



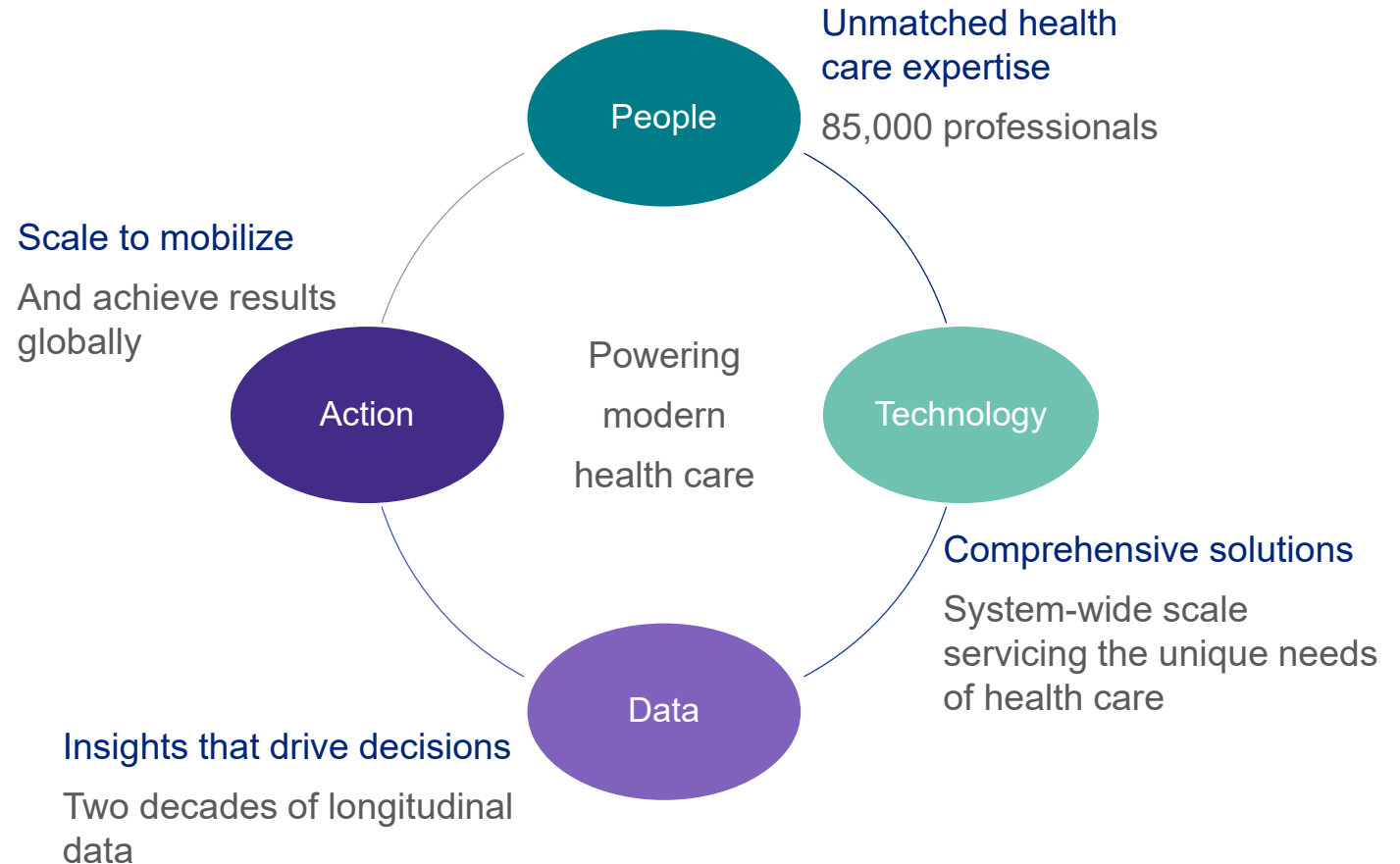
NC Medicaid Research Based Behavioral Health Treatments for Autism Spectrum Disorder (RB-BHT)

Program Provider Orientation



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



United Healthcare

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



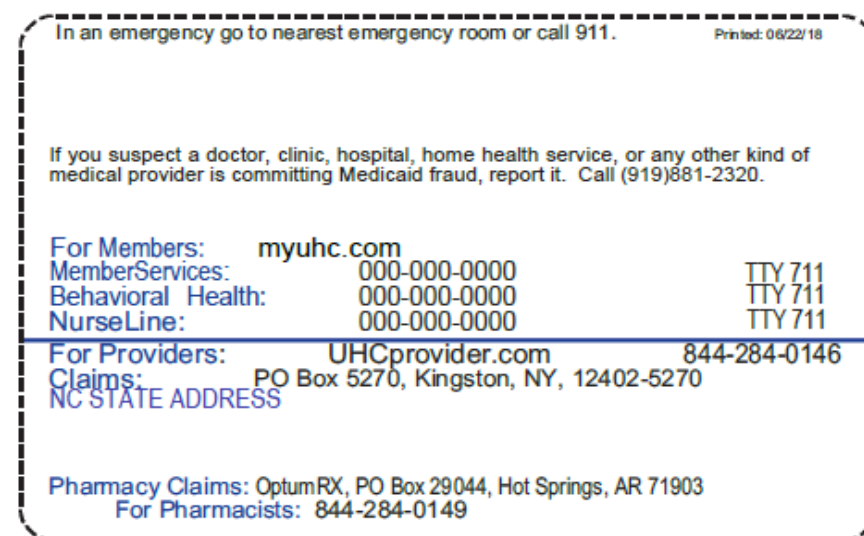
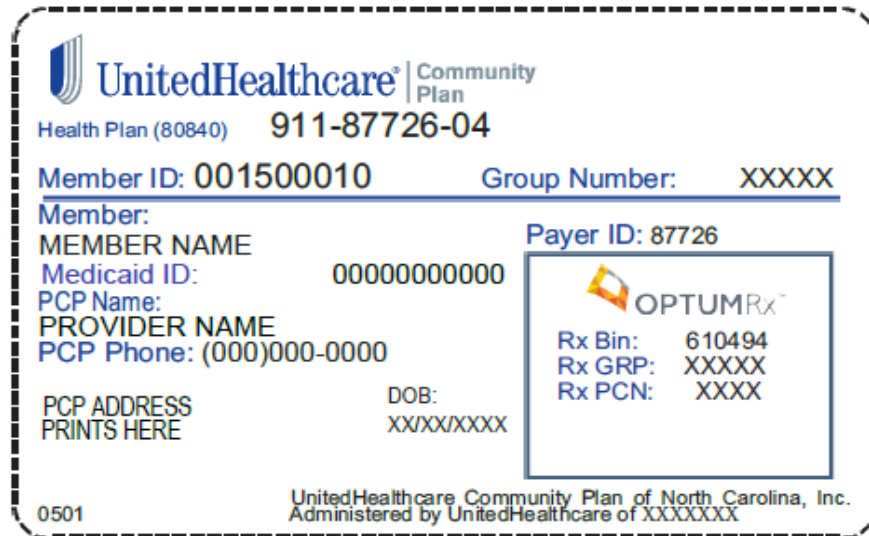
Optum RB-BHT Services ABA Program Member Information

Optum



Member ID card

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



Please note this image is for illustrative purposes only.

Member Rights and Responsibilities

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



Who is eligible?

To be eligible for RB-BHT ABA Services, a client must meet the following criteria:

- Age 0 - 21st Birthday
- Be diagnosed with Autism Spectrum Disorder
 - ▣ For an individual (age 0 - 3), at the time of initiating services, a provisional diagnosis of ASD is accepted.



RB-BHT ABA Program Services

Optum



RB-BHT ABA credentialing criteria

ABA Groups

NC Tracks

- Provider groups and licensed clinicians must be registered with NC Tracks
- If you have not registered with NC Tracks, please go to the "Getting Started" section here to register: nctracks.nc.gov/content/public/providers/getting-started.html
- You must also complete provider enrollment. Please visit the enrollment site for more information: <https://www.nctracks.nc.gov/content/public/providers/providerenrollment.html>
- To verify enrollment - please utilize the enrolled practitioner's search: nctracks.nc.gov/content/public/providers/providerenrollment/Enrolled-Practitioner-Search.html



ABA virtual visits

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

In order to provide supervision and/or caregiver training services via telehealth, you must be an approved Optum virtual visits provider who has attested to meeting the requirements specific to providing these services:

- You can complete and submit a virtual visits attestation on our virtual visits page of Provider Express and will be notified of approval or denial
- Once approved as a virtual visits provider, please be sure to alert the Optum Care Advocate that the ABA supervision and caregiver training services will be provided virtually when completing the authorization process.

After receiving authorizations, to bill for the virtual ABA Supervision of Behavior Technicians and Family Training and Guidance:

- Simply include the same procedure code you would use for an in-person service, 97155 or 97156, on your claim with the “02” place of service code to let us know the service was provided via telehealth

Additional information and resources can be found on our ABA page at Provider Express.



Steps in Providing Treatment

Optum



Clinical team: RB-BHT

Enhanced Autism/ABA Clinical Team

There is a dedicated, enhanced autism/ABA clinical team that will be supporting the RB-BHT ABA program

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



Intake

At Intake:

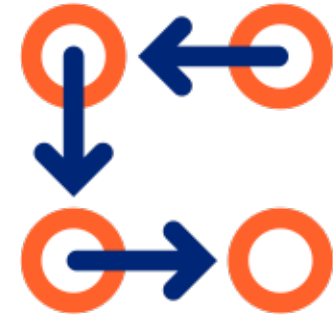
- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

Additional information to obtain from the member:

- Consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Release of Information to communicate with other providers
- Consent for billing using protected health information, including signature on file

Information to provide to the member or subscriber:

- Your HIPAA policies
- Your billing policies and procedures



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

- Call the number on the back of the member's insurance card to see if member is eligible for your services or verify on provider portal
- Check benefit coverage relating to both the service and the diagnosis on provider portal or by calling the number on the member's insurance card.
- Make sure all services receive prior approval before beginning services
- When calling the Autism Care Advocate you must have:
 - Member's name
 - ID #
 - Date of birth
 - Address



Assessment/Treatment request requirements

- An MD, OD or Licensed Psychologist must complete a service order for the initial process
- Prior authorization is required for all RB-BHT ABA services except for initial assessment (97151)
- Treatment Authorization Request Form can be submitted either –
 - ❑ online at [ABA Treatment Form \(force.com\)](https://force.com)
- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the assessment and the treatment request for any treatment requests
- All RB-BHT Services must be provided and supervised under an approved Treatment Request developed by a Licensed Qualified Autism Service Provider(LQASP) – examples of LQASP, licensed physician or behavioral pediatrician, psychologist or psychological associate

For more information, please see the Autism Treatment Authorization Request Form on the Autism/Applied Behavior Analysis page of Provider Express.

Prior Authorization - online portal submission

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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

Product Specific News

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

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 free CE e-learning programs
- Get referrals - Join our Express Access Network Today!
- National Network Notes newsletter - Spring 2022

Quick Links

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

Other Websites

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

Prior Assessment Authorization – online portal submission

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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.

Revised

PDF icons

Provider Express Resources & Tutorials

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

State Medicaid ABA Programs

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

Prior Assessment Authorization – online portal 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. A navigation menu below the header includes '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 > abaNCMedicaid'. The main heading is 'NC Medicaid Research-Based Intensive Behavioral Health Treatment Program (RBI-BHT)'. The text describes the program's purpose and enrollment requirements. A list of links provides further resources. An image of a woman and a child playing in a park is on the right. Contact information for Selina McMasters is at the bottom.

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](#) > abaNCMedicaid

NC Medicaid Research-Based Intensive Behavioral Health Treatment Program (RBI-BHT)

UnitedHealthcare Insurance Company, doing business as UnitedHealthcare Community Plan of North Carolina, is one of the selected managed care plans within the state of North Carolina providing coverage to the NC Medicaid membership. Optum has been selected by UnitedHealthcare Community Plan to manage the RBI-BHT network for NC Medicaid members effective 07/1/2021. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

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

Participation in this program requires enrollment with the state of North Carolina as first step, please visit the state's website at <https://www.ncdhhs.gov> for enrollment information.

- [NC Medicaid Research-Based Intensive Behavioral Health Treatment \(RBI-BHT\) Provider Orientation](#)
- [NC Medicaid Research-Based Intensive Behavioral Health Treatment \(RBI-BHT\) Provider Quick Reference Guide](#)
- [ABA Treatment Request Form](#) Electronic Submission

Contact Us/Request to Join the Network:
Selina McMasters, Specialty Network Manager - selina.mcmasters@optum.com



Treatment request requirements

Meet Medical Necessity

Goals are:

- Related to the core deficits
- Objective
- Measurable
- Individualized

Includes:

- Baseline and mastery criteria
- Transition Plan to lower level of care
- Discharge Criteria
- Behavior Reduction Plan/Crisis Plan
- Parent Goals
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers

Not educational in nature

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Clinical information requirements for each review

- Confirmation member has an appropriate DSM-5 diagnosis that can benefit from ABA
 - Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Parent participation
 - Why IBT now?
- How long has member been in services?
 - Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity (see Provider Express for the Level of Care Guidelines and Coverage Determination Guidelines)

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Concurrent reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Parent participation
- Progress or lack thereof
 - Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity (see Provider Express for the Optum Autism/ABA Clinical Policy)

Coding, Billing and Reimbursement

Optum



RB-BHT codes/services

UNITED BEHAVIORAL HEALTH		
Billing Code	Service Description	Units
97151	RBI-BHT Complete Assessment	15 min
97152	RBI-BHT Assessment Follow-up	15 min
97153	RBI-BHT	15 min
97154	RBI-BHT > 2	15 min
97155	RBI-BHT Supervision, Parent Training	15 min
97156	RBI-BHT Parent Training without Child	15 min
97157	Parent Training - Group	15 min

Claims submission

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submitted electronically via uhcprovider.com/claims
- Submitted electronically using an EDI clearinghouse and payer ID # 87726
- Include appropriate taxonomy codes
- Submitted within 180 days of date of service

Please send paper claims to:

- UnitedHealthcare Community Plan
P.O. Box 5280
Kingston, NY 12402-5240

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

- Optum – 1-866-633-4449
- Logging into uhcprovider.com



Claims submission

- If not submitting claims online, providers must submit claims using the current Form 1500 claim form with appropriate coding
- RB-BHT requires that you initially submit your claim within 180 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
 - Medicaid identification number
 - Date of birth
 - Provider's Federal Tax I.D. number
 - National Provider Identifier (NPI)
 - Providers are responsible for billing in accordance with the states approved CPT codes.



Claims submission guidelines

To streamline processes, Optum behavioral health providers may submit claims through the UnitedHealthcare Community plan process as outlined below:

- UnitedHealthcare Community Plan follows the same claims process as UnitedHealthcare. For a complete description of the process, go to uhcprovider.com > View online version > Chapter 9 Our Claims Process
- You can submit claims online, using EDI or our other care provider tools:
 - ❑ EDI support: Call **1-800-210-8315**
- For electronic submission, Payer ID 87726 is the most common primary Payer ID
- By Mail: Send claims to: UnitedHealthcare Community Plan, P O Box 5280, Kingston, NY 12402 - 5240
- Single Claims Submission process: Providers may also submit their claims through uhcprovider.com/claims

Claims submission guidelines

- Optum follows claim submission guidelines as defined by the following organizations:
 - ❑ CMS (Centers for Medicare& Medicaid Services)
 - ❑ HIPAA(Health Insurance Portability and Accountability Act)
 - ❑ NUCC (National Uniform Claim Committee)
- Claims address: UnitedHealthcare Community Plan, P.O. Box 5280, Kingston, NY 12402 - 5240
- UBH Electronic Payor ID is 87726 Claims must be submitted within contractual guidelines
- Clearinghouse Info: Provider can use vendor of choice
- Claims Customer Service: Please contact the number on the back of the member's ID card or on the Provider Remittance Advice

Claims submission guidelines

Provider hints to avoid denials:

- If the group individually credentials or rosters clinicians
 - Claims are submitted listing the individual credentialed or rostered clinician name and NPI as the rendering provider
 - Payment is made to the group
- If the group is loaded as an agency
 - Claims are submitted listing the group name and NPI number as the rendering provider
 - Payment is made to the group

Diagnostic coding

Guides for Coding:

- DSM-5 defined conditions
- A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding
- ASD diagnosis – F84.0



Resources

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UHCProvider.com overview

- UHCProvider.com is your gateway to UnitedHealthcare Community Plan's online self-service tools.
- Use UHCProvider.com to check member eligibility and benefits, manage claims, submit claim reconsideration requests and more.
- To sign go to UHCProvider.com and click on Sign In, in the top right corner.
 - ❑ Use your One Healthcare ID to sign in. If you can't remember your One Healthcare ID or password, select Forgot One Healthcare ID or Forgot Password.
 - ❑ Don't have a One Healthcare ID yet? Register for one by selecting Create a One Healthcare ID.
- If you need help using UHCProvider.com:
 - ❑ Call: **1-866-842-3278**, Option 1
 - ❑ Email: providertechsupport@uhc.com



UHCProvider.com tools

Eligibility:




- Check member eligibility and review detailed benefits information.
- Can also use the tool to find out if referrals, notifications and prior authorizations are required for the member's plan.

Claims:

- View claim information for multiple UnitedHealthcare plans in a single tool
- View letters and remittance advice
- Flag claims for future viewing
- Submit additional information requested on closed or pended claims
- Submit claim reconsideration requests with or without electronic attachments



RB-BHT Provider Quick Reference Guide

 	
UnitedHealthcare Community Plan of North Carolina ABA Program Quick Reference Guide	
ID Card	
Clinician is Responsible for:	Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card <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	All autism services require prior authorization except for assessment, 0359T: <ul style="list-style-type: none"> Verify benefits/eligibility online at providerexpress.com, uhcprovider.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 online at https://optumpeeraccess.secure.force.com/ABAtreatment/
Claims Paper Submission	Mail paper claims to: <ul style="list-style-type: none"> Optum Behavioral Health, P.O. Box 5280, Kingston, NY 12402-5240 All autism provider services must be billed on a CMS -1500 Submission should occur within 180 days of date of service
Electronic Submission	Submit claims online through uhcprovider.com : <ul style="list-style-type: none"> Claims Payer ID 87726 Electronic Remittance Advice (ERA) Payer ID 86047 EDI Support 800-210-8315 or email ac_edi_ops@uhc.com
Claim Status	Claims status can be obtained by calling Customer Service Center 866-633-4449
Claim Appeals	Claim appeals process via mail: <ul style="list-style-type: none"> Optum, Appeals & Grievances P.O Box 31364 Salt Lake City, UT 84130-0512
ABA Clinical Policy and Clinical Criteria	ABA Clinical Policy can be found on Provider Express > Autism/ABA Corner> ABA Clinical Policy, along with other resource materials.
Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Selina McMasters Specialty Network Manager Email: Selina.McMasters@optum.com

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