

NE Heritage Health Medicaid ABA Program

Quick Reference Guide

<p>ID Card</p>	
<p>Clinician is Responsible for:</p>	<p>Verifying benefits/eligibility by calling the Behavioral Health number located on the back of the member's ID card or contacting Nebraska Medicaid Eligibility System (NMES) line at 1-800-642-6092</p> <ul style="list-style-type: none"> • Obtaining authorization as necessary • Being familiar with the Network Manual located on our web site: uhcommunityplan.com/health-professionals/ne/Provider-Manual.html • Being familiar with Autism/ABA resource information and guidelines located at providerexpress.com > Home > Autism ABA Corner > Autism/ABA Information > State Medicaid ABA Programs > NE Heritage Health ABA Program
<p>Prior Authorization</p>	<p>All autism services require prior authorization:</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 1-855-268-9392
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> • United Healthcare, P.O. Box 31365 Salt Lake City, UT 84131 • 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:</p> <ul style="list-style-type: none"> • Payer ID for submitting claims using the EDI clearing house is: 87726
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> • 1-866-331-2243 • Or through the Web portal at providerexpress.com
<p>Claim Appeals</p>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> • Appeals must be requested within 60 calendar days of disposition on the remittance report (Explanation of Benefits) • Mailed to UnitedHealthcare Community Plan P.O. Box 31364, Salt Lake City, UT 84131
<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 Provider Advocate with any questions.</p>
<p>Network Management</p>	<p>Karen Keith, Specialty Network Manager Email: karen_keith@optum.com</p>