

## New York Medicaid ABA Program

### Quick Reference Guide

<b>ID Card</b>	
<b>Clinician is Responsible for:</b>	<p>Verifying benefits/eligibility online at <a href="http://uhcprovider.com">uhcprovider.com</a> or call the Behavioral Health number located on the back of the member's ID card</p> <ul style="list-style-type: none"> <li>• Obtaining authorization as necessary</li> <li>• Being familiar with the Network Manual located on our web site: <a href="http://providerexpress.com">providerexpress.com</a> &gt;Guidelines / Policies &amp; Manuals&gt; Network Manual</li> </ul>
<b>Prior Authorization</b>	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> <li>• Verify benefits/eligibility online at <a href="http://providerexpress.com">providerexpress.com</a> or call the Behavioral Health number located on the back of the member's ID card</li> <li>• Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either             <ul style="list-style-type: none"> <li>○ Online at <a href="http://optumpeeraccess.secure.force.com/ABAtreatment/">optumpeeraccess.secure.force.com/ABAtreatment/</a></li> <li>○ Or call 1-866-830-0325</li> </ul> </li> </ul>
<b>Claims Paper Submission</b>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>• Optum Behavioral Health, P.O Box 30760, Salt Lake City, UT 84130-0760</li> <li>• All autism provider services must be billed on a Form 1500</li> <li>• Submission should occur within 120 days of date of service</li> </ul>
<b>Electronic Submission</b>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> <li>• Claims Payer ID 87726</li> <li>• <a href="http://providerexpress.com">providerexpress.com</a> or <a href="http://uhcprovider.com">uhcprovider.com</a></li> <li>• EDI Support 1-800-210-8315 or email <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a></li> </ul>
<b>Claim Status</b>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> <li>• 1-866-362-3368</li> <li>• Or through the web portal at <a href="http://providerexpress.com">providerexpress.com</a> or <a href="http://uhcprovider.com">uhcprovider.com</a></li> </ul>
<b>Appeals and Grievances</b>	<p>Claims appeal process:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Appeals must be received within 180 days from the date of disposition on the remittance report (EOB)</li> </ul>
<b>Update Practice Info</b>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<b>Disclaimer</b>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<b>Network Management</b>	<p>Jaime Schweers, Specialty Network Manager Email: <a href="mailto:Jaime_schweers@optum.com">Jaime_schweers@optum.com</a></p>