



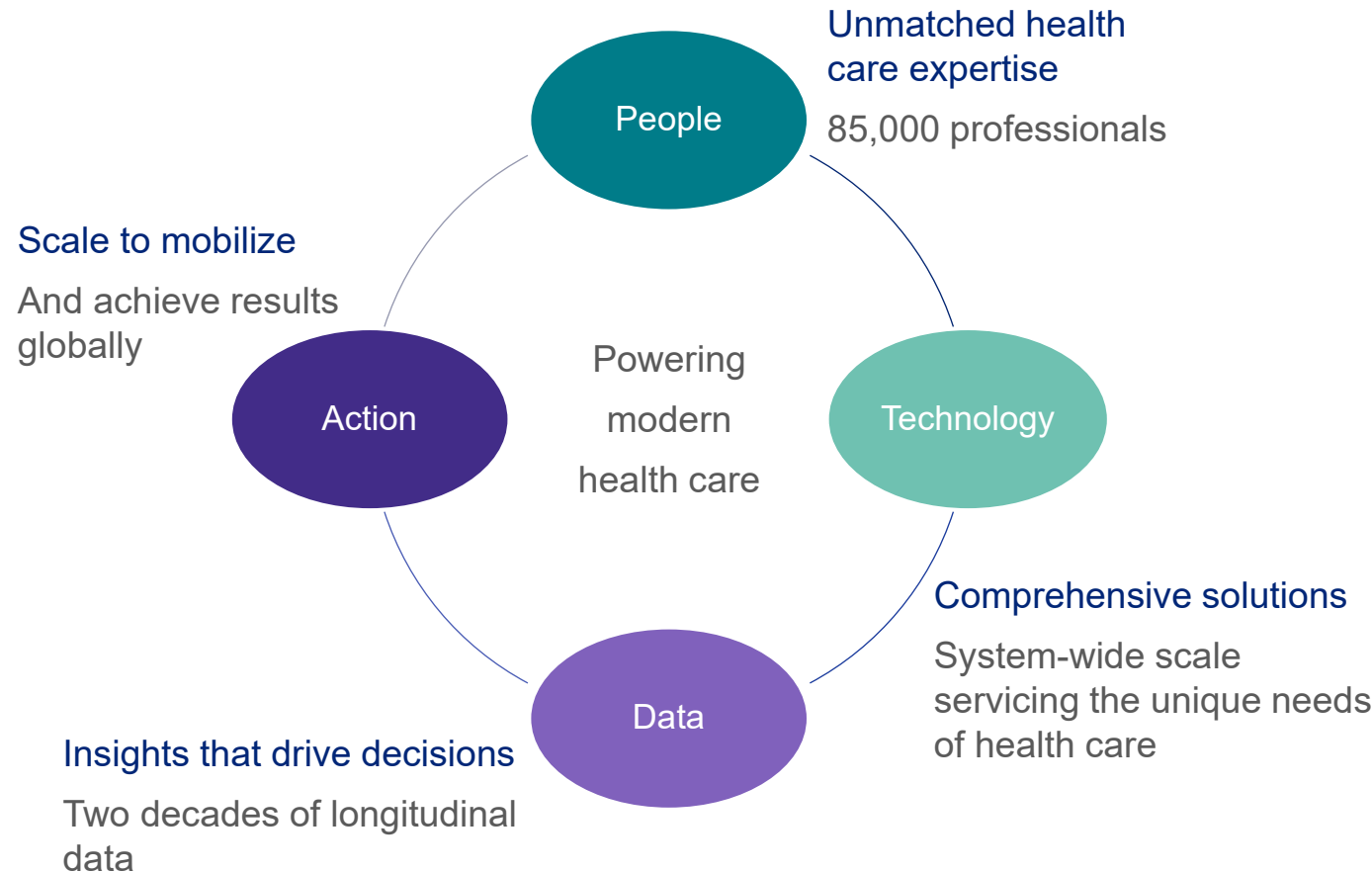
# Arizona AHCCCS Autism/ABA Program Provider Orientation

Optum with  
UnitedHealthcare Community Plan of Arizona



# 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 Autism/ ABA Member Information

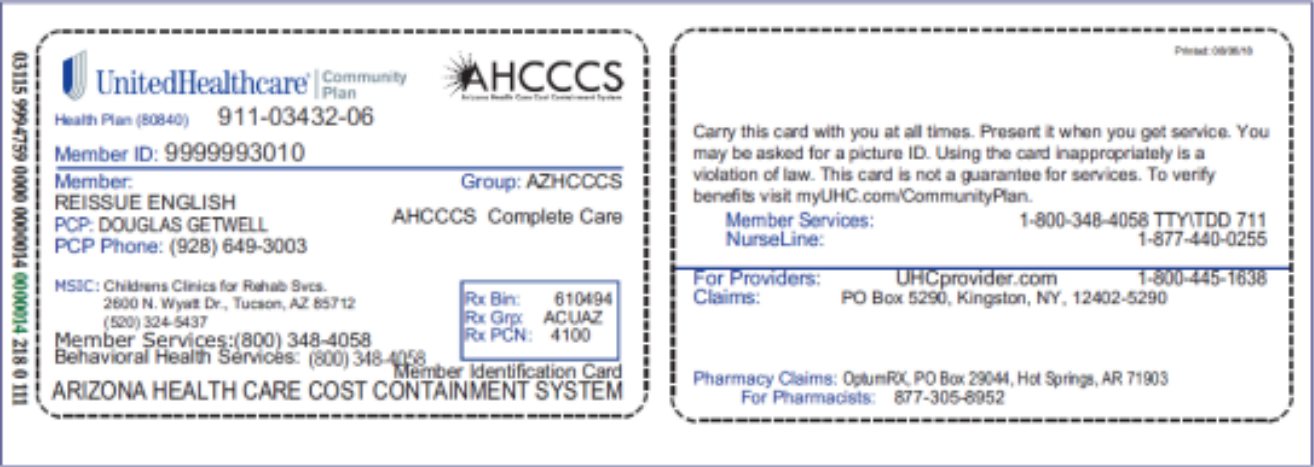
Optum





# Complete Care Member ID Card

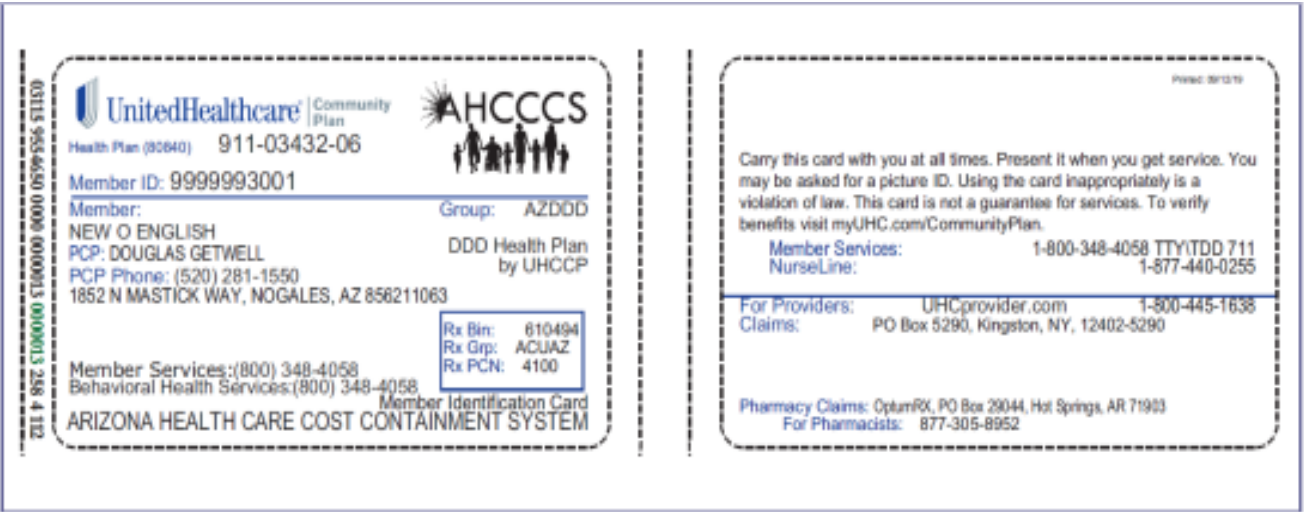
- Will be sent directly to the member
- All relevant contact information will be on the back of the card for both medical and behavioral customer service



Please note this image is for illustrative purposes only.

# DD 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



## Member Website

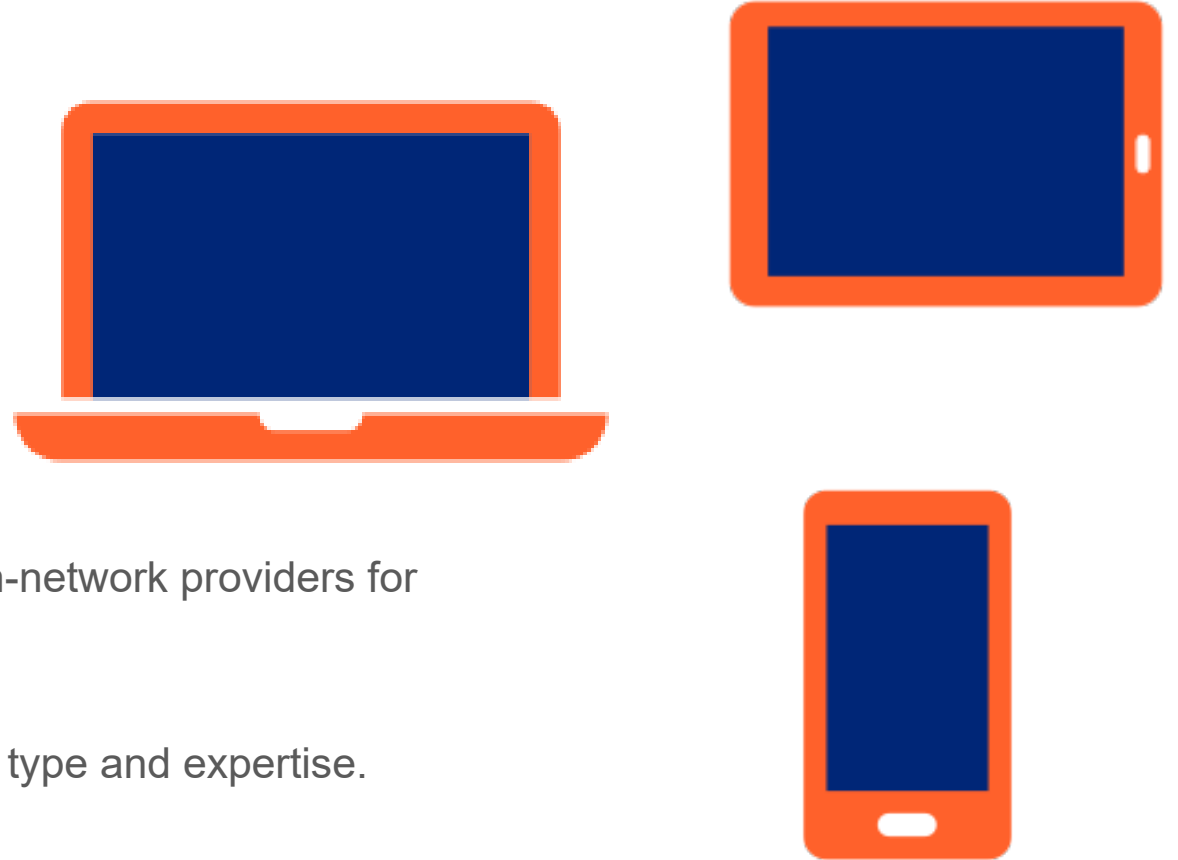
[Live and Work Well](#) makes it simple for members to:

- 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, the member must meet the following criteria:



Be covered under Arizona AHCCCS Medicaid Program, either under:

- Arizona Complete Care
- Developmentally Disabled (DD) Program



Diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder, by a qualified health care professional. ASD diagnosis is not required for ABA services for Arizona Medicaid members.



# Autism/ABA Program Services

Optum



# 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
- State Medicaid registration in good standing as a BC provider
- 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 / IBT Groups

- BCBAAs must meet standards above and hold supervisory certification from the national Behavior Analyst Certification Board if in supervisory role
- Licensed clinicians must have appropriate state licensure, Medicaid certification, 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
- Agency Medicaid registration
- BCaBAs must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure in those states that license assistant behavior analysts
- Behavior Technicians receive appropriate training and supervision by BCBAAs or licensed clinician
- BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs skills assessments and provides direct supervision of behavior technicians in joint sessions with client and family
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting
- \$1million/occurrence and \$3million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)



# Provider Responsibilities

Make sure all providers and your Agency are appropriately registered with AHCCCS to provide ABA-

- Agency must have registration number
- Provider type 77
- BCBA's must be registered BCs

If your agency is at capacity and unable to serve new members, please notify Optum ABA network team immediately



# Steps in Providing Treatment

Eligibility, Authorizations & Concurrent Reviews

Optum



# Clinical Team: AZ AHCCCS & DD Autism/ABA Program

## Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the AZ AHCCCS & DD Autism/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



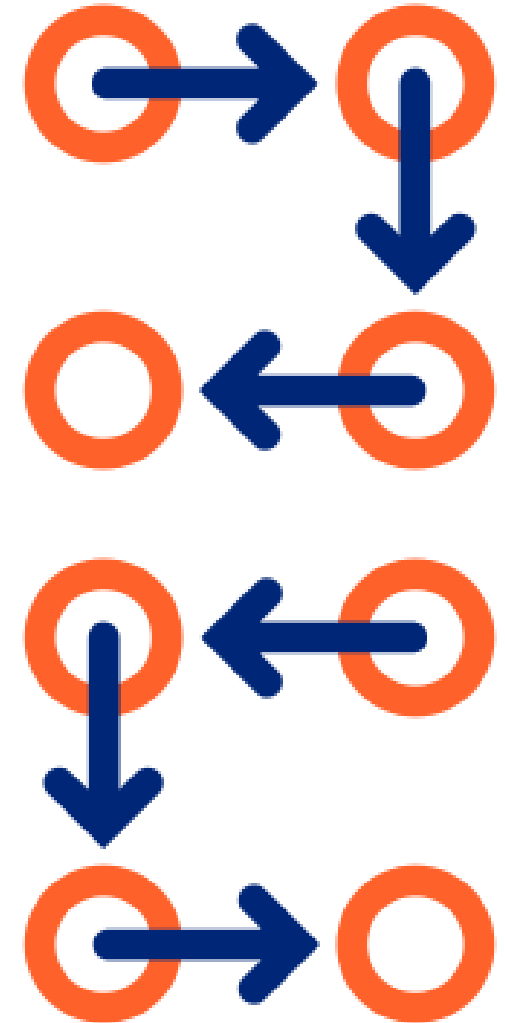
# Intake

## 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 except 97151 and 97152:

- Call the number on the back of the member's insurance card to see if member is eligible for your services or verify on provider portal
- 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.
- Make sure all services receive prior approval before beginning services
  - Online assessment request at: [ABA Treatment Form \(force.com\)](https://force.com)
- Prior Authorization obtained by:
  - Optum portal or fax at 1-888-541-6691
- When calling the Autism Care Advocate you must have:
  - Member's name
  - ID #
  - Date of birth
  - Address



# Prior Assessment Authorization – Online Portal Submission

**Optum** | Provider Express

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

Search:

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

[Optum - Provider Express Home](#) > [Clinical Resources](#) > [Autism/Applied Behavior Analysis](#)

## Autism/Applied Behavior Analysis

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

If you are a master's or doctoral level BCBA providing intensive ABA in private practice, or are employed by an ABA agency that treats ASD clients, you may qualify for this unique network.



To learn more about the process for applying to the network and the clinical protocols your participation in this network would require you to follow, please review the materials below.

Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model verses facility model.











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




**CPT® Code Changes 2019**

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

**Commercial ABA Program**

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

**Provider Express Resources & Tutorials**

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

**State Medicaid ABA Programs**

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

# Prior 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. At the top right 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 > AZ AHCCCS Medicaid Autism / ABA Program". The title "AZ AHCCCS ABA Program" is displayed in large orange text. Below the title is a paragraph: "UnitedHealthcare Community Plan is the selected managed care administrator for Arizona AHCCCS Complete Care and AZ DD membership. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members." This is followed by another paragraph: "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." A bulleted list of links follows: "AZ AHCCCS ABA Provider Quick Reference Guide" (with an external link icon), "AZ AHCCCS ABA Provider Orientation" (with an external link icon), "AZ AHCCCS Treatment Request Form and Guidelines" (with external link and PDF icons), and "ABA Treatment Request Form" (with "Electronic Submission" text). At the bottom left of the content area is the text "Contact Us/Request to Join the Network". On the right side of the page is a photograph of a smiling man and woman hiking on a mountain trail.



# 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 Clinical Criteria 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)

# Coding, Billing, and Reimbursement



# Arizona AHCCCS ABA Program Fee Schedule

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment, by professional	15 min
97151	HN	Behavior identification assessment, by professional	15 min
97152		Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
97152	HN	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
97152	HM	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	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 (QHP may substitute for the technician)	15 min
97153	HN	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97153	HM	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	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	15 min
97154		Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97154	HN	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97154	HM	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97155		Adaptive behavior treatment with protocol modification, by professional	15 min
97155	HN	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
97156	HN	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
97157	HN	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
97158	HN	Group adaptive treatment with protocol modification, by professional	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 HP Doctorate level HM Less than Bachelor's degree level		

# Claims Submission

## All ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Electronic Claims Payer ID 03432
- Submitted within 90 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.

## Please send paper claims to:

- United Healthcare  
P.O. Box 5290  
Kingston, NY 12402-5290

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

- Optum – 1-800-445-1638
- Logging into [UHCprovider.com](https://UHCprovider.com)



## Claims Submission (cont.)

- If not submitting claims online, providers must submit claims using the current 1500 Claim Form with appropriate coding
- UnitedHealthcare Community Plan requires that you initially submit your claim within 90 days of the date of service
- When a provider is contracted as a group, the payment is made to the group, not to an individual
- All claim submissions must include:
  - Member's name
  - Medicaid ID #
  - Date of birth
  - Provider's Federal Tax I.D #
  - National Provider Identifier (NPI)
  - Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at [www.cms.gov](http://www.cms.gov)

# 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 03432
- 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 EPS you need to enroll at [myservices.optumhealthpaymentservices.com/registrationSignIn.do](https://myservices.optumhealthpaymentservices.com/registrationSignIn.do)**

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

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

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

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

# Claims Tips

## To ensure clean claims remember:

- The rendering provider's 10-digit NPI is required in box 24J and must be an active AHCCCS registered provider (The rendering provider is the BCBA/Licensed Clinician)
- A complete diagnosis is also required on all claims

## Claims Filing Deadline

- UnitedHealthcare Community Plan requires that you initially submit your claim within 90 days of the date of service

## Claims Processing

- Clean claims, including adjustments, will be adjudicated within 30 days of receipt

## Balance Billing

- The member cannot be balance billed for behavioral services covered under the contractual agreement



# Claims Tips (cont.)



## Examples of coding Issues related to claims denials:

- Invalid or missing HCPCS/CPT codes and modifiers
- Use of codes that are not covered services
- Required data elements missing, (e.g., number of units)
- Provider information is missing/incorrect
- Required authorization missing
- Units exceed authorization (e.g., 10 inpatient days were authorized, facility billed for 11 days)

# 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 note: Field 31 must have a rendering provider name. Rendering supervisor (BCBA/Licensed Clinician) will bill for all services by them or the BCaBAs/RBTs under the supervisory protocol.**

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 05/12

**PATIENT AND INSURED INFORMATION**

1. MEDICARE (Medicare)  MEDICAID (Medicaid)  TRICARE (TRICARE)  CHAMPVA (Champion)  GROUP HEALTH PLAN (Group Health Plan)  FECA (Federal Employees)  OTHER (Other)

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. INSURED'S BIRTH DATE (MM/DD/YY) \_\_\_\_\_ SEX (M/F)

6. PATIENT'S ADDRESS (No. Street) \_\_\_\_\_ 7. INSURED'S ADDRESS (No. Street) \_\_\_\_\_

8. RESERVED FOR NUCC USE \_\_\_\_\_ 9. RESERVED FOR NUCC USE \_\_\_\_\_

10. IS PATIENT'S CONDITION RELATED TO: (Current or Previous)  YES  NO \_\_\_\_\_ 11. INSURED'S POLICY GROUP OR FECA NUMBER \_\_\_\_\_

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits within 90 days of the party who accepts assignment below.) \_\_\_\_\_ 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) \_\_\_\_\_

**PHYSICIAN OR SUPPLIER INFORMATION**

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) \_\_\_\_\_ 15. OTHER DATE (MM/DD/YY) \_\_\_\_\_ 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO) \_\_\_\_\_

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (N/A) \_\_\_\_\_ 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) \_\_\_\_\_

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to service line below (24E)) (ICD-9-CM) \_\_\_\_\_ 22. SUBSCRIPTION ORIGINAL REF. NO. \_\_\_\_\_

23. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

24. A. DATES OF SERVICE (MM/DD/YY) FROM TO \_\_\_\_\_ B. FACILITY (SNF/SK) \_\_\_\_\_ C. PROCEDURES, SERVICES, OR SUPPLIES (Include unusual circumstances) (CPT/HCPCS) \_\_\_\_\_ D. MODIFIER \_\_\_\_\_ E. POINT-OF-CARE \_\_\_\_\_ F. \$ CHARGES \_\_\_\_\_ G. LUMP SUM \_\_\_\_\_ H. \$ OUT-OF-POCKET \_\_\_\_\_ I. BILLING PROVIDER ID # \_\_\_\_\_

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

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE ADDRESS OR CREDIT BALANCE) \_\_\_\_\_ 32. SERVICE FACILITY LOCATION INFORMATION \_\_\_\_\_ 33. BILLING PROVIDER INFO & PH # \_\_\_\_\_

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

# Appeals and Grievances

Optum



# Appeals

- Must be requested within 180 days from the date of the adverse benefit determination letter
- Pre-Service: is an appeal of a service that has not yet been received by a member. When a preservice appeal is requested, we will make an appeal determination and notify the provider, facility, member or authorized member representative in writing within fourteen (14) calendar days of the request
- Post-Service: is an appeal of a service after it has been received by a member. When a post service appeal is requested, we will make the appeal determination & notify the provider, facility, member or authorized member representative in writing within fourteen (14) calendar days of the request

- Must be requested as soon as possible after the Adverse Determination
- Optum will make a reasonable effort to contact you prior to making a determination on the appeal. If Optum is unsuccessful in reaching you, an urgent appeal determination will be made based on the information available to Optum at that time
- Notification will occur as expeditiously as the member's health condition requires, within three (3) business days, unless the appeal is pertaining to an appeal relating to an ongoing emergency or denial of continued hospitalization, which we will complete investigation and resolution of not later than one (1) business day after receiving the request

**Appeal requests can be made orally or in writing; however, an oral request to appeal shall be followed up by a written, signed, appeal.**



## Services While in Appeal

- You may continue to provide service following an adverse determination, but the member should also be informed of the adverse determination
- The member or the member representative should be informed that the care will become the financial responsibility of the member from the date of the adverse determination forward
- The member must agree in writing to these continued terms of care and acceptance of financial responsibility. You may charge no more than the Optum contracted fee for such services, although a lower fee may be charged
- If subsequent to the non-coverage determination and in advance of receiving continued services, the member does not consent in writing to continue to receive such care and we uphold the determination regarding the cessation of coverage for such care, you cannot collect reimbursement from the member pursuant the terms of your Agreement

# Grievances

**We strive for the best customer service, but if you have a grievance, please contact us:**

- Call 1-866-556-8166 and a Customer Service representative will assist with the grievance process
- Must be requested within 180 days from the date of the adverse benefit determination letter
- Or send a written grievance to:

United Behavioral Health

Appeals & Grievances

P.O. Box 30512

Salt Lake City, Utah 84130-0512

Fax: 1-855-312-1470

# Resources

Optum



# providerexpress.com

## You can find:

- Level of Care Guidelines
- ABA Clinical Policy
- Best Practices
- Optum Network Manual
- Contact Information
- Common Forms
- Verify Benefits and Eligibility
- Claims Status
- Claim Submission
- Authorization Status



Please contact your assigned  
Provider Advocate for any  
practice updates (demographics, etc.)


The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express' text. To the right are links for 'Log In', 'First-time User', 'Global', and 'Site Map'. Below this is a search bar with the text '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 features a large banner with the text 'Working together to coordinate care.' and 'Our updated tools and tips help facilitate best communication practices that benefit patient care.' with a 'MORE INFO' button. Below the banner are several content blocks: 'Admin News' with links to CPT Code Changes 2021, Latest National Network Manual updates, and 1055 forms online; 'Autism/ABA Corner' with links to Autism/ABA Information, ABA Billing Alert, ABA Caregiver Training via telehealth, COVID-19 telehealth policy updates for ABA services, and 1/1/2022 Optum will be administering ABA services for Advent Health / Health First members; 'COVID-19 Provider Information' with links to 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, and VA CCN COVID-19 News; 'Join Our Network' with links to 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, and virtual visits; 'Product Specific News' with links to Veterans Affairs Community Care Network (VA CCN) Resources and OptumServe VA CCN Provider Portal; 'State-Specific News' with links to 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, and OR 1/1/2022 Optum will no longer service Providence Health Plan; 'Working Together' with links to 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!, and National Network Notes newsletter - Spring 2022; 'Transactions' with links to Eligibility & Benefits, Claims, Authorization Inquiry, Appeals, My Practice Info, and and More...; 'Quick Links' with links to Behavioral Health Toolkits, Claim Tips, Clinician Tax Id Add/Update Form, Forms, Guidelines / Policies & Manuals, Medication Assisted Treatment, Navigating Optum, and Optum Pay; and 'Other Websites' with links to Live and Work Well (Clinician Directory) and Live and Work Well (members).

# providerexpress.com - First Time Users

- Register online for immediate access to secure transactions
- No fees apply
- Provider Express Support Center available from 7:00 a.m. to 9:00 p.m. Central time – toll free at 1-866-209-9320
- Live chat feature also available

## Create an Optum ID


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

 [Already have an Optum ID? Sign in now](#)

### Profile Information

First name

Last name

Year of birth  
 

### Sign In Information

# UHCprovider.com Provider Website

The screenshot displays the UHCprovider.com Provider Website interface. At the top, there is a navigation bar with a 'MENU' icon, the UnitedHealthcare logo, a search bar with the text 'What can we help you find?', and 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 a 'Hello!' greeting, a welcome message: 'Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.', and a 'Learn More About Site Features' button. Callout arrows point to the MENU, search bar, LINK icon, and a blue feedback tab on the right. Below the banner are four service tiles: '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, a section titled 'Latest UnitedHealthcare Provider News' shows a card with the text 'Claim Submission Is Coming To Link'.

# New User Registration

## UHCprovider.com

Provides clinicians with access to the latest news, policy information and to Link self-service tools for care providers

## Create an Optum ID

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

## Video: Accessing Link via UHCprovider.com

### Need an Optum ID?

Please register to create your Optum ID.

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

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

## Need help accessing certain applications on Link?

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



# Arizona AHCCCS Autism/ABA Program Page

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)  
Search:

[Home](#) [Our Network](#) [Clinical Resources](#) [Admin Resources](#) [Video Channel](#) [Training](#) [About Us](#) [Contact Us](#)

[Optum - Provider Express Home](#) > [Clinical Resources](#) > [Autism/Applied Behavior Analysis](#) > AZ AHCCCS Medicaid Autism / ABA Program

## AZ AHCCCS ABA Program

**UnitedHealthcare Community Plan** is the selected managed care administrator for Arizona AHCCCS Complete Care and AZ DD membership. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

To assist you in your participation in this program, learn more about the process for applying to the network, and the clinical protocols required in this unique network, please review the resource materials below.

- [AZ AHCCCS ABA Provider Quick Reference Guide](#) 
- [AZ AHCCCS ABA Provider Orientation](#) 
- [AZ AHCCCS Treatment Request Form and Guidelines](#)  
- [ABA Treatment Request Form](#) Electronic Submission


**Contact Us/Request to Join the Network**

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BH4129 05/2022United Behavioral Health operating under the brand Optum49

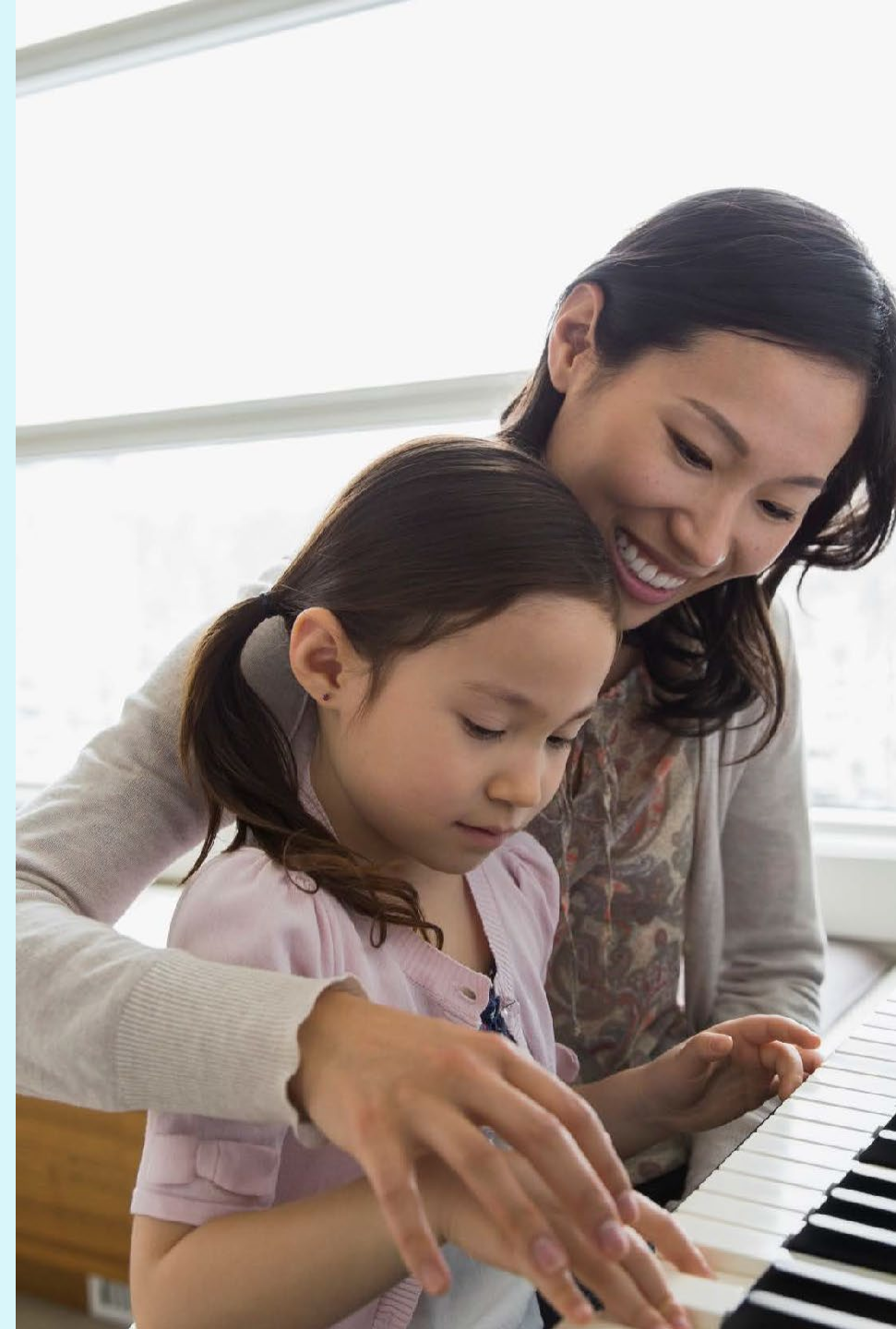
# Arizona AHCCCS Autism Provider Quick Reference Guide



## AZ AHCCCS Medicaid ABA Program Quick Reference Guide

<b>ID Card</b>	
<b>Clinician is Responsible for:</b>	<p>Verifying 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:</p> <ul style="list-style-type: none"> <li>Obtaining authorization as necessary</li> <li>Being familiar with the Network Manual located on our web site: <a href="http://providerexpress.com">providerexpress.com</a> &gt; Guidelines / Policies &amp; Manuals &gt; Network Manual</li> <li>Being familiar with the AZ AHCCCS Network Manual located on <a href="http://uhcommunityplan.com/health-professionals/az.html">uhcommunityplan.com/health-professionals/az.html</a></li> <li>Being familiar with Autism/ABA resource information and guidelines located at <a href="http://providerexpress.com">providerexpress.com</a> &gt; Home &gt; Autism ABA Corner &gt; Autism/ABA Information &gt; AZ AHCCCS Medicaid Autism/ABA Program</li> </ul>
<b>Prior Authorization</b>	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> <li>Verify benefits/eligibility online at <a href="http://providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the Member's ID card</li> <li>Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either:             <ul style="list-style-type: none"> <li>Online at <a href="http://optumpeeraccess.secure.force.com/ABAtreatment/">optumpeeraccess.secure.force.com/ABAtreatment/</a></li> <li>Or via fax at 1-888-541-6691</li> </ul> </li> </ul>
<b>Claims Paper Submission</b>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare, P.O. Box 30760, Salt Lake City, UT 84130-0760</li> <li>All autism provider services must be billed on a Form -1500</li> <li>Submission should occur within 90 days of date of service</li> </ul>
<b>Electronic Submission</b>	<ul style="list-style-type: none"> <li>Submit claims online through:</li> <li><a href="http://UHCprovider.com">UHCprovider.com</a></li> <li>Payer ID for submitting claims is 03432</li> </ul>
<b>Claim Status</b>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> <li>1-800-445-1638</li> <li>Or through the Web portal at <a href="http://UHCprovider.com">UHCprovider.com</a></li> </ul>
<b>Claim Appeals</b>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> <li>Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the provider and the member</li> <li>Appeals must be requested within 60 calendar days from receipt of the notice of non-coverage determination</li> <li>Mailed to: United Behavioral Health - Appeals &amp; Grievances, P.O. Box 30512 Salt Lake City, UT 84130-0512</li> </ul>
<b>Update Practice Info</b>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<b>Disclaimer</b>	<p>Information contained herein is subject to change. Please contact your Autism Network Manager with any questions.</p>
<b>Network Management</b>	<p>Victoria Martinez, Specialty Network Manager Email: <a href="mailto:victoria.martinez1@optum.com">victoria.martinez1@optum.com</a></p>

# 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/)



# Provider and Member Resources

**An extensive condition-based library covering key behavioral and medical topics can be found on [liveandworkwell.com](https://liveandworkwell.com) under the Health and Well-Being Center within BeWell.**

- Abuse & Neglect: Child
- Abuse: Domestic Violence
- Abuse & Neglect: Elder
- ADHD (Adult)
- ADHD (Youth)
- Alzheimer's & Dementia
- Anxiety
- Arthritis
- Asthma
- Autism
- Bipolar (Adult)
- Bipolar (Youth)
- Cancer
- Childhood Illness
- Chronic Pain
- Depression (Adult)
- Depression (Youth)
- Diabetes
- Eating Disorders (Adult)
- Eating Disorders (Youth)
- Heart Disease/Circulatory
- HIV
- Infertility
- Obesity
- Personality Disorders
- Obsessions & Compulsions
- Phobias
- Postpartum Depression
- Post-Traumatic Stress Disorder
- Schizophrenia (Adult)
- Schizophrenia (Youth)
- Sexual Problems
- Stress
- Traumatic Brain Injury 51

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