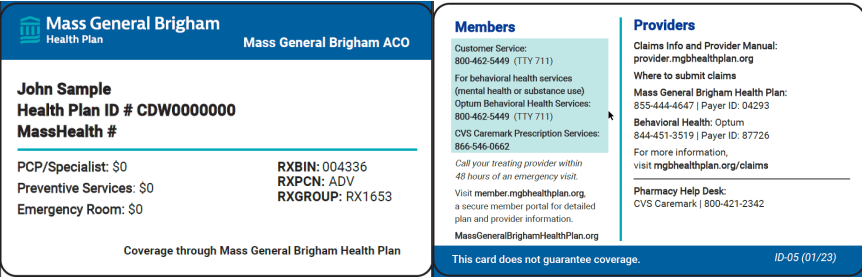


# Mass General Brigham Health Plan ABA Program Quick Reference Guide

<p><b>ID Card</b></p>	
<p><b>Clinician is Responsible for:</b></p>	<ul style="list-style-type: none"> <li>• 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</li> <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>
<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="http://optumpeeraccess.secure.force.com/ABA/treatment/">optumpeeraccess.secure.force.com/ABA/treatment/</a></li> <li>○ Or via fax at <b>1-888-541-6691</b></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 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 90 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://providerexpress.com">providerexpress.com</a></li> <li>• Payer ID for submitting claims is 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>• <b>1-877-843-4366</b></li> <li>• Or through the Web portal at <a href="http://providerexpress.com">providerexpress.com</a></li> </ul>
<p><b>Claim Appeals</b></p>	<p>Claim appeals 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 requested within 60 calendar days from receipt of the notice of adverse determination</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>Heather Willis, Specialty Network Manager Email: <a href="mailto:heather.willis@optum.com">heather.willis@optum.com</a></p>