



## Autism Network Commercial Solo/Agency Provider Quick Reference Guide

<b>Electronic Claims Submission</b>	<p>All Autism/ABA Claims must be:</p> <ul style="list-style-type: none"> <li>• Submitted on a Form 1500 (v.02/12) claim form</li> <li>• Submit electronically via Provider Express <a href="http://providerexpress.com">providerexpress.com</a> using the “Claim Entry” transaction feature</li> <li>• Submit electronically using an EDI clearinghouse and payer ID# 87726</li> <li>• Submitted within 90 days of date of service</li> <li>• If unable to file electronically, paper claims should be mailed to the address on the back of the Member’s card</li> </ul>
<b>Affiliate Claims Submission</b>	<p>All affiliate claim submissions should be mailed to the address on the back of the Member’s ID card:</p> <ul style="list-style-type: none"> <li>• All autism services must be billed on a Form 1500</li> <li>• Submission must occur within 90 days of date of service</li> </ul>
<b>Claim Status</b>	<p>Claim status can be obtained by calling the Claims Customer Service Center:</p> <ul style="list-style-type: none"> <li>• Optum – 1-800-557-5745 or by logging in to <a href="http://providerexpress.com">providerexpress.com</a></li> <li>• Affiliate Members – Call the number on the back of the Member’s ID card</li> </ul>
<b>Provider Appeals Process</b>	<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 received within 180 days from the date of disposition on the remittance report (Explanation of Benefits)</li> </ul>
<b>Provider Assistance</b>	<p>Provider Service Line: 1-877-614-0484 The Provider Service Line is available from 8 a.m. – 8 p.m. EST Monday through Friday, and can assist and/or triage on the following issues/questions you may have:</p> <ul style="list-style-type: none"> <li>• Demographic changes</li> <li>• Contract questions</li> <li>• Fee schedule requests</li> <li>• Termination requests</li> <li>• Claim issues</li> <li>• Tax ID changes</li> </ul>
<b>Prior Authorization Eligibility Verification</b>	<p>All ABA 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>• Online assessment request at <a href="http://optumpeeraccess.secure.force.com/ABAassessment/">optumpeeraccess.secure.force.com/ABAassessment/</a></li> <li>• Ongoing Prior Authorization obtained by: <ul style="list-style-type: none"> <li>○ Calling ABA-dedicated clinical team at 1-866-830-0325, or</li> <li>○ Indiana Providers only, faxing treatment plan to 1-888-541-6691, or</li> <li>○ Indiana, Ohio, Washington, Tennessee, New Mexico and Arizona providers only, submitting treatment plan online at <a href="http://optumpeeraccess.secure.force.com/ABAtreatment/">optumpeeraccess.secure.force.com/ABAtreatment/</a></li> </ul> </li> <li>• Authorization status can be viewed online at <a href="http://providerexpress.com">providerexpress.com</a></li> </ul>
<b>Provider Portal</b>	<p>Visit Autism / ABA Corner at <a href="http://providerexpress.com">providerexpress.com</a></p>
<b>Disclaimer</b>	<p>Information contained herein is subject to change. Please contact the Provider Service Line: 1-877-614-0484 with any questions.</p>