

New Mexico Turquoise Care ABA Program Quick Reference Guide

<p>ID Card</p>	
<p>Clinician is Responsible for:</p>	<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 > Clinical Resources > National Network Manual • Being familiar with NM Turquoise Care specific guidelines on our website: Providerexpress.com > ABA Information > State Medicaid ABA Programs > New Mexico Turquoise Care ABA Program
<p>ABA Clinical Policy</p>	<p>New Mexico Clinical Policy can be found at Providerexpress.com > ABA Information > State Medicaid ABA Programs > New Mexico Turquoise Care ABA Program, along with other resource materials.</p>
<p>Prior Authorization</p>	<p>All autism services do not require prior authorization with the exception of 97153 & 0373T:</p> <ul style="list-style-type: none"> • Verify benefits/eligibility online at 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 either: <ul style="list-style-type: none"> ○ Online at optumpeeraccess.secure.force.com/ABA/treatment/ ○ Fax at 1-888-541-6691
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> • Optum, PO Box 31348 Salt Lake City, UT 84131-0348 • All autism provider services must be billed on a Form 1500 • Submission should occur within 6 months of date of service.
<p>Electronic Submission</p>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> • uhcprovider.com • Payer ID for submitting claims is 87726 • Electronic Remittance Advice (ERA) Payer ID 86047 • EDI Support 1-800-210-8315 or email ac_edi_ops@uhc.com
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> • Web portal at uhcprovider.com • 1-888-702-2202
<p>Claim Appeals</p>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> • Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the provider and the member • Mailed to: Optum, Appeals & Grievances, PO Box 31364, Salt Lake City, UT 84131-0364
<p>Update Practice Info</p>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<p>Disclaimer</p>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<p>Contact</p>	<p>Victoria Martinez, Specialty Network Manager, Email: Victoria.martinez1@optum.com</p>