Visiting UnitedHealthcareOnline.com

Our website has a wealth of resources and information available for you to use in your day-to-day interactions with UnitedHealthcare.

Claims and Payment Resources
- Professional claim predetermination and bundling logic using Claim Estimator (Commercial only)
- Submit claims using real-time adjudication (Commercial only)
- Check claim status
- Request a claim adjustment or reconsideration when attachments are not needed
- Submit a research project for 20 or more claims
- View and print explanations of benefits (EOBs) using the Single EOB Search
- Look up deposit amounts, download 835 files or print EOBs in batches (for those enrolled in Electronic Payments and Statements)

Clinician Resources
- Access and review clinical program information and patient safety resources

Notifications/Prior Authorization Resources¹
- Submit new, update existing and check status of notifications/prior authorizations.
- Use the Notification/Prior Authorization Inquiry Required tool (Oxford Medicare plans only)

Patient Eligibility and Benefits Resources²
- Check patient eligibility, benefits, product type and health reimbursement account (HRA) balances
- Access Patient Personal Health Records
- Find patient’s home health care, rehabilitation, and/or durable medical equipment (DME) benefits

Additional Tools and Resources
- Review the prescription drug list (PDL)
- News and Administrative Guides
- Review Notice of Privacy Policy and Practices
- Learn about UnitedHealthcare products and services
- Access reimbursement and medical policies and plan protocols
- Access training and education
- Update facility/practice data [except tax identification number (TIN)]
- Review the physician, health care professional, and facility directory
- Look up your fee schedule, 10 codes at a time
- View UnitedHealthcare policies
- View current and past issues of our Network Bulletin
- View Credentialing and Recredentialing plan

How do I register for UnitedHealthcareOnline.com?
Visit UnitedHealthcareOnline.com, click the New User link in the upper right corner and follow the prompts for fast and easy registration. If you have questions about registration, call 866-UHC-FAST (866-842-3278), Option 2.

How do I get more information about using UnitedHealthcareOnline.com?
Additional training resources including Frequently Asked Questions, Quick Reference materials, Step-by-Step Help and Tutorials are available at UnitedHealthcareOnline.com > Help.

Calling UnitedHealthcare
United Voice Portal
Our automated phone system and call center teams can support your practice in multiple ways. You can get automated responses to many of your questions by calling 877-UHC-3210 (877-842-3210). Please be prepared to provide your Tax Identification Number (TIN). Say “Claims > Benefits & Eligibility > Care Notifications > Privacy Practices or Other Professional Services.” Health Care Professional Services Associates are available from 8 a.m. to 8 p.m. ET. Say “Representative” after entering the patient’s health care ID card number. A Quick Reference Process Overview is available at UnitedHealthcareOnline.com > Contact Us > Service & Support > UnitedHealthcare for Health Care Professionals (United Voice Portal).

Care Notifications
- Determine if a procedure or medication requires notification.
- Submit new, update existing and check status of notifications

Other Professional Services
- Inquire about a patient’s eligibility or benefits
- Check credentialing status or request for participation inquiries

Network Contacts
For questions regarding your contract, or to reach your local Physician/Hospital Advocate, please refer to the listing available at UnitedHealthcareOnline.com > Contact Us > Network Contacts.

Writing UnitedHealthcare
Submitting a second level request for reconsideration or filing an appeal
If you believe you were underpaid by us, your first step is submitting a Claim Reconsideration. If you have submitted a Claim Reconsideration and still do not agree with the outcome, you may submit a formal appeal to:
UnitedHealthcare Provider Appeals
P.O. Box 30559
Salt Lake City, UT 84130-0575
For further details, see back page of this document and/or visit UnitedHealthcareOnline.com > Claims & Payments > Claim Reconsideration > Claim Reconsideration Request Form or Related Links.

¹Not applicable to M.D. IPA and Optimum Choice products or OneNet PPO, LLC. Please refer to the Mid-Atlantic Health Plan Supplement in the Administrative Guide for information about these products.
²Not for members with plans administered by United Medical Resources, United Health Integrated Services or OneNet PPO, LLC. Please refer to the Eligibility phone number listed on the member’s health care ID card.
Frequently Asked Questions

Claims
Q: How do I get an estimate of payment and patient responsibility for a procedure?
A: To determine a patient’s benefit estimates for specific procedures, go to UnitedHealthcareOnline.com > Claims & Payments > Claim Estimator.

Q: How do I file a claim?
A: To file a claim electronically, visit UnitedHealthcareOnline.com > Claims & Payments > Claim Submission for real-time adjudication, or use your electronic billing process. For more information about electronic billing, visit UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Transactions.

Q: How do I check the status of my claim?
A: Visit UnitedHealthcareOnline.com > Claims & Payments > Claim Status. Refer to the Claim Status Quick Reference under Related Links if you have questions.

Q: How do I file a corrected claim?
A: Submit a new CMS-1500 or UB-04 (or their electronic equivalent) indicating the correction being made. When correcting or submitting late charges on a CMS-1500, UB-04 or 837 institutional claim, resubmit all original lines and charges as well as the corrected or additional information. When correcting UB-04 or 837 institutional claims, use bill type xx7, Replacement of Prior Claim. Do not submit corrected or additional charges using bill type xx5, Late Charge Claim. Hand-corrected claim resubmissions will not be accepted. If you need to correct or resubmit a CMS-1500 via paper, please attach the UnitedHealthcare Claim reconsideration form located on UnitedHealthcareOnline.com.

Q: If I believe a claim has been processed incorrectly, how can I request that it be adjusted?
A: Visit UnitedHealthcareOnline.com > Claims & Payments > Claim Reconsideration. If written documentation such as proof of timely filing is needed, please use the Claim Reconsideration Request Form found on UnitedHealthcareOnline.com.

Q: Is there a way to submit multiple claims that have been denied for the same reason?
A: If you have 20 or more claims, visit UnitedHealthcareOnline.com > Claims & Payments > Claim Research Project. If you have less than 20 claims, go to Claims & Payments > Claim Reconsideration. If you disagree with the outcome or have not heard back within 30 days, contact our Health Care Professional Services associates at 877-UCHC-3210 (877-842-3210).

Q: What can be used as “proof of timely filing”?
A: For claims submitted electronically: Include confirmation that UnitedHealthcare or one of its affiliates received and accepted your claim. For claims submitted on paper: Include a screen print from your accounting software to show the date you submitted the claim. Note: Proof should show that the claim was filed for the correct patient and the correct visit date.

Q: How do I file a formal appeal?
A: If you are still dissatisfied after completing the Request for Reconsideration process, you can file a formal appeal in writing to: UnitedHealthcare Provider Appeals, P.O. Box 30559, Salt Lake City, UT 84310-0575.

Credentialing
Q: Who do I contact about credentialing and recredentialing?
A: Call the United Voice Portal (UVP) at 877-UHIC-3210 (877-842-3210), select Other Professional Services > Credentialing.

Eligibility
Q: How can I determine my patient’s detailed benefits?
A: Visit UnitedHealthcareOnline.com, select Patient Eligibility & Benefits > Patient Eligibility. To determine benefits for a specific procedure, go to Claims & Payments > Claim Estimator. To find specific requirements based on the member’s benefits, click on Patient Eligibility > Details.

General Administration
Q: Where can I find information about the UnitedHealth Premium® designation program* and my status?
A: Visit UnitedHealthcareOnline.com > Clinician Resources > UnitedHealth Premium. For further questions, please contact us at 866-270-5588 or use the Contact Premium Program tool on the website.

*UnitedHealth Premium® designation program is not available in all states.

Q: How can I submit my NPI information to UnitedHealthcare?
A: We have three options for submitting your NPI information. 1. Go to UnitedHealthcareOnline.com > Practice/Facility Profile. Log in with your user ID and Password. Select the applicable TIN, physician and address in the dropdown boxes and click Continue > View/Update NPI information to enter your NPI data online. 2. Call 877-UHIC-3210 (877-842-3210), select Other Professional Services > Demographic Changes. Your call will be directed to the Service Center to collect your NPI, corresponding NUCC Taxonomy Codes and other NPI related information. 3. Fax your NPI and related information to the appropriate fax number listed on page 3 of the Provider/Provider Demographic Update Fax Form. The form can be found at UnitedHealthcareOnline.com > Tools & Resources > Policies & Protocols > NPI Policies > Form: Provider Demographic Update Fax Form.

Q: Where can I find the latest information on UnitedHealthcare’s process and procedure changes?
A: For general information, you can leverage UnitedHealthcareOnline.com > Tools & Resources > News > UnitedHealthcare News Archive. You can also receive the UnitedHealthcare Network Bulletin, a bimonthly online/email publication featuring protocol and policy changes as well as other helpful information and clinical resources. Sign up at UnitedHealthcareOnline.com > Tools & Resources > News > Network Bulletin > Receive the UnitedHealthcare Network Bulletin via email.

Notifications/Prior Authorizations
Q: How do I confirm notification requirements and how do I notify you of a patient’s procedure or an inpatient admission?
A: When verifying eligibility on UnitedHealthcareOnline.com, you can view specific notification/prior authorization requirements on the Additional Benefits tab within Patient Eligibility Detail. Specific program information is available by type of notification listed below:
- Inpatient admission, outpatient surgery, durable medical equipment (DME), home health care, and infusion notifications can be submitted on UnitedHealthcareOnline.com by selecting Notifications/Prior Authorizations > Notification/Prior Authorization Submission. To update an existing notification, go to Notifications/Prior Authorizations > Notification/Prior Authorization Status.
- Radiology notifications can be submitted or updated at Notifications/Prior Authorizations > Radiology Notification & Authorization - Submission & Status.
- Cardiology notifications can be submitted or updated at Notifications/Prior Authorizations > Cardiology Notification Submission & Status.
- For other notification/prior authorization requirements, refer to the back of the patient’s health care ID card.

If you need to update an existing notification, refer to the Notification/Prior Authorization Status Quick Reference located under Help. For additional information about Admission Notifications, please refer to the Admission Notification Quick Reference Guide located on UnitedHealthcareOnline.com > Tools & Resources > Policies & Protocols > Protocols (Advance & Admission Notification).

Payments
Q: How do I obtain my fee schedule?
A: Visit UnitedHealthcareOnline.com > Claims & Payments > Fee Schedule Lookup. This allows you to search for your contracted rate for up to 10 procedure codes at a time. If you need your full fee schedule, please contact your local Network Account Manager.

Q: How do I sign up to receive Electronic Payments and Statements (EPS)?
A: EPS is the most efficient way to receive Explanations of Benefits and payments. To enroll in EPS, visit UnitedHealthcareOnline.com > Claims & Payments > Electronic Payments & Statements. To learn more about EPS, go to UnitedHealthcareOnline.com > Quick Links (on the home page) > Electronic Payments and Statements.

Q: How can I obtain another copy of an EOB if I’m not enrolled in EPS?
A: Visit UnitedHealthcareOnline.com > Claims & Payments > Electronic Payments & Statements (EPS) > Single Explanation of Benefit (EOB) Search. After you have located your EOB using Status and EOB Date or the Payment Number, click View EOB and then print.

Q: If I have been overpaid by UnitedHealthcare, where do I send my check to reimburse you?
A: If you identify an overpayment of a claim, you must refund the overpayment within 30 calendar days. Send the credit balance to UHG Recovery Services, P.O. Box 740804, Atlanta, GA, 30374. Please include the appropriate documentation that explains the overpayment, including member ID, check number, date of service and amount paid.

Leased network providers should provide NPI numbers to their master contract holder.

Not applicable to M.D. IPA and Optimum Choice products or OneNet PPO, LLC. Please refer to the Mid-Atlantic Health Plan Supplement in the Administrative Guide for information about these products.