Optum

Florida Statewide Medicaid Managed Care Applied Behavioral Analysis Provider Orientation

Optum with UnitedHealthcare

November 2024

Today's Topics

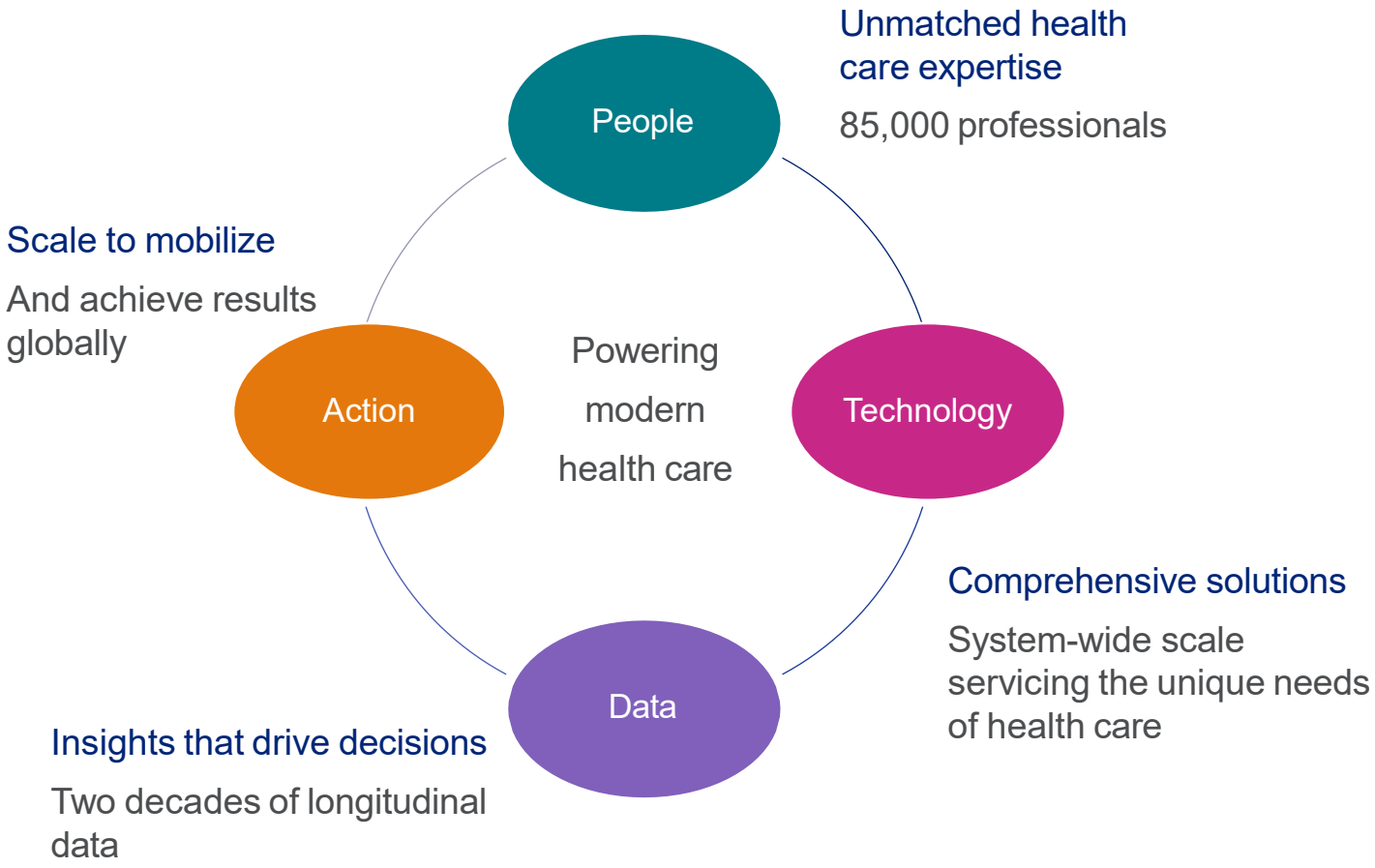
- Who is Optum?
- Specialty Network Services
- Autism/Applied Behavioral Analysis Program
- Benefit Design within State Mandates
- Member Information
- Credentialing Criteria
- Eligibility, Authorizations, Concurrent Reviews
- Discharge Planning
- Billing, Claims, Denials
- Provider Express website
-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

Helping People Live Their Lives to the Fullest

What is Optum?

- Optum is a an organization committed to a simple goal: helping people live healthier lives and helping to make the health 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

Optum

Helping people live healthier lives and helping to 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

United Healthcare

Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Global

Optum and You, our Provider Partner

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

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION
NCQA
ACCREDITATION
FULL

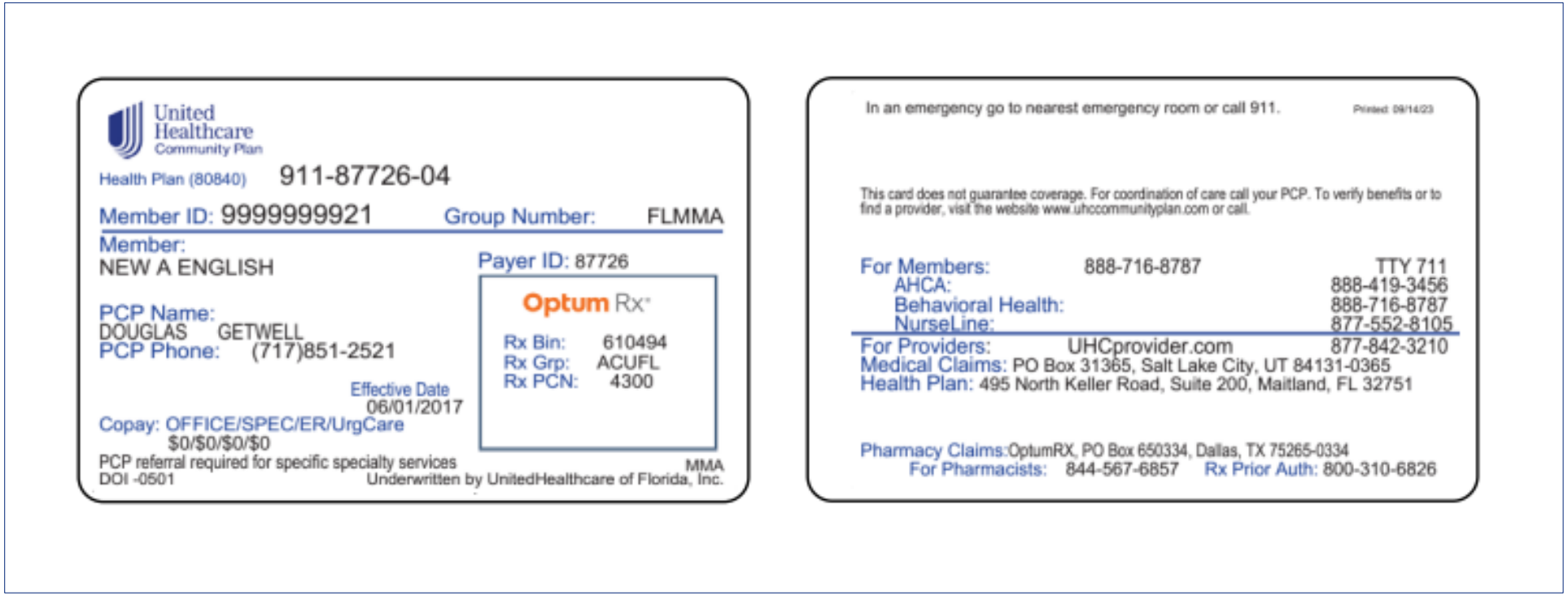
Optum Applied Behavioral Analysis Member Information

Optum

BH00683_11022024

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

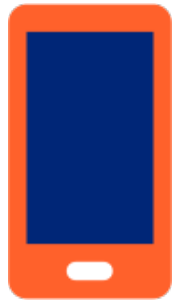
UHCprovider.com makes it simple for members to:

- 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 Florida Medicaid recipients under the age of 21 years requiring behavioral analysis services that are medically necessary to address behavior that impairs a recipient's ability to perform a major life activity.

Such functional impairment is expressed through the following behaviors:

- Safety - aggression, self-injury, property destruction, elopement
- Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
- Self-stimulating – abnormal, inflexible, or intense preoccupations
- Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
- Other behaviors not identified above but not limited to complexity of treatment, programming, or environmental variables

Credentialing/Provider Criteria for Inclusion in the Applied Behavioral Analysis/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:

- NPPES (hhs.gov)
- **Tax Identification Number (TIN), Employee Identification Number (EIN), or Social Security Number (SSN) information:**
- IRS.gov
- Apply for an Employer Identification Number (EIN) Online | Internal Revenue Service (IRS.gov)

Professional Liability Insurance:

- BACB - Behavior Analyst Certification Board has coverage information; enter “liability in the site’s “Search” feature located in the right side of the menu

Applied Behavioral Analysis 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

Applied Behavioral Analysis Credentialing Criteria (2 of 2)

BA / 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 must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAs or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA, 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)

Applied Behavioral Analysis Virtual Visits

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

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 BA 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 “GT” 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

Steps in Providing Treatment

Eligibility, Authorizations & Concurrent Reviews

Clinical Teams

Dedicated Behavioral Analysis Clinical Team

There is a dedicated autism clinical team that supports the commercial Behavioral Analysis 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

Applied Behavioral Analysis request and review process

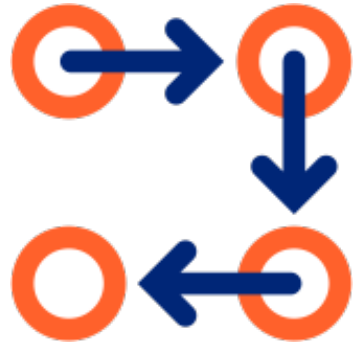
Master's level advocate team with extensive experience with autism spectrum disorder and BA to ensure BA treatment is appropriate and follows evidence-based practices

Cases that are not aligned to the updated guidelines are sent to peer review. Peer Reviewers are licensed psychologist with experience in Autism and behavior therapy. If partial or full denials occur as part of the peer reviewer, the provider will receive a letter with reasons for denial and appeal process.

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 BA-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

Submit a request online (simplest method): Tutorial here

Sign in to the Provider Express secure portal using your OneHealthcare ID

Need a OneHealthcare ID? Register now.

Submit a request by phone:

You'll need the following readily available

- Your agency Tax Identification or TIN
- Your agency's name and servicing address
- The ID number from the Insurance Card
- Member's name & DOB
- Member's address, city, state, and zip
- A description of the care plan Clinical Requests

Clinical Information Requirements for each Review

- Confirmation member has an appropriate DSM-5 diagnosis that can benefit from ABA, including referral for ABA and comprehensive diagnostic evaluation
- 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 focus only on safety skills, communication, and challenging behaviors
- Discharge criteria and how the member will transition between intensities of services
- Results from behavior and skills assessments
- Schedule of member ABA services, including location 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 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
- Discharge criteria and progress towards changing intensity of BA services
- Why BA continues to be the most appropriate treatment for the member
- Data from progress including data tables and graphs
- Explanation of any regression or lack of progress
- Must meet medical necessity (see ProviderExpress for the Optum Autism/BA Clinical Policy)

Billing and Reimbursement

Reimbursable Codes (CPT)

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification - assessment	15 min
97151	TS	Behavior Reassessment	
97152		Behavior identification - supporting assessment	15 min
0362T		Assessment add-on practitioner	15 min
97153		Behavior treatment by protocol- Service provided by a Registered Behavior Technician (RBT), a BCaBA, or a Lead Analyst	15 min
97153	XP	Behavior treatment by protocol, under concurrent supervision, non-reimbursable Supervisee only, supervisor may be reimbursed using 97153, 97155 or 97155HN	15 min
0373T		Treatment add-on practitioner- Need must be prior authorized and determined to be medically necessary	15 min
97154	UN	Group BA services by protocol, twoclients in group Maximum 6 clients per group, service provided by	15 min
97154	UP	Group BA services protocol, three clients in group Maximum 6 clients per group, service provided by	15 min
97154	UQ	Group BA services by protocol, four clients in group Maximum 6 clients per group, service provided by	15 min
97154	UR	Group BA services by protocol, five clients in group Maximum 6 clients per group, service provided by	15 min
97154	US	Group BA services by protocol, six clients in group Maximum 6 clients per group, service provided by	15 min
97155		Behavior treatment with protocol modification - Service provided by a Lead Analyst	15 min
97155	HN	Behavior treatment with protocol modification - Service provided by an assistant behavior analyst	15 min
97155	XP	Behavior treatment with protocol modification, under concurrent supervision, nonreimbursable	15 min
97156		Family training by Lead Analyst	15 min
97156	GT	Family training via telemedicine- Service provided by a Lead Analyst; Florida Medicaid reimburses up to 2 hours per week	15 min
97156	HN	Family training by assistant- Service performed by a BCaBA	15 min
97158	UN	Group BA services with protocol modification, two clients in group Maximum 6 clients per group, service provided by Lead Analyst or BCaBA	15 min
97158	UP	Group BA services with protocol modification, three clients in group Maximum 6 clients per group, service provided by Lead Analyst or BCaBA	15 min
97158	UQ	Group BA services with protocol modification, four clients in group Maximum 6 clients per group, service provided by Lead Analyst or BCaBA	15 min
97158	UR	Group BA services with protocol modification, five clients in group Maximum 6 clients per group, service provided by Lead Analyst or BCaBA	15 min
97158	US	Group BA services with protocol modification, six clients in group Maximum 6 clients per group, service provided by Lead Analyst or BCaBA	15 min

1	Use of Modifiers: Modifiers should be used in billing to reflect the credentials of staff delivering services and allow for proper claims payment.
2	Modifier Descriptions GT- Telehealth HN- BCaBA GT- Telehealth HN- BCaBA TS- Follow up service UN- Two members or families served UP- Three members or families served
3	One BA practitioner's services are reimbursable when concurrent services are provided by more than one BA practitioner, unless determined to be medically necessary, prior authorized, and indicated in the approved behavior plan.

Guides for Coding:

- DSM-5 defined conditions:
  - ❑ Clinical criteria for diagnosis
  - ❑ Maps to the appropriate ICD billing code

A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding.

Claims Submission update

All BA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via Provider Portal at UHCprovider.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 BA Claims by paper to affiliates and Optum, please mail claims to:
  P.O. Box 31365
  Salt Lake City, UT 84131

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

- Optum at 1-877-842-3210
- Logging into UHCprovider.com

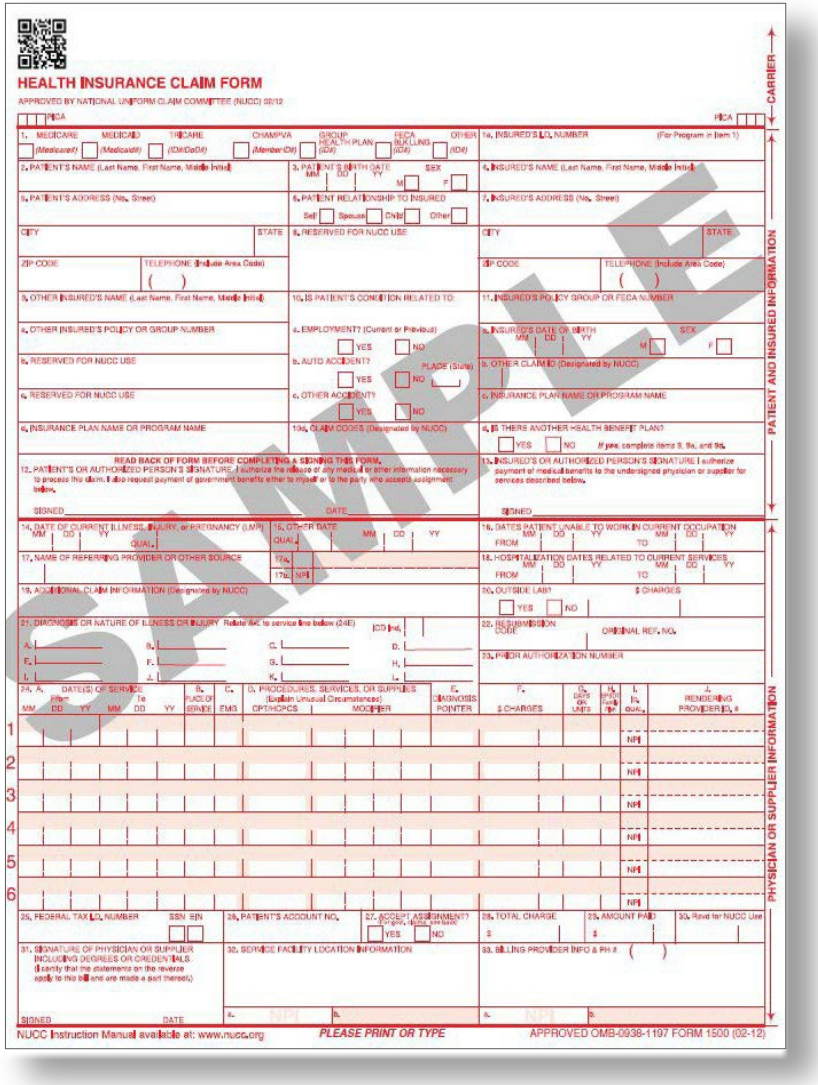
Form 1500 - Claim Form

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.



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

Optum

ProviderExpress.com

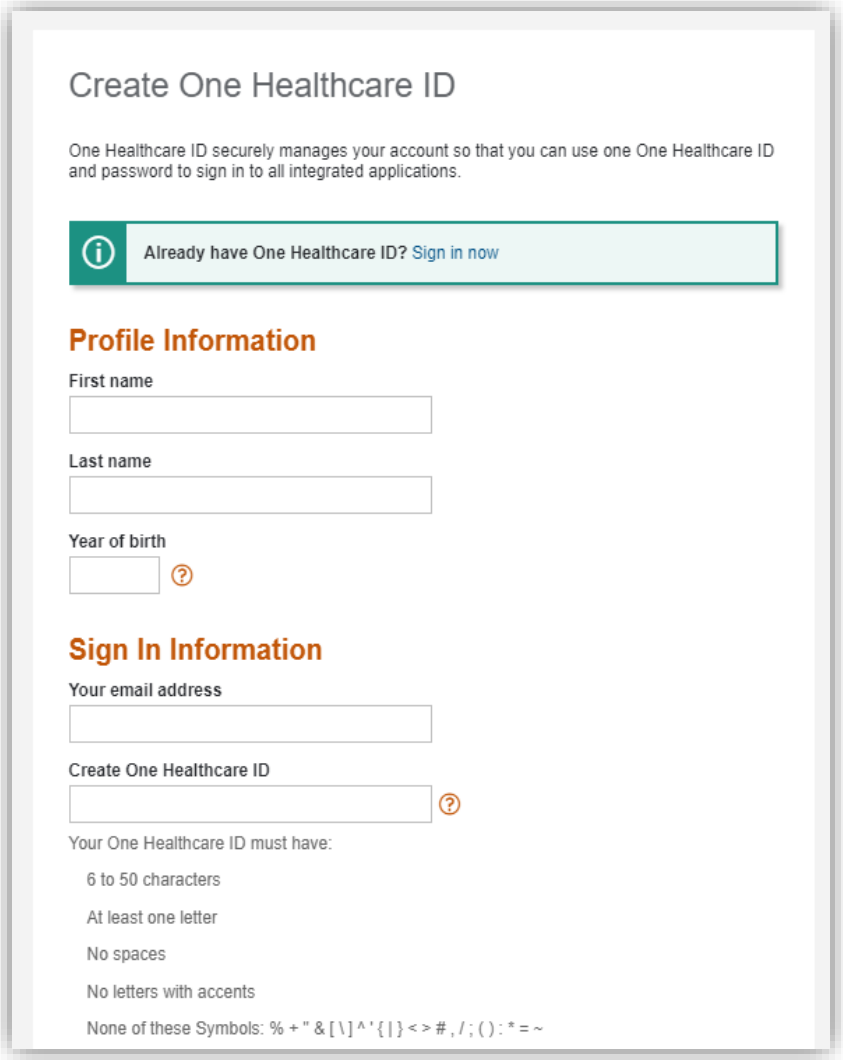
You can find information about

- Clinical Criteria
- BA 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.

The secure Provider Express Provider Portal

- Register for a One Healthcare ID for immediate access to secure transactions
- 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 here
- Sign in to the Secure Provider Portal to begin doing business with us



Resources

Provider Service Line

Provider Service Line: **1-877-842-3210**

The Provider Service Line is available from 7 a.m. – 7 p.m. CT Monday through Friday for assistance with:

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

Florida Program Page

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

Optum | Provider Express

Search Search

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

Optum - Provider Express Home > Clinical Resources > Applied Behavior Analysis Information > abaFLMedicaid

Florida Medicaid ABA Program

United Behavioral Health (UBH), operating under the brand Optum, assumed management of the Medicaid autism program benefits for FL Medicaid members with coverage through UnitedHealthcare Community Plan effective February 1, 2025.

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.

- **COMING SOON:** ABA Provider Orientation
- **COMING SOON:** ABA Provider Quick Reference Guide
- **COMING SOON:** Treatment Request Form and Guidelines

Contact Us

Shanice Harris
shanice.harris@optum.com

Optum

Florida Provider Quick Reference Guide

Florida Statewide Medicaid Managed Care Applied Behavioral Analysis Program

ID Card	 
Provider/Practice Responsibilities	• Verify benefits/eligibility • Submit prior authorization requests • Understand and comply with the National Network Manual on Provider Express • Be familiar with FL ABA-specific guidelines
ABA Clinical Policy	ABA Information is available on Provider Express > State Medicaid ABA Programs > Florida ABA Program
Check eligibility	• Verify benefits/eligibility by signing in to the UnitedHealthcare secure Provider Portal or by calling the Behavioral Health number located on the back of the Member's ID card

Request Prior Authorization	All ABA services require prior authorization:
	• Prior Authorization requests must be submitted using Treatment Authorization Request Form:
	  o Using our Online submission
	  o Via Fax : 1-888-541-6691

Claims: Electronic Submission	Submit claims by signing in to the secure United Healthcare Provider Portal using your One Healthcare ID • Payer ID for submitting claims is 87726 • Electronic Remittance Advice (ERA) Payer ID 86047 EDI Support **1-800-210-8315** or email ac_edi_ops@uhc.com
Claims: Paper Submission	• All autism provider services must be billed on a Form 1500 • Submission should occur within 6 months of date of service Mail paper claims to: Optum PO Box 31365 Salt Lake City, UT 84131-0348
Check Claim Status	• Sign in to the secure United Healthcare Provider Portal • Call Customer Service Center at **1-877-842-3210**
Claim Appeals	Process 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 Mail appeals to: Optum, Appeals & Grievances PO Box 31364 Salt Lake City, UT 84131-0364
Update Practice Info	Update your practice information in My Practice Profile by signing in to the Provider Express Secure Provider Portal.
Contact	Email Shanice Harris, Specialty Network Manager.

Appendix

Helpful Websites

To get an NPI number:

- NPPES (hhs.gov)

To learn more about HIPAA:

- HIPAA Home | hhs.gov
- Optum Provider Express
- Claims Tips: Provider Express > Quick Links > Claim Tips
- Claim Forms : Provider Express > Quick Links > Forms > Optum Forms -

Claims Autism Votes website:

- Advocate | Autism Speaks

BA Codes

- abacodes.org
- Grievances

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