Autism
Provider Orientation - Agency

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BH644-040317 (ABA Agency) update

United Behavioral Health operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California
Today’s Topics

• Who is Optum?
• Specialty Network Services
• Autism/ABA Program
• Benefit Design within State Mandates
• Credentialing Criteria
• Eligibility, Authorizations, Concurrent Reviews, Discharge Planning
• Billing, Claims, Denials
• Network Management Contact Information
• Helpful Optum Websites
• Q & A
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 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.

~ Deb Adler, SVP Network Services

• 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 1800 autism specialty provider locations

Clinical Oversight

• Dedicated Autism Clinical Team consisting of masters and doctoral level, specialty-trained care advocates, led by two licensed Psychologists, one a BCBA

• Autism Clinical Team assists families with resources, education, care coordination and claims

• Clinical Technology Committee currently reviewing components of ABA to see which interventions are most successful

• National Institute of Mental Health Grant—longitudinal study of Autism patient health data, including costs
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 as 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
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

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

• Professional Liability Insurance
  – 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 Remote Supervision

Optum allows BCBAs/Licensed Mental Health Clinicians within contracted ABA groups to conduct ABA remote supervision via videoconferencing technology.

In order to be eligible to provide ABA remote supervision via videoconferencing technology you must do the following:

- Complete the Autism/ABA Remote Supervision Compliance Attestation [form by clicking here](#), and faxing it to your Regional ABA Network Manager
- Ensure that your videoconferencing technology is HIPAA compliant and meets current [American Telemedicine Association](https://www.americanTelemedicine.org) minimum standards
- After you receive approval from your Regional ABA Network Manager, you must indicate on each applicable treatment plan that ABA remote supervision will be utilized

Billing for ABA remote supervision services

- Continue to bill for supervision with the same code, H0032, whether performed remotely or in person
Steps in Providing Treatment
Eligibility, Authorizations, Concurrent Reviews
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
Eligibility and Prior Authorization

• Call the number on the back of the member’s insurance card to see if member is eligible for your services

• Check benefit coverage relating to both the service (e.g., Is ABA-based therapy covered?) and the diagnosis (e.g., Is autism covered?)

• Make sure all services receive prior approval before beginning services

• When calling the Autism Care Advocate you must have the member’s name, ID#, date of birth and address
Clinical Team: Enhanced Autism Benefits

<table>
<thead>
<tr>
<th>State Mandates</th>
<th>Centers of Excellence</th>
</tr>
</thead>
</table>
| • Only cover fully insured policies  
• Most self-funded policies do not have to follow the state mandate  
• Always check member benefits | There is one national ABA/autism team:  
• Each team member is a licensed behavioral health clinician with experience in Autism and training in ABA  
• Supervised by managers that are licensed psychologist and BCBA-D |

Self-Funded accounts

• Self-funded accounts that have purchased enhanced autism benefits can have different requirements than state mandates  
• Always check members benefits
Assessment Process

**Assessment Requests**

- Please call in to request an assessment. Member must have a current ASD diagnosis, which is required for reimbursement of services.

- Make sure to include “write-up” or planning time when requesting approval.

**Assessments that may be Covered**

- Skills assessments (e.g., ABLLS, VB-MAPP, etc.), behavioral assessments, observations, etc.

**Treatment Request Requirements**

- Treatment plan with the request for hours using the H codes.
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/ABA page of Provider Express.
Concurrent Reviews

• Call in to the queue no more than 30 days in advance of the current approvals expiring

• 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 Level of Care Guidelines and Coverage Determination Guidelines)
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 discharged
- What the next level of care is for this 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
Billing and Reimbursement
Diagnostic Coding

• Guides for Coding
  – DSM-5 defined conditions
    ❑ Clinical criteria for ASD
    ❑ Maps to the appropriate ICD billing code
  – ICD-10 required for dates of service 10/1/15 and later

• ASD Coverage
  – Autism Spectrum Disorder, F84.0 (ICD-10) - Mandatory usage (effective 10/1/15)

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; <strong>per hour</strong>.</td>
</tr>
<tr>
<td>H0032</td>
<td>Supervision of Paraprofessional by BCBA or licensed clinician; <strong>per hour</strong> (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; <strong>per hour</strong>.</td>
</tr>
<tr>
<td>H2019</td>
<td>Services by ABA Paraprofessional; <strong>per 15 minutes</strong>.</td>
</tr>
<tr>
<td>H2014</td>
<td>Social Skills Group Children Services only (multi child &amp; staff); <strong>per 15 minutes</strong>.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>H0031</td>
<td>Direct Services for Assessment/Treatment Planning by BCBA or licensed clinician; <strong>per hour</strong>.</td>
</tr>
<tr>
<td>H2014 HA</td>
<td>Supervision with member present by BCBA or licensed MH clinician, <strong>per 15 minutes</strong>. Definition applicable to Pennsylvania (PA) Providers only.</td>
</tr>
<tr>
<td>H0032</td>
<td>Supervision and/or Direct Services by Behavior Specialist Consultant (BSC) with member present; <strong>per hour</strong>. Definition applicable to Pennsylvania (PA) Providers only.</td>
</tr>
<tr>
<td>H2019</td>
<td>Direct Services by Mobile Therapist (MT) <strong>per 15 minutes</strong>.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>H2021</td>
<td>Direct Services by Paraprofessional or Therapeutic Support Staff (TSS) 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>
</tr>
<tr>
<td>H2012</td>
<td>Summer Therapeutic Activities Program, per hour. Definition applicable to Pennsylvania (PA) Providers only.</td>
</tr>
</tbody>
</table>
Claims Submission

**Electronically**

- Providers can sign up for electronic submissions via an EDI process using payer ID # 87726. Information on setting up submissions via EDI is located on providerexpress.com > Admin Resources > Claim Tips > Electronic Claim Submission (EDI)
- Follow the instructions for submitting claims using Claim Entry on Provider Express

**Paper Claims**

- When submitting behavioral 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)

- Electronic Data Interchange – 837 file (professional or institutional claims)
  
  \[BK = \text{ICD-9} \text{ (not used as of 10/1/15)}\]
  
  \[ABK = \text{ICD-10}\]

- Paper Claims
  
  \[9\text{ for ICD-9 (not used as of 10/1/15)}\]
  
  \[0\text{ for ICD-10}\]
  
  - Form 1500 (v02.12) claim form (outpatient/professional claims):
    
    Field 21
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 note: Field 31 must have agency name
Claim Customer Service Contact Information

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

- Claim Customer Service: **(800) 557-5745**
- Administrative Services Only (ASO Claims): **(800) 842-1311**
- Oxford Claims: **(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

• Remember to put the name of your agency (not an individual clinician name) in Box 31 of the Form 1500 and mail to the address on the back of the member’s insurance card
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
You can find…

• Level of Care Guidelines
• Best Practices
• Optum Network Manual
• Contact Information
• Common Forms
• Claims Status
• Claim Submission

Contact your assigned network manager for any practice updates, e.g., demographics, etc.
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 (866) 209-9320
- Live chat feature also available
Helpful Websites

• To get an NPI number:

• To learn more about HIPAA:
  – http://www.hhs.gov/ocr/privacy/

• To learn more about Tax IDs or Employee IDs:

• 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:
  – https://www.autismspeaks.org/advocacy
Q&A
Appendix
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