

Healthy Louisiana 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
<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 1-888-541-6691 <p>Prior authorization processing time-</p> <ul style="list-style-type: none"> Care Advocated typically respond within 2 business days from receipt of complete information. All decisions are made within 14 business days. Providers can submit a reconsideration request within 24 hours of notice when an authorization is not approved or needs to be adjusted; a copy of the original decision must be submitted noting it as reconsideration.
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> United Healthcare Community Plan of Louisiana, P.O. Box 31341, Salt Lake City, UT 84131-0341 All autism provider services must be billed on a Form 1500 Submission should occur within 365 days of date of service Clean claims, including adjustments, will be adjudicated within 30 days of receipt.
<p>Electronic Submission</p>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> providerexpress.com Payer ID for submitting claims is 87726 EDI Billing www.uhcommunityplan.com/healthprofessionals/la/electronic-datainterchange.html
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> 1-866-675-1607 Or through the Web portal at providerexpress.com Electronic payments are sent out Wednesday - Sunday of each week.
<p>Claim Appeals</p>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> Appeals must be requested within 30 calendar days from date of written notice of medical necessity denial. Standard appeals must be resolved in 30 days. Expedited appeals must be completed within 72 hours. Mailed to UnitedHealthcare Community Plan, Appeals & Grievances P.O Box 30512 Salt Lake City, UT 84130-0512



Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Natalie Reynolds, Specialty Network Manager Email: Natalie.reynolds@optum.com