

Minnesota EIDBI 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 EIDBI specific guidelines on our website: providerexpress.com > Autism/ABA Corner
<p>ABA Clinical Policy</p>	<p>EIDBI Clinical Policy can be found at providerexpress.com > Autism/ABA Corner > State Medicaid ABA Programs > MN Medicaid EIDBI Program, along with other resource materials.</p>
<p>Prior Authorization</p>	<p>All autism services require prior authorization with the exception of 97151, T1024, H0032, and H0046:</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/
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> • Optum, P.O. Box 5270 Kingston, NY 12402-5270 • All autism provider services must be billed on a Form 1500 • Submission should occur within 6 months of date of service.
<p>Electronic Submission</p>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> • uhcprovider.com • Payer ID for submitting claims is 87726 • Electronic Remittance Advice (ERA) Payer ID 86047 • EDI Support 1-800-210-8315 or email ac_edi_ops@uhc.com
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> • Web portal at providerexpress.com or uhcprovider.com • 1-877-440-9946
<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 • Mailed to Optum, Appeals & Grievances P.O Box 31364 Salt Lake City, UT 84131-0364
<p>Update Practice Info</p>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>



Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
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