

Claims Submission and Prior Authorization Process Overview

Agenda:

- ✓ Claims and Billing
- ✓ Prior Authorization

Claims and Billing

Member Copayments

To verify eligibility and determine the member's copayment, go to UHCCommunityPlan.com > For Health Care Professionals > Iowa > Claims and Member Information > UnitedHealthcare Plan – IA Health Link

If a copayment is required:

- ✓ You may bill the member for their portion
- ✓ You may not deny care because of the member's inability to pay the copayment



Call Provider Services at **888-650-3462** if you have questions about a member's financial responsibility.

Claims Submission Guidelines

- Submit claims using the current 1500 claim form or UB-04 with appropriate coding including, but not limited to, ICD-10, CPT and HCPCS coding.
- Timely filing: 180 days from date of service
- Claims processing timeline: “Clean claims” will be adjudicated within 14 days of receipt.
- Balance billing: You may not balance bill members for services covered under their benefit plan.
- When you are contracted with us as part of a group, payment is made to the group, not the individual care provider.
- Claim submissions must include:
 - Member name, Medicaid ID and date of birth
 - Your tax ID number (TIN) or employer identification number (EIN)
 - National provider identifier (NPI)
 - Nationally recognized Centers for Medicare and Medicaid Services Correct Coding Initiative (CCI) standards as outlined at [cms.gov](https://www.cms.gov).

Online Claims Submission

UnitedHealthcareOnline.com > Link > Claims Management

- Sign-in to Link with your Optum ID.
- If you don't have an Optum ID, select **New User** to register.

OR

UnitedHealthcareOnline.com > Claims & Payments > Claims Submission

- Sign-in with your user ID and password.
- If you don't have a user ID, select **New User** at the top right.

Electronic and Paper Claims Submission

Electronic Claims Submission

- You may use any clearinghouse vendor to submit claims.
- Payer ID: **87726**

Paper Claims Submission



Mail to:

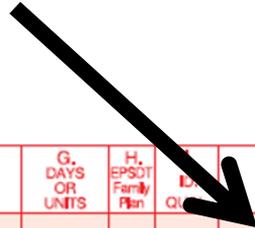
UnitedHealthcare
PO Box 5220
Kingston, NY 12402-5220

Sample CMS-1500 Form

Box 24J: For groups/agencies

- Enter supervising care provider's NPI number in the non-shaded portion.
- Enter the rendering care provider's name in the shaded portion.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID#	J. RENDERING PROVIDER ID. #
	From	To							CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY											
																NPI
																NPI
																NPI
																NPI
																NPI
																NPI

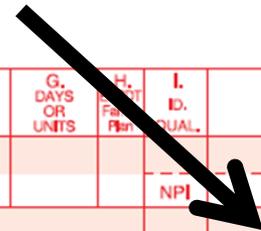


Sample CMS-1500 Form (cont'd.)

Box 24J: For Consumer-Directed Attendant Care (CDAC) and Atypical Providers, such as those who provide taxi and respite services and home and vehicle modifications:

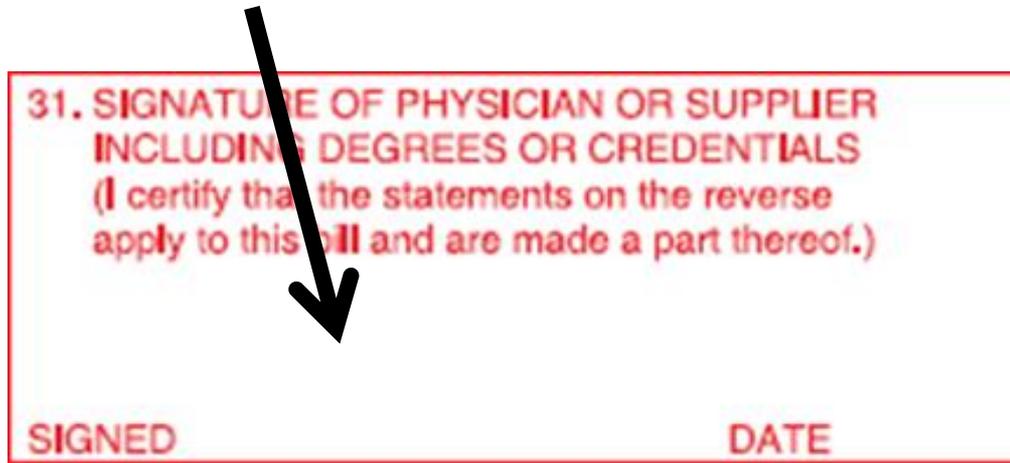
- Do not bill with atypical NPI (X123456789). Leave blank.
- System will pay based on TIN/EIN.

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
From		To				PLACE OF	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR	UNIT	IDENT.	RENDERING
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER	POINTER		OR	Per	QUAL.	PROVIDER ID. #
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	



Sample CMS-1500 Form (cont'd.)

Box 31: Enter the name and licensure of the supervising care provider exactly as it appears on the agency roster.



31. SIGNATURE OF PHYSICIAN OR SUPPLIER
INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse
apply to this bill and are made a part thereof.)

SIGNED DATE

Only supervising care providers should appear in Box 31.

Sample CMS-1500 Form (cont'd.)

Groups/Agencies with Registered Care Providers

Box 33: Enter the agency name, address and phone number.

Box 33a: Enter the agency's NPI.

The diagram shows a red-bordered box representing Box 33 of a CMS-1500 form. The top of the box is labeled "33. BILLING PROVIDER INFO & PH # ()". Below this, the box is divided into two sub-sections: "a. NPI" and "b.". Two black arrows point to these sub-sections: one points to "a. NPI" and the other points to the top right corner of the box, which is adjacent to the "b." sub-section.

Sample CMS-1500 Form (cont'd.)

CDAC and Atypical Providers

Box 33: Enter the agency's name, address and phone number.

Box 33a: Leave blank. Do not bill with Atypical NPI. System will pay based on TIN/EIN.

33. BILLING PROVIDER INFO & PH # ()	
a. NPI	b.

Claims Submission Best Practices

Avoid Common Coding Errors

- Incomplete or missing diagnosis
 - CDAC/Waiver care providers should use Z76.89.
- Invalid or missing HCPC/CPT codes (e.g. codes for services that are not covered services or are missing required data elements)
- Incorrect or missing care provider information

Obtain Prior Authorization

- Obtain authorization for services that require authorization.
- Make sure units billed match units authorized. (e.g. if authorization was given for 10 days, only bill for 10 days)

Claims Reconsideration



Online:

UnitedHealthcareOnline.com > Link > Claims Reconsideration

OR

UnitedHealthcareOnline.com > Claims & Payments >
Claims Reconsideration



Mail:

UnitedHealthcareOnline.com > Tools & Resources > Forms >
Paper Claim Reconsideration Form to:

UnitedHealthcare Community Plan

Attn: Provider Dispute

PO Box 31364

Salt Lake City, UT 84131

Claims Resolution Dispute Process



If you are not satisfied with the outcome of a claim reconsideration request, you may submit a claim dispute using the process outlined in your Provider Manual at UHCommunityPlan.com > For Health Care Professionals > Iowa > Provider Administrative Manual.



Mail to:

UnitedHealthcare Community Plan
Attn: Provider Dispute
PO Box 31364
Salt Lake City, UT 84131

Reviews take 60-90 days depending on the complexity of the claim.

Electronic Payments and Statements



Electronic payments and statements (EPS) allows you to:

- Have your claims payments deposited directly to your bank account
- Access your care provider remittance advice online

To register for EPS, go to myservices.optumhealthpaymentservices.com > **How to Enroll.**

Prior Authorization

Prior Authorization Requirements

- Prior authorization is required for certain in-network services.
- All out-of-network services require prior authorization.
- For a complete list of services that require prior authorization, go to: UHCCommunityPlan.com > For Health Care Professionals > Iowa > Prior Authorization.
- For radiology and cardiology prior authorization requirements, go to: UnitedHealthcareOnline.com > Link > UnitedHealthcare Community Plan > For Health Care Professionals > Iowa > Radiology or Cardiology.

Prior Authorization Requests

- Request prior authorization any of the following ways:
 - Go to UnitedHealthcareOnline.com > Link > Eligibility & Benefits OR UnitedHealthcareOnline.com > Notifications/Prior Authorizations
 - Complete and fax a prior authorization form to **888-899-1680**. The form is available at located at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Forms > Prior Authorization Fax Request Form
 - Call **888-650-3462**.
- Prior authorizations will be processed within:
 - 7 calendar days of request
 - 3 calendar days for expedited requests
 - 24 hours for pharmacy requests

Prior Authorization Transition



From March 1, 2016 through Feb. 28, 2017, we will honor standing prior authorizations for 90 calendar days for acute outpatient services when a member joins our health plan.

Case Management Transition

From March 1 through Aug. 31, 2016, new members may continue to work with their current case manager.

We will also assign a UnitedHealthcare Community Plan community-based case manager to new members with chronic medical conditions to help:

- Assess and identify health care needs
- Develop and maintain care plans
- Help ensure access to care
- Personalize care to the members' individual requirements and preferences
- Coordinate services
- Transition from their current case manager to a UnitedHealthcare Community Plan community-based case manager

Quick Reference Guide

Prior Authorization Requests	<ul style="list-style-type: none"> • Phone: 888-650-3462 • Fax: 888-899-1680 • UnitedHealthcareOnline.com > Link > Eligibility & Benefits • UnitedHealthcareOnline.com > Notification/Prior Authorizations
Paper Claims Submission	<p>UnitedHealthcare P.O. Box 5220 Kingston, NY 12402-5220</p>
Electronic Claims Submission	<ul style="list-style-type: none"> • UnitedHealthcareOnline.com > Link > Claims Management • UnitedHealthcareOnline.com > Claims & Payment > Claims Submission • Payer ID: 87726
Claims Status	<ul style="list-style-type: none"> • Provider Services: 888-650-3462 • UnitedHealthcareOnline.com > Link > Claims Management • UnitedHealthcareOnline.com > Claims & Payments > Claim Status
Claims Appeals	<p>UnitedHealthcare Attn: Appeals Department P.O. Box 31364 Salt Lake City, UT 84131</p>
Provider Advocates	<p>Find yours at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Information</p>

Questions? Thank You.
