



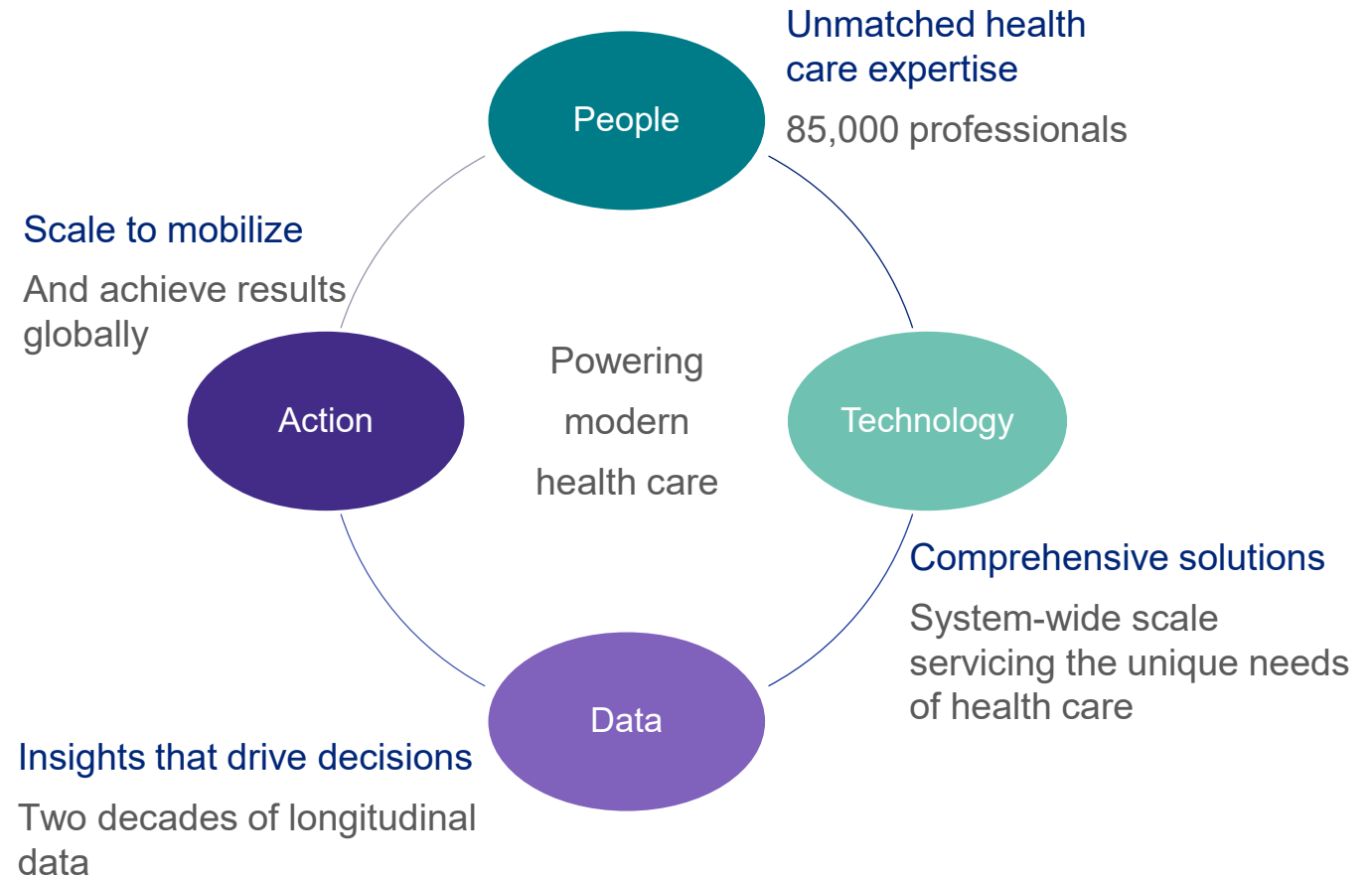
# New York Medicaid

ABA Provider Orientation  
Optum with UnitedHealthcare Community  
Plan New York



# Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: **to make the health care system work better for everyone**
- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness
- We focus on three key drivers of transformative change:
  1. Engaging the consumer
  2. Aligning care delivery
  3. Modernizing the health system infrastructure



# UnitedHealth Group structure



# Our United culture

**Our mission** is to help people live healthier lives

**Our role** is to make health care work for everyone

**Integrity.**

**Compassion.**

**Relationships.**

**Innovation.**

**Performance.**

Honor commitments

Never compromise

Walk in the shoes of the people we serve

And those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence

in everything we do

# Who is Optum

## Making care simpler and more effective for everyone

Health intelligence and innovation



Whole person health - physical, mental and social



Simpler, smarter care coordination



Proven clinical expertise and informed decision support



Connecting every aspect of health  
Designing care around the person  
Making health care smarter  
Ensuring equitable health for all



Seamless administrative transactions



Health equity ingrained into every aspect of our company culture



Innovative community care models



Information when you need it

# Optum and you

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance.

## Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

**From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.**



# Specialty network services

## Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

## Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

## Simultaneous NCQA and URAC accreditation

### Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors, (e.g., child and adolescent, medical/psychiatric, Board-Certified Behavior Analysts, and addiction specialists) just to name a few



# Optum ABA NY Medicaid Member Information

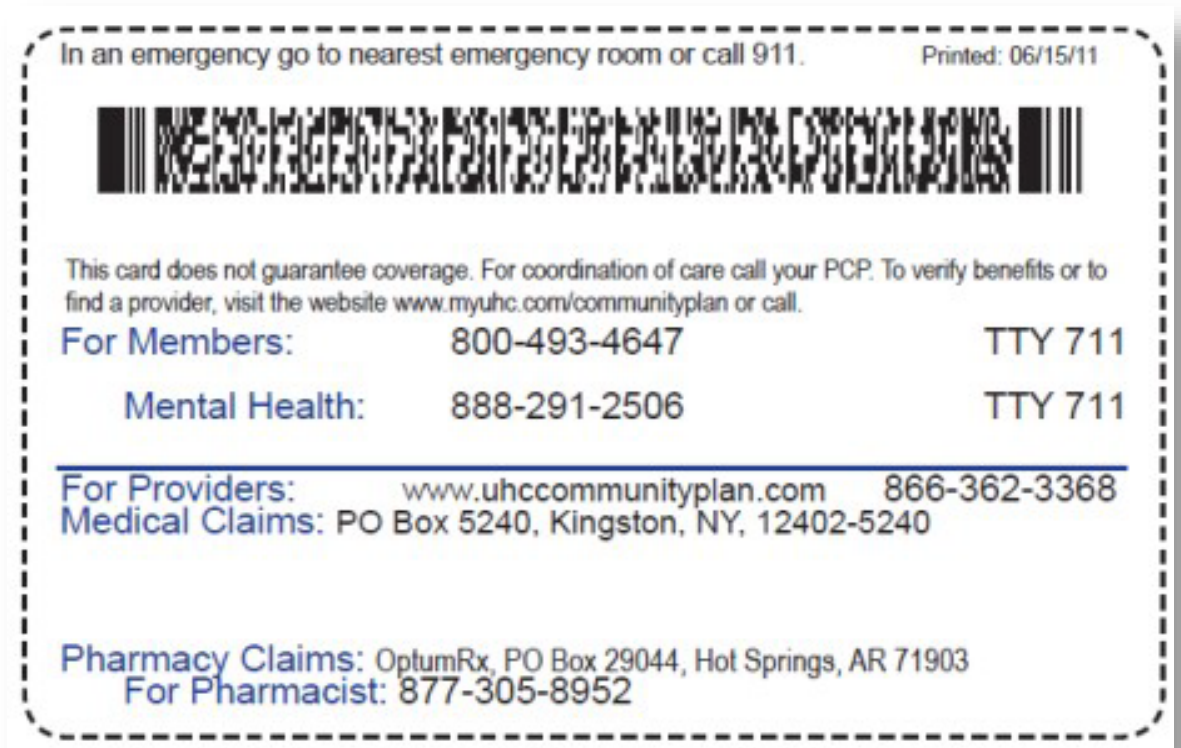
Optum





# NY 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

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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

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

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

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

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

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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

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## Member website

[Live and Work Well](#) makes it simple for members to:

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

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


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

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



# Who is eligible?

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

- NY Medicaid - Must be up to age 21
  - Must be covered under NY Medicaid
  -   Must have a diagnosis of autism spectrum disorder (ASD) and/or Rett Syndrome as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)





# Credentialing Criteria NY Medicaid Autism/ABA Network





## Required: NPI and EIN/TIN

Licensed Behavior Analyst (LBA) Providers must be enrolled with New York Medicaid

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](https://nppes.cms.hhs.gov)

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

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

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 provider criteria

## Applied Behavior Analysis (ABA) services for NY Medicaid members can be provided by

- Licensed Behavior Analyst (LBA)
  - Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, and
  - State licensure in good standing
  - Have a Medicaid ID from the state of New York
  - Compliance with all state/autism mandate requirements as applicable to behavior analysts
- Certified Behavior Analyst Assistant (CBAA) working under the supervision of LBA's
  - Have a Medicaid ID from the state of New York
- Other individuals specified under Article 167 of NYS education law



# ABA Virtual Visits

Optum allows BCBA's/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, 97151, 97152, 97153, 97154, 97155, 97156 or 97157 on your claim with the "02" place of service code to let us know the service was provided via telehealth

Additional information and resources can be found on our ABA page at Provider Express.



# Steps in Providing Treatment

Eligibility, Authorizations & Concurrent Reviews



# Clinical teams

## Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the New York Medicaid 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





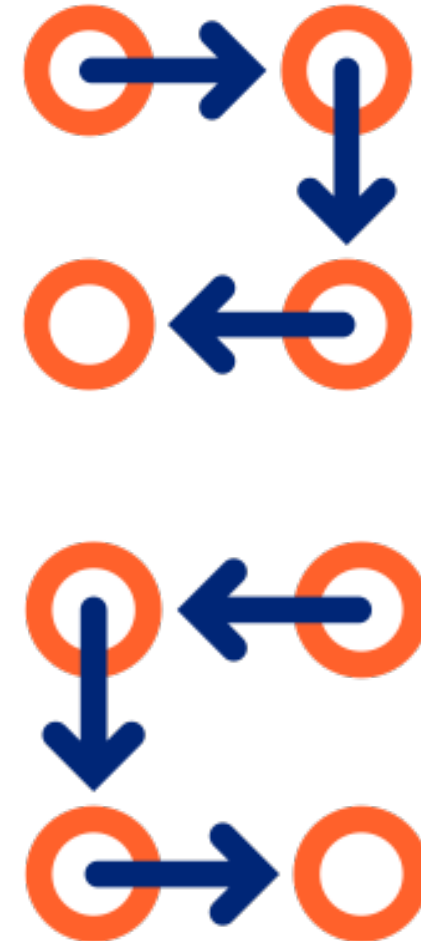
# Intake

## 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 [UHCprovider.com](https://UHCprovider.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: [electronicforms.force.com/ABATreatment/s/](https://electronicforms.force.com/ABATreatment/s/)
- Prior Authorization obtained by calling the number on the back of the member's card
- Authorization status can be viewed online at [UHCprovider.com](https://UHCprovider.com)
- When calling the Autism Care Advocate you must have:
  - Member's name
  - ID #
  - Date of birth
  - 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 information
- Coordination of care with other providers

## Not educational in nature

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

## Clinical information requirements for each review

- Confirmation member has an appropriate DSM-5 diagnosis that can benefit from ABA
  - Any medical or other mental health diagnoses
  - Any other mental health or medical services member is in
  - Any medications member is taking
  - How many hours per week is member in school?
  - Parent participation
  - Why IBT now?
- How long has member been in services?
  - Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
  - Discharge criteria
  - Must meet medical necessity (see Provider Express for the Level of Care Guidelines and Coverage Determination Guidelines)

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



# Concurrent reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses
  - Any other mental health or medical services member is in
  - Any medications member is taking
  - How many hours per week is member in school?
  - Parent participation
- Progress or lack thereof
  - Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
  - Discharge criteria
  - Must meet medical necessity (see Provider Express for the Optum Autism/ABA Clinical Policy)



# Assessment authorization – online portal submission

**Optum** Provider Express

Log In | First-time User | Global | Site Map

Search:  Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home

## Working together to coordinate care.

Our updated tools and tips help facilitate best communication practices that benefit patient care.

[MORE INFO](#)

### Transactions

- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More....

### Admin News

- CPT Code Changes 2021
- Latest National Network Manual updates
- 1099 forms online

### 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

### State-Specific News

- CA Facilities Offering Residential Programs - A SAM 3.1 and 3.2-WM
- CA OHBS 2021 Network Notes Newsletter
- FL - 1/1/2022 Optum will serve Advent Health/Health First members
- LA Informational Bulletin 21-28: Providers of Psychosocial Rehabilitation (PSR) Services
- MA Suspension of Utilization Review
- NY Executive Order No. 4 & Circular Letter No. 1
- OR 1/1/2022 Optum will no longer service Providence Health Plan

### Admin/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

### Join Our Network

- Autism/ABA/SCBA 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

### Working Together

- 2021 Provider Satisfaction Survey Results
- CALOCUS and CASI 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

# Prior assessment authorization – online portal submission

**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

## 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 our Provider Service Line at 877-614-0484 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 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 inquires](#) (Brief how-to video overview)
- [How to view ABA authorizations online](#) (You see what we see - brief video overview)

**State Medicaid ABA Programs**

- [AZ AHCCCS ABA Program](#)
- [CA Medi-Cal ABA Program](#)
- [Hawaii QUEST ABA Program](#)
- [Healthy Louisiana ABA Program](#)
- [ID Medicaid Behavior Modification and Consultation Program](#)
- [Iowa Healthlink ABA Program](#)
- [KanCare Autism Program](#)
- [MA MassHealth ABA Program](#)
- [MS CAN / CHIP Autism Program](#)
- [NC Medicaid Research-Based Intensive Behavioral Health Treatment Program](#)
- [NE Heritage Health ABA Program](#)
- [New York Medicaid ABA Program](#)
- [OH Public Health Care Program \(OHPHCP\) ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [WA Medicaid ABA Program](#)

# Prior assessment authorization – online portal submission



The screenshot displays the Optum Provider Express website. At the top left is the Optum logo and "Provider Express" text. On the top right, there are links for "Log In", "First-time User", "Global", and "Site Map", along with a search bar containing the word "Search" and a "Search" button. A dark navigation bar below contains links for "Home", "Our Network", "Clinical Resources", "Admin Resources", "Video Channel", "Training", "About Us", and "Contact Us". The main content area has a breadcrumb trail: "Optum - Provider Express Home > Clinical Resources > Applied Behavior Analysis Information > New York CHP ABA". The main heading is "New York Medicaid ABA Program". Below this, a paragraph describes the UnitedHealthcare Community Plan's role in providing coverage to New York Child Health Plus (CHP) and New York Essential Plan Plus (EPP) members, and Optum's role in developing and managing the ABA network. A second paragraph states that resources are provided to assist with participation. A bulleted list includes links for "New York CHP and EPP ABA Provider Orientation", "New York CHP ABA and EPP Provider Quick Reference Guide" (with an external link icon), "ABA Assessment Portal - Online ABA Assessment Requests - Electronic submission", and "ABA Treatment Request Form - Electronic submission". At the bottom left of the content area is a link: "Contact Us/Request to Join the Network". On the right side of the page, there is a photograph of a family (a woman, a child, and a man) riding bicycles on a path with fallen autumn leaves.



# Billing and Reimbursement

Optum





# Diagnostic coding

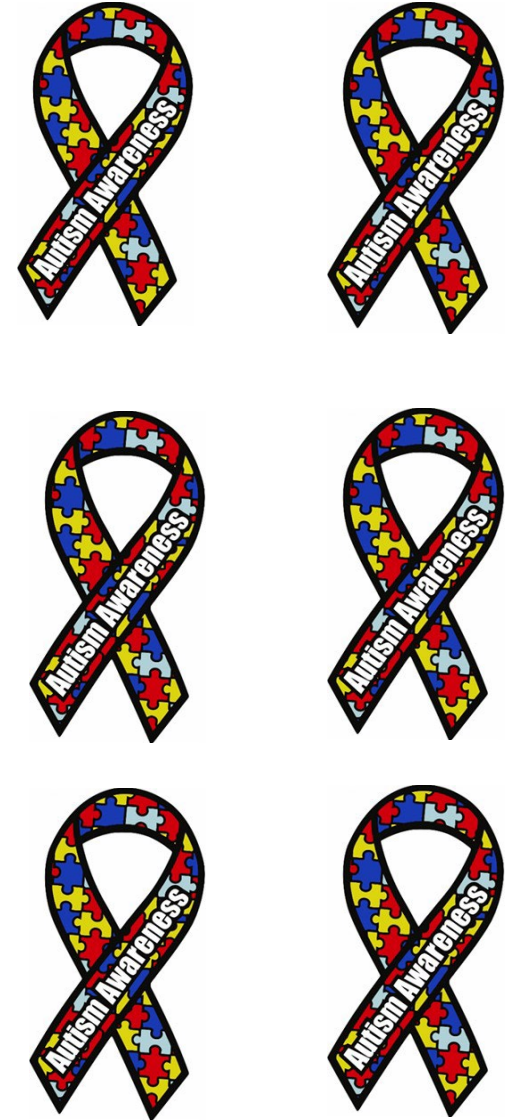
## Guides for Coding:

- 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.



# NY ABA Medicaid

United Behavioral Health (OHBS)			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment, administered by a physician or other qualified health care professional, each one hour of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (per 15 minutes)	15 min
97152		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient (per 15 minutes)	15 min
97153		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient (per 15 minutes)	15 min
97154		Group adaptive behavior treatment with protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients (each 15 minutes)	15 min
97155		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient (per 15 minutes)	15 min
97156		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s) (each 15 minutes)	15 min
97157		Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present) face-to-face with multiple sets of guardians/caregivers (each 15 minutes)	15 min
97158		Group adaptive behavior treatment with protocol modification 15 minutes face-to-face with multiple patients, in a group setting of no more than 8 individuals.	15 min

# Claims submission

## All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via [providerexpress.com](https://providerexpress.com) or [UHCprovider.com](https://UHCprovider.com) using the Claim Entry transaction feature
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Include appropriate taxonomy codes
- Submitted within 120 days of date of service

## Please send paper claims to:

- Optum Behavioral Health  
P.O. Box 30760  
Salt Lake City, Utah 84130-0760

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

- Optum – 1-866-362-3368
- Logging into [providerexpress.com](https://providerexpress.com) or [UHCprovider.com](https://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
  - 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.

The image shows the front side of the Health Insurance Claim Form (Form 1500). The form is titled "HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee (NUCC) 08/12. It is divided into several sections:

- Section 1:** MEDICARE/MEDICAID/OTHER (Medicare/Medicaid/Other) and FEDERAL TAX ID NUMBER.
- Section 2:** PATIENT'S NAME (Last Name, First Name, Middle Initial), PATIENT'S BIRTH DATE, SEX, and PATIENT'S ADDRESS (No. Street, CITY, STATE, ZIP CODE).
- Section 3:** INSURED'S NAME (Last Name, First Name, Middle Initial), INSURED'S DATE OF BIRTH, SEX, and INSURED'S ADDRESS (No. Street, CITY, STATE, ZIP CODE).
- Section 4:** PATIENT'S RELATIONSHIP TO INSURED (Self, Spouse, Child, Other) and INSURED'S POLICY GROUP OR FEDCA NUMBER.
- Section 5:** OTHER INSURED'S NAME (Last Name, First Name, Middle Initial), OTHER INSURED'S POLICY OR GROUP NUMBER, and OTHER INSURED'S DATE OF BIRTH, SEX.
- Section 6:** PATIENT'S CONDITION RELATED TO (Employment, Auto Accident, Other Accident) and INSURED'S DATE OF BIRTH, SEX.
- Section 7:** OTHER CLAIMS (Designated by NUCC) and INSURANCE PLAN NAME OR PROGRAM NAME.
- Section 8:** CHARGE CODES (Designated by NUCC) and THERE ANOTHER HEALTH BENEFIT PLAN? (Yes/No).
- Section 9:** PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE and AUTHORIZED PERSON'S SIGNATURE.
- Section 10:** DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) and DATE (MM/DD/YY).
- Section 11:** NAME OF REFERRING PROVIDER OR OTHER SOURCE (MD, NP) and HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY).
- Section 12:** ADDITIONAL CLAIM INFORMATION (Designated by NUCC) and OUTSIDE LAB? (Yes/No) \$ CHARGES.
- Section 13:** DIAGNOSES OR NATURE OF ILLNESS OR INJURY (Refer to service line below (4-6) (ICD-9-CM) and ORIGINAL REF. NO.
- Section 14:** DATES OF SERVICE (FROM MM/DD/YY TO MM/DD/YY), FACILITY (FACILITY), PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS), MODIFIER, POINTER, \$ CHARGES, CLOSURE (LMP, P, O), and REMITTING PROVIDER ID #.
- Section 15:** FEDERAL TAX ID NUMBER (SEN, EIN), PATIENT'S ACCOUNT NO., ACCEPTANCE/ASSIGNMENT? (YES/NO), TOTAL CHARGE (\$), AMOUNT PAID (\$), and Have for NUCC Use.
- Section 16:** SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE ADDRESS OR CREDIT BALANCE) and SERVICE FACILITY LOCATION INFORMATION.
- Section 17:** BILLING PROVIDER INFO & PH #.

The form also includes a QR code in the top left corner and a footer with the NUCC Instruction Manual available at www.nucc.org, the instruction "PLEASE PRINT OR TYPE", and the approval number "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 NY Medicaid is 120 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 DHS website

## Coding issues

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

## Provider information missing/incorrect

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

## Prior authorization required

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





# 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](https://UHCprovider.com):

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500 claim form
- Allows claims to be paid quickly and accurately

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free 1-866-842-3278



# Claims submission option 2 – EDI/electronically

## Electronic Data Interchange (EDI) is an exchange of information

Performing claim submission electronically offers distinct benefits:

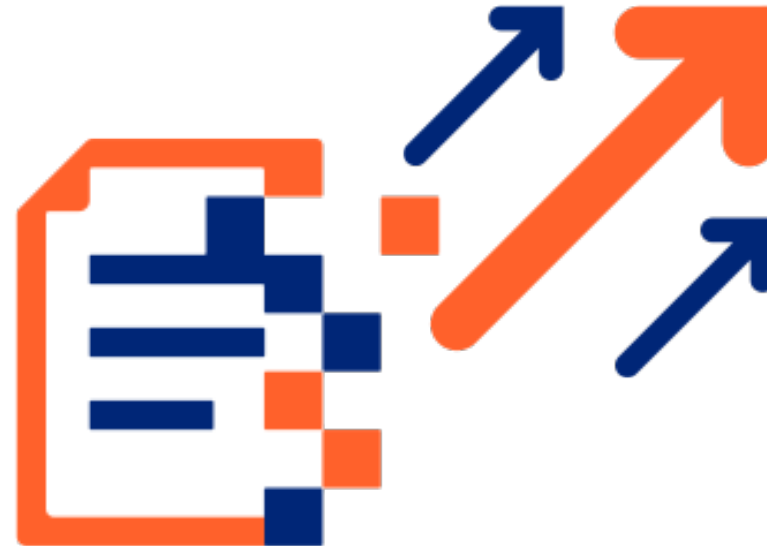
- Fast - eliminates mail and paper processing delays
- Convenient - easy set-up and intuitive process, even for those new to computers
- Secure - data security is higher than with paper-based claims
- Efficient - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- Notification - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
- Cost-efficient - you eliminate mailing costs; the solutions are free or low-cost

## Claims submission option 2 - EDI/electronically (cont.)

You may use any clearinghouse vendor to submit claims payer ID for submitting claims is 87726

Additional information regarding EDI is available on:

- [EDI Contacts | UHCprovider.com](#)  
and
- [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](https://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](https://UHCprovider.com) > Claims, Billing and Payments > Optum Pay.*

# Provider Express

Optum





# providerexpress.com

## You can find:

- Clinical Criteria
- 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 - 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

## 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.



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

### Profile Information

First name

Last name

Year of birth



### Sign In Information

# 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 utility icons for '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 the text 'Hello!' and 'Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.' A blue button labeled 'Learn More About Site Features' is positioned below the welcome text. Three callout arrows point to the 'MENU', search bar, and 'LINK' icons, with text explaining their functions: 'Use the MENU to explore by topic', 'Search can take you quickly to what you want', and 'Head straight to LINK for self-service tools'. A fourth callout arrow points to a blue tab on the right side of the banner, with the text 'See the blue tab? We'd love to hear your feedback!'. Below the banner, there are four colored tiles representing key services: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (purple). Each tile contains a 'Learn More' or 'View Current' button. At the bottom of the page, there is a section titled 'Latest UnitedHealthcare Provider News' with a card that says 'Claim Submission Is Coming To Link'. On the right side of the page, there are two vertical 'Feedback' buttons.

# New York Medicaid ABA Program Provider Quick Reference Guide

 <b>New York Medicaid ABA Program</b> <b>Quick Reference Guide</b>	
<b>ID Card</b>	
<b>Clinician is Responsible for:</b>	<p>Verifying benefits/eligibility online at <a href="http://uhcprovider.com">uhcprovider.com</a> or call the Behavioral Health number located on the back of the member's ID card</p> <ul style="list-style-type: none"> <li>Obtaining authorization as necessary</li> <li>Being familiar with the Network Manual located on our web site: <a href="http://providerexpress.com">providerexpress.com</a> &gt;Guidelines / Policies &amp; Manuals&gt; Network Manual</li> </ul>
<b>Prior Authorization</b>	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> <li>Verify benefits/eligibility online at <a href="http://providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the member's ID card</li> <li>Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either                             <ul style="list-style-type: none"> <li>Online at <a href="http://optumpeeraccess.secure.force.com/ABAtreatment/">optumpeeraccess.secure.force.com/ABAtreatment/</a></li> <li>Or call 1-866-830-0325</li> </ul> </li> </ul>
<b>Claims Paper Submission</b>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>Optum Behavioral Health, P.O Box 30760, Salt Lake City, UT 84130-0760</li> <li>All autism provider services must be billed on a Form 1500</li> <li>Submission should occur within 120 days of date of service</li> </ul>
<b>Electronic Submission</b>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> <li>Claims Payer ID 87726</li> <li><a href="http://providerexpress.com">providerexpress.com</a> or <a href="http://uhcprovider.com">uhcprovider.com</a></li> <li>EDI Support 1-800-210-8315 or email <a href="mailto:ac_edj_ops@uhc.com">ac_edj_ops@uhc.com</a></li> </ul>
<b>Claim Status</b>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> <li>1-866-362-3368</li> <li>Or through the web portal at <a href="http://providerexpress.com">providerexpress.com</a> or <a href="http://uhcprovider.com">uhcprovider.com</a></li> </ul>
<b>Appeals and Grievances</b>	<p>Claims appeal process:</p> <ul style="list-style-type: none"> <li>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</li> <li>Appeals must be received within 180 days from the date of disposition on the remittance report (EOB)</li> </ul>
<b>Update Practice Info</b>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<b>Disclaimer</b>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<b>Network Management</b>	<p>Jaime Schweers, Specialty Network Manager Email: <a href="mailto:Jaime_schweers@optum.com">Jaime_schweers@optum.com</a></p>



# 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](https://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)

EMedNY

- [Provider Manual](#)
- [Enrollment Form](#)



# Key terms: General

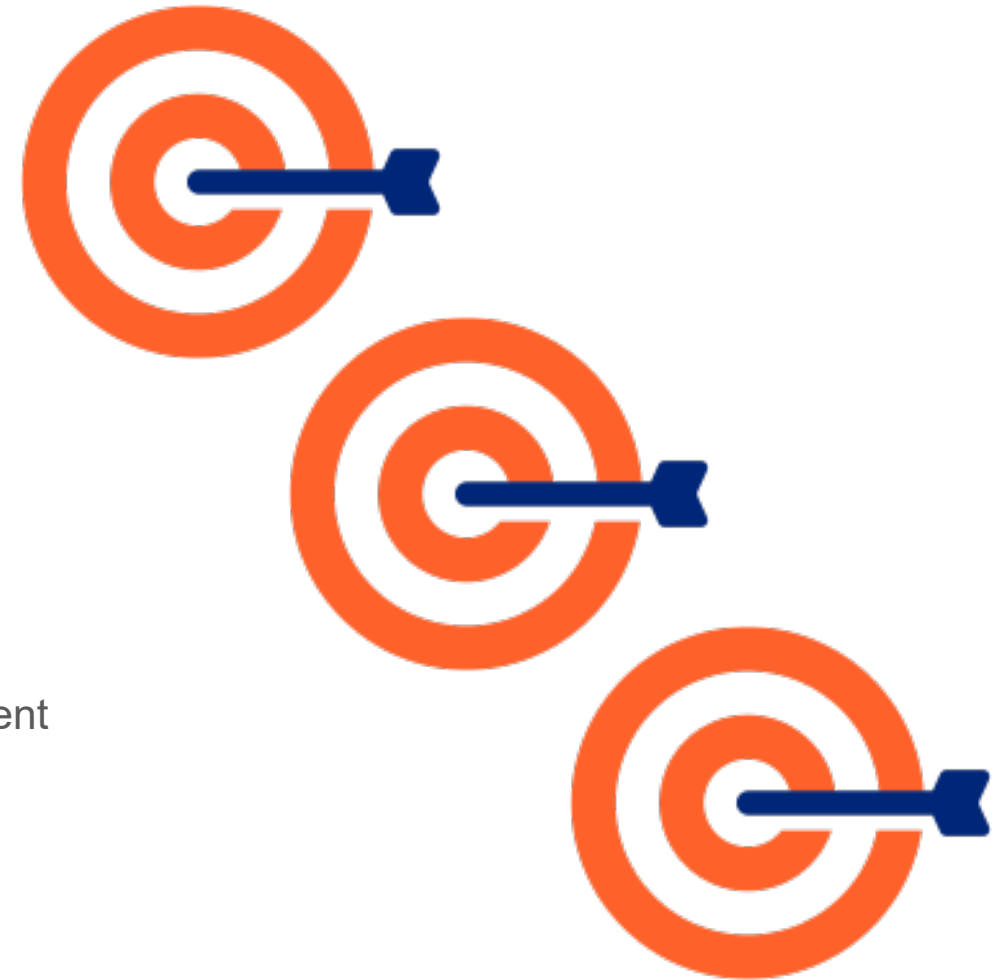
- NPI
- CPT
- HCPCS
- HIPAA
- Form 1500
- HCFA 1500
- CMS 1500
- Modifiers
- Units
- Prior authorization
- Signature on file



- 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



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