



Healthy Louisiana Medicaid

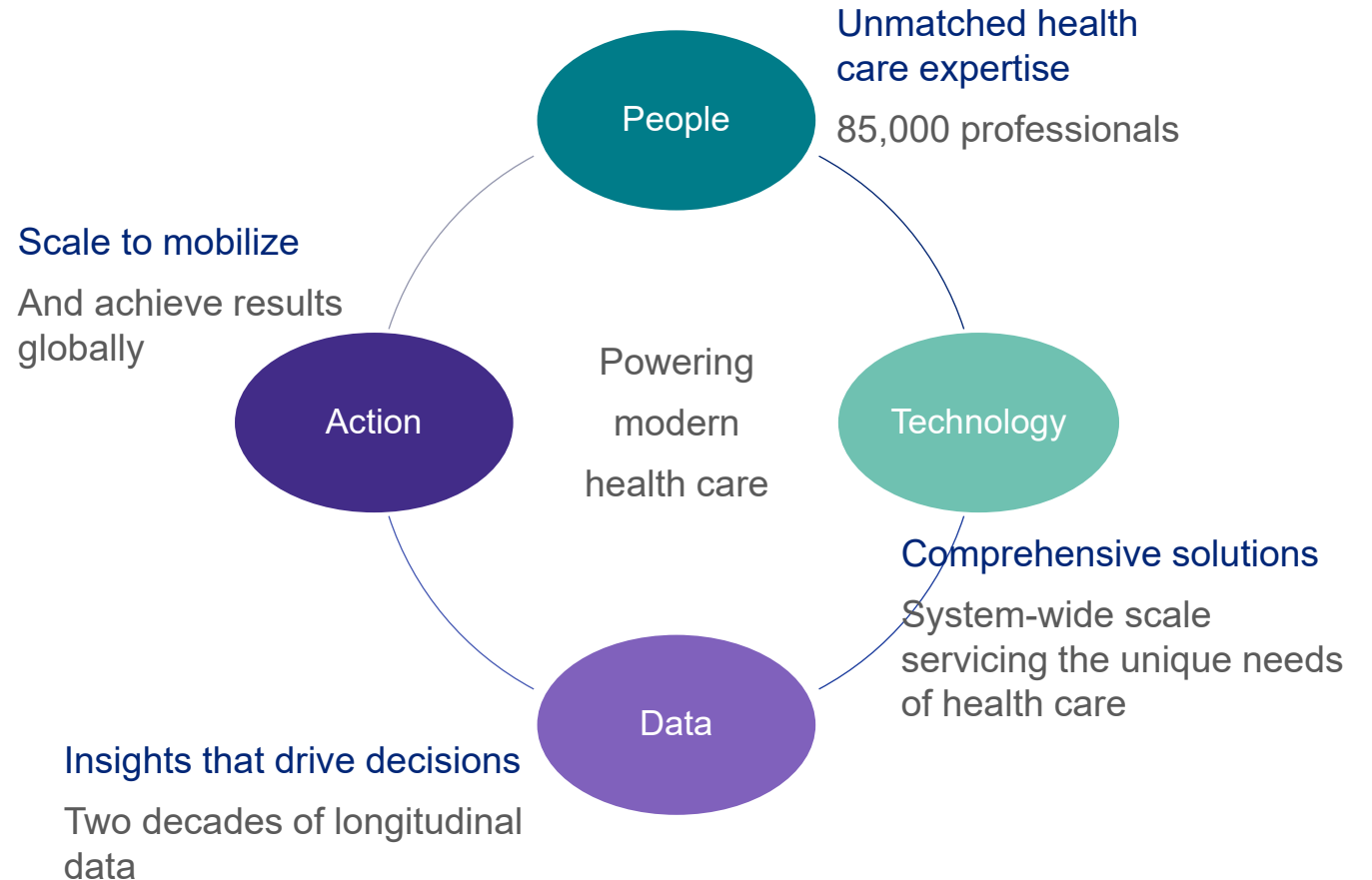
ABA Provider Orientation

Optum with UnitedHealthcare Medicaid Plan of
Louisiana



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

UNITEDHEALTH GROUP®



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.
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 Member Information





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BH4134 05/2022



Member ID Card

- Will be sent directly to the member
- The member's ID number will be their Medicaid number
- All relevant contact information will be on the back of the card for both medical and behavioral customer service

 UnitedHealthcare Community Plan	
Health Plan (80840)	911-87726-04
000000417	
Member: <input type="text"/>	Payer ID: 87726
Medicaid ID: <input type="text"/>	 Rx Bin: 610494 Rx Grp: ACULA Rx PCN: 9999
PCP Name: <input type="text"/>	
PCP Phone/24 hours: <input type="text"/>	
<input type="text"/>	DOB: <input type="text"/>
0501	Administered by UnitedHealthcare of Louisiana, Inc.

In an emergency go to nearest emergency room or call 911.		Printed: 07/30/15
This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan .		
For Members:	1-866-675-1607	TTY 711
NurseLine:	1-877-440-9409	TTY 711
Report Fraud:	1-800-488-2917	TTY 711
For Providers:	www.UnitedHealthcareOnline.com	1-866-675-1607
Claims:	PO Box 31341, Salt Lake City, UT 84131-0341	
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903		
For Pharmacists: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826		

Please note this image is for illustrative purposes only.

Member Rights and Responsibilities

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

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

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

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

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

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



Member Website

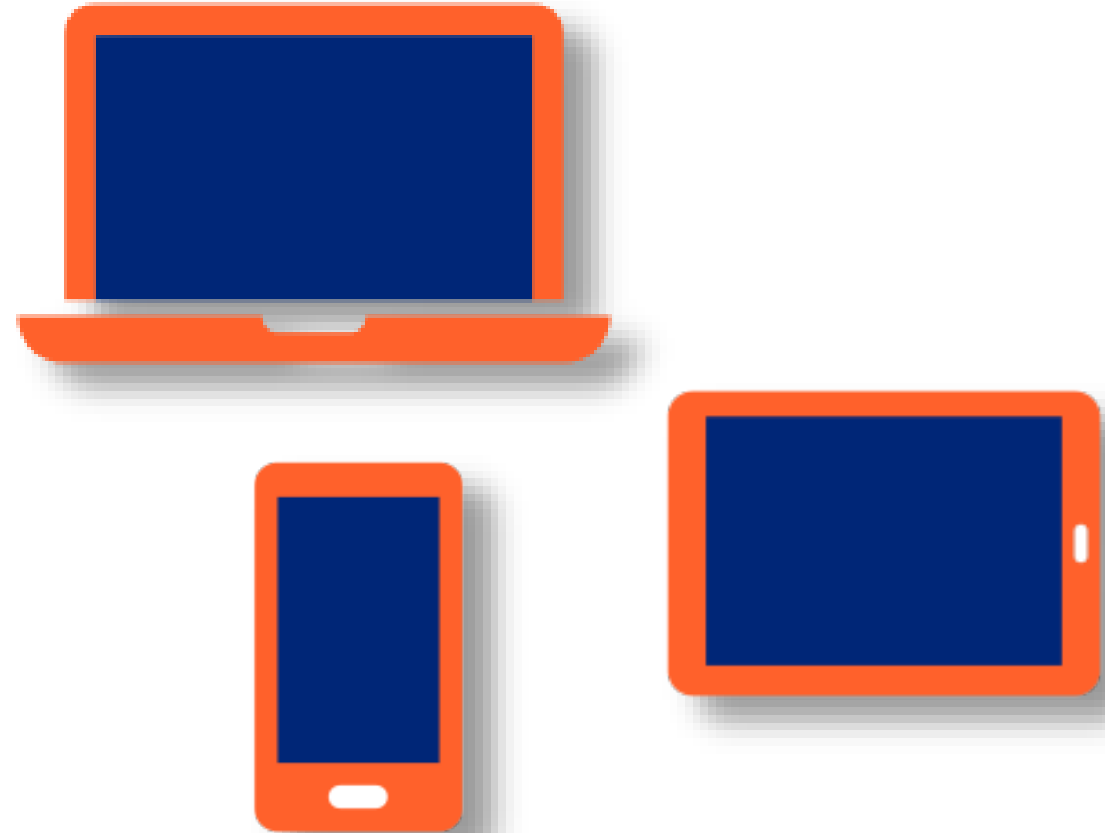
[Live and Work Well](#) makes it simple for members to:

- 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.



ABA Program Services



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
- Medicaid state certification without sanctions
- Compliance with all state 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
- Licensed clinicians must have appropriate state licensure and state Medicaid certification in good standing, and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBAs must have active certification from the national Behavior Analyst Certification Board, and appropriate state certification
- Behavior Technicians must have state registration, Registered Line Technicians (RLT), and receive appropriate training and supervision by BCBAAs or licensed clinicians
- BCBA or licensed clinician on staff providing program oversight
- BCBA or licensed clinician performs skills assessments and provides direct supervision of Behavior Technicians /BCaBAs 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)

Steps in Providing Treatment



ABA Clinical Team

Enhanced ABA Clinical Team







There is a dedicated, enhanced ABA clinical team that will be supporting UnitedHealthcare's Medicaid ABA program:

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



Who is eligible?

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

-  Be under the age of 21
-  Be covered under Medicaid
-  Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (e.g., aggression, self-injury, elopement, etc.)
-  Have been 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
-  Had a comprehensive diagnostic evaluation by a qualified health care professional
-  Have a prescription for ABA-based therapy services ordered by a qualified health care professional

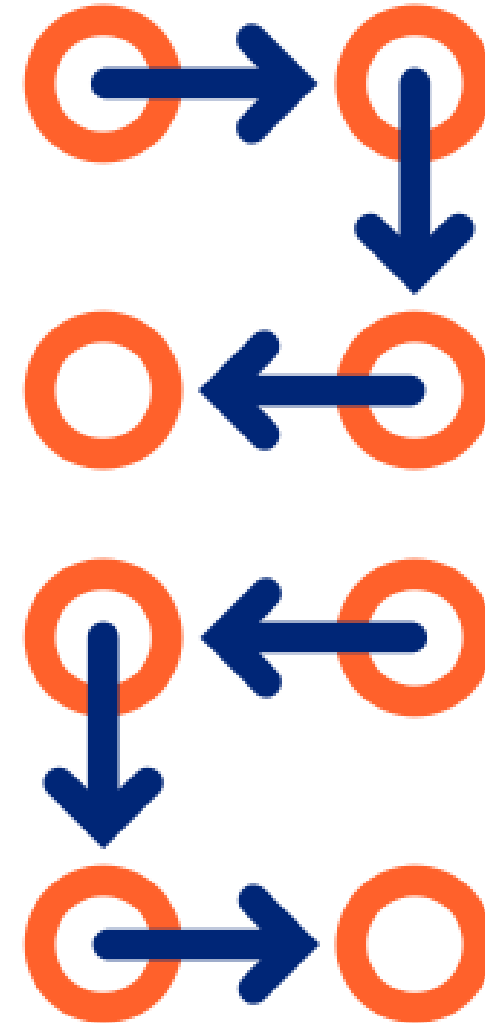
Intake

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



Transition of Prior Authorizations

- If provider has an existing authorization but is not yet in our network, UHCCP will honor that authorization by completing a Single Case Agreement with the provider for up to six months



Prior Authorizations Review

First step to reviewing the authorization request is to confirm eligibility:

- Age: Younger than age 21
- Eligibility: Covered under Medicaid
- Behaviors: Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities
- Diagnosis: Have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, by a qualified health care professional
- Evaluation: Had a comprehensive diagnostic evaluation (CDE) by a qualified health care professional
- Referral: Have a prescription for ABA-based therapy services ordered by a qualified health care professional

Prior Authorization – Fax Submission 1-800-541-6691

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment, administered by a physician or other qualified health care professional	15 min
97151	TF	Behavior identification assessment, administered by a physician or other qualified health care professional	15 min
97152		Behavior identification supporting assessment, administered by one technician under direction of a physician or other qualified health care professional.	15 min
0362T		Behavior identification supporting assessment, administered by the physician or other qualified health care provider who is on-site but no necessarily face-to-face; with the	15 min
97153		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional.	15 min
97153	HN	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional.	15 min
0373T		Adaptive behavior treatment by protocol, administered by the physician or other qualified health care provider who is on-site but no necessarily face-to-face; with the assistance of two or more	15 min
97154		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional.	15 min
97155		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional.	15 min
97155	TF	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional.	15 min
97156		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present)	15 min
97156	TF	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present)	15 min
97157		Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	15 min
97157	TF	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	15 min
97158		Group adaptive treatment with protocol modification, administered by physician or other qualified health care professional	15 min
97158	TF	Group adaptive treatment with protocol modification, administered by physician or other qualified health care professional	15 min

1	Unit Description: The units of service billed do not require a full 15 minutes of time spent on actual service delivery to be billed as a unit for billing of a 15 minute unit 10 minutes or more of services must be provided for
2	Use of Modifiers: Modifiers should be used in billing to reflect the credentials of staff delivering services and allow for proper claims payment.
3	Modifier Descriptions HN Bachelors Degree Level TF Intermediate Level of Care

Prior Authorization – Online Portal Submission

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

Working together to coordinate care.

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

[MORE INFO](#)

Transactions

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

Admin News

- CPT Code Changes 2021
- Latest National Network Manual updates
- 1055 forms online

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

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

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

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

Working Together

- 2021 Provider Satisfaction Survey Results
- CALOCUS and CASII Assessment Tools Merged
- Coordination of Care tips and forms
- Cultural Competency resources including

Quick Links

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

Product Specific News

Other Websites

Prior Treatment Authorization

Prior authorization request form can be found online at providerexpress.com

Within the Healthy Louisiana Medicaid ABA page, there is an ABA Treatment Request Form – Electronic Submission.



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. Below the header is a navigation menu with items: Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The breadcrumb trail reads: "Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis > abaLAMedicaid". The main heading is "Healthy Louisiana ABA Program". The text below the heading states: "UnitedHealthcare Community Plan, is one of the selected managed care plans providing coverage to Healthy Louisiana members. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for Healthy Louisiana members effective 2/1/2018. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members." To the right of this text is a photograph of a young child blowing a bubble. Below the text, there is a 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." This is followed by a list of six links, each with a PDF icon: "Healthy LA ABA Provider Orientation", "Healthy LA ABA Provider Quick Reference Guide", "Healthy LA ABA Treatment Request Form and Guidelines", "ABA Treatment Request Form Electronic Submission", "Healthy LA State ABA Manual", and "Healthy LA ABA Audit Tool Elements". At the bottom, there is a section titled "Contact Us/Request to Join the Network" with the name "Natalie Reynolds" and the email address "natalie.reynolds@optum.com".

Prior Authorization Request

The provider will need to attach the following documents to either the fax or portal submission:

- Assessment Request
 - Comprehensive diagnostic evaluation (CDE) completed by a qualified health care professional (QHCP).
 - The CDE must include a thorough clinical history with the informed parent/caregiver, direct observation, a valid DSM diagnosis, justification/rationale for the request for services, and recommendations for treatment –
 - The QHCP could be one of the following: Pediatric Neurologist, Developmental Pediatrician, Psychologist, Psychiatrist, or other Licensed individual approved by LA Medicaid as meeting the QHCP requirements
 - Prescription for ABA therapy by a qualified health care professional
 - Number of hours of service requested
- Treatment Request
 - The CDE and prescription for ABA if not already received
 - Behavior Treatment Request
 - IEP, if appropriate to the member
 - Schedule of services

Prior Authorization Review

- Care Advocates then review the assessment information and treatment request against medical necessity criteria and respond to the provider within two (2) business days from receipt of complete information
- Possible outcomes of clinical review
 - When medical necessity is clearly met, Care Advocate will approve services as requested
 - In some cases, Care Advocate and provider may discuss and agree to a change in the request (e.g., modification in hours, targets, etc.)
 - In cases where it is not clear that medical necessity is met, the Care Advocate will refer the case for Peer Review Prescription for ABA therapy by a qualified health care professional
- Following verbal notification of decision, letters are sent to the provider and member/family notifying of either denial or approval

Medical Necessity Review

Similar information is looked for at both initial and concurrent reviews, with the concurrent review focused on progress and changes to the treatment request as well as updated psychosocial information

- Confirmation of the member's diagnoses
 - Any medical or other mental health diagnoses?
 - Any other mental health or medical services member is receiving; coordination with treating providers
 - Any medications member is taking including coordination with prescribing physician
 - How many hours per week is member in school?
 - How many hours per week is member in school/employment/other activities?
 - How supervision is occurring
 - Care giver participation
 - Caregiver participation
- Why ABA (now or continuing)?
 - How long has member been in services?
 - Where is the member receiving services? ABA services should take place in the natural setting (home, community, office, school)
 - Is the member progressing?
 - Transition plans
 - 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.

Discharge Planning

Must Include the following components:

- Anticipated date of discharge
 - Objective, measurable goals that need to be met for the member to be discharged
 - Identify next level of care for the member and include contact info
 - Resources in the community for the parents and member
 - How discharge is coordinated with school/employment and other providers
- Member and/or parent/guardian agreement with discharge plan
 - How to resume ABA services if needed
 - Within two weeks of member's discharge from ABA services, contact UHCCP ABA team to provide notification of discharge
 - Send a final summary treatment request indicating:
 - Progress member made
 - Reasons for discharge
 - Services post discharge

Exclusions

The following services are not considered Medicaid covered ABA services and do not meet medical necessity criteria:

- Services that are not expected to show functional improvement or will not prevent deterioration – Services that are educational in nature
- Services that are provided in a school setting and duplicate IEP or IFSP
- Treatment that is vocational or recreational
- Services that are primarily custodial in nature
 - ❑ Assisting in activities of daily living
 - ❑ Provided for maintaining safety
 - ❑ Can be provided by someone without ABA training
- Services performed in non-conventional settings including but not limited to camps, therapeutic programs, resorts

Peer Review Process

- If the provider and Care Advocate are unable to agree on the medical necessity of the care, the case is sent to a peer reviewer
- The peer reviewer is a licensed psychologist with knowledge of behavioral health diagnosis and ABA techniques
- The provider will have the opportunity to discuss the case with the peer reviewer and explain why the services are medically necessary
 - ❑ The peer review is offered as a live review, but the provider may opt for a chart review.
- The peer review will be completed following contractual timeframes to ensure that 80% of all decisions are made within two (2) business days and 100% of all decisions are made within 14 days

Coding, Billing and Reimbursement



Claims Submission

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via Provider Portal at providerexpress.com or UHCprovider.com using the Claims tool in the Provider Portal
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Payer ID 86047
- Submitted within 365 days of the date of service

Please send paper claims to:

- UnitedHealthcare Community Plan of Louisiana
PO Box 31341
Salt Lake City, UT 84131-0341

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

- Optum – 1-866-675-1607



Claims Submission

- If not submitting claims online, providers must submit claims using the current 1500 claim form with appropriate coding (see Appendix)
- Providers must initially submit claims within 365 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 name
 - member date of birth
 - member identification number
 - Dates of service, type and duration of service
 - Name of clinician (e.g., individual who actually provided the service) along with group name (if applicable)
 - Provider credentials, tax ID and NPI numbers
 - Taxonomy Numbers not required
 - Use DSM-5 for assessment and the associated ICD-10 coding for billing
- Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at [cms.gov](https://www.cms.gov)

Claims 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 form
- Allows claims to be paid quickly and accurately
- Providers must have a registered user ID and password to gain access to the online claim submission function

Option 1 - 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

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 > Claims, Billing and Payments > Optum Pay.

Optum Pay™ (cont.)

- Optum Pay is our solution for electronic remittance advice (ERA) and electronic funds transfer (EFT)
- Optum Pay allows you to access your explanation of benefits (EOBs) online and receive direct deposit of claim payments into your checking or savings account
- Faster payments, better cash flow
 - ❑ Eliminate mail delivery and check-clearing time to receive your payments 5 to 7 days faster
- Less work, more time
 - ❑ No more envelopes to open, paper checks to track or trips to the bank.
 - ❑ More than 850,000 physicians, health care professionals, facilities and billing companies use Optum Pay today for its easier reconciliation experience, reduced paperwork and the greater efficiency it brings to administration

Note: Use the link below to learn more, or call 866-842-3278, option 5. Optum Pay Online Enrollment (This will re-direct you to Optum Pay page)



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.)

- Providers may use any clearinghouse vendor to submit claims
- Payer ID for submitting claims is 87726

Additional information regarding EDI is available on:

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

and

- [UHCprovider.com](#)



Online Claims Submission

- Electronic Data Interchange (EDI) Support Services
 - Provides support for all electronic transactions involving claims and electronic remittances
- [EDI Issue Report Form](#)
 - This form should be used to report EDI related issues
 - Providers can also call us at 1-800-210-8315 or e-mail us at ac_edi_ops@uhc.com
- [UHCprovider.com](#) Help Desk – 1-866-842-3278
 - If a provider experiences technical problems, needs assistance in using UnitedHealthcareOnline.com or has login or User ID/Password issues, they can call the UnitedHealthcareOnline.com Help Desk for support

Claims Submission Option 3 – Hardcopy

- Use the 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
- Provider must select the code that most closely describes the service(s) delivered and aligns with the service that was requested and authorized

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/RLTs under the supervisory protocol.

Form 1500 – Group Claim Example

Group Claim Example



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input checked="" type="checkbox"/> (Medicaid#)	
TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)	
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BK/LUNG <input type="checkbox"/> (ID#)	
OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S LD. NUMBER (For Program in Item 1) 1111111111	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Member Name		3. PATIENT'S BIRTH DATE MM DD YY 05 09 2008	
SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Member Name	
5. PATIENT'S ADDRESS (No., Street) Member Address		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
7. INSURED'S ADDRESS (No., Street) Member Address		8. RESERVED FOR NUCC USE	
CITY Baton Rouge		CITY Baton Rouge	
STATE LA		STATE LA	
ZIP CODE Member Zip		TELEPHONE (Include Area Code) Member Phone #	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER		a. INSURED'S DATE OF BIRTH MM DD YY 12 07 1982	
b. RESERVED FOR NUCC USE		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
c. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
d. INSURANCE PLAN NAME OR PROGRAM NAME UnitedHealthcare Community Plan of LA		c. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # if yes, complete items 9, 9a, and 9d.	
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 below. Signature on File SIGNED		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature on File SIGNED	
DATE 1/14/2019		DATE	

CARRIER

PATIENT AND INSURED INFORMATION

Form 1500 – Group Claim Example

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL				15. OTHER DATE QUAL MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____ 17b. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO				\$ CHARGES			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. F84.0 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____				ICD Incl. 0				22. RESUBMISSION CODE ORIGINAL REF. NO.			
23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE EMG			
C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER				F. \$ CHARGES			
G. DAYS OR UNITS				H. EPSDT Family %				I. ID, QUAL.			
J. RENDERING PROVIDER ID. #											
1				01 04 19 01 04 19 12				97151 A 400.00 16 NPI 1083842500			
2				01 05 19 01 05 19 11				97153 HN A 92.00 8 NPI 1083842500			
3				01 05 19 01 05 19 11				97155 A 90.00 4 NPI 1083842500			
4								NPI			
5								NPI			
6								NPI			
25. FEDERAL TAX ID NUMBER Tax ID Number <input type="checkbox"/> <input checked="" type="checkbox"/> SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28. TOTAL CHARGE \$ 582.00				29. AMOUNT PAID \$				30. Rsvd for NUCC Use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Member Name & DOB SIGNED DATE				32. SERVICE FACILITY LOCATION INFORMATION Service Facility Name and Street Address a. b.				33. BILLING PROVIDER INFO & PH # (000) 000-0000 Provider Billing Service Name and Street Billing Address a. b. 103X00000X			

NUCC Instruction Manual available at: www.nucc.org

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PHYSICIAN OR SUPPLIER INFORMATION

Form 1500 – Solo Provider Claim Example

Solo Provider Claim Example



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> (Medicare#)		1a. INSURED'S ID. NUMBER (For Program in Item 1) 1111111111	
MEDICAID <input checked="" type="checkbox"/> (Medicaid#)		TRICARE <input type="checkbox"/> (ID#/DoD#)	
CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	
FECA (B/K/L/L/U/G) <input type="checkbox"/> (ID#)		OTHER <input type="checkbox"/> (ID#)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Member Name		3. PATIENT'S BIRTH DATE MM DD YY 05 09 2008 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) Member Address		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
CITY Baton Rouge		7. INSURED'S ADDRESS (No., Street) Member Address	
STATE LA		8. RESERVED FOR NUCC USE	
ZIP CODE Member Zip		CITY Baton Rouge	
TELEPHONE (Include Area Code) Member Phone #		STATE LA	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		ZIP CODE Member Zip	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TELEPHONE (Include Area Code) Member Phone #	
b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER	
c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY 12 07 1982 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		b. OTHER CLAIM ID (Designated by NUCC)	
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 below. SIGNED Signature on File DATE 1/14/2019		c. INSURANCE PLAN NAME OR PROGRAM NAME UnitedHealthcare Community Plan of LA	
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 Signature on File		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # yes, complete items 9, 9a, and 9d.	

CARRIER
PATIENT AND INSURED INFORMATION

Form 1500 – Solo Provider Claim Example

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. QUAL.			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
17b. NPI						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						22. RESUBMISSION CODE ORIGINAL REF. NO.					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. F84.0 B. _____ C. _____ D. 0 E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____						23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST/ Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01 04 19	01 04 19	12		97151	A	400.00	16		NPI 000000000	
2	01 05 19	01 05 19	12		97155	A	180.00	8		NPI 000000000	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX ID NUMBER Tax ID Number		SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov't claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 580.00	29. AMOUNT PAID \$	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this b and are made a part thereof.) Member Name & DOB SIGNED DATE			32. SERVICE FACILITY LOCATION INFORMATION Service Facility Name and Street Address b. c.			33. BILLING PROVIDER INFO & PH # (000) 000-0000 Provider Billing Service Name and Street Billing Address d. 103X00000X					

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Claim Form – Form 1500 Provider Section

Box 24J: Rendering Group Supervisor/Solo (BCBA/Licensed Clinician) enter their NPI number in the non-shaded portion

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID, #
From	To							CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY										
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	



Claim Form – Form 1500 Provider Section

Box 31: Rendering Group Supervisor/Solo (BCBA/Licensed Clinician) enter their name and licensure in Box 31.

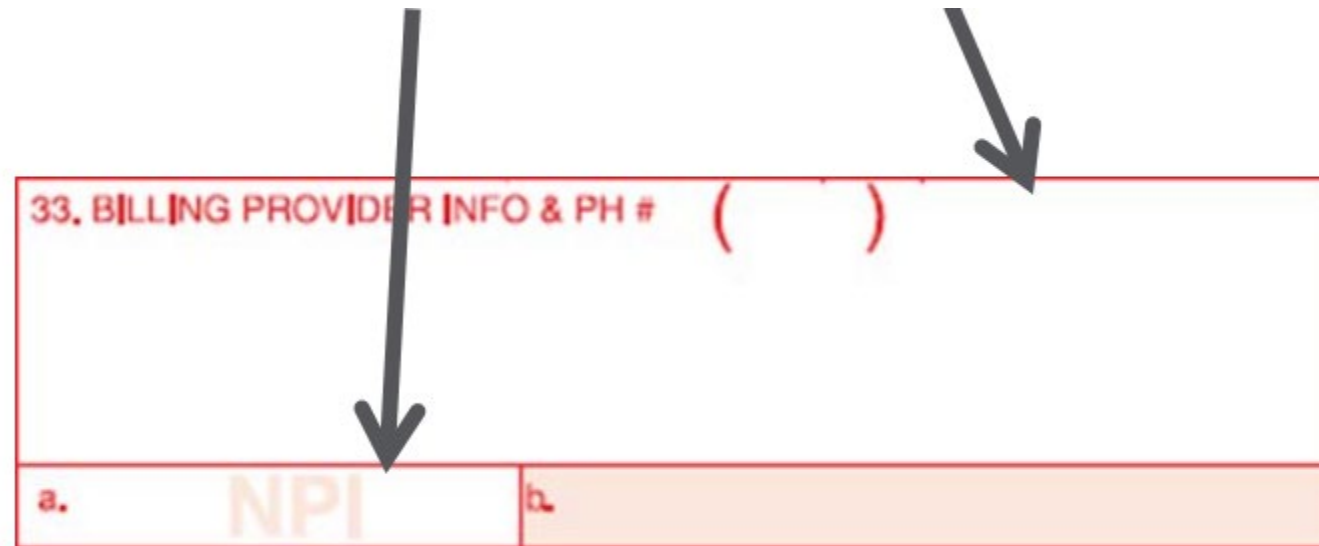
31. SIGNATURE OF PHYSICIAN OR SUPPLIER
INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse
apply to this bill and are made a part thereof.)

SIGNED DATE

Claim Form – Form 1500 Provider Section

Box 33: Name, address, and phone number for Group/Solo

Box 33a: NPI number for Group/Solo



The diagram shows a rectangular box representing Form 1500 Box 33. The top portion of the box is labeled "33. BILLING PROVIDER INFO & PH # ()". Below this, the box is divided into two sub-sections: "a. NPI" and "b.". Two black arrows point to the box: one points to the main "33. BILLING PROVIDER INFO & PH # ()" area, and the other points to the "b." sub-section.

Form 1500 Billing Instructions for ABA

Locator #	Description	Instructions	Alerts
1	Medicare / Medicaid / Tricare Champus / Champva / Group Health Plan / Feca Blk Lung	Required -- Enter an "X" in the box marked Medicaid (Medicaid #).	
1a	Insured's I.D. Number	Required – Enter the recipient's 13-digit Medicaid I.D. number exactly as it appears when checking recipient eligibility through MEVS, eMEVS or REVS. NOTE: The recipients' 13-digit Medicaid ID number must be used to bill claims. The CCN number from the plastic ID card is NOT acceptable. The ID number must match the recipient's name in Block 2.	
2	Patient's Name	Required – Enter the recipient's last name, first name, middle initial.	
3	Patient's Birth Date Sex	Situational – Enter the recipient's date of birth using six digits (MM DD YY). If there is only one digit in this field, precede that digit with a zero (for example, 01 02 07). Enter an "X" in the appropriate box to show the sex of the recipient.	
4	Insured's Name	Situational – Complete correctly if the recipient has other insurance; otherwise, leave blank.	
5	Patient's Address	Optional – Print the recipient's permanent address.	
6	Patient Relationship to Insured	Situational – Complete if appropriate or leave blank.	
7	Insured's Address	Situational – Complete if appropriate or leave blank.	
8	RESERVED FOR NUCC USE		

Form 1500 Billing Instructions for ABA

Locator #	Description	Instructions	Alerts
9	Other Insured's Name	Situational – Complete if appropriate or leave blank.	
9a	Other Insured's Policy or Group Number	Situational – If recipient has no other coverage, leave blank. Make sure the EOB or EOBs from other insurance(s) are attached to the claim.	
9b	RESERVED FOR NUCC USE	Leave Blank.	
9c	RESERVED FOR NUCC USE	Leave Blank.	
9d	Insurance Plan Name or Program Name	Situational – Complete if appropriate or leave blank.	
10	Is Patient's Condition Related To:	Situational – Complete if appropriate or leave blank.	
11	Insured's Policy Group or FECA Number	Situational – Complete if appropriate or leave blank.	
11a	Insured's Date of Birth Sex	Situational – Complete if appropriate or leave blank.	
11b	OTHER CLAIM ID (Designated by NUCC)	Leave Blank.	

Form 1500 Billing Instructions for ABA

Locator #	Description	Instructions	Alerts
11c	Insurance Plan Name or Program Name	Situational – Complete if appropriate or leave blank.	
11d	Is There Another Health Benefit Plan?	Situational – Complete if appropriate or leave blank.	
12	Patient’s or Authorized Person’s Signature (Release of Records)	Situational – Complete if appropriate or leave blank.	
13	Patient’s or Authorized Person’s Signature (Payment)	Situational – Complete if appropriate or leave blank.	
14	Date of Current Illness / Injury / Pregnancy	Optional.	
15	OTHER DATE	Leave Blank.	
16	Dates Patient Unable to Work in Current Occupation	Optional.	
17	Name of Referring Provider or Other Source	Situational – Complete if applicable	
17a	Unlabeled	Situational – Enter if applicable or leave blank.	
17b	NPI	Optional.	
18	Hospitalization Dates Related to Current Services	Optional.	
19	ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	Leave Blank.	
20	Outside Lab?	Optional.	

Form 1500 Billing Instructions for ABA

Locator #	Description	Instructions	Alerts
21	ICD Indicator Diagnosis or Nature of Illness or Injury	Required -- Enter the applicable ICD indicator to identify which version of ICD coding is being reported between the vertical, dotted lines in the upper right- hand portion of the field. 0 ICD-10-CM Required – Enter the most current ICD diagnosis code.	The most specific diagnosis code must be used. General codes are not acceptable.
22	Resubmission Code	Situational – If filing a corrected claim, enter the resubmission code of 7 in this field.	
23	Prior Authorization (PA) Number	Not Required	
24	Supplemental Information	Situational – Complete if appropriate or leave blank.	
24a	Date(s) of Service	Required -- Enter the date of service for each procedure. Either six-digit (MM DD YY) or eight-digit (MM DD YYYY) format is acceptable.	
24b	Place of Service	Required -- Enter the appropriate place of service code for the services rendered.	
24c	EMG	Required -- Enter the appropriate place of service code for the services rendered.	

Form 1500 Billing Instructions for ABA

Locator #	Description	Instructions	Alerts
24d	Procedures, Services, or Supplies	Required -- Enter the procedure code(s) for services rendered in the un-shaded area(s). Acceptable procedure codes are outlined in your payment appendix.	
24e	Diagnosis Pointer	Required – Indicate the most appropriate diagnosis for each procedure by entering the appropriate reference number (“A”, “B”, etc.) in this block. More than one diagnosis/reference number may be related to a single procedure code.	
24f	Amount Charged	Required -- Enter usual and customary charges for the service rendered.	
24g	Days or Units	Required -- Enter the number of units billed for the procedure code entered on the same line in 24D	
24h	EPSDT Family Plan	Situational – Leave blank or enter a “Y” if services were performed as a result of an EPSDT referral.	
24i	I.D. Qual.	Optional.	
24j	Rendering Provider ID#	Required - Enter the Rendering Provider’s NPI in the nonshaded portion of the block.	
25	Federal Tax I.D. Number	Optional.	
26	Patient’s Account No.	Situational – Enter the provider specific identifier assigned to the recipient. This number will appear on the remittance advice (RA). It may consist of letters and/or numbers and may be a maximum of 20 characters	
27	Accept Assignment?	Optional. Claim filing acknowledges acceptance of Medicaid assignment.	
28	Total Charge	Required – Enter the total of all charges listed on the claim.	

Form 1500 Billing Instructions for ABA

Locator #	Description	Instructions	Alerts
29	Amount Paid	Situational – If TPL applies and block 9A is completed, enter the amount paid by the primary payer. Enter '0' if the third party did not pay. If TPL does not apply to the claim, leave blank.	
30	Balance Due	Situational – Enter the amount due after third party payment has been subtracted from the billed charges if payment has been made by a third party insurer.	
31	Signature of Physician or Supplier Including Degrees or Credentials Date	Required - The original signature of the provider is no longer required, if no electronic signature on file, type in name. Enter the date of the signature.	
32	Service Facility Location Information	Situational – Complete as appropriate or leave blank.	
32a	NPI	Optional.	
32b	Unlabeled	Optional.	
33	Billing Provider Info & Phone #	Required -- Enter the provider name, address including zip code and telephone number.	
33a	NPI	Required – Enter the billing provider’s 10-digit NPI number.	
33b	Unlabeled	Required – Enter the billing provider’s 7-digit Medicaid ID number	The 7-digit LA Medicaid provider number must be entered here.

Tools for Success



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

- Providers have 365 days from the date of service to file Medicaid claims

Claims Processing

- All Clean claims paid in:
 - 90% of clean claims paid within 15 Business Days
 - 99% of clean claims paid within 30 Calendar Days
 - 100% of clean claims paid within 60 Calendar Days

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



Claims Tips (cont.)

Coding Issues

- Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
 - ❑ Incomplete or missing diagnosis
 - ❑ Invalid or missing HCPC/CPT, examples include:
 - 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

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.)



Form 1500 – Corrected Claim Sample

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
17b. NPI _____				19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Incl. 0				A. F84.0				22. RESUBMISSION CODE 7 ORIGINAL REF. NO.					
B. _____				C. _____				23. PRIOR AUTHORIZATION NUMBER					
E. _____				F. _____									
G. _____				H. _____									
I. _____				K. _____									
L. _____				J. _____									
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. QUAL.	J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY				CPT/HCPCS MODIFIER									
1 01 04 19 01 04 19		12		97151			A	400.00	16	NPI	1083842500		
2										NPI			
3										NPI			
4										NPI			
5										NPI			
6										NPI			
25. FEDERAL TAX ID. NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov. claims, see back)			28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use
458249019 <input type="checkbox"/> <input checked="" type="checkbox"/>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			\$ 400.00		\$		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (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 # (225) 999-9999					
SIGNED Jane Doe, BCBA 1/14/19 DATE				1400 S. Hairston Street Baton Rouge, LA 70801				Johnson Developmental Disability Services 1400 S. Hairston Street Baton Rouge, LA 70801					
				a. 1097752130				a. 1097752130		b. 103X00000X			

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PHYSICIAN OR SUPPLIER INFORMATION

Appeals and Grievances



Appeals and Reconsiderations

First Level Review: Reconsideration

- Request for reconsideration review must be received within 90 calendar days from date of notification of payment or denial
- A determination will be made within 30 days of receipt
- Reconsideration request must be submitted in writing using dispute form located at UHCprovider.com or obtained by contacting 866-675-1607
- Reconsiderations can be mailed to: Attention: Reconsideration
UnitedHealthcare Community Plan, PO Box 31341, Salt Lake City, UT 84131-0341

Second Level Review: Appeal

- Appeal request must be received within 90 calendar days of the date on the determination letter from original request for reconsideration
- Resolution will be decided within 30 days of receipt
- Dispute must be submitted in writing using claims dispute form located on Health Plan's provider website
- Appeals can be submitted to: Attention: Second Level Appeal, UnitedHealthcare Community Plan, PO Box 31341, Salt Lake City, UT 84131-0341

Arbitration Process

- Request must be received 30 calendar days from the date of the second level dispute determination
- Request must be submitted in writing and include decisions from first and second level review
- Request should be submitted to
UnitedHealthcare Community and State,
Attention: Claims Administration Appeals & Request for Arbitration, PO Box 31364, Salt Lake City, UT 84131-0364

Resources



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 >
Autism/ABA Information

CPT® Code Changes 2019

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

Commercial ABA Program

- [FAQ - Autism/ABA](#)
- [ABA Agency Provider Orientatio](#)
- [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](#)

UHCprovider.com Provider Website

MENU **UnitedHealthcare** What can we help you find? **MEMBERS** **FIND DR.** **LINK** **NEW USER** **SIGN IN**

Resources for physicians, administrators and healthcare professionals

Use the **MENU** to explore by topic

Search can take you quickly to what you want

Head straight to **LINK** for self-service tools

Hello!

Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.

[Learn More About Site Features](#)

Quickly access important self-service areas from tiles below

See the blue tab? We'd love to hear your feedback!

Feedback

Claims and Payments
[Learn More](#)

Eligibility and Benefits
[Learn More](#)

Policies and Protocols
[View Current](#)

Prior Authorization and Notification
[Learn More](#)

Latest UnitedHealthcare Provider News

Claim Submission Is Coming To Link

[Claim Submission Is Coming To Link](#)

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.

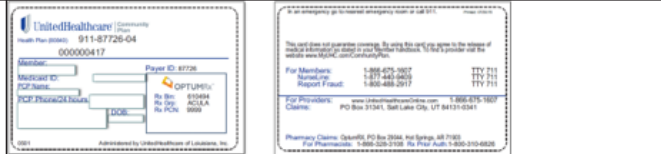
Have an Optum ID, but need to connect a Tax ID?

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.

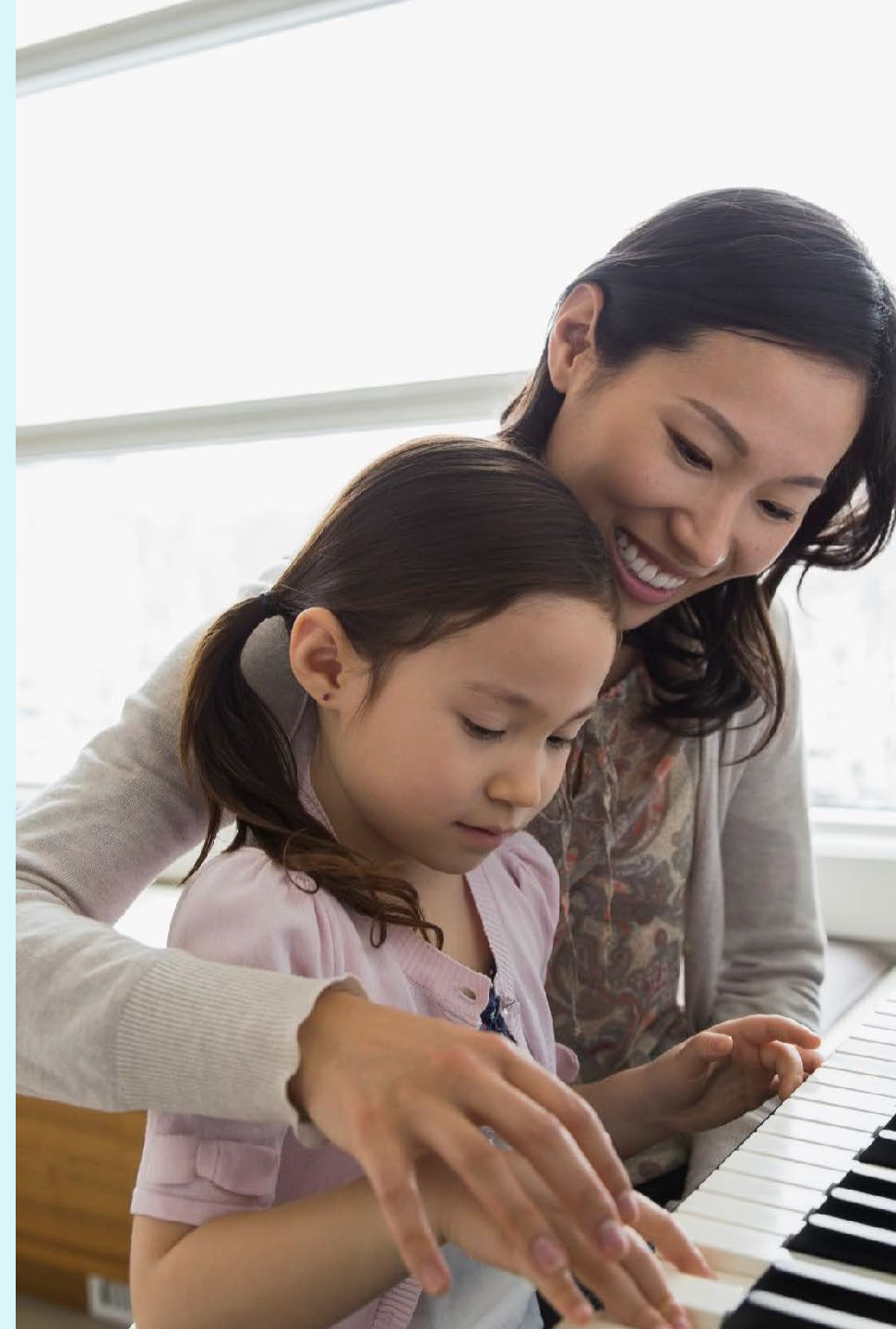
Need help accessing certain applications on Link?

If you are unable to access specific Link Self-Service application 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.

Healthy Louisiana Program Provider Quick Reference Guide

ID Card	
Clinician is Responsible for:	<p>Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card</p> <ul style="list-style-type: none"> Obtaining authorization as necessary Being familiar with the Network Manual located on our web site: providerexpress.com >Guidelines / Policies & Manuals> Network Manual
Prior Authorization	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either <ul style="list-style-type: none"> Online at https://optumpeeraccess.secure.force.com/ABAtreatment/ Or via fax at 1-888-541-6691 <p>Prior authorization processing time-</p> <ul style="list-style-type: none"> Care Advocated typically respond within 2 business days from receipt of complete information. All decisions are made within 14 business days. Providers can submit a reconsideration request within 24 hours of notice when an authorization is not approved or needs to be adjusted; a copy of the original decision must be submitted noting it as reconsideration.
Claims Paper Submission	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> United Healthcare Community Plan of Louisiana, P.O. Box 31341, Salt Lake City, UT 84131-0341 All autism provider services must be billed on a Form 1500 Submission should occur within 365 days of date of service Clean claims, including adjustments, will be adjudicated within 30 days of receipt.
Electronic Submission	<p>Submit claims online through:</p> <ul style="list-style-type: none"> providerexpress.com Payer ID for submitting claims is 87726 EDI Billing www.uhccommunityplan.com/healthprofessionals/la/electronic-datainterchange.html
Claim Status	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> 1-866-675-1607 Or through the Web portal at providerexpress.com Electronic payments are sent out Wednesday - Sunday of each week.
Claim Appeals	<p>Claim appeals process:</p> <ul style="list-style-type: none"> Appeals must be requested within 30 calendar days from date of written notice of medical necessity denial. Standard appeals must be resolved in 30 days. Expedited appeals must be completed within 72 hours. Mailed to UnitedHealthcare Community Plan, Appeals & Grievances P.O Box 30512 Salt
Update Practice Info	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
Disclaimer	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
Network Management	<p>Natalie Reynolds, Specialty Network Manager Email: Natalie.reynolds@optum.com</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
- 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 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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