

AZ AHCCCS Medicaid 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 > Guidelines / Policies & Manuals > Network Manual • Being familiar with the AZ AHCCCS Network Manual located on uhcommunityplan.com/health-professionals/az.html • Being familiar with Autism/ABA resource information and guidelines located at providerexpress.com > Home > Autism ABA Corner > Autism/ABA Information > AZ AHCCCS Medicaid Autism/ABA Program
<p>Prior Authorization</p>	<p>All autism services require prior authorization, except 97151 and 97152:</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 optumpeeraccess.secure.force.com/ABA/treatment/ ○ Or via fax at 1-888-541-6691
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> • UnitedHealthcare, 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 90 days of date of service
<p>Electronic Submission</p>	<ul style="list-style-type: none"> • Submit claims online through: • UHCprovider.com • Payer ID for submitting claims is 03432
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> • 1-800-445-1638 • Or through the Web portal at UHCprovider.com
<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 • Appeals must be requested within 60 calendar days from receipt of the notice of non-coverage determination • Mailed to: United Behavioral Health - Appeals & Grievances, P.O. Box 30512 Salt Lake City, UT 84130-0512
<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 Autism Network Manager with any questions.</p>
<p>Network Management</p>	<p>Victoria Martinez, Specialty Network Manager Email: victoria.martinez1@optum.com</p>