Indiana Medicaid

ABA Provider Orientation

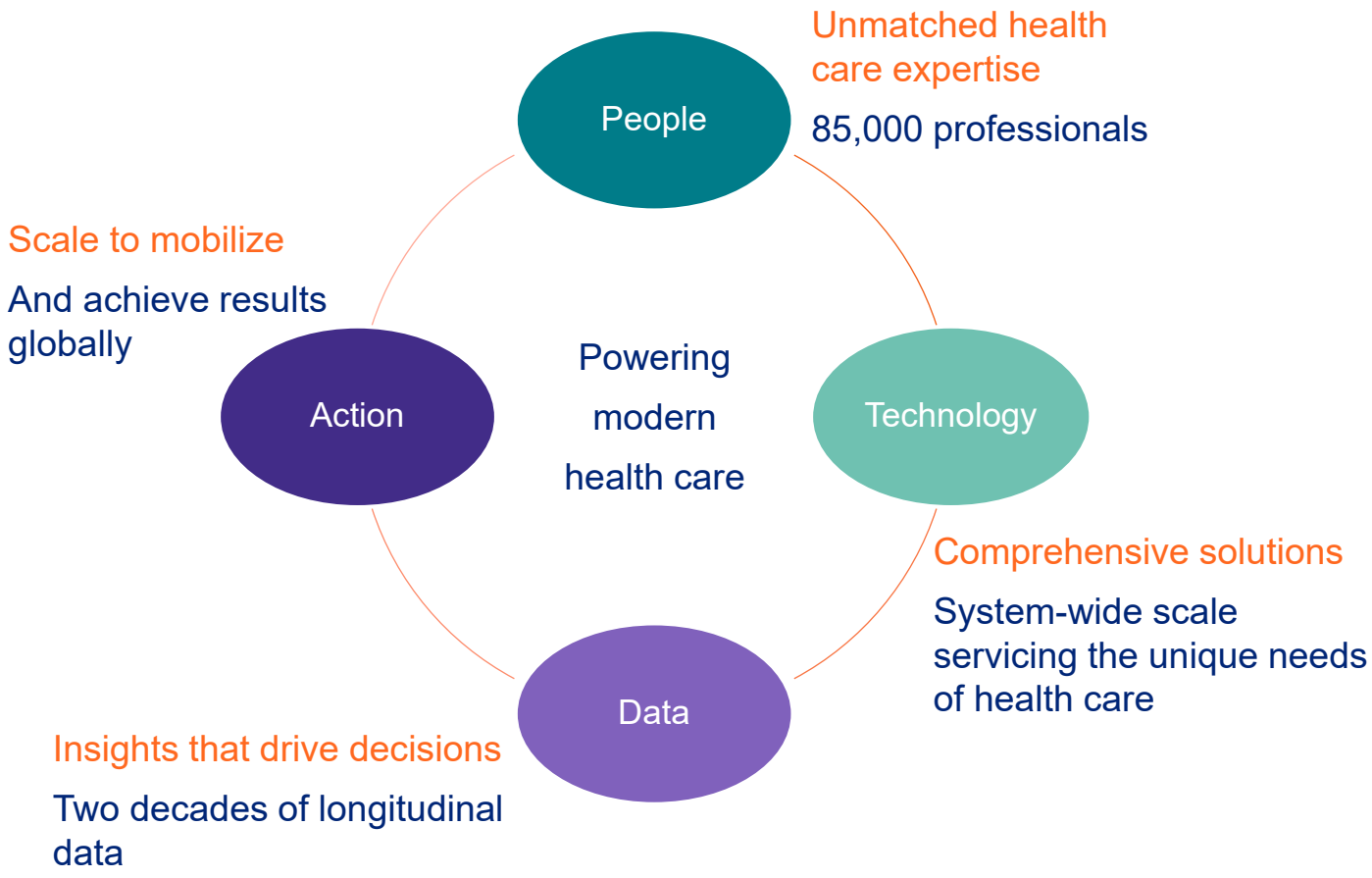
Optum with UnitedHealthcare Community Plan of Indiana

United Healthcare

BH4081 04/2022

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: engaging the consumer, aligning care delivery and modernizing the health system infrastructure



UnitedHealth Group Structure

Optum

Helping make the health system work better for everyone

- **Information and technology- enabled health services:**
- Health and Behavioral Health management and interventions
- Health Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Administrative and financial services

UnitedHealthcare®

Helping people live healthier lives

- **Health care coverage and benefits:**
- Employer & Individual
- Medicare & Retirement
- Community & State
- Global

Our United Culture

Our mission is to help people live healthier lives

Our role is to make health care work for everyone

Integrity.

Honor commitments
Never compromise

Compassion.

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

Relationships.

Build trust through collaboration

Innovation.

Invent the future, learn from the past

Performance.

Demonstrate excellence
in everything we do

Optum and You

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance

Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.

Specialty Network Services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Simultaneous NCQA and URAC accreditation

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION
NCQA
ACCREDITATION
FULL

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; 4200 facility with 9,000 facility locations

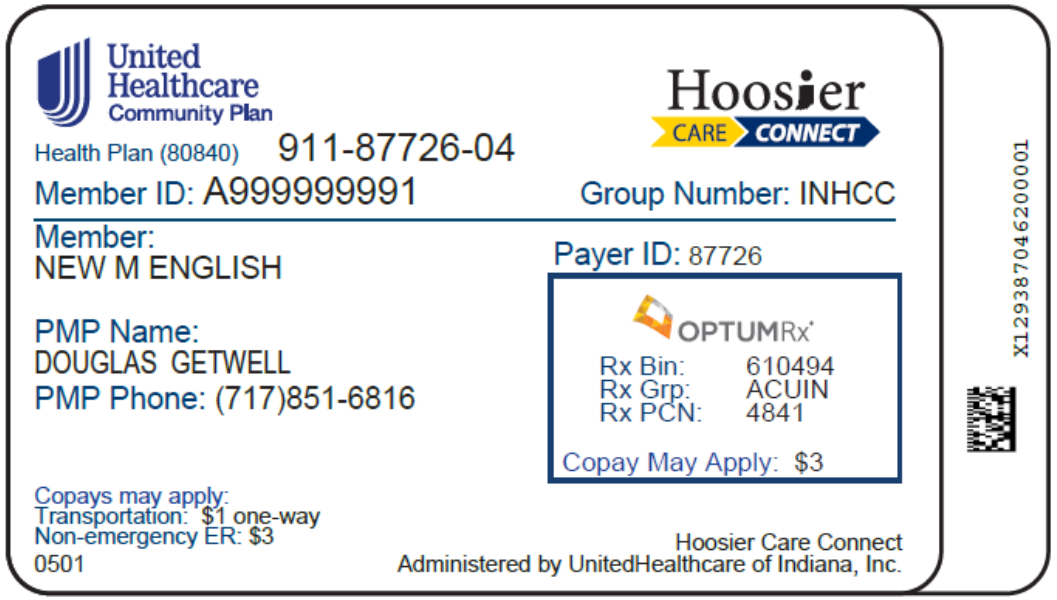
Staff Expertise:

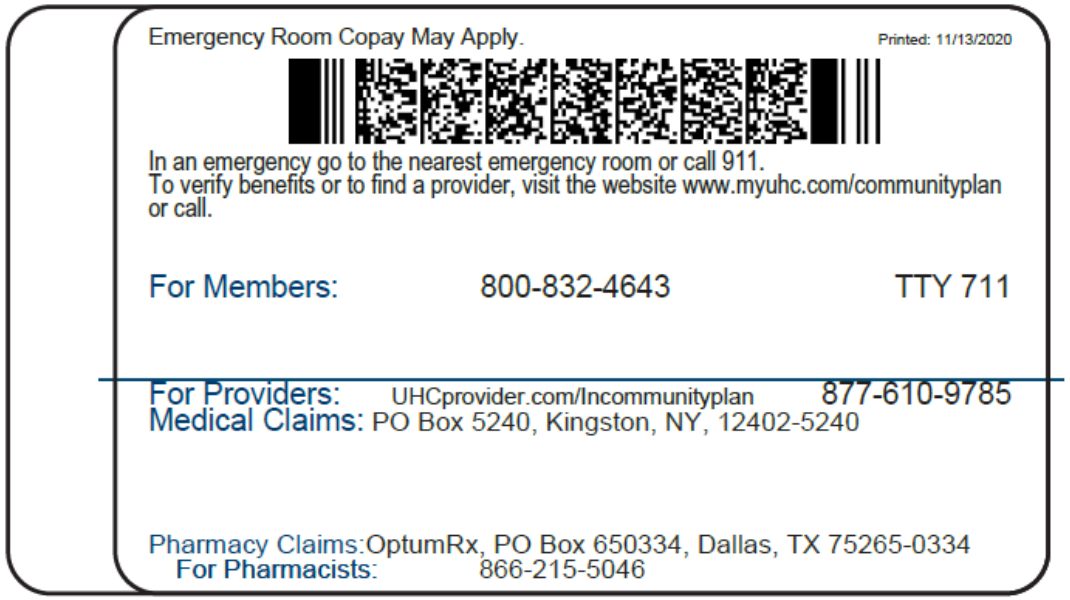
- Multi-disciplinary team of 50 staff Medical Directors (e.g., child and adolescent, medical/psychiatric, Board-Certified Behavior Analysts and addiction specialists, just to name a few)

Optum ABA Indiana
Medicaid Member Information

Indiana 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

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Member Rights and Responsibilities

- You will find a complete copy of Member Rights and Responsibilities at uhc.com/about-us/member-rights-and-responsibilities
- These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting.
- We request that you display the Rights and Responsibilities in your waiting room or have some other means of documenting that these standards have been communicated to the members.

Who is eligible?

To be eligible for ABA services, the member must meet the following criteria:

- Be 20 years of age or younger
- Must be covered under UnitedHealthcare Community Plan of Indiana
- Must have Autism diagnosis

Credentialing Criteria for Indiana Medicaid Autism/ABA Network

Required: NPI and EIN/TIN

National Provider Identifier (NPI):

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans
- The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information
- We require that all claims submitted have an NPI number and taxonomy codes for reimbursement

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

- nppes.cms.hhs.gov/NPPES/Welcome.do

Tax Identification Number (TIN), Employee Identification Number (EIN), or Social Security Number (SSN) information:

- irs.gov
- irs.gov/businesses/small/article/0,,id=102767,00.html

Professional Liability Insurance:

- bacb.com website 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) requires to possess a master's degree in psychology or behavior analysis with active certification from the national Behavior Analyst Certification Board, ***and***
- Medicaid ID
- Compliance with all state autism mandate requirements, as applicable to behavior analysts
- A minimum of six months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Minimum professional liability coverage of $1 million per occurrence / $1 million aggregate

ABA Credentialing Criteria (2 of 2)

ABA / IBT Groups

- BCBAs must meet standards above and hold Supervisory Certification from the national Behavior Analyst Certification Board if in supervisory role
- 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 BCBAs
- 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 contracted BCBA/ABA Agencies 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 the 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:

- Use 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 Indiana 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 obtain 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 or call the Behavioral Health number located on the back of the member's ID card
- Check benefit coverage relating to both the service (e.g., Is Autism-based therapy covered?) and the diagnosis (e.g., Is autism covered?) on provider portal or by calling the number on the member's insurance card
- Treatment Authorization Request Form can be submitted either – online at optumpeeraccess.secure.force.com/ABAtreatment
- 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
- 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

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
- Number of hours per week member is 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 the member is receiving
- Any medications the member is taking
- Number of hours per week the member is in school
- Parent participation
- Progress or lack thereof
- 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

Assessment Authorization – Online Portal Submission

Providerexpress.com > Autism/ABA Information

Prior Assessment Authorization

Optum | Provider Express

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

Search: 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 > Indiana Medicaid ABA Program

Indiana Medicaid ABA Program

Optum is excited to announce that **UnitedHealthcare Community Plan of Indiana** has been awarded a contract to service the statewide Medicaid Managed Care program in Indiana. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for Indiana members, effective 4/1/2021. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

- Indiana Medicaid ABA Provider Orientation
- Indiana Medicaid ABA Quick Reference Guide
- ABA Treatment Request Form
- ABA Treatment Request Form (Electronic Submission)

Onboarding Definitions

- Enrollment - The process of loading a contracted and credentialed provider to all MCE internal systems, loading for claims payment, and loading to the provider directory (if applicable).
- Credentialing - The process of reviewing the qualifications and appropriateness of a provider to join the health plan's network. Credentialing requirements and processes will follow NCQA guidelines.
- Contracting/Negotiating – The process of the provider and MCE formally executing an agreement for the provider to deliver medical services that outlines reimbursement rates, scope of services, etc.

Contact Us/Request to Join the Network
Nacole Thompson
Specialty Network Manager
nacole.thompson@optum.com

Billing and Reimbursement

Diagnostic Coding

Guides for Coding:

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

ASD Coverage:

- Autism Spectrum Disorder, F84.0 (ICD-10)

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

Indiana ABA Medicaid Fee Schedule

UNITED BEHAVIORAL HEALTH (OHBS)			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	15 min
97152		Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes	15 min
0362T		Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior	15 min
97153		Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes	15 min
0373T		Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior	15 min
97154		Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes	15 min
97155		Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face -to-face with one patient, every 15 minutes	15 min
97156		Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes	15 min
97157		Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes	15 min
97158		Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes	15 min

Claim Submission

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submitted electronically via UHCprovider.com using the Claim Entry transaction feature
- Submitted electronically using an EDI clearinghouse and Payer ID # 87726

Electronic Remittance Advice (ERA) Payer ID – 86047

- Include appropriate taxonomy codes
- Submitted within 90 days from the date of service

Please send paper claims to:

Optum Behavioral Health
P.O. Box 5240
Kingston, NY 12402-5240

Claims status can be obtained by:

- Calling the Claims Customer Service Line: 1-877-610-9785
- Logging in to UHCprovider.com

Form 1500 – Claim Form

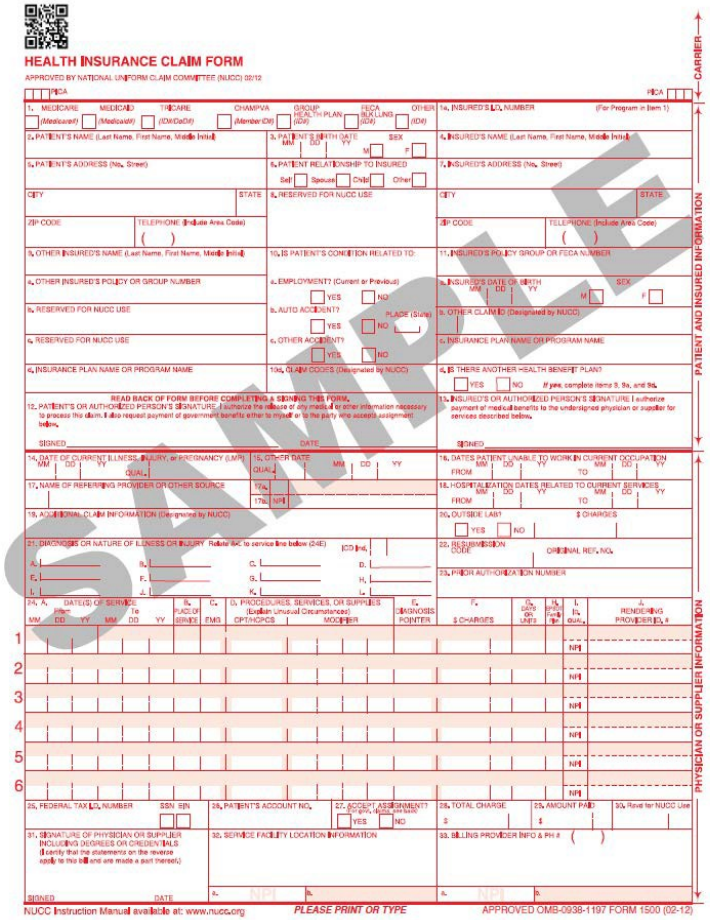
All billable services must be coded

- 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.

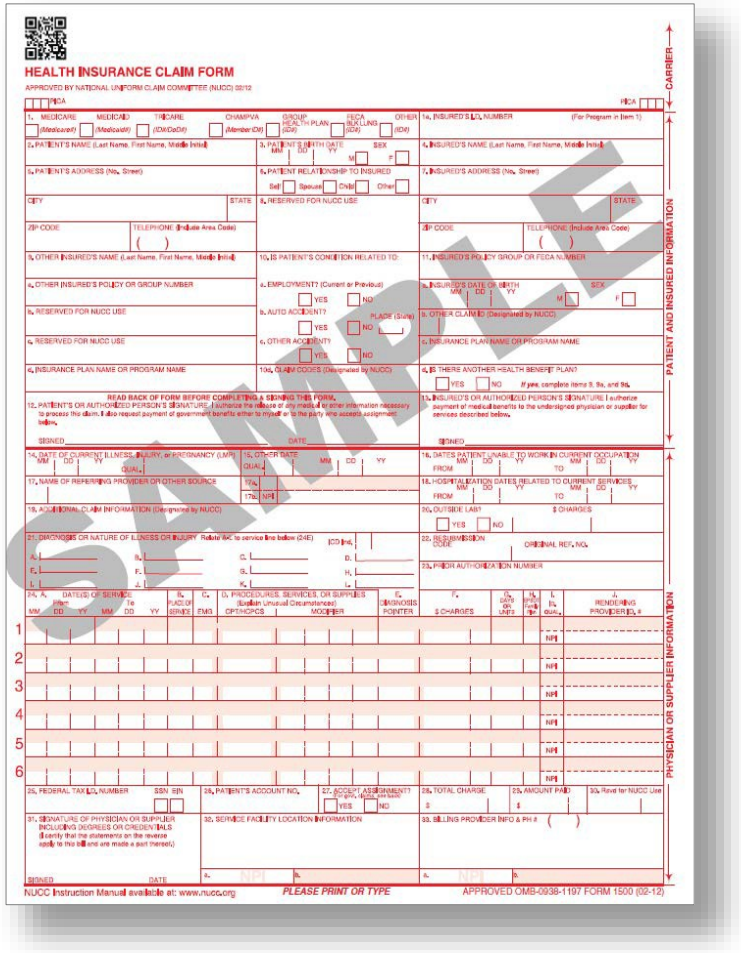
Form 1500: formerly called CMS-1500 or HCFA



Claims Customer Service Contact Information

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

If the event you experience claim problems, please contact the following:



By Phone: 1-877-610-9785
Online by logging in to: UHCprovider.com

Billing 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 Indiana Medicaid is 90 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

Coding Issues

- Coding issues including incomplete or missing diagnosis, Invalid or missing HCPC/CPT examples:
  - Submitting claims with codes that are not covered services
  - Required data elements missing (i.e., number of units)

Provider information missing/incorrect

- Example: provider information has not been completely entered on the claim form or place of service

Prior Authorization Required

- Prior Authorization is required for all services or when additional units are being requested

Denials

Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)

- Denial Codes
  - ❑Ineligible
  - ❑Over limit
  - ❑No out-of-network benefits
  - ❑Prior approval required

Non-Coverage Determination (NCD)

Appeals

Claim Tips

Rejections/Denials:

- Rejected claim – Claims that are rejected prior to hitting UnitedHealthcare claims system
  - ❑Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data elements)
- Denied claim – Claims that are denied by UnitedHealthcare 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.)

Claim Submission – Option 1 - Online

Log on to 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 **1-866-842-3278**

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Claim 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

Claim Submission – Option 2 (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

Additional information regarding EDI is available on: UHCprovider.com

Optum Pay - Electronic Payments & Statements

With electronic payments and statements through 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. 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 with Optum Pay for 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.

For more information about Optum Pay, call 1-877-620-6194

providerexpress.com

providerexpress.com

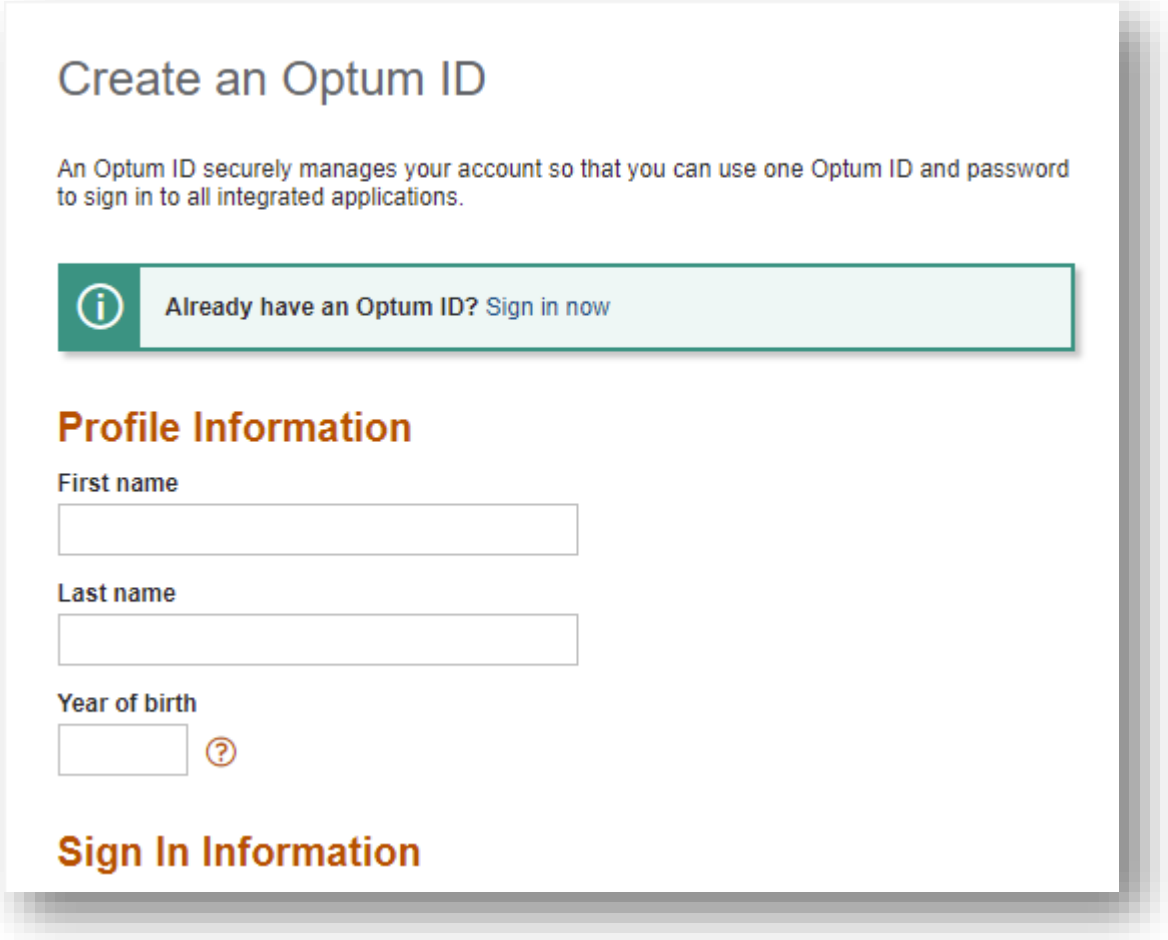
On our behavioral health provider website, you can find:

- Autism ABA Corner with specific ABA resources
- New Provider Orientation “Navigating Optum” viewable on demand
- Network Manual
- Demographic Updates
- Guidelines / Policies & Manuals
- Clinical Resources
- Level of Care Guidelines
- Administrative Resources
- Recovery & Resiliency Toolkit
- Video Channel
- Best Practices Guidelines
- Webinars/Training Resources

providerexpress.com (cont.)

Providerexpress.com – First Time User

- 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 866-209-932
- Live Chat feature also available on “Contact Us” page



Resources

UHCprovider.com Provider Website

New user registration

UHCprovider.com

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

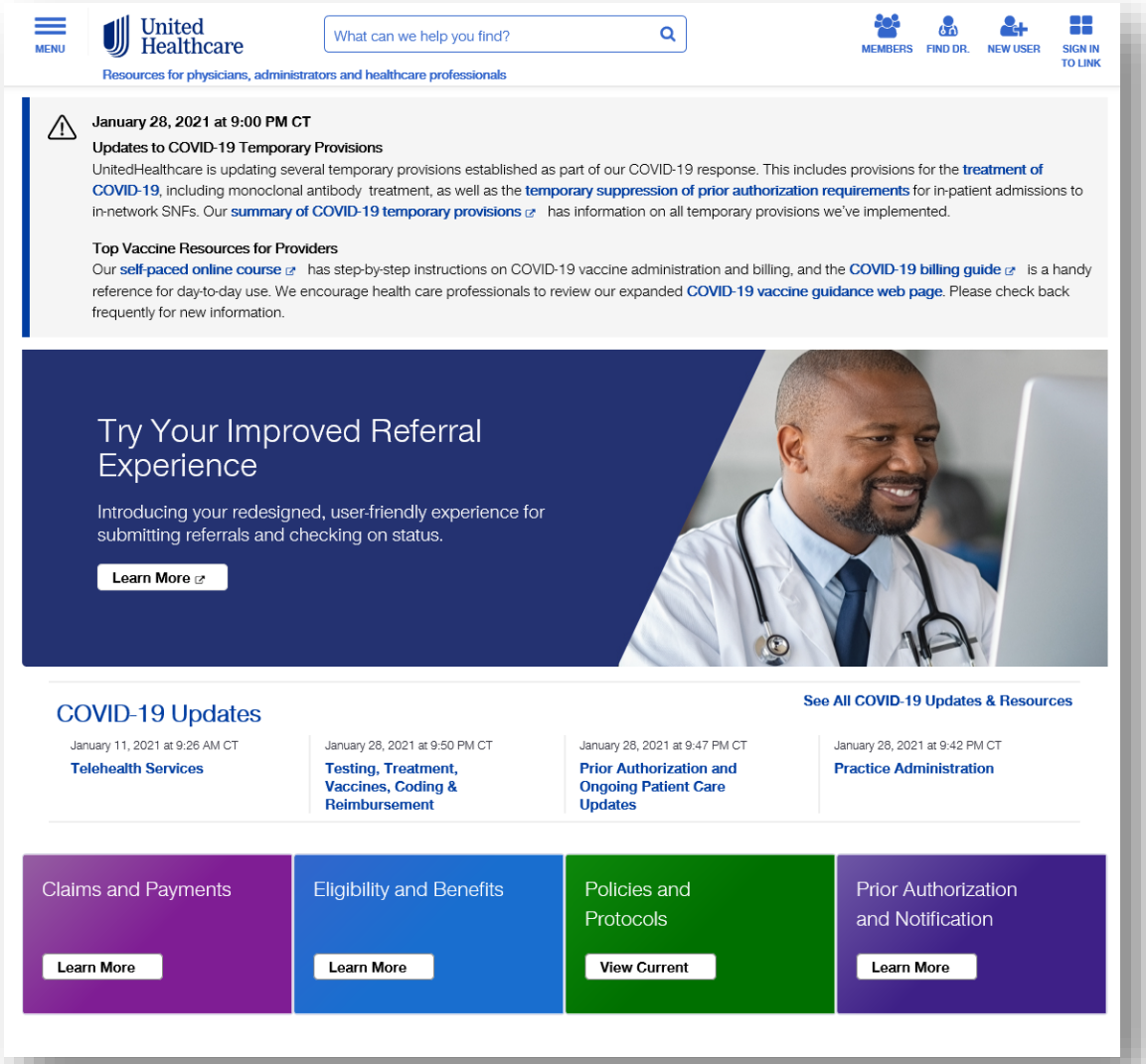
Create an Optum ID

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.

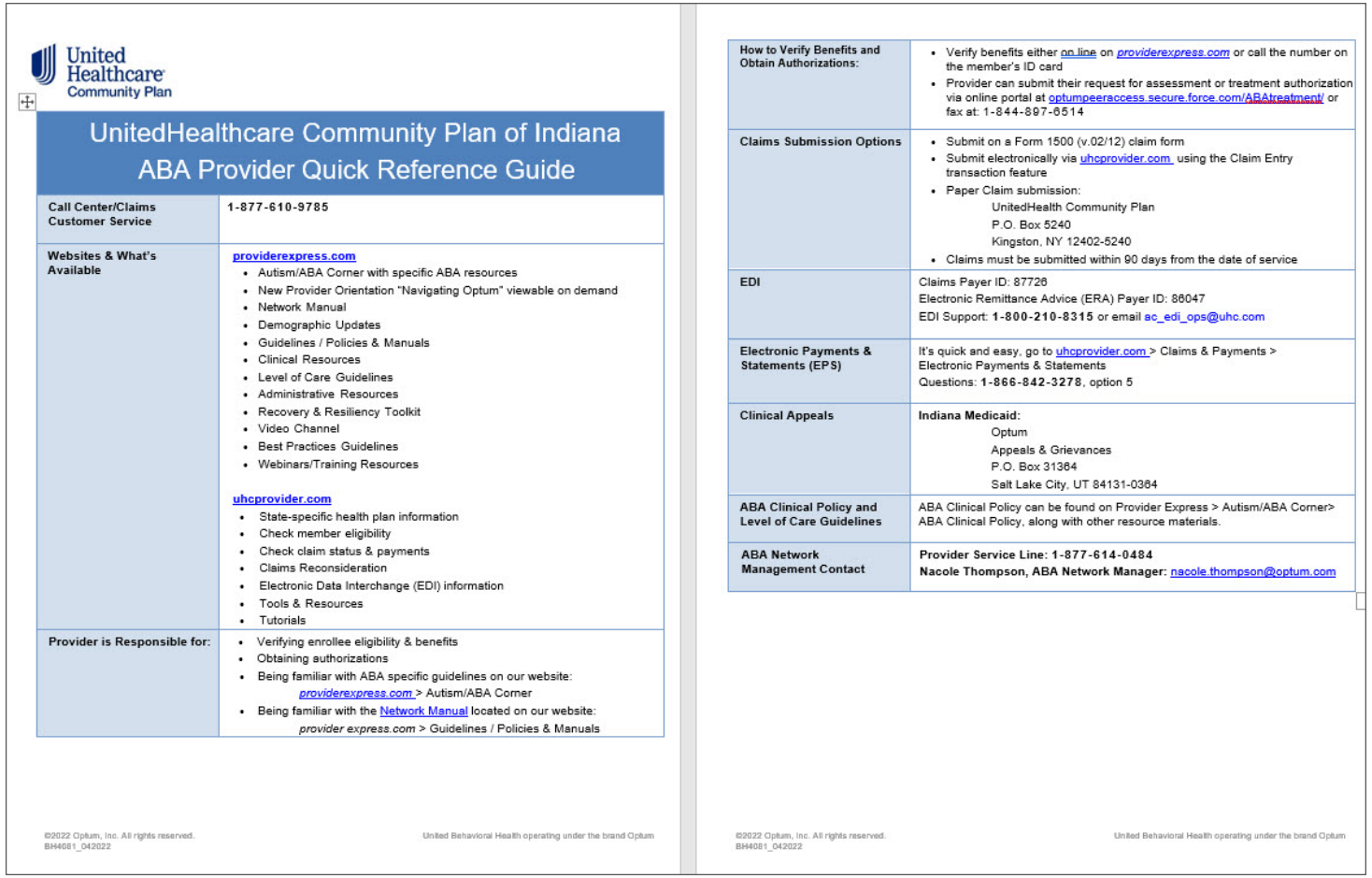
Link Self-Service Tools

Need help accessing certain applications on Link?

If you are unable to access a 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.



Indiana Medicaid ABA Program Provider Quick Reference Guide



United Healthcare Community Plan

UnitedHealthcare Community Plan of Indiana ABA Provider Quick Reference Guide

Call Center/Claims Customer Service	**1-877-610-9785**
Websites & What's Available	**providerexpress.com** • Autism/ABA Corner with specific ABA resources • New Provider Orientation "Navigating Optum" viewable on demand • Network Manual • Demographic Updates • Guidelines / Policies & Manuals • Clinical Resources • Level of Care Guidelines • Administrative Resources • Recovery & Resiliency Toolkit • Video Channel • Best Practices Guidelines • Webinars/Training Resources **uhcprovider.com** • State-specific health plan information • Check member eligibility • Check claim status & payments • Claims Reconsideration • Electronic Data Interchange (EDI) information • Tools & Resources • Tutorials
Provider is Responsible for:	• Verifying enrollee eligibility & benefits • Obtaining authorizations • Being familiar with ABA specific guidelines on our website: *providerexpress.com* > Autism/ABA Corner • Being familiar with the Network Manual located on our website: *provider express.com* > Guidelines / Policies & Manuals

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How to Verify Benefits and Obtain Authorizations:	• Verify benefits either on line on *providerexpress.com* or call the number on the member's ID card • Provider can submit their request for assessment or treatment authorization via online portal at optumpeeraccess.secure.force.com/ABAtreatment/ or fax at: 1-844-897-6514
Claims Submission Options	• Submit on a Form 1500 (v.02/12) claim form • Submit electronically via uhcprovider.com using the Claim Entry transaction feature • Paper Claim submission: UnitedHealth Community Plan P.O. Box 5240 Kingston, NY 12402-5240 • Claims must be submitted within 90 days from the date of service
EDI	Claims Payer ID: 87726 Electronic Remittance Advice (ERA) Payer ID: 86047 EDI Support: **1-800-210-8315** or email ac_edi_ops@uhc.com
Electronic Payments & Statements (EPS)	It's quick and easy, go to uhcprovider.com > Claims & Payments > Electronic Payments & Statements Questions: **1-866-842-3278**, option 5
Clinical Appeals	**Indiana Medicaid:** Optum Appeals & Grievances P.O. Box 31364 Salt Lake City, UT 84131-0364
ABA Clinical Policy and Level of Care Guidelines	ABA Clinical Policy can be found on Provider Express > Autism/ABA Corner> ABA Clinical Policy, along with other resource materials.
ABA Network Management Contact	**Provider Service Line: 1-877-614-0484** **Nacole Thompson, ABA Network Manager:** nacole.thompson@optum.com

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Appendix

Helpful Websites

To get an NPI number:

- nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart

To learn more about HIPAA:

- hhs.gov/ocr/privacy/

To learn more about Tax IDs or Employee IDs:

- irs.gov

Optum provider website:

- providerexpress.com
- Claim Tips: Provider Express > Quick Links > Claim Tips
- Claim Forms: Provider Express > Quick Links > Forms > Optum Forms - Claims

Autism Votes website:

- autismspeaks.org/advocacy

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

Q&A

Thank You