



Kentucky Medicaid ABA Program

Quick Reference Guide

ID Card	UnitedHealthcare' Community Health Plan (80840) 911-87726-04 Member ID: 000100001 Group Number: KYXXX Member: NEW M ENGLISH Medicaid ID: A99999991 PCP Name: DOUGLAS GETWELL R. B. B. 610494 R. G. G. ACUKY R. G. G. Acuty R. G. G. G. G. Acuty R. G. G. G. Acuty R. G. G. G. G. G. G. G. G. Acuty R. G.
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 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: 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
Claims Paper Submission	Mail paper claims to: Optum Behavioral Health, P.O. Box 30760, Salt Lake City, UT 84130-0760 All autism provider services must be billed on a Form 1500 Submission should occur within 365 days of date of service
Electronic Submission	Submit claims online through: • providerexpress.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
Electronic Payments & Statements (EPS)	It's quick and easy, go to uhcprovider.com > Claims & Payments > Electronic Payments & Statements • 1-866-842-3278, option 5
Claim Status	Claims status can be obtained by calling Customer Service Center: 1-866-633-4449 Or through the Web portal at providerexpress.com or uhcprovider.com
Claim Appeals	ABA Clinical Policy can be found on Provider Express > Autism/ABA Corner> ABA Clinical Policy, along with other resource materials. • For determination of medical necessity go to InterQual at changehealthcare.com
ABA Clinical Policy and Clinical Criteria	Claim appeals process: • 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 P.O Box 30512 Salt Lake City, UT 84130 • For determination of medical necessity go to InterQual at changehealthcare.com
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	Melanie Bishop, Specialty Network Manager
Management	Email: Melanie.r.bishop@uhc.com