



# Quest Integration Health Plan ABA Program

## Quick Reference Guide

<p><b>ID Card</b></p>	
<p><b>Clinician is Responsible for:</b></p>	<p>Verifying 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</p> <ul style="list-style-type: none"> <li>• Obtaining authorization as necessary</li> <li>• Be familiar with the Network Manual, located on our website, <a href="http://providerexpress.com">providerexpress.com</a> &gt; Guidelines / Policies &amp; Manuals</li> </ul>
<p><b>Prior Authorization</b></p>	<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="https://optumpeeraccess.secure.force.com/ABA/treatment/">https://optumpeeraccess.secure.force.com/ABA/treatment/</a></li> <li>○ Or via fax at 1-888-541-6691</li> </ul> </li> </ul>
<p><b>Claims Paper Submission</b></p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> <li>• UnitedHealthcare, P.O. Box 30757, 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 365 days of date of service</li> </ul>
<p><b>Electronic Submission</b></p>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a></li> <li>• Submit electronically using the EDI clearing house Payer ID 87726</li> </ul>
<p><b>Claim Status</b></p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> <li>• 1-866-980-8728</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>
<p><b>Claim Appeals</b></p>	<p>Claim appeals process must be submitted within 60 days of receipt of notice or decision:</p> <ul style="list-style-type: none"> <li>• Mailed to UnitedHealthcare Community Plan Attention: Appeals &amp; Grievance Department, 1132 Bishop Street, Suite 400 Honolulu, HI 96813</li> <li>• Fax to 1-844-700-7938</li> <li>• Emailed to <a href="mailto:Hi_ag@uhc.com">Hi_ag@uhc.com</a></li> </ul>
<p><b>Update Practice Info</b></p>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<p><b>Disclaimer</b></p>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<p><b>Network Management</b></p>	<p>Elianet Montejo Morell, Specialty Network Manager Email: <a href="mailto:Elianet.montejo.morell@optum.com">Elianet.montejo.morell@optum.com</a></p>