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