



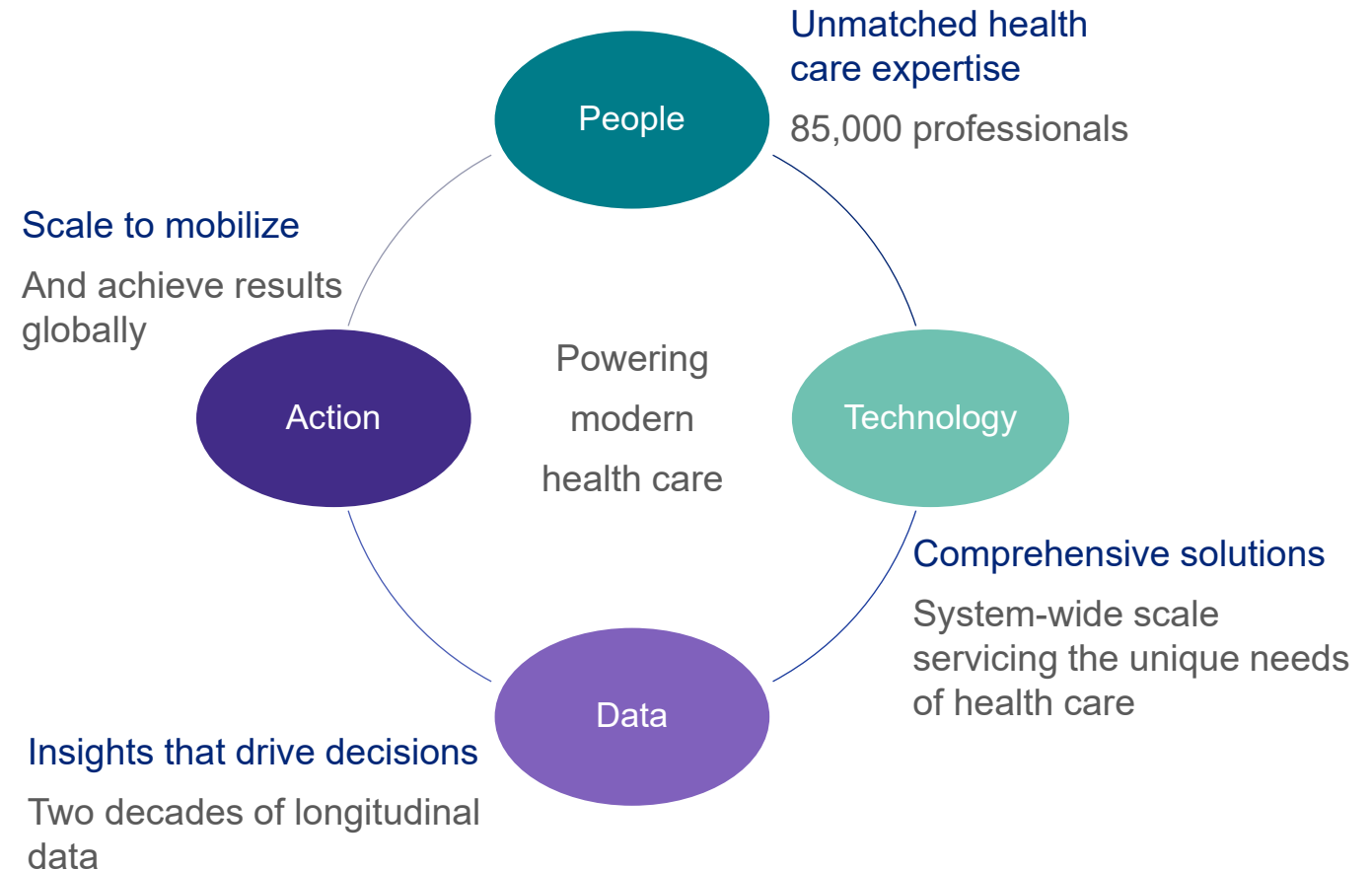
# New Jersey FamilyCare ABA Provider Orientation

Optum with UnitedHealthcare Community Plan of  
New Jersey



# 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®



**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



**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 NJ FamilyCare Medicaid Member Information

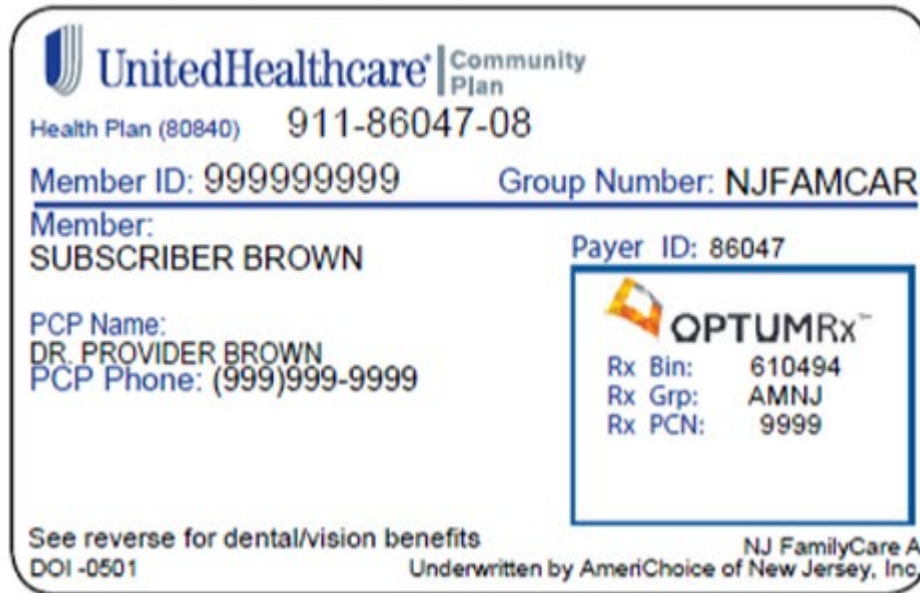
Optum





# NJ Medicaid Member ID card

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



Please note this image is for illustrative purposes only.

# Member Rights and Responsibilities

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

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

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

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

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

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

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# Member website

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

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



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

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

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



## Who is eligible?

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

- Must be 18 months – 21 years old
- Must be covered under NJ FamilyCare Medicaid Program\*
- Must have Autism Diagnosis

\*ABA services are available to any NJ FamilyCare members 18 months – 21 years old with an ASD diagnosis, including in the specialized FamilyCare carve-out programs (FIDE SNP, MLTSS, DDD).



# Credentialing Criteria NJ FamilyCare Medicaid Autism/ABA Network

Optum



## 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 website:

- [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/apply-for-an-employer-identification-number-ein-online)

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) required to possess a master's degree in psychology or behavior analysis with active certification from the national Behavior Analyst Certification Board, and
- State licensure in good standing if applicable
- Medicaid ID
- 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
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBAs required to possess an undergraduate degree and must have active certification from the national Behavior Analyst Certification Board
- Behavior Technicians must be a high school graduate and receive appropriate training and supervision by BCBAAs
- BCBA on staff providing program oversight
- BCBA performs skills assessments and provides direct supervision of BCaBAs/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 Team

## Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the New Jersey FamilyCare Medicaid ABA program:

- Each team member is a licensed behavioral health clinician or BCBA with experience and training in Autism
- Supervised by a manager who is a licensed psychologist and BCBA-D



# Intake

## At intake

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

## Suggested information:

- Provide subscriber with your HIPAA policies
- Provide subscriber with consent for billing using protected health information including signature on file
- Always get a consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Billing policies and procedures
- Release of Information to communicate with other providers



# Release of Information

- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time
- The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations



# Eligibility and Prior Authorization

## All ABA services require prior authorization:

- Verify benefits/eligibility online at [providerexpress.com](https://providerexpress.com) number located on the back of the member's ID card
- Check benefit coverage relating to both the service and the diagnosis on provider portal or by calling the number on the member's insurance card.
- Treatment Authorization Request Form can be submitted either – online at [electronicforms.force.com/ABATreatment/s/](https://electronicforms.force.com/ABATreatment/s/)
- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the ABA assessment and the treatment request for any treatment requests.
- 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)

# Prior Assessment Authorization – online portal submission

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express'. On the top right, there are links for 'Log In', 'First-time User', 'Global', and 'Site Map'. Below these is a search bar with the text 'Search: Search' and a 'Search' button. A navigation bar contains links for 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The main content area has a breadcrumb trail: 'Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis'. The title is 'Autism/Applied Behavior Analysis'. The text reads: '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.' To the right of the text is a photograph of a family (father, mother, and two children) holding hands and smiling in a park.

[providerexpress.com](https://providerexpress.com) >  
Autism/ABA Information

- [FAQ - Autism/ABA](#)
- [ABA Agency Provider Orientation](#)
- [ABA Agency Quick Reference Guide](#)
- [ABA Virtual Visits for Commercial Members](#)

#### Provider Express Resources & Tutorials

- [Overview of online tools that improve workflow and efficiency](#)
- [How to become a registered Provider Express user](#) (Brief video overview of obtaining your Optum ID)
- [ABA online eligibility and benefit inquires](#) (Brief how-to video overview)
- [How to view ABA authorizations online](#) (You see what we see - brief video overview)

#### State Medicaid ABA Programs

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

# Prior Treatment authorization

- Prior authorization request form can be found online at [providerexpress.com](https://providerexpress.com)

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 containing the word 'Search' and a 'Search' button. Below the header is a navigation menu with links for 'Home', 'Our Network', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'About Us', and 'Contact Us'. The main content area has a breadcrumb trail: 'Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis > New Jersey Medicaid ABA Program'. The title of the page is 'New Jersey Medicaid ABA Program'. The text explains that UnitedHealthcare Community Plan is one of the selected managed care plans providing coverage to New Jersey FamilyCare members. It states that Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for New Jersey FamilyCare members, effective 4/1/2020. It mentions that participation in the network helps ensure access to comprehensive quality care for covered behavioral health services for enrolled members. Below this, it says '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'. There are three bullet points: 'New Jersey FamilyCare Medicaid ABA Orientation', 'NJ ABA QRG (updated version 4.26.21)', and 'ABA Treatment Request Form - electronic submission'. A section titled 'Developmental Services' follows, explaining that effective July 1, 2020, the Division of Medical Assistance and Health Services (DMAHS) launched coverage for the provision of Developmental Services to support families with children diagnosed with Autism Spectrum Disorder (ASD). It states that these services are available to any NJ FamilyCare/Medicaid (NJFC/M) eligible child, under the age of twenty-one, who has been diagnosed with ASD, as defined by ICD-10 diagnosis codes F84.0 through F84.9, by a qualified healthcare provider. There are two bullet points: 'New Jersey FamilyCare Medicaid DIR Orientation (updated version 4.26.21)' and 'NJ DRBI QRG (updated version 4.26.21)'. At the bottom, there is a 'Contact Us/Request to Join the Network' section with the name 'Catherine Wadsworth', title 'Specialty Network Manager', and email address 'Catherine.Wadsworth@optum.com'. On the right side of the page, there is a photograph of two young children, a girl and a boy, looking up at something out of frame in a brightly lit, colorful environment, possibly a store or a festival.

# 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:

F840	Autistic disorder
F842	Rett's syndrome
F843	Other childhood disintegrative disorder
F845	Asperger's syndrome
F848	Other pervasive developmental disorders
F849	Pervasive developmental disorder, unspecified

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



# NJ ABA Medicaid fee schedule

UNITED BEHAVIORAL HEALTH (OHBS)			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment, by professional	15 min
97152		Behavior identification supporting assessment, by one technician, under direction of professional	15 min
0362T		Behavior identification supporting assessment, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	15 min
97153		Adaptive behavior treatment by protocol, by technician under direction of professional	15 min
0373T		Adaptive behavior treatment with protocol modification, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	15 min
97154		Group adaptive behavior treatment by protocol, by technician under direction of professional	15 min
97155		Adaptive behavior treatment with protocol modification, by professional	15 min
97156		Family adaptive behavior treatment guidance, by professional (with or without patient present)	15 min
97157		Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	15 min
97158		Group adaptive treatment with protocol modification, by professional	15 min

# Claims submission

## All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via [UHCprovider.com](https://UHCprovider.com) feature using the Claim Entry transaction
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Electronic Remittance Advice (ERA) Payer ID – 86047
  - Include appropriate taxonomy codes
  - Submitted within 180 days of date of service

## Please send paper claims to:

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

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

- Optum – 1-800-362-3368
- Logging into [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)
  - One DOS per line

You must select the code that most closely describes the service(s) provided.

Please follow billing instructions provided by your Network Manager based on your contract and system set-up.

The image shows the front of a Health Insurance Claim Form (Form 1500). The form is titled "HEALTH INSURANCE CLAIM FORM" and is approved by the National Uniform Claim Committee (NUCC) 05/12. It is divided into several sections:

- Carrier Information:** Includes fields for FICA, MEDICA, TRICARE, CHAMPVA, GROUP HEALTH PLAN, RECA, and OTHER.
- Patient and Insured Information:** Includes fields for patient and insured names, birth dates, sex, addresses, and relationships.
- Policy and Coverage Information:** Includes fields for insured's policy or group number, date of birth, and insurance plan name.
- Medical Information:** Includes fields for date of current illness, injury, or pregnancy, other date, dates patient unable to work, and hospitalization dates.
- Diagnosis and Nature of Illness or Injury:** Includes a section for ICD-9-CM codes (A through L).
- Charges and Services:** Includes a table for procedures, services, or supplies, with columns for dates of service, face of service, procedure codes, modifiers, charges, and amount paid.
- Signature and Billing Information:** Includes fields for physician or supplier signature, service facility location, total charge, amount paid, and billing provider info.

The form also includes a QR code in the top left corner and a "PLEASE PRINT OR TYPE" instruction at the bottom.



# Claim Customer Service contact information

Claims status can be obtained by calling the Claims Customer Service Center.

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

- Optum: 1-866-362-3368

OR

- Log in to [UHCprovider.com](https://UHCprovider.com)

**HEALTH INSURANCE CLAIM FORM**  
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

**PATIENT AND INSURED INFORMATION**

1. MEDICARE (Medicare)  MEDICAID (Medicaid)  TRICARE (TRICARE)  CHAMPVA (CHAMPVA)  GROUP HEALTH PLAN (Group Health Plan)  FECA (FECA)  OTHER (Other)  1a. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) 7. INSURED'S ADDRESS (No. Street)

CITY STATE 8. RESERVED FOR NUCC USE CITY STATE

ZIP CODE TELEPHONE (Include Area Code) 9. RESERVED FOR NUCC USE ZIP CODE TELEPHONE (Include Area Code)

10. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10a. IS PATIENT'S CONDITION RELATED TO: (Current or Previous) 11. INSURED'S POLICY GROUP OR FECA NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER 12a. EMPLOYMENT? (Current or Previous) YES  NO  12b. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F)

13. RESERVED FOR NUCC USE 13a. AUTO ACCIDENT? YES  NO  PLACE (State) 13b. OTHER CLAIMS (Designated by NUCC)

14. RESERVED FOR NUCC USE 14a. OTHER ACCIDENT? YES  NO  14b. INSURANCE PLAN NAME OR PROGRAM NAME

15. INSURANCE PLAN NAME OR PROGRAM NAME 15a. CLAIM CODES (Designated by NUCC) 15b. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES  NO  If yes, complete items 3, 9a, and 9b.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other 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 OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) 14a. OTHER DATE (MM/DD/YY) 15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES  NO  \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to ICD-9-CM to service the below (4-6) ICD-9-CM) 22. RESUBMISSION ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE (FROM TO) B. FACILITY (SINKS/FMS) C. PROCEDURES, SERVICES, OR SUPPLIES (SUDAS/UNAS/Circumstances) D. MODIFIER E. POINTER F. \$ CHARGES G. LMS OR LMS H. INP I. INP J. RENDRING PROVIDER ID #

1 2 3 4 5 6

25. FEDERAL TAX ID NUMBER (SSN/EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPTANCE/ASSIGNMENT? YES  NO  28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rate for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE ADDRESS OR CREDIT BALANCE) I certify that the statements on the reverse apply to this bill and are made a part thereof. 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH #

SIGNED DATE SIGNED DATE

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1107 FORM 1500 (02-12)

# Claims Tips

## To ensure clean claims remember:

- An NPI number and taxonomy code is always required on all claims
- A complete diagnosis is also required on all claims

## Claims Filing Deadline

- Timely filing for NJ Medicaid 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 [uhcprovider.com](http://uhcprovider.com)

## 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



# Claims Tips (cont.)



## Coordination of Benefits

- By law, the Medicaid program is the payer of last resort. If another insurer or program has the responsibility to pay for medical costs incurred by a Medicaid-eligible individual, that entity is generally required to pay all or part of the cost of the claim prior to Medicaid making any payment.
- Please be aware that if a member has another primary insurance, those claims must be sent and either paid or denied by the primary insurer first, and then the EOBs from the primary insurer must be sent to us with each of the member's claims. Please also be aware that if you are billing us for a member that has a primary insurer, these claims can be sent to us via paper claim submission or electronic submission
- EOBs can be attached to electronic claims – there is an IT contact that can advise on how to upload the EOB or PRA to the claim submission. The number to call if you have an issue submitting electronically is our technical support at 1-866-842-3278. The technical support team can assist with getting providers registered, logging in, submitting claims and they do trainings as needed.
- UHC Medicaid paper claims address:  
UHC Community Plan  
Attn: Claims Dept.  
PO Box 5250  
Kingston, NY 12402

## Claims Tips (cont.)



### Corrected Claim Submission – via electronic submission

- When you login to the portal, you should have a selection of “**View Status of Submitted Claim**” where you will be able to enter in selections and pull up your claim history. Once you have the claim history pulled up, you should be able to select a claim and have the option to “resubmit” the claim.
- Corrected claims can be submitted electronically as an EDI 837 transaction with the appropriate frequency code. For more details, go to [uhcprovider.com](https://uhcprovider.com) > Corrected Claims.
- Check Claims on Link to resubmit corrected claims that have been paid or denied.
- If you received a letter asking for additional information, submit your response using Claims on Link.
- When correcting or submitting late charges on a 1500 professional claim, use the following frequency code in Box 22 and use left justified to enter the code. Include the 12-digit original claim number under the Original Reference Number in this box:
  - Frequency code 7 Replacement of Prior Claim: Corrects a previously submitted claim.
  - Frequency code 8 Void/Cancel of Prior Claim: Indicates this bill is an exact duplicate of an incorrect bill previously submitted. This code will void the original submitted claims



## Claims Tips (cont.)

### Corrected Claim Submission – via paper submission

- On the HCFA forms make sure in box 22 you add in the resubmission code. For corrected claims the resubmission code is 7, and also in box 22 where it says “Original ref. No” please add in the original claim number that you received on these claims. That way the claims dept. who is receiving them knows that these are corrected claims and not an initial submission. I would also consider sending these via certified mail so you can track them.
- At the top of the HCFA form please also write in “Corrected Claim”
- UHC Medicaid paper claims address:  
UHC Community Plan  
Attn: Claims Dept.  
PO Box 5250  
Kingston, NY 12402

## Claims Tips (cont.)

### 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.)



# 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 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
- Electronic Remittance Advice (ERA) Payer ID: 86047
- EDI Support: 1-800-210-8315 or email [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com)

Additional information regarding EDI is available on:

- [EDI Contacts | UHCprovider.com](#)

and

- [UHCprovider.com](#)



# Optum Pay

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

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

**To receive direct deposit and electronic statements through Optum Pay you need to enroll at [myservices.optumhealthpaymentservices.com/registrationSignIn.do](https://myservices.optumhealthpaymentservices.com/registrationSignIn.do)**

**Here's what you'll need:**

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for Optum Pay with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through Optum Pay for UnitedHealthcare Community Plan when the program is deployed.

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

# Provider Express

Optum



# providerexpress.com

## You can find:

- 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 updates (demographics, etc.)**

# providerexpress.com - First Time Users

- Register online for immediate access to secure Transactions
- No fees apply
- Provider Express Support Center available from 7 a.m. to 9 p.m. Central time – toll free at 1-866-209-9320
- Live chat feature also available

### Create One Healthcare ID

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

**i** 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:

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


Create password  ⓘ

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- No spaces and no & symbol

Type password again  ⓘ

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the One Healthcare ID service. If you do not agree, click Cancel and do not use any aspect of the One Healthcare ID service.

 [Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.

# Resources

Optum



# UHCprovider.com provider website

The screenshot displays the UHCprovider.com website interface. At the top, there is a navigation bar with a 'MENU' icon, the UnitedHealthcare logo, a search bar with the text 'What can we help you find?', and several utility icons: MEMBERS, FIND DR., LINK, NEW USER, and SIGN IN. Below the navigation bar, a sub-header reads 'Resources for physicians, administrators and healthcare professionals'. The main content area features a large banner with a smiling woman's face. The banner includes the text 'Hello!' and 'Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.' A blue button labeled 'Learn More About Site Features' is positioned below the welcome text. Four callout arrows point to different parts of the banner: 'Use the MENU to explore by topic', 'Search can take you quickly to what you want', 'Head straight to LINK for self-service tools', and 'See the blue tab? We'd love to hear your feedback!'. Below the banner, there are four colored tiles representing different services: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (purple). Each tile has a 'Learn More' or 'View Current' button. At the bottom of the page, there is a section titled 'Latest UnitedHealthcare Provider News' with a placeholder for a news item: 'Claim Submission Is Coming To Link'. On the right side of the page, there are two vertical blue buttons labeled 'Feedback'.



# 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 a One Healthcare 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 a One Healthcare ID that has been connected to the Tax ID of your practice, facility or organization.

## Video: Accessing Link via UHCprovider.com

### Need a One Healthcare ID?

Please register to create your One Healthcare ID.

## Have a One Healthcare ID, but need to connect a Tax ID?

To start the process, sign in with your One Healthcare 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 UnitedHealthcare Provider Portal?

If you are unable to access specific UnitedHealthcare Provider Portal Self-Service applications using your Tax ID connected One Healthcare ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.

**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

## Working together to coordinate care.

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

[MORE INFO](#)

### Admin News

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

### COVID-19 Provider Information

- After the post COVID-19 Emergency Period
- FREE COVID-19 Mental Health Resource Hub
- COVID-19 Resource Hub Press Release
- General Guidance Updates
- FAQs - COVID-19 virtual visit Policies
- State Specific Guidance Updates
- VA CCN COVID-19 News

### State-Specific News

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

### Autism/ABA Corner

- Autism/ABA Information
- ABA Billing Alert
- ABA Caregiver Training via telehealth
- COVID-19 telehealth policy updates for ABA services
- 1/1/2022 Optum will be administering ABA services for Advent Health / Health First members

### Join Our Network

- Autism/ABA/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

### Product Specific News

- Veterans Affairs Community Care Network (VA CCN) Resources
- OptumServe VA CCN Provider Portal

### Working Together

- 2021 Provider Satisfaction Survey Results
- CALOCUS and CASII Assessment Tools Merged
- Coordination of Care tips and forms
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!
- National Network Notes newsletter - Spring 2022

### Transactions

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



### Quick Links

- Behavioral Health Toolkits
- Claim Tips
- Clinician Tax Id Add/Update Form
- Forms
- Guidelines / Policies & Manuals
- Medication Assisted Treatment
- Navigating Optum
- Optum Pay

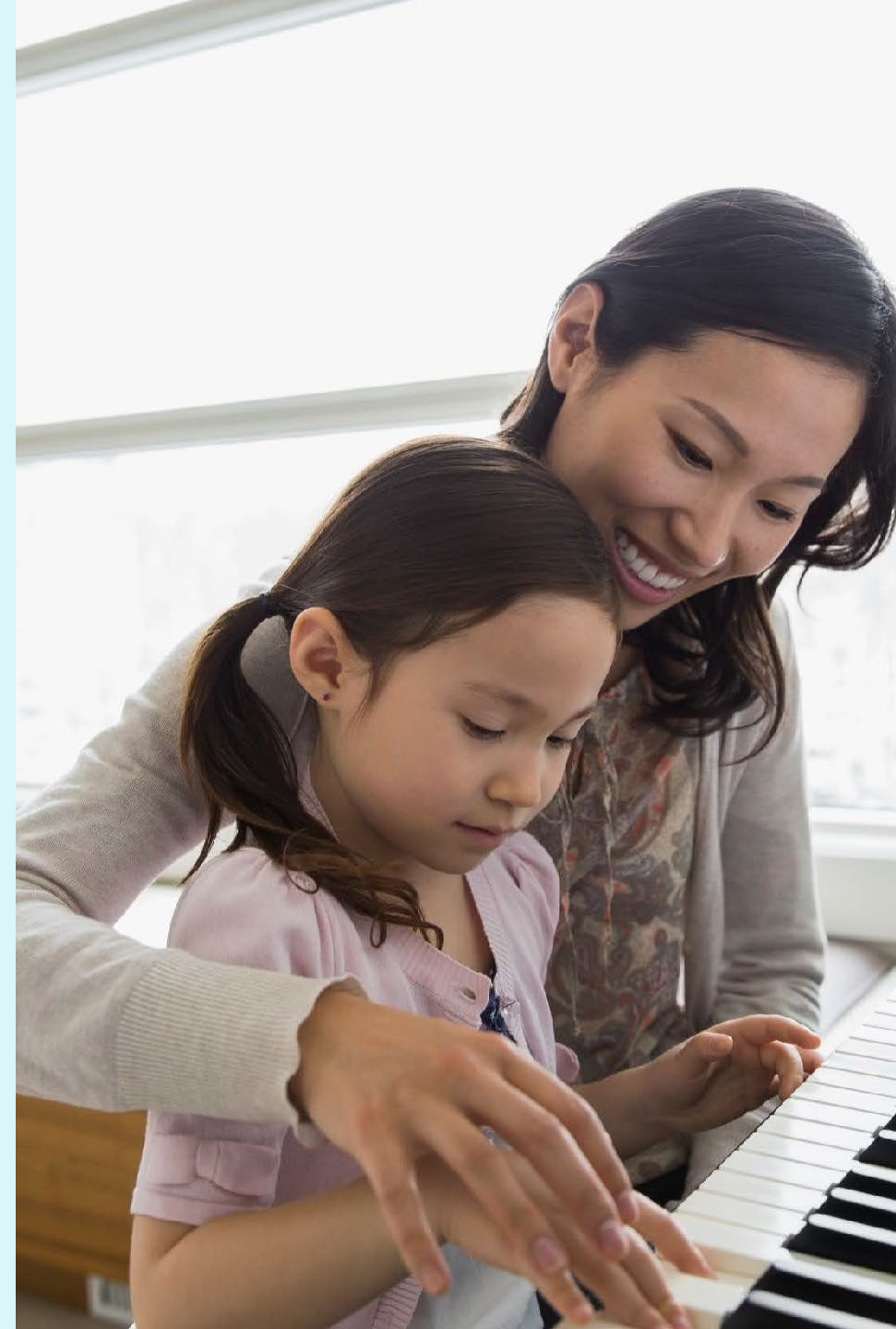
### Other Websites

- Live and Work Well (Clinician Directory)
- Live and Work Well (members)
- Optum Alaska
- Optum Idaho
- UHC Provider

# New Jersey Medicaid ABA program provider Quick Reference Guide

 <b>New Jersey Developmental Services Program</b> Quick Reference Guide	
ID Card	
Clinician is Responsible for:	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 <ul style="list-style-type: none"> <li>Obtaining authorization as necessary</li> <li>Being familiar with the Network Manual located on our web site: <a href="http://providerexpress.com">providerexpress.com</a> &gt;Guidelines / Policies &amp; Manuals&gt; <a href="#">Network Manual</a></li> </ul>
Prior Authorization	All autism services require prior authorization: <ul style="list-style-type: none"> <li>Verify benefits/eligibility online at <a href="http://providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the Member's ID card</li> <li>Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either                             <ul style="list-style-type: none"> <li>Online at <a href="http://optumpeeraccess.secure.force.com/ABAtreatment/">optumpeeraccess.secure.force.com/ABAtreatment/</a></li> <li>Or via fax at 1-888-541-6691</li> </ul> </li> </ul>
Claims Paper Submission	Mail paper claims to: <ul style="list-style-type: none"> <li>UnitedHealthcare Community Plan, P.O. Box 5250, Kingston, NY 12402</li> <li>All autism provider services must be billed on a Form 1500</li> <li>Submission should occur within 180 days of date of service</li> </ul>
Electronic Submission	Submit claims online through: <ul style="list-style-type: none"> <li>Claims Payer ID 87726</li> <li>Electronic Remittance Advice (ERA) Payer ID 86047</li> <li>EDI Support 1-800-210-8315 or email <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a></li> </ul>
Claim Status	Claims status can be obtained by calling Customer Service Center: <ul style="list-style-type: none"> <li>1-888-362-3368</li> <li>Or through the Web portal at <a href="http://providerexpress.com">providerexpress.com</a></li> </ul>
Claim Appeals	Claim appeals process: <ul style="list-style-type: none"> <li>Mailed to Optum, Appeals &amp; Grievances P.O Box 30512 Salt Lake City, UT 84130-0512</li> </ul>
Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Caitly Wadsworth Specialty Network Manager Email: <a href="mailto:Catherine.wadsworth@optum.com">Catherine.wadsworth@optum.com</a>

# 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](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

# Optum

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