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.
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
**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.

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. A.</td>
<td>Date(s) of Service (From MM-DD-YY to To MM-DD-YY)</td>
</tr>
<tr>
<td>B.</td>
<td>Place of Service</td>
</tr>
<tr>
<td>C.</td>
<td>Procedures, Services, or Supplies (Explain Unusual Circumstances)</td>
</tr>
<tr>
<td>D.</td>
<td>CPT/HCPCS Code</td>
</tr>
<tr>
<td>E.</td>
<td>Diagnosis Pointer</td>
</tr>
<tr>
<td>F.</td>
<td>Charges</td>
</tr>
<tr>
<td>G.</td>
<td>Days or Units</td>
</tr>
<tr>
<td>H.</td>
<td>Service Plan</td>
</tr>
<tr>
<td>I.</td>
<td>Provider ID, #</td>
</tr>
</tbody>
</table>

**Sample CMS-1500 Form**

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.
**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.

<table>
<thead>
<tr>
<th>Date(s) of Service</th>
<th>Procedures, Services, or Supplies (Explain Unusual Circumstances)</th>
<th>Diagnosis Pointer</th>
<th>Charges</th>
<th>Days or Units</th>
<th>Provider ID, #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NPI</td>
</tr>
</tbody>
</table>

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.
Box 31: Enter the name and licensure of the supervising care provider exactly as it appears on the agency roster.

Only supervising care providers should appear in Box 31.
Groups/Agencies with Registered Care Providers

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

**Box 33a:** Enter the agency’s NPI.
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.
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 UHCCommunityPlan.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 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.
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
- Phone: 888-650-3462
- Fax: 888-899-1680
- UnitedHealthcareOnline.com > Link > Eligibility & Benefits
- UnitedHealthcareOnline.com > Notification/Prior Authorizations

### Paper Claims Submission
UnitedHealthcare
P.O. Box 5220
Kingston, NY 12402-5220

### Electronic Claims Submission
- UnitedHealthcareOnline.com > Link > Claims Management
- UnitedHealthcareOnline.com > Claims & Payment > Claims Submission
- Payer ID: 87726

### Claims Status
- Provider Services: 888-650-3462
- UnitedHealthcareOnline.com > Link > Claims Management
- UnitedHealthcareOnline.com > Claims & Payments > Claim Status

### Claims Appeals
UnitedHealthcare
Attn: Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131

### Provider Advocates
Find yours at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Information

Proprietary Information of UnitedHealth Group. Do not distribute or reproduce without express permission of UnitedHealth Group.
Questions? Thank You.