

AZ AHCCCS Medicaid 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 Being familiar with the AZ AHCCCS Network Manual located on uhcommunityplan.com/health-professionals/az.html Being familiar with Autism/ABA resource information and guidelines located at providerexpress.com > Home > Autism ABA Corner > Autism/ABA Information > AZ AHCCCS Medicaid Autism/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 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"> UnitedHealthcare, P.O. Box 30760, Salt Lake City, UT 84130-0760 All autism provider services must be billed on a Form -1500 Submission should occur within 90 days of date of service
<p>Electronic Submission</p>	<ul style="list-style-type: none"> Submit claims online through: UHCprovider.com Payer ID for submitting claims is 03432
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> 1-800-445-1638 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 non-coverage determination Mailed to: United Behavioral Health - Appeals & Grievances, P.O. Box 30512 Salt Lake City, UT 84130-0512
<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 Autism Network Manager with any questions.</p>
<p>Network Management</p>	<p>Victoria Martinez, Specialty Network Manager Email: victoria.martinez1@optum.com</p>