Today’s Topics

- Who is Optum?
- Specialty Network Services
- Autism/ABA Program
- Benefit Design within State Mandates
- Member Information
- Credentialing Criteria
- Eligibility, Authorizations, Concurrent Reviews,
- Discharge Planning
- Billing, Claims, Denials
- Providerexpress.com
- Resources
- Appendix
Optum
Helping People Live Their Lives To The Fullest
Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the healthcare system work better for everyone
- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness
- We focus on three key drivers of transformative change: engaging the consumer, aligning care delivery and modernizing the health system infrastructure
UnitedHealth Group Structure

**UNITEDHEALTH GROUP**

**OPTUM**

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

**UnitedHealthcare**

Helping people live healthier lives

Health care coverage and benefits:
- Employer & Individual
- Medicare & Retirement
- Community & State
- Global
Company Structure
Our mission is to help people live healthier lives. Our role is to make health care work for everyone.


Honor commitments
Never compromise ethics

Walk in the shoes of people we serve and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence in everything we do
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 Program

**Specialty Network**

- Dedicated department responsible for building a network of autism specialty providers made up of Board Certified Behavior Analysts® (BCBA®) and licensed behavior clinicians with experience in intensive behavior therapies
- Extensive credentialing process/review of autism specialty providers that includes a site and medical record review
- Autism Corner on provider portal, [Provider Express](#), offers network and clinical resource information for autism specialty providers.
- National network of over 4,100 autism specialty provider locations

**Clinical Oversight**

- Supervised by a manager who is a licensed psychologist and BCBA-D
- Autism Clinical Team assists families with resources, education, care coordination and claims
Optum Autism/ABA Program (cont.)

Operational Initiatives

- Autism coverage protocols and medical necessity guidelines in place
- Specialized team to assist members and facilitate authorizations and claims payment

Kudos From Customers

“I wanted to send a letter out to all of our other clients encouraging them to switch to Optum when the open enrollments occur this fall as it has been such a great experience for us and the children are getting the services they so desperately need without a hassle.”

~ Pat, Children Making Strides

“I wanted to let you know I attended the APBA’s convention in Boston yesterday and people from all over the country attended. Everyone in the room had wonderful things to say about UBH! And I want to personally thank you, Debbie, for all the hard work and assistance. I could not have done it without you!”

~ Anne, Beacon
Benefit Design

Common covered services under Medical

- Well child and preventive care
- Hearing and genetic testing

Optional Services:
- Chiropractic Care
- ST, OT, PT

Common covered services under Behavioral Health

- Diagnostic evaluations and assessments
- Medication management (psychiatrist)
- Day treatment
- Crisis intervention
- Inpatient
- Intensive outpatient
- Outpatient
- Case management

Optional Services:
- ABA/IBT
Optum ABA Member Information
Member ID Card

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

Please note this image is for illustrative purposes only.
Member Rights and Responsibilities

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

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

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

These can also be found on the website: providerexpress.com

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

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

liveandworkwell.com makes it simple for members to:

- Identify network clinicians and facilities
- Locate community resources
- Find articles on a variety of wellness and work topics
- Take self-assessments

The search engine allows members and providers to locate in-network providers for behavioral health and substance use disorder services.

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

The website has an area designed to help members manage and take control of life challenges.
Credentialing Criteria for Inclusion in the Autism/ABA/IBT Network
Required: NPI and EIN/TIN

National Provider Identifier (NPI)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans
- The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information
- We require that all claims submitted have an NPI number for reimbursement

To obtain an NPI number, follow the instructions on the NPI web site:
- [https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do)

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

Professional Liability Insurance
- [http://bacb.com](http://bacb.com) web site has coverage information; enter “liability in the site’s “Search” feature located in the right side of the menu
ABA Credentialing Criteria

**Individual Board Certified Behavior Analysts—Solo Practitioner**

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, and
- State licensure in those states that license behavior analysts
- State certification in those states that certify behavior analysts
- 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**

- BCBAs must meet standards above and hold supervisory certification from the national Behavior Analyst Certification Board if in supervisory role.
- Licensed clinicians must have appropriate state licensure and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBAs must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure in those states that license assistant behavior analysts
- Paraprofessionals must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAs or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs skills assessments and provides direct supervision of paraprofessionals in joint sessions with client and family
- $1 million/occurrence and $3 million/aggregate of professional liability and $1m/$1m of general liability if services are provided in a clinic setting.
- $1 million/occurrence and $3 million/aggregate of professional liability and $1m/$1m of supplemental insurance if the agency provides ambulatory services only (in the patient’s home).
ABA Virtual Visits

Optum allows BCBAs/Licensed BH Clinicians within contracted ABA practices to conduct ABA supervision and/or caregiver training via telehealth.

In order to provide supervision and/or caregiver training services via telehealth, you must be an approved Optum virtual visits provider who has attested to meeting the requirements specific to providing these services.

- You can complete and submit a virtual visits attestation on our virtual visits page of Provider Express and will be notified of approval or denial.
- Once approved as a virtual visits provider, please be sure to alert the Optum Care Advocate that the ABA supervision and caregiver training services will be provided virtually when completing the authorization process.

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

- Simply include the same procedure code you would use for an in-person service, H0032 or H2012, on your claim with the “02” place of service code to let us know the service was provided via telehealth.
- When the new 2019 CPT code for this service is launched by Optum later this year, you will use this new code with the “02” place of service on your claims instead of the current H0032 and H2012 code.

Additional information and resources can be found on our ABA page at Provider Express.
Steps in Providing Treatment

Eligibility, Authorizations, Concurrent Reviews
Clinical Team

Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the commercial ABA program

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

At Intake:

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

Suggested information:

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

• We release information only to the individual or to other parties designated in writing by the individual, unless otherwise required or allowed by law.

• Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time.

• The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law.

• PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations.
Eligibility and Prior Authorization

All ABA services require prior authorization:

• Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card

• Check benefit coverage relating to both the service (e.g., Is 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

• Online assessment request at https://optumpeeraccess.secure.force.com/ABAassessment/

• Prior Authorization obtained by
  – Calling ABA-dedicated clinical team at 1-866-830-0325, or
  – Indiana providers only, faxing treatment plan to 1-888-541-6691, or
  – Indiana providers only, submitting treatment plan online at https://optumpeeraccess.secure.force.com/ABAtreatment/

• Authorization status can be viewed online at providerexpress.com

• When calling the Autism Care Advocate you must have:
  – the member’s name
  – ID#
  – date of birth
  – address
Treatment Plan Requirements

Meet Medical Necessity

Goals are:
- Related to the core deficits
- Objective
- Measurable
- Individualized

Includes:
- Baseline and mastery criteria
- Transition Plan to lower level of care
- Discharge Criteria
- Behavior Reduction Plan/Crisis Plan
- Parent Goals
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers

Not educational in nature

For more information, please see the Treatment Plan Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.
Clinical Information Requirements for each Review

- Confirmation member has an appropriate DSM-5 diagnosis that can benefit from ABA
- Any medical or other mental health diagnoses
- Any other mental health or medical services member is in
- Any medications member is taking
- How many hours per week is member in school?
- Parent participation
- Why IBT now?

- How long has member been in services?
- Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
- Discharge criteria
- Must meet medical necessity (see Provider Express for the Level of Care Guidelines and Coverage Determination Guidelines)

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

The same information will be needed for each review:

- Any medical or other mental health diagnoses
- Any other mental health or medical services member is in
- Any medications member is taking
- Number of hours per week the member is in school
- Parent participation

- Progress or lack thereof
- Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
- Discharge criteria
- Must meet medical necessity (see Provider Express for the Optum Autism/ABA Clinical Policy)
# Discharge Planning

**Must include the following components in every plan**

- Anticipated date of discharge
- Objective, measurable goals that would need to be met for the child to be discharged
- Identify next level of care for the child, (e.g., school-based services only, outpatient therapy)---Include contact info if appropriate
- Resources in the community for the parents and member
- How discharge is coordinated with the school and other providers

- Member and/or parent agreement with plan
- How to resume services if needed
- Contact the primary insurance company advocate to notify within 2 weeks
- Send a final summary treatment plan indicating:
  - Progress member made
  - Reasons for discharge
  - Services post discharge
Prior Assessment Authorization – Online Portal Submission

Keep your practice information up to date just got way easier.

Admin News
- CPT Code changes 2019
- December 2018 National Network Manual updates
- LHIC Smart Edits for EDI submissions going live 8/1/18 & 9/10
- Reimbursement Policies available in Guidelines/Policies & Manuals

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

Product-Specific News
- UnitedHealthcare Community Plan Appeals & Provider Disputes Contact Information
- 2019 Dual Special Needs Plan (D SNP)
- UnitedHealthcare Subordinate Prior Auth Notice

State-Specific News
- CA – Endless Rights and Responsibilities
- CA – OHSB Network Manual updates – December 2018
- FL, MS – Tips to Address the SAA HEIN® Measure
- FL – UnitedHealthcare Community Plan – Medical Foster Care Services

Working Together
- Facility Reviewers: Phone number required for live notification of non-coverage determinations
- Adverse Childhood Events – A two-part series
- Fall 2018 Network Notes now available
- Optum adopts The ASAM Criteria for SUB Level of Care guidance
- Cultural Competency resources including free CE e-learning programs
- Get referrals – Join our Express Access Network Today!

Quick Links
- Navigating Optum
- ACE Clinicians
- ACE Facility
- Behavioral Health Toolkit
- Medication Assisted Treatment
- LAI Administration
- Clinician Tax Id Add/Update Form

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

• Guides for Coding:
  – DSM-5 defined conditions
    ✓ Clinical criteria for ASD
    ✓ Maps to the appropriate ICD billing code

• ASD Coverage:
  – Autism Spectrum Disorder, F84.0 (ICD-10)

• A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0031</td>
<td>Direct Services for Assessment/Treatment Planning by BCBA or licensed clinician; per hour.</td>
</tr>
<tr>
<td>H0032</td>
<td>Supervision of Paraprofessional by BCBA or licensed clinician; per hour (services rendered jointly, in-person, during directly supervised fieldwork of the Paraprofessional by the Supervisor).</td>
</tr>
<tr>
<td>H2012</td>
<td>Services by BCBA or licensed clinician; per hour.</td>
</tr>
<tr>
<td>H2019</td>
<td>Services by ABA Paraprofessional; per 15 minutes.</td>
</tr>
<tr>
<td>H2014</td>
<td>Social Skills Group Children Services only (multi child &amp; staff); per 15 minutes.</td>
</tr>
</tbody>
</table>

**Modifier HA**
<table>
<thead>
<tr>
<th>Reimbursable Codes BHRS Pennsylvania (PA) (HCPCS)</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H0031</strong></td>
<td>Direct Services for Assessment/Treatment Planning by BCBA or licensed clinician; per hour.</td>
</tr>
<tr>
<td><strong>H2014 HA</strong></td>
<td>Supervision with member present by BCBA or licensed MH clinician, per 15 minutes. Definition applicable to Pennsylvania (PA) Providers only.</td>
</tr>
<tr>
<td><strong>H0032</strong></td>
<td>Supervision and/or Direct Services by Behavior Specialist Consultant (BSC) with member present; per hour. Definition applicable to Pennsylvania (PA) Providers only.</td>
</tr>
<tr>
<td><strong>H2019</strong></td>
<td>Direct Services by Mobile Therapist (MT) per 15 minutes.</td>
</tr>
</tbody>
</table>
Reimbursable Codes BHRS Pennsylvania (PA) (HCPCS)
Service Description (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2021</td>
<td>Direct Services by Paraprofessional or Therapeutic Support Staff (TSS)</td>
<td>per 15 minutes.</td>
</tr>
<tr>
<td>H2027 HA Modifier</td>
<td>Social Skills Group (multi child &amp; staff), per 15 minutes. Definition applicable to Pennsylvania (PA) Providers only.</td>
<td></td>
</tr>
<tr>
<td>H2012</td>
<td>Summer Therapeutic Activities Program, per hour. Definition applicable to Pennsylvania (PA) Providers only.</td>
<td></td>
</tr>
</tbody>
</table>
Claims Submission

**Electronically**

- Providers must sign up for electronic submissions located on [providerexpress.com](http://providerexpress.com) – payer ID# 87726

- Follow the instructions for electronic submission by visiting our training information located at [providerexpress.com/trans/flash/claimEntry/player.html](http://providerexpress.com/trans/flash/claimEntry/player.html)

**Paper Claims**

- When submitting ABA Claims by paper to Affiliates and Optum, please mail claims to: The address on the back of the member’s insurance card
ICD Indicator Field

- Provider Express (outpatient / professional claims)
  ![Image of Provider Express]

- Electronic Data Interchange – 837 file (professional or institutional claims)
  \[ABK = ICD-10\]

- Paper Claims
  0 for ICD-10

- Form 1500 (v02.12) claim form (outpatient/professional claims): Field 21
  ![Image of Form 1500]

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BH2028_04/2019  
United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum  
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California
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.
Claim Customer Service Contact Information

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

- Claim Customer Service: **1-800-557-5745**
- Administrative Services Only (ASO Claims): **1-800-842-1311**
- Oxford Claims: **1-800-201-6991**
- UMR Claims: Call the number on the back of the member’s insurance card
List of Affiliates

The health plans listed below have members whose Autism benefits and claims are handled by the specific health plans:

- All Savers
- American Medical Golden Rule
- Definity
- Government Employee Health Administration (GEHA)
- Harken Health
- Heritage
- John Deere
- MAMSI
- Oxford
- Sierra
- Student Resources
- UMR
- UnitedHealth International
- United River Valley

Please complete the claims for these affiliates as you would for all other claims for member’s whose benefits are administered by UBH/Optum.
Denials

• Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)
  – Denial Codes:
    ✓ Ineligible
    ✓ Over limit
    ✓ No out-of-network benefits
    ✓ Prior approval required

• Non Coverage Determination (NCD)

• Appeals
Claims Tips

Rejections/Denials:

• Rejected claim – Claims that are rejected prior to hitting United’s claims system
  – Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data element)

• Denied claim – Claims that are denied by United’s claims system
  – Claims could be denied automatically during auto adjudication (e.g., eligibility or timely filing issues)
  – Or claims could be denied during processing (e.g., no authorization on file, etc.)
You can find…

- Level of Care Guidelines
- ABA Clinical Policy
- Best Practices
- Optum Network Manual
- Contact Information
- Common Forms
- Verify Benefits and Eligibility
- Claims Status
- Claim Submission
- Authorization Status

Please contact your assigned network manager for any practice updates (demographics, etc.)
providerexpress.com
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
Provider Service Line

Provider Service Line: **877-614-0484**

The Provider Service Line is available from 8:00 am – 8:00 pm EST Monday through Friday, and can assist and/or triage on the following issues/questions you may have:

- Demographic changes
- Contract questions
- Fee schedule requests
- Termination requests
- Claim issues
- Tax ID changes
Commercial Autism/ABA Program Page

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)

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
- KanCare Autism Program
- Minnesota Autism and EIDBI Forms and Information
- MS CAN Autism Program
- NE Heritage Health ABA Program
- New York Child Health Plus ABA Program
- Virginia Medicaid EPSDT ABA Program
- Washington Apple Health ABA Program
## Commercial Autism/ABA Program Provider Quick Reference Guide

### Autism Network Commercial Solo/Agency Provider Quick Reference Guide

<table>
<thead>
<tr>
<th>United Members Claims Electronic Submission</th>
<th>All Autism/ABA Claims must be:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Submitted on a Form 1500 (v 02/12) claim form</td>
</tr>
<tr>
<td></td>
<td>• Submit electronically via Provider Express providerexpress.com using the “Claim Entry” transaction feature</td>
</tr>
<tr>
<td></td>
<td>• Submit electronically using an EDI clearinghouse and payer ID# 87720</td>
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<tr>
<td></td>
<td>• Submitted within 90 days of date of service</td>
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<tr>
<td></td>
<td>• If unable to file electronically, paper claims should be mailed to the address on the back of the Member’s card</td>
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<thead>
<tr>
<th>Affiliate Claims Submission</th>
<th>All affiliate claim submissions should be mailed to the address on the back of the Member’s ID card:</th>
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<tbody>
<tr>
<td></td>
<td>• All autism services (HCPCS Codes) must be billed on a Form 1500</td>
</tr>
<tr>
<td></td>
<td>• Submission must occur within 90 days of date of service</td>
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<tr>
<th>Claim Status</th>
<th>Claim status can be obtained by calling the Claims Customer Service Center:</th>
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<tr>
<td></td>
<td>• UBSH/Optum = 1-800-555-5765 or by logging in to providerexpress.com</td>
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<tr>
<td></td>
<td>• Affiliate Members – Call the number on the back of the Member’s card</td>
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<thead>
<tr>
<th>Provider Appeals Process</th>
<th>Claim appeals process:</th>
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<tbody>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td></td>
<td>• Appeals must be received within 180 days from the date of disposition on the remittance report (Explanation of Benefits)</td>
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<th>Provider Assistance</th>
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<th>Prior Authorization Eligibility Verification</th>
<th>All ABA services require prior authorization:</th>
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<td></td>
<td>• Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member’s ID card</td>
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<tr>
<td></td>
<td>• Online assessment request:optumpeersassesssecure.force.com/ABAAssessment</td>
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<td></td>
<td>• Ongoing Prior Authorization obtained by:</td>
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<td>o Calling ABA-dedicated clinical team at 1-866-830-0125 or</td>
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<td></td>
<td>• Authorization status can be viewed online at providerexpress.com</td>
</tr>
</tbody>
</table>

| Provider Portal | Visit Autism ABA Corner at providerexpress.com |

| Disclaimer | Information contained herein is subject to change. Please contact your Network Manager with any questions. |
Appendix
Helpful Websites

To get an NPI number:

To learn more about HIPAA:
• [http://www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/)

To learn more about Tax IDs or Employee IDs:

Optum provider website:
• [providerexpress.com](http://providerexpress.com)
  - **Claim Tips**: Provider Express > Quick Links > Claim Tips
  - **Claim Forms**: Provider Express > Quick Links > Forms > Optum Forms - Claims

Autism Votes website:
• [https://www.autismspeaks.org/advocacy](https://www.autismspeaks.org/advocacy)
Key Terms: General

- NPI
- CPT
- HCPCS
- HIPAA
- Form 1500
- HCFA 1500
- CMS 1500
- Modifiers
- Units
- Prior authorization
- Signature on file

- DSM-5 diagnosis
- ICD-10 diagnosis code
- Subscriber ID or Member ID
- Dependent
- Policy or Group Number
- TIN or EIN
- Place of Service
- Diagnosis Pointer
- Fee schedule
- Par/Non-Par
- SPD/COC
## Key Terms: Completing Claim Forms

- Type of plan box
- Patient name
- Dependent
- Subscriber ID or Member ID Signature on File
- Patient address
- Policy or Group Number
- Prior authorization
- DSM-5 diagnosis
- ICD-10 diagnosis code
- ICD indicator
- Dates of Service
- Place of Service
- Procedure Code
- Modifiers
- Diagnosis Pointer
- Charges (total)
- Units
- NPI and Provider ID
- TIN or EIN
- Accept assignment
- Total charge
- Amount paid by patient
- Balance due
Thank you.