



New Mexico Turquoise Care ABA Provider Orientation

Optum with UnitedHealthcare



Today's Topics

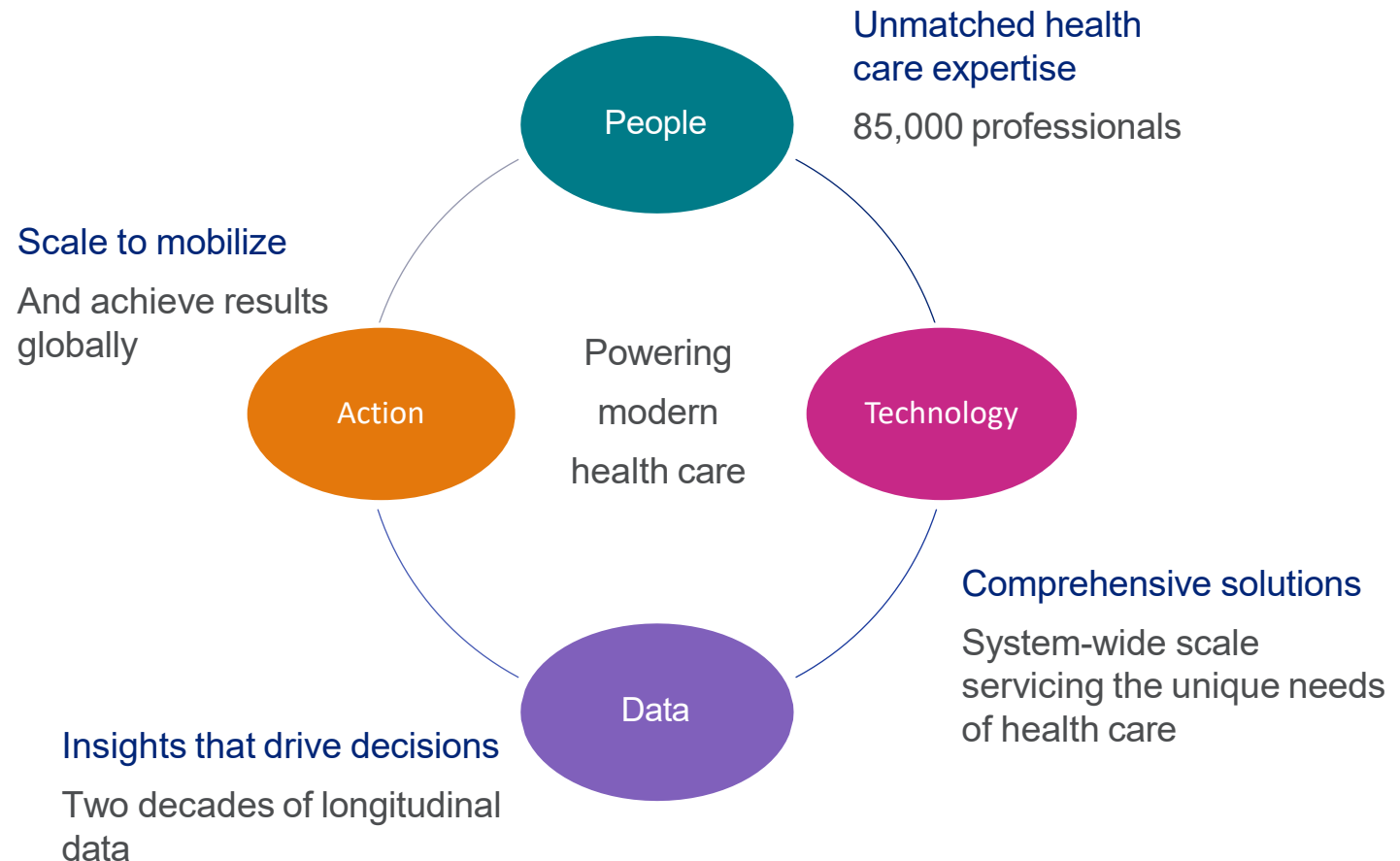
- Who is Optum?
- Specialty Network Services
- Autism/ABA Program
- Benefit Design within State Mandates
- Member Information
- Credentialing Criteria
- Eligibility, Authorizations, Concurrent Reviews
- Discharge Planning
- Billing, Claims, Denials
- Provider Express website
- Resources
- Appendix

Helping People Live Their Lives to the Fullest



Who is Optum?

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



UnitedHealth Group Structure



Our United Culture

Our Mission is our *why*. Helping people live healthier lives and helping make the health system work better for everyone.

Integrity.

Compassion.

Inclusion.

Relationships.

Innovation.

Performance.

Honor commitments. Never compromise.

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

We welcome, value, respect and hear all voices and diverse points of view.

Build trust through collaboration.

Invent the future, learn from the past.

Demonstrate excellence in everything we do.

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 Member Information



Member ID Card

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



Member Rights and Responsibilities

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

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

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

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

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

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



Member Website

UHCprovider.com makes it simple for members to:

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



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

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

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



Who is eligible?

To be eligible for New Mexico Turquoise Care services, the member must ONE of the following two categories:

There is no age-limit

At-Risk for ASD Criteria

- A Risk Evaluation of ASD must occur through an approved autism evaluation provider (AEP) through a comprehensive diagnostic evaluation (CDE).
- The member is 12-months to 36-months-old and meets At-Risk criteria to receive time-limited ABA services when full DSM criteria is not met for ASD which includes at least one of the following:
 - The member presents with developmental differences and/or delays as measured by standardized assessment;
 - The member demonstrates some characteristics of ASD (i.e., impairment in social communication and early indicators for the development of restricted and repetitive behavior);
 - The member presents with at least one genetic risk factor (e.g., the member has genetic risk due to having an older sibling with a well-documented medical diagnosis of ASD; the member has a diagnosis of Fragile X syndrome).



Who is eligible? (cont.)

To be eligible for New Mexico Turquoise Care services, the member must meet the following criteria:

Diagnosed with ASD Criteria

- The member has a documented medical diagnosis of ASD according to the latest version of the DSM or the ICD is eligible for ABA services if he or she presents with a CDE or targeted evaluation;
- The member has a documented diagnosis of ASD at any time in their life from an AEP or Grace Exception Practitioner;
- ABA services are needed to ameliorate symptoms of autism, build adaptive behaviors, and/or reduce maladaptive behaviors to enhance the patient's health, safety, and overall functioning and/or to prevent deterioration or regression as documented by the AEP or Grace Exception Practitioner.
- Confirmation of the presence ASD must occur through an approved autism evaluation provider (AEP) through a comprehensive diagnostic evaluation (CDE) used to determine the presence of and a diagnosis of ASD.
- A targeted evaluation is used when the member who has a full diagnosis of ASD presents with behaviors that are changed from the last CDE.



Credentialing/Provider 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 and taxonomy codes for reimbursement

To obtain an NPI number, follow the instructions on the NPI web site:

- [NPES.cms.hhs.gov](https://npes.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)

Professional Liability Insurance:

- [BACB - Behavior Analyst Certification Board](https://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

- 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
- Behavior Technicians (BT) can have Registered Behavior Technician (RBT) certification from the national Behavior Analyst Certification Board, or Board Certified Autism Technician (BCAT) 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, 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
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)

ABA Virtual Visits



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

In order to provide supervision and/or caregiver training services via telehealth, the use of HIPAA compliant software is required.

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 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 providerexpress.com

Steps in Providing Treatment

Eligibility, Authorizations &
Concurrent Reviews



Clinical Teams

Dedicated Autism Clinical Team

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

- Each team member is a licensed behavioral health clinician, BCBA or LBA with experience and training in Autism Spectrum Disorders and related conditions.
- The team is managed by individuals that are licensed psychologists and BCBA-D's, LPCC's, LCSW's, and LMHC's



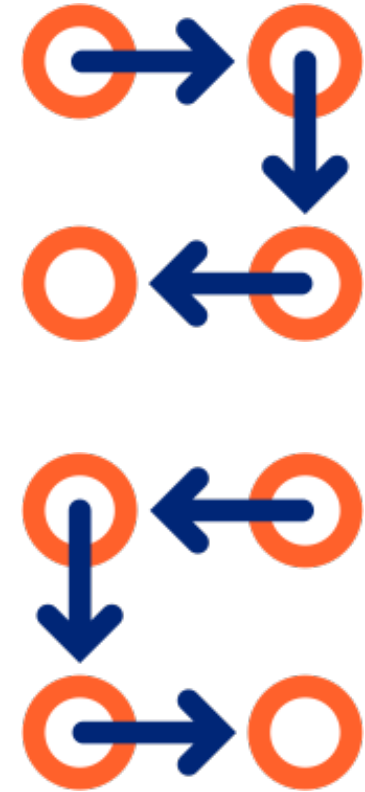
Steps to Confirm Eligibility

Documentation needed from the family

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth
- Member's (client) name and Insurance ID may be different from the subscriber

Eligibility & Coverage

- Verify online at UHCprovider.com or call the Behavioral Health number located on the back of the member's ID card
- Ask for benefit coverage to both the service (e.g., Is ABA-based therapy covered?) and the diagnosis (e.g., Is autism covered?)
- Verify (as applicable) the deductible, copay, coinsurance amounts and the out-of-pocket maximums for the individual vs. the family



Requesting Prior Authorization

You'll need the following readily available during the phone request:

- Your name
- A call-back phone number in case we're disconnected
- Your agency Tax Identification or TIN
- Your agency's name and servicing address
- The ID number from the Insurance Card
- Member's (your client's) name
- Member's Date of Birth
- Member's address, city, state, and zip
- A description of the plan of care:
[Clinical Requests](#)

Some requests can be faxed or submitted through our provider portal on [providerexpress.com](#).

Please check the portal to determine if you are eligible. All other requests should be done telephonically.

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 or other educational engagements?
 - Caregiver participation
 - Additional services received by member
 - Coordination of Care Plan
- How long has member been in services with this provider and other ABA providers?
 - Goals must not be educational or academic in nature; they must focus only on the core deficits such as communication, social skills deficits and behavioral difficulties
 - Discharge criteria and how the member will transition between intensities of services
 - Review why the member will benefit from ABA services
 - Must meet medical necessity (see Provider Express for the Clinical Criteria)

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 new medical or other mental health diagnoses
 - Any new mental health or medical services
 - Any new or updated medications member is taking
 - How many hours per week is member in school?
 - Rates of Caregiver participation and progress towards goals
 - Additional services received by member
 - Coordination of Care Plan with other providers
- Progress on goals or barriers to fully benefiting from services AND a plan to address those barriers
 - 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 and progress towards changing intensity of ABA services
 - Why ABA continues to be the most appropriate treatment for the member
 - Must meet medical necessity (see ProviderExpress for the Optum Autism/ABA Clinical Policy)

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.



Reimbursable Codes (CPT)

Service Description

UNITED BEHAVIORAL HEALTH				
Billing Code	Modifier	Modifier 2	Service Description	Units
T1026	HK		Mental health assessment - for a Targeted Evaluation or a Risk Evaluation A Targeted Evaluation is performed after a CDE is completed. Use the Targeted Evaluation when aspects of the recipient's presentation change. -When aspects of the current ISP require updating without a new type of evaluation (CDE or Targeted Evaluation) being completed, use the ISP Update. -The AEP determines if the changes in the patient's presentation warrants a revised CDE.	15 min
T1026	TG	HI	Mental health assessment - for a Targeted Evaluation or a Risk Evaluation A Targeted Evaluation is performed after a CDE is completed. Use the Targeted Evaluation when aspects of the recipient's presentation change. -When aspects of the current ISP require updating without a new type of evaluation (CDE or Targeted Evaluation) being completed, use the ISP Update. -The AEP determines if the changes in the patient's presentation warrants a revised CDE.	15 min
T1026	HK	HI	Mental health assessment - for a Targeted Evaluation or a Risk Evaluation A Targeted Evaluation is performed after a CDE is completed. Use the Targeted Evaluation when aspects of the recipient's presentation change. -When aspects of the current ISP require updating without a new type of evaluation (CDE or Targeted Evaluation) being completed, use the ISP Update. -The AEP determines if the changes in the patient's presentation warrants a revised CDE.	15 min
97151	U5		Behavior Identification Assessment (described as Behavior or Functional Analytic Assessment in program rules) -The assessment is the gathering from data, interviews, observations that is then incorporated into a Behavior or Functional Analytic Assessment report and an ABA Stage 3 Treatment Plan . -To be done annually or sooner, if medically warranted.	15 min
97151	U4		Behavior Identification Assessment (described as Behavior or Functional Analytic Assessment in program rules) -The assessment is the gathering from data, interviews, observations that is then incorporated into a Behavior or Functional Analytic Assessment report and an ABA Stage 3 Treatment Plan . -To be done annually or sooner, if medically warranted.	15 min
97151	U3		Behavior Identification Assessment (described as Behavior or Functional Analytic Assessment in program rules) -The assessment is the gathering from data, interviews, observations that is then incorporated into a Behavior or Functional Analytic Assessment report and an ABA Stage 3 Treatment Plan . -To be done annually or sooner, if medically warranted.	15 min
97152	U5		Behavior Identification Supporting Assessment Behavior identification supporting assessment, administered by one technician under the direction of a BCBA, face-to-face with the patient. The code is used when the assessment is conducted over more than one day and is to be billed for each date the assessment follow-up service is rendered.	15 min
97152	U4		Behavior Identification Supporting Assessment Behavior identification supporting assessment, administered by one technician under the direction of a BCBA, face-to-face with the patient. The code is used when the assessment is conducted over more than one day and is to be billed for each date the assessment follow-up service is rendered.	15 min
97152	U3		Behavior Identification Supporting Assessment Behavior identification supporting assessment, administered by one technician under the direction of a BCBA, face-to-face with the patient. The code is used when the assessment is conducted over more than one day and is to be billed for each date the assessment follow-up service is rendered.	15 min
0362T	U5		Behavior Identification Supporting Assessment - refer to CPT description for required providers This code is typically used for recipients that have more specific severe destructive behaviors and are assessed using structured testing to examine events, cues, responses, and associated consequences. Otherwise, code 97151 or 97152 may be more appropriate. Refer to CPT description for required providers.	15 min
0362T	U4		Behavior Identification Supporting Assessment - refer to CPT description for required providers This code is typically used for recipients that have more specific severe destructive behaviors and are assessed using structured testing to examine events, cues, responses, and associated consequences. Otherwise, code 97151 or 97152 may be more appropriate. Refer to CPT description for required providers.	15 min
0362T	U3		Behavior Identification Supporting Assessment - refer to CPT description for required providers This code is typically used for recipients that have more specific severe destructive behaviors and are assessed using structured testing to examine events, cues, responses, and associated consequences. Otherwise, code 97151 or 97152 may be more appropriate. Refer to CPT description for required providers.	15 min

Reimbursable Codes (CPT) (cont.)

Service Description

T1026	U5	UC	ABA Clinical Management (modifier UC) -At least 1 hour of clinical management is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of clinical management per 10 hours of Stage 3 services requires prior authorization, not as a program limit, but, rather, to assure medical necessity. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day. A BCaBA may bill T1026 UC under their supervising BA's first modifier and be reimbursed at the rate of their supervising BA.	15 min
T1026	U4	UC	ABA Clinical Management (modifier UC) -At least 1 hour of clinical management is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of clinical management per 10 hours of Stage 3 services requires prior authorization, not as a program limit, but, rather, to assure medical necessity. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day. A BCaBA may bill T1026 UC under their supervising BA's first modifier and be reimbursed at the rate of their supervising BA.	15 min
T1026	U3	UC	ABA Clinical Management (modifier UC) -At least 1 hour of clinical management is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of clinical management per 10 hours of Stage 3 services requires prior authorization, not as a program limit, but, rather, to assure medical necessity. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day. A BCaBA may bill T1026 UC under their supervising BA's first modifier and be reimbursed at the rate of their supervising BA.	15 min
T1026	U5	UD	ABA Direct and Indirect Case Supervision (modifier UD) -At least 1 hour of case supervision is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of case supervision per 10 hours of STAGE 3 services requires prior authorization to, not as a program limit, but, rather, to assure medical necessity. -If more than one session is required, the additional session is not required to be on the same date of service, but must be specific to the units of service that the first session covers. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day.	15 min
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T1026	U9	UD	ABA Direct and Indirect Case Supervision (modifier UD) -At least 1 hour of case supervision is to be performed for every 10 hours of STAGE 3 services. More than 2 hours of case supervision per 10 hours of STAGE 3 services requires prior authorization to, not as a program limit, but, rather, to assure medical necessity. -If more than one session is required, the additional session is not required to be on the same date of service, but must be specific to the units of service that the first session covers. -If a full 60 minutes is not provided in one day, bill a partial unit using decimal points. When the session continues on a different day, the time spent on that day is also billed using the decimal point as appropriate to account for the full hour. The full hour of service does not need to be provided in a single day.	15 min
97153	U5		Adaptive Behavior Treatment by Protocol	15 min
97153	U4		Adaptive Behavior Treatment by Protocol	15 min
97153	U3		Adaptive Behavior Treatment by Protocol	15 min
97153	U9		Adaptive Behavior Treatment by Protocol	15 min
97153	U1		Adaptive Behavior Treatment by Protocol	15 min

Reimbursable Codes (CPT) (cont.)

Service Description

97154	U5	UA	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U4	UA	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U3	UA	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U9	UA	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U1	UA	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U5	UB	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U4	UB	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U3	UB	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U9	UB	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97154	U5	UB	Group Adaptive Behavior Treatment by Protocol, with 2 to 4 recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients	15 min
97155	U4		Adaptive Behavior Treatment by Protocol Modification with 1 recipient This code allows the BA, while rendering the ABA Treatment Plan, to modify the plan with the recipient present (as compared to updating the ABA Treatment Plan without the recipient present). ABCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA	15 min
97155	U3		Adaptive Behavior Treatment by Protocol Modification with 1 recipient This code allows the BA, while rendering the ABA Treatment Plan, to modify the plan with the recipient present (as compared to updating the ABA Treatment Plan without the recipient present). ABCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA	15 min
97155	UB		Adaptive Behavior Treatment by Protocol Modification with 1 recipient This code allows the BA, while rendering the ABA Treatment Plan, to modify the plan with the recipient present (as compared to updating the ABA Treatment Plan without the recipient present). ABCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA	15 min
97156	U5		Family Adaptive Behavior Treatment Guidance without the Recipient Present1 unit is billed for only one family set, not individual members of the family set. ABCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA	15 min
97156	U4		Family Adaptive Behavior Treatment Guidance without the Recipient Present 1 unit is billed for only one family set, not individual members of the family set. ABCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA	15 min
97156	U3		Family Adaptive Behavior Treatment Guidance without the Recipient Present1 unit is billed for only one family set, not individual members of the family set. ABCaBA may bill under their supervising BA's U3 corresponding 1st modifier and be reimbursed at the rate of the supervising BA	15 min
97157	U5		Multi Family Group Adaptive Behavior Treatment Guidance without the Recipient Present 1 unit is billed for each recipient on separate claims	15 min
97157	U4		Multi Family Group Adaptive Behavior Treatment Guidance without the Recipient Present 1 unit is billed for each recipient on separate claims	15 min
97157	U3		Multi Family Group Adaptive Behavior Treatment Guidance without the Recipient Present 1 unit is billed for each recipient on separate claims	15 min

Reimbursable Codes (CPT) (cont.)

Service Description

97158	U5	UA	Adaptive Behavior Treatment Social Skill Group with 2 to 4 Recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit is billed for each recipient on separate claims	15 min
97158	U4	UA	Adaptive Behavior Treatment Social Skill Group with 2 to 4 Recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit is billed for each recipient on separate claims	15 min
97158	U3	UA	Adaptive Behavior Treatment Social Skill Group with 2 to 4 Recipients Note the modifier UA is used to identify this size of group In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit is billed for each recipient on separate claims	15 min
97158	U5	UB	Adaptive Behavior Treatment Social Skill Group with 5 to 8 Recipients In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = Per session 1 unit is billed for each recipient on separate claims.	15 min
97158	U4	UB	Adaptive Behavior Treatment Social Skill Group with 5 to 8 Recipients In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = Per session 1 unit is billed for each recipient on separate claims.	15 min
97158	U3	UB	Adaptive Behavior Treatment Social Skill Group with 5 to 8 Recipients In considering the number in the group, include both Medicaid and non-Medicaid recipients. 1 unit = Per session 1 unit is billed for each recipient on separate claims.	15 min
0373T	U5		For Specialty Care: Adaptive Behavior Treatment with Protocol Modification, requiring 2 or more BTs, BAAs, other BAs or Combinations The code billed at one unit includes all the BTs, BAAs, and BAs in combination. The Specialty Care Practitioner is the only individual who bills for the service. Refer to CPT description for provider and service requirements.	15 min
0373T	U4		For Specialty Care: Adaptive Behavior Treatment with Protocol Modification, requiring 2 or more BTs, BAAs, other BAs or Combinations The code billed at one unit includes all the BTs, BAAs, and BAs in combination. The Specialty Care Practitioner is the only individual who bills for the service. Refer to CPT description for provider and service requirements.	15 min
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1	The listing of a service or CPT code above does not guarantee that it will be covered under every account-specific plan. To be reimbursable, a service provided to a beneficiary must be a covered benefit under the beneficiary's benefit plan. All reimbursements are less patient responsibility and represent the total allowable reimbursement, including patient responsibility, for all pre-authorized services only. Patient responsibility represents the applicable co-payment, coinsurance, and/or deductible, and is determined by type of insurance and/or benefit plan.			
2	Modifier Descriptions U5- Qualifying Psychologist U4- BCBA-D U3- BCBA U9- BCaBA U1- BT (with or without bachelor's degree) HK- Specialized mental Health programs for High-risk populations HI- Integrated mental health and intellectual disability/development disabilities program TG- Complex/high tech level of care UA- UA is used to identify this size of group with 2 to 4 recipients UB- UB is used to identify this size of group with 5 to 8 recipients			

Claims Submission update

All ABA Claims must be:

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

Please send paper claims to:

- When submitting ABA Claims by paper to affiliates and Optum, please mail claims to:
Optum
P.O. Box 31348
Salt Lake City, UT 84131

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

- Optum at 1-877-236-0826
- Logging into providerexpress.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.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

HEALTH INSURANCE CLAIM FORM										NUCC	
1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (ChAMPVA) GROUP HEALTH PLAN (GRP) ELCA (ELCA) OTHER (OTHER)										14. INSURED'S ID NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)										6. INSURED'S ADDRESS (No. Street)	
5. PATIENT'S ADDRESS (No. Street)										7. INSURED'S ADDRESS (No. Street)	
8. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)										9. RESERVED FOR NUCC USE	
10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FEDCA NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of all medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment herein.)										13. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)	
15. OTHER DATE (MM DD YY)										16. DATES PATIENT UNABLE TO WORK (Current or Previous)	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES (Related to Current Services)	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to C to service line below (24E))										22. RESUBMISSION CODE	
23. PROVIDER AUTHORIZATION NUMBER										24. ORIGINAL REF. NO.	
25. FEDERAL TAX ID NUMBER										26. TOTAL CHARGE	
27. ACCEPT ASSIGNMENT? (YES NO)										28. AMOUNT PAID	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that no statement on the reverse applies to this claim and are made a part thereof.)										30. BILLING PROVIDER INFO (A B C)	
31. SERVICE FACILITY LOCATION INFORMATION										32. BILLING PROVIDER INFO (A B C)	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

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.)



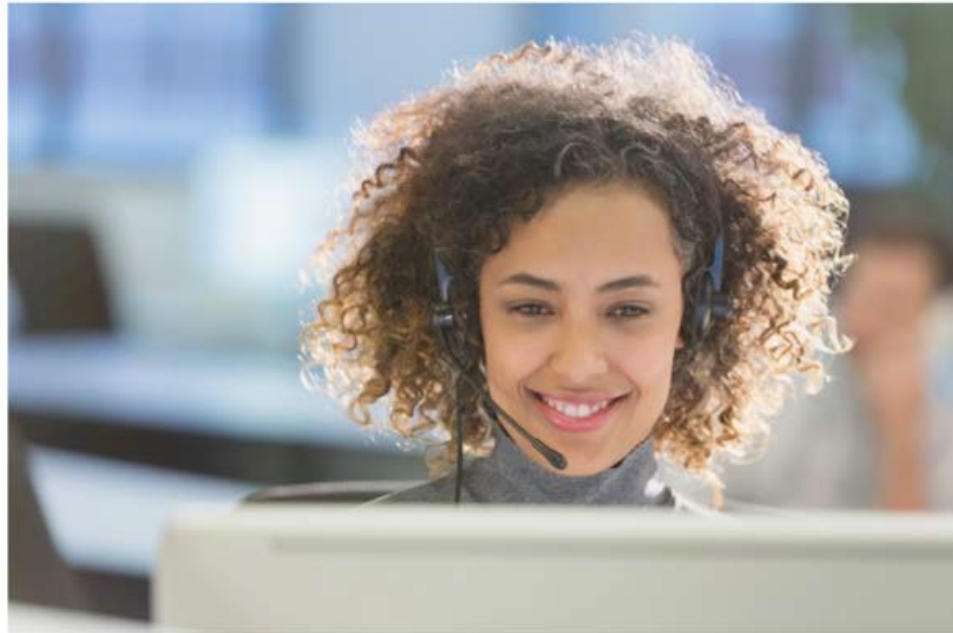
Provider Express



ProviderExpress.com

You can find:

- Clinical Criteria
- ABA Clinical Policy
- 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, demographic updates, etc.)

Optum

Provider Express

Log In | First-time

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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

ATLAS - SUD provider survey

2023 CPT Code Change Information

Get trained on STAR - The new ReviewOnline Auth process

Latest National Network Manual updates

1099 forms online

ABA Information

ABA Reclassification Alert

ABA Supplemental Clinical Criteria update

ABA Information

Join Our Network

Autism/ABA/BCBA Providers

Individually Contracted Clinicians

Facility or Hospital Based Providers

Group with Individually Credentialed Providers

Group with Agency Credentialed Providers

Express Access Network

virtual visits

Other Optum Websites

Optum Alaska

Optum Idaho

Optum Maryland

National News

These 3 codes no longer require prior authorization

Fourth Edition of The ASAM Criteria now available to order

Medicare Part B covered provider list will add 2 license types in 2024

State-Specific News

CA - October 2023 OHBSC Network Manual

Find Your Local Mobile Crisis Support Resource

Quick Links

Behavioral Health Toolkits

Claim Tips

Add / Update Tax ID

Forms

Guidelines / Policies & Manuals

MAUD / MOUD

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BH00747_11262024

United Behavioral Health operating under the brand Optum

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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 7 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

Your email address

Create One Healthcare ID
 

Your One Healthcare ID must have:

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

Resources



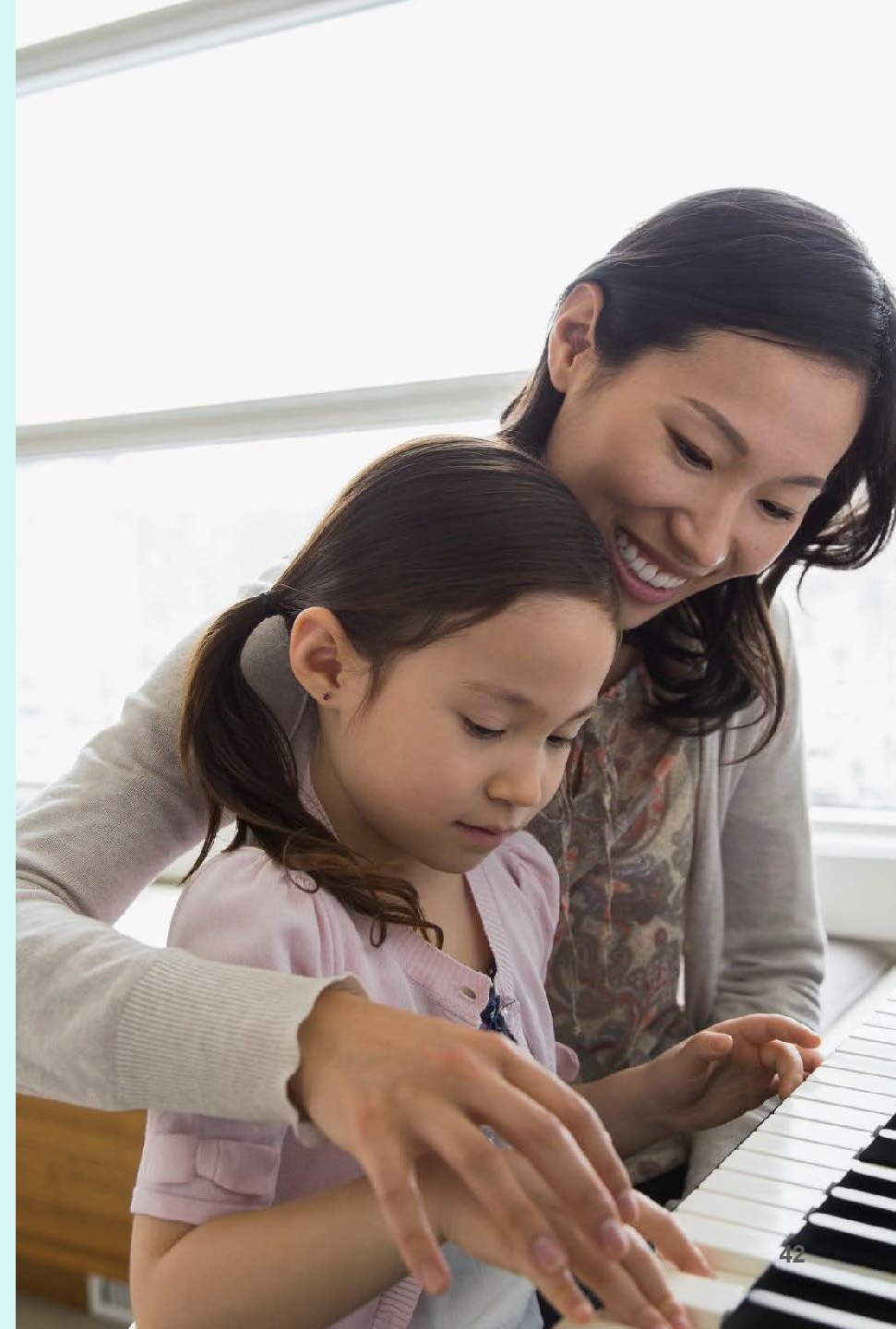
Provider Service Line

Provider Service Line: **1-877-614-0484**

The Provider Service Line is available from 7 a.m. to 7 p.m. CT Monday through Friday, and can assist and/or triage on the following issues/questions you may have:

- Demographic changes
- Contract questions
- Fee schedule requests
- Termination requests
- Claim issues
- TaxID changes

Appendix



Helpful Websites

To get an NPI number:

- [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes/)

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
- [Claims 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/)

ABA Codes:

- [abacodes.org](https://www.abacodes.org)



Key Terms: General

- NPI
- CPT
- HCPCS
- HIPAA
- Form 1500
- HCFA 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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