

Mississippi CAN 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
<p>Prior Authorization</p>	<p>All autism services require prior authorization except for assessment, 97151:</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 https://optumpeeraccess.secure.force.com/ABAtreatment/ 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"> United Healthcare, P.O. Box 5032, Kingston, NY 12402-5032 All autism provider services must be billed on a Form 1500 Submission should occur within 180 days of date of service
<p>Electronic Submission</p>	<p>Submit claims online through uhcprovider.com:</p> <ul style="list-style-type: none"> UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Transactions or call 1-800-842-1109
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> 1-877-743-8734 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 adverse determination United Behavioral Health - Appeals and Grievances, P.O. Box 30512 Salt Lake City, UT 84130-0512 Fax: 1-855-312-1470 Phone: 1-866-556-8166
<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 Network Manager with any questions.</p>
<p>Network Management</p>	<p>Natalie Reynolds, Specialty Network Manager Email: Natalie.reynolds@optum.com</p>