



# Pennsylvania Child Health Plus (CHIP)

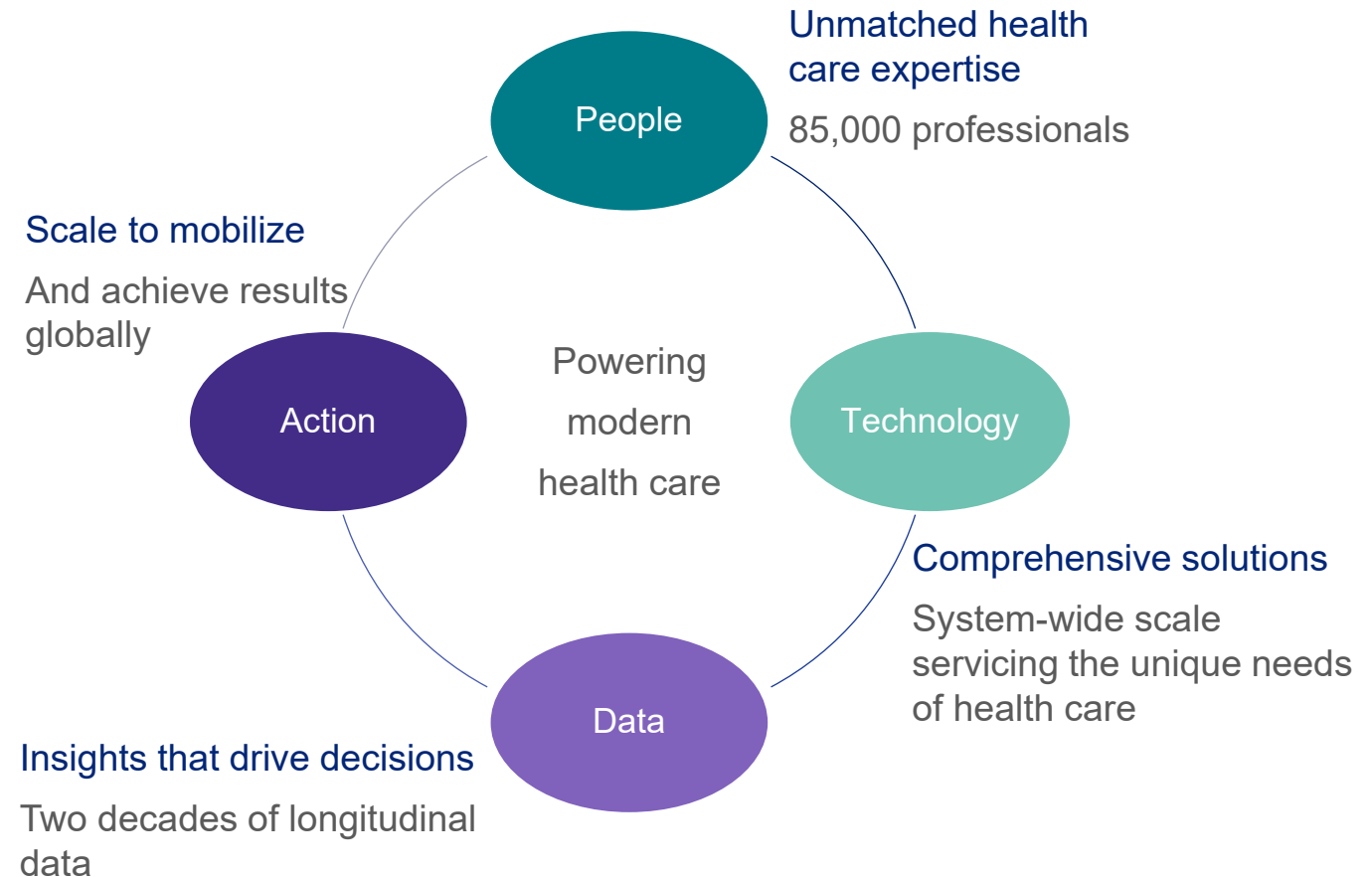
ABA Provider Orientation

Optum with UnitedHealthcare Community  
Plan Pennsylvania



# 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



# Optum ABA PA CHIP Member Information

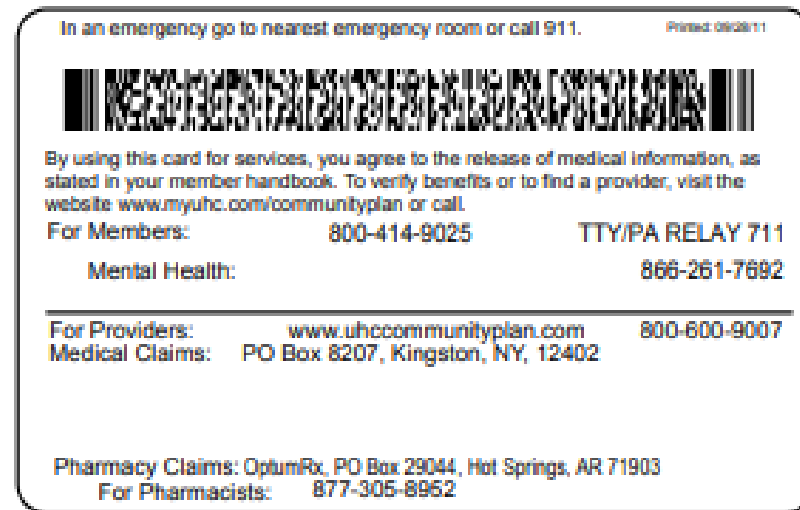
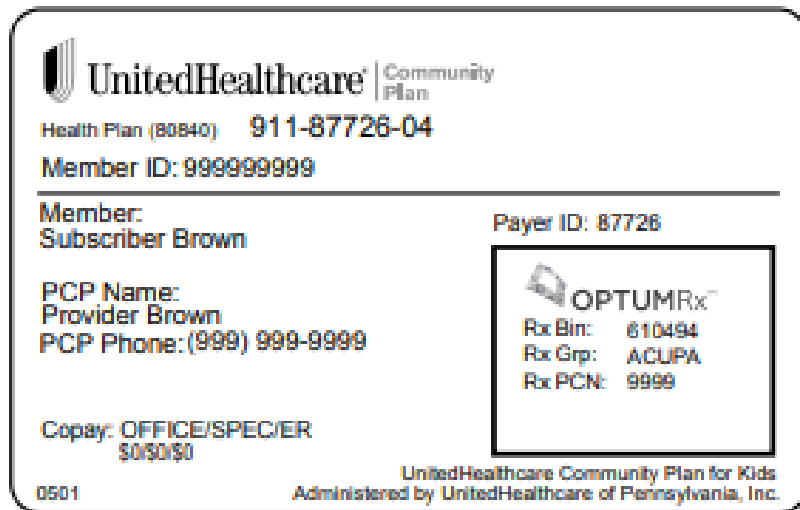
Optum





# PA CHIP 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



# 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:

-  PA CHIP- Must be up to age 19
  - Must be covered under PA Child Health Plus Plan
  - Must have Autism Diagnosis



# Credentialing Criteria

## PA CHIP

## ABA Network

Optum





## Required: NPI and EIN/TIN

### National Provider Identifier (NPI):

- Licensed Behavior Analyst (LBA) must be enrolled with the state of Pennsylvania
- 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/efile/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 Credentialing Criteria (1 of 2)

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



# ABA Credentialing Criteria (2 of 2)



## ABA / IBT Groups

- BCBAAs 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
- Behavior Technicians must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAAs or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA, BCaBA, or licensed clinician performs skills assessments and provides direct supervision of 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)

# 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, 97155 or 97156, 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 PA CHIP 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



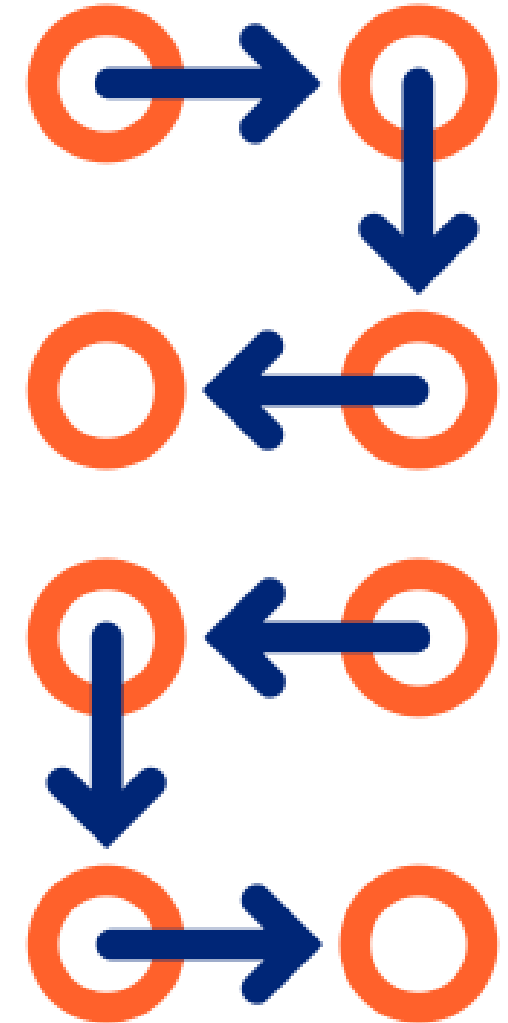
# Intake

## 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

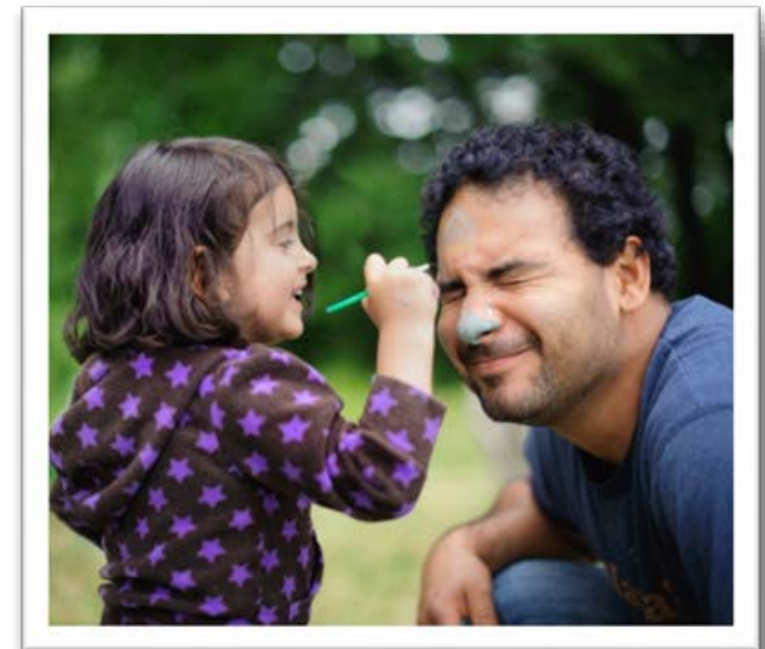
- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during for 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](https://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: [electronicforms.force.com/ABATreatment/s/](https://electronicforms.force.com/ABATreatment/s/)
- Prior Authorization obtained by:
  - Optum portal, providerexpress.com, or fax
  - Authorization status can be viewed online at [providerexpress.com](https://providerexpress.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

The screenshot shows 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 and a 'Search' button. A navigation menu below the header includes 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The main content area features a large banner with the text 'Working together to coordinate care.' and 'Our updated tools and tips help facilitate best communication practices that benefit patient care.' Below the banner are several news and information sections: 'Admin News' with links to CPT Code Changes, Network Manual updates, and 1099 forms; 'Autism/ABA Corner' with links to information, billing alerts, and training; 'COVID-19 Provider Information' with links to guidance updates, FAQs, and news; 'State-Specific News' with links to CA, FL, LA, MA, NY, and OR news; 'Join Our Network' with links to provider types; and 'Working Together' with links to satisfaction survey results and assessment tools. On the right side, there is a 'Transactions' menu with options like 'Eligibility & Benefits', 'Claims', 'Authorization Inquiry', 'Appeals', and 'My Practice Info'. Below that is a 'Quick Links' menu with options like 'Behavioral Health Toolkits', 'Claim Tips', 'Forms', and 'Medication Assisted Treatment'.

# 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.



- [Click here if you using HCPCS Codes](#)

### Commercial ABA Program

- [FAQ - Autism/ABA](#)
- [ABA Agency Provider Orientatio](#)
- [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 EPDPT ABA Program](#)



# Prior Assessment Authorization – Online Portal Submission

## Pennsylvania Chip ABA Program

**UnitedHealthcare Community Plan Pennsylvania**, is one of the selected managed care plans providing coverage to Pennsylvania Chip enrollees. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for Pennsylvania Chip members. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

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.

- PA Chip ABA Quick Reference Guide - *coming soon*
- PA Chip ABA Provider Orientation - *coming soon*
- ABA treatment request form electronic submission - *coming soon*

**Contact us or request to Join the network**

Jeffrey Muench

[jeffrey.muench@optum.com](mailto:jeffrey.muench@optum.com)





# Billing and Reimbursement



# Diagnostic Coding

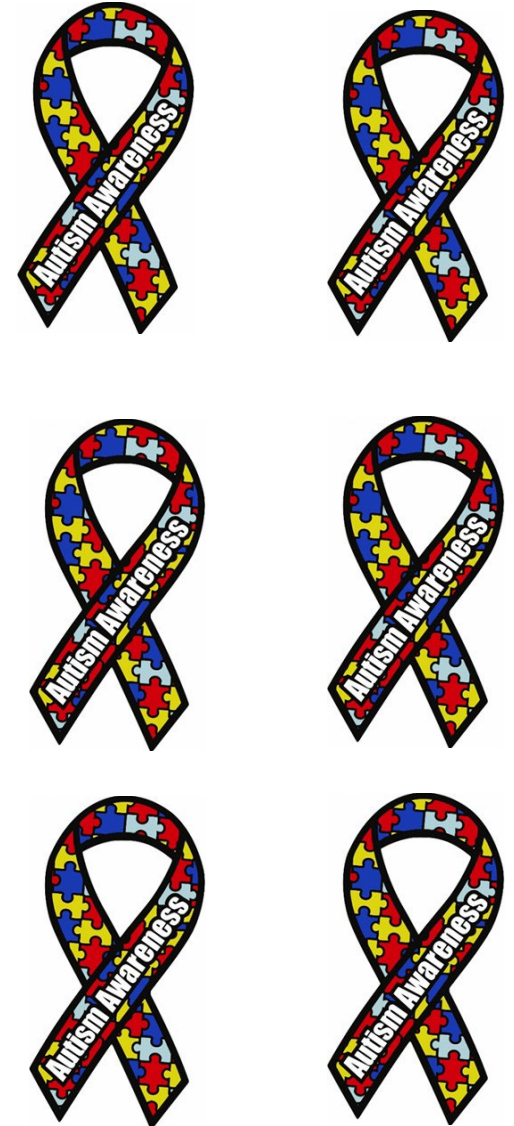
## Guides for Coding:

- 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.



# PA ABA Medicaid

UNITED BEHAVIORAL HEALTH									
Billing Code	Modifier	Info Modifier	Service Description	Prov Type	Prov Spec	Place of Service	Prior Auth	MA Unit	Limits
			Assessment and Evaluation for Initiation of IBHS						
30791			Psychiatric diagnostic evaluation (Psychological Evaluation)	11	590, 591, 592	11, 12, 99	No	30 min	1 to 6 units per day
H0031	UB		Mental health assessment by non-physician (Other Licensed Practitioner)	11	590, 591, 592	11, 12, 99	No	30 min	1 to 6 units per day
H0031	U9		Mental health assessment by non-physician (Licensed Practitioner)	11	590, 591, 592	11, 12, 99	No	30 min	1 to 6 units per day
Individual Services									
H0032	UB		Mental health service plan development by non-physician (Behavior Consultation - Unlicensed Practitioner)	11	590	03, 11, 12, 99	No	15 min	1 to 32 units per day
H0032	U9		Mental health service plan development by non-physician (Behavior Consultation - Licensed Practitioner)	11	590	03, 11, 12, 99	No	15 min	1 to 32 units per day
H2014	UB		Skills Training & Development (Onsite Supervision)	11	590	03, 11, 12, 99	No	15 min	2 to 24 units per day
H2019			Therapeutic Behavioral Services (Mobile Therap - Unlicensed Practitioner)	11	590	03, 11, 12, 99	No	15 min	2 to 32 units per day
H2019	U9		Therapeutic Behavioral Services (Mobile Therap - Licensed Practitioner)	11	590	03, 11, 12, 99	No	15 min	2 to 32 units per day
H2019	U6	HA	Therapeutic Behavioral Services (Functional Family Therapy)	11	590	03, 11, 12, 99	No	15 min	1 to 32 units per day
H2021			Community-Based Wraparound Services (Behavioral Health Technician)	11	590	03, 11, 12, 99	Yes	15 min	2 to 32 units per day
H2033			Multisystemic therapy for juveniles, per 15 minutes	11	590	03, 11, 12, 99	No	15 min	1 to 32 units per day
Group Services									
H2021	U6	HQ	Community-Based Wraparound Services (Group Service - 2 to 8 group members)	11	591	03, 11, 99	Yes	15 min	2 to 32 units per day
H2021	U5	HQ	Community-Based Wraparound Services (Group Service - 9 to 12 group members)	11	591	03, 11, 99	Yes	15 min	2 to 32 units per day
H2021	U4	HQ	Community-Based Wraparound Services (Group Service - 13 to 20 group members)	11	591	03, 11, 99	Yes	15 min	2 to 32 units per day
97154	U6		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (2 to 3 group members)	11	592	03, 11, 99	Yes	15 min	2 to 32 units per day
97154	U5		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (4 to 6 group members)	11	592	03, 11, 99	Yes	15 min	2 to 32 units per day
97154			Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (7 to 12 group members)	11	592	03, 11, 99	Yes	15 min	2 to 32 units per day
97158	U6		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (2 to 3 group members)	11	592	03, 11, 99	Yes	15 min	1 to 32 units per day
97158	U5		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (4 to 6 group members)	11	592	03, 11, 99	Yes	15 min	1 to 32 units per day
97158			Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (7 to 12 group members)	11	592	03, 11, 99	Yes	15 min	1 to 32 units per day
Applied Behavior Analysis (ABA) Services									
97151			Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Consultation - ABA)	11	592	03, 11, 12, 99	No	15 min	1 to 48 units per day
97151	U7		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Analysis/Behavior Consultation by BCEA)	11	592	03, 11, 12, 99	No	15 min	1 to 48 units per day
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, each 15 minutes (Behavior Health Technician - ABA)	11	592	03, 11, 12, 99	Yes	15 min	1 to 48 units per day
97152	UB		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, each 15 minutes (Assistant Behavior Consultation - ABA)	11	592	03, 11, 12, 99	Yes	15 min	1 to 48 units per day
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, each 15 minutes (Behavior Health Technician - ABA)	11	592	03, 11, 12, 99	Yes	15 min	1 to 32 units per day
97153	UB		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, each 15 minutes (Assistant Behavior Consultation - ABA)	11	592	03, 11, 12, 99	Yes	15 min	1 to 32 units per day
97155			Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Consultation - ABA)	11	592	03, 11, 12, 99	No	15 min	1 to 32 units per day

# 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:

- UnitedHealthcare Community Plan  
P.O. Box 8207  
Kingston, NY 12402-8207

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

- Optum – 1-800-600-9007
- 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 (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.

# 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 PA CHIP is 180 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](https://www.uhcprovider.com/edi-contacts)  
and
- [UHCprovider.com](https://www.uhcprovider.com)



# Electronic Payment & Statements (EPS)

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

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

**To receive direct deposit and electronic statements through EPS you need to enroll at [myservices.optumhealthpaymentservices.com/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 EPS with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan when the program is deployed.

*Note: For more information, please call **1-866-842-3278**, option 5 or go to [UHCprovider.com](https://UHCprovider.com) > Claims, Billing and Payments > Optum Pay.*



# Provider Express

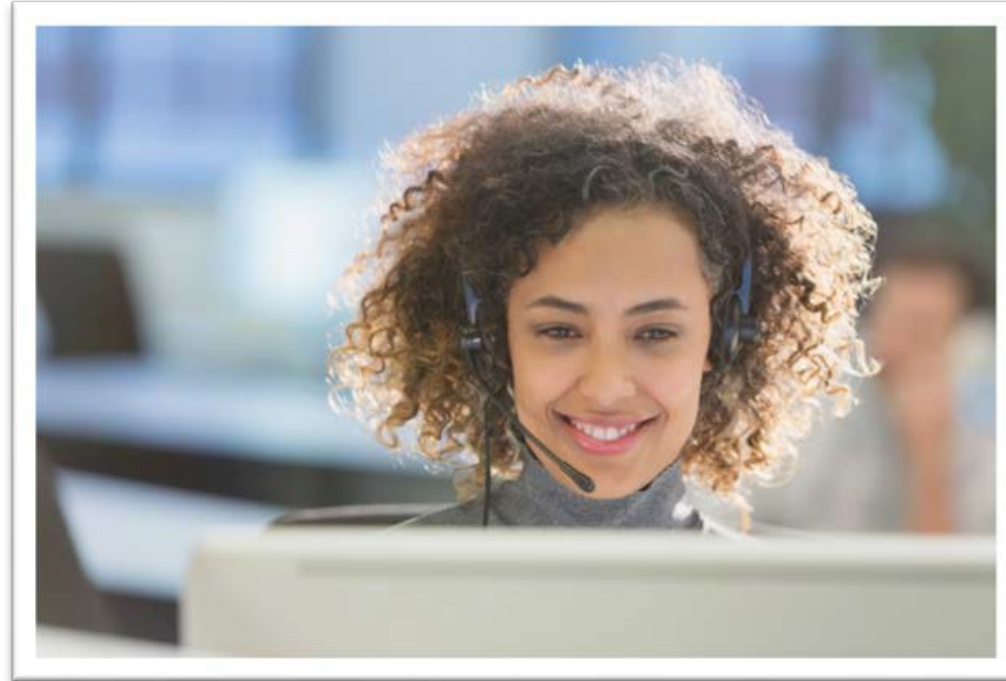
Optum



# providerexpress.com

## 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 - 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 an Optum ID


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

 [Already have an Optum 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 Provider 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 links for 'MEMBERS', 'FIND DR.', 'LINK', 'NEW USER', and 'SIGN IN'. Below the navigation bar, a banner area features a smiling woman and several callouts: 'Use the MENU to explore by topic', 'Search can take you quickly to what you want', 'Head straight to LINK for self-service tools', 'Quickly access important self-service areas from tiles below', and 'See the blue tab? We'd love to hear your feedback!'. A blue 'Feedback' tab is visible on the right side of the banner. Below the banner, there are four service tiles: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (purple). Each tile includes a 'Learn More' or 'View Current' button.

Resources for physicians, administrators and healthcare professionals

Use the MENU to explore by topic

Search can take you quickly to what you want

Head straight to LINK for self-service tools

Hello!

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

Learn More About Site Features

Quickly access important self-service areas from tiles below

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

Feedback

Claims and Payments

Learn More

Eligibility and Benefits

Learn More

Policies and Protocols

View Current

Prior Authorization and Notification

Learn More

# 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 an Optum ID**

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

## **Video: Accessing Link via UHCprovider.com**

### **Need an Optum ID?**

Please register to create your Optum ID.

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

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


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

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



# Pennsylvania CHIP Quick Reference Guide

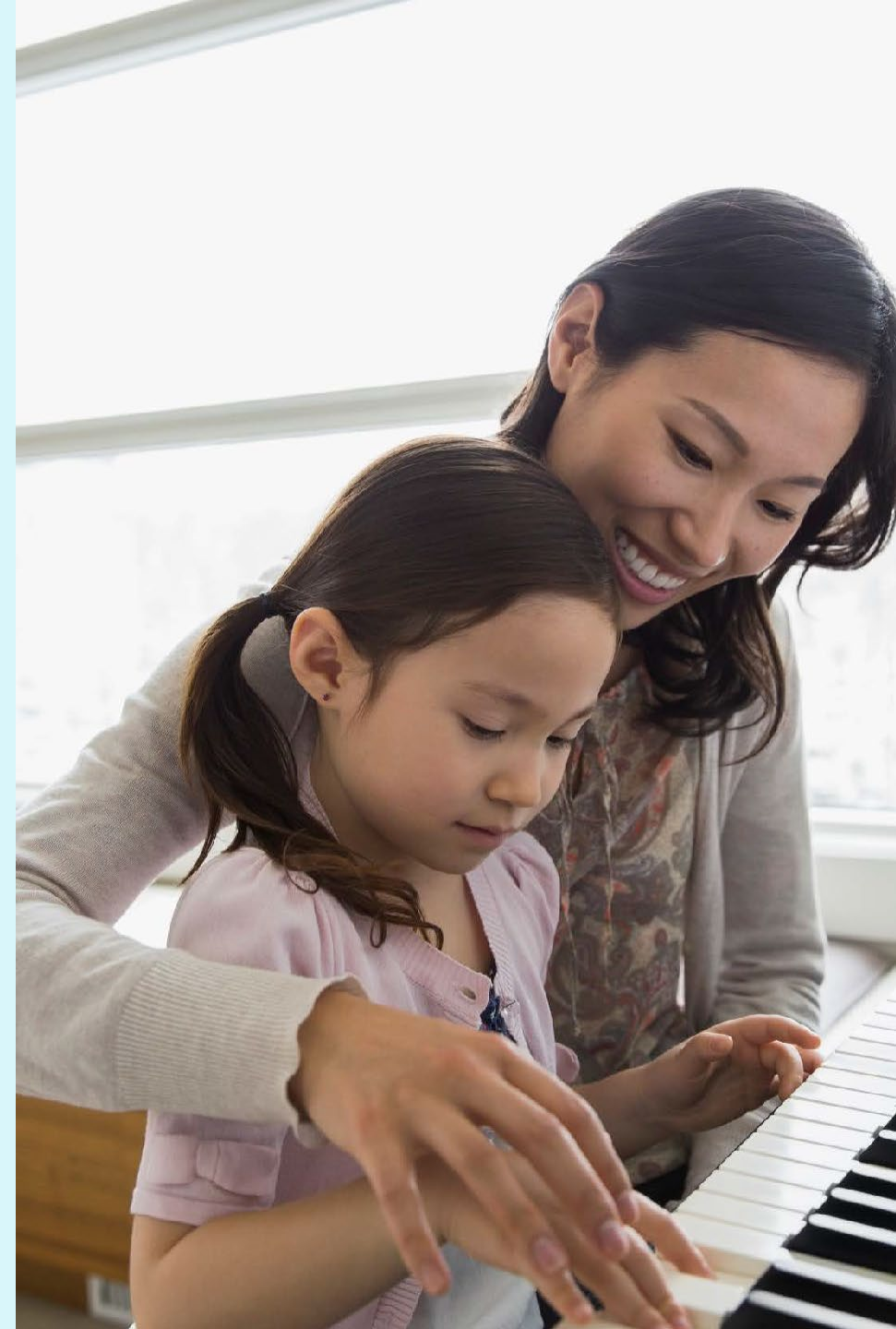
**Optum**  
**Pennsylvania CHIP ABA Program**  
**Quick Reference Guide**

<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>Our 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="https://optumpeeraccess.secure.force.com/ABAtreatment/">https://optumpeeraccess.secure.force.com/ABAtreatment/</a></li> </ul> </li> </ul>
<b>Claims Paper Submission</b>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare Community Plan, P.O. Box 8207, Kingston, NY 12402-8207</li> <li>All autism provider services must be billed on a CMS-1500</li> <li>Submission should occur within 180 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 87728</li> <li><a href="http://providerexpress.com">providerexpress.com</a> Or <a href="http://uhcprovider.com">uhcprovider.com</a></li> <li>EDI Support 800-210-8315 or email <a href="mailto:ap_edl_ops@uhc.com">ap_edl_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>800-600-9007</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 60 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>Jeffrey Muench, Specialty Network Manager          Email: <a href="mailto:Jeffrey.Muench@optum.com">Jeffrey.Muench@optum.com</a></p>

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United Behavioral Health and United Behavioral Health of PA operating under the brand Optum

# 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)



# 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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