Our Claims Process

Here are a few steps to ensure you receive prompt payment:

1. Review and copy both sides of the member’s identification (ID) card. UnitedHealthcare Community Plan members receive an ID card containing information that helps you process claims accurately. These ID cards display information such as claims address and telephone numbers for behavioral health, substance abuse, member services and OptumHealth NurseLine.

2. Notify Utilization Management of planned procedures and services on our Prior Authorization list.

3. Prepare a complete and accurate electronic or paper claim form (see “complete claims” at right). Complete a CMS 1500 (formerly HCFA) or UB-04 form.

4. Submit claims electronically and use our electronic payer ID 87726. For more information, contact your vendor or our electronic data interchange (EDI) unit at 800-210-8315. If you do not have access to Internet services, you can mail the completed claim to:

UnitedHealthcare Community Plan
P.O. Box 5250
Kingston, NY 12402-5250

Complete Claims

A complete claim includes the following:

- Patient’s name, date of birth, address and member ID number.
- Name, signature, address and phone number of physician or physician performing the service, as in your contract document.
- National Provider Identifier (NPI) number (if applicable).
- Physician’s/Provider’s tax ID number.
- CPT-4 and HCPCs procedure codes with modifiers where appropriate.
- ICD-9 diagnostic codes.
- Revenue codes (UB-04 only).
- Date of service(s), place of service(s) and number of services (units) rendered.
- Referring physician’s name (if applicable).
- Information about other insurance coverage, including job-related, auto or accident information, if available.
- Attache operative notes for claims submitted with modifiers 22, 62, 66 or any other team surgery modifiers, as well as CPT 99360 (physician standby).
- Attach an anesthesia report for claims submitted with 23, QS, G8 or G9 modifier.
- Attach a description of the procedure/service provided for claims submitted with unlisted medical or surgical CPT codes or experimental or reconstructive services (if applicable).
- Include the exact NDC that appears on the product administered.
UnitedHealthcare Community Plan

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Other Important Information

**Claim Appeal Mailing Address**
UnitedHealthcare of New York
Attention Claims Administrative Appeals
P.O. Box 31364
Salt Lake City, UT 84131

**Care Management**
Phone number: 866-219-5159
- Cardiac program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex Children and Adult Care Program
- Diabetes program
- Kidney disease
- Respiratory program (asthma, chronic obstructive pulmonary disease, emphysema)
- HIV/AIDS
- Transplant services

**CareCore Radiology**
Phone number: 866-889-8054

**OptumHealth NurseLine (Dual Complete SNP Only)**
Phone number: 877-440-9407

**OptumHealth Behavioral Solutions**
Phone number: 888-291-2506

**Interpreter Services**
Phone number: 888-362-3368

**Vision Services**
Phone number: 888-493-4070
March Vision Care
Prior authorization is required for all routine eye exams and hardware. Authorizations must be obtained by calling or going online at: marchvisioncare.com.

**Dental Services**
Phone number: 800-508-4881
Routine dental services are covered by New York Medicaid. Anesthesia and facility charges associated with dental procedures performed at a hospital facility or Ambulatory Surgery Center must meet medical necessity and be prior authorized by UnitedHealthcare Community Plan for services to be considered.

**Pharmacy Benefit Manager**
Phone number: 800-310-6826
Prescription medication received at the pharmacy is covered by New York Medicaid. Retail pharmacies must file claims to Optum Rx (examples include, but are not limited to: Diabetic supplies, breast pumps, nebulizers, condoms, heating pads, vaporizers, thermometers, gauze, bandages, paper tape).

**Online Resources**
UnitedHealthcareOnline.com:
This secure website allows providers to process the following transactions:
- Eligibility and benefits (including the ability to view and print member ID cards)
- Claim submission and claim status
- Notification/prior authorization submission and status
- Radiology notification submission and status
- Single claim reconsideration and claim research project
- Single explanation of benefits (EOB) search
- Reports

UHCCommunityPlan.com:
This website allows providers to get updated provider information that includes:
- Provider newsletters
- Provider manual
- Clinical practice guidelines
- Provider bulletins
- Reimbursement policies
New Member ID Cards

Members with UnitedHealthcare Community Plan for Adults, UnitedHealthcare Community Plan for Families (FHP), UnitedHealthcare Community Plan for Kids (CHP) and UnitedHealthcare Dual Advantage will receive a new member ID card and ID number. **UnitedHealthcare Dual Complete members will not receive new member ID cards and will use their current member ID card.**

Additional samples of the new ID cards will be online at UHCCommunityPlan.com by Sept. 1, 2013.

**Streamlined Provider Remittance Advice**

You will begin to receive newly formatted and streamlined remittance advice for dates of service occurring after the transition with clearer explanation codes, as well as an enhanced summary of overpayments/payments recovered. A sample of the new remittance advice will be available at UHCCommunityPlan.com by the transition date.

On Sept. 1, 2013, for access to your provider remittance advice go to UnitedHealthcareOnline.com > Claims and Payments > Electronic Payments and Statements. Enter the information for the remittance you want to view under Single (EOB) search. Click on “View EOB” for a full version of the provider remittance advice.

Physicians currently receiving electronic remittance advice (ERA) will continue to receive this through their current connectivity. If you would like to start receiving ERA, please contact your software vendor or clearinghouse or you may enroll using our clearinghouse, OptumInsight by calling 800-341-6141 Option 3.

If you have not enrolled for electronic funds transfer (EFT), please visit the New York home page of UHCCommunityPlan.com, Go to the EDI section. Download and complete the EFT enrollment form. EFT will be available within six to eight weeks of our receipt of the signed form. You may also call UnitedHealthcare Community Plan EDI Support at 800-210-8315 or ac edi_ops@uhc.com.
UnitedHealthcare Community Plan
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Secure Provider Website Transition to UnitedHealthcareOnline.com
You will have access to online transactions for all your patients enrolled in any UnitedHealthcare Commercial, Medicaid, or Medicare products after Sept. 1, 2013. Physicians and other healthcare professionals should continue to use UHCCommunityPlan.com for online administration for dates of service prior to the Sept. 1, 2013 enrollment and claims system transition.

Prior Authorization Requirements
Changes to some of UnitedHealthcare Community Plan's prior authorization requirements will become effective for dates of service on and after Sept. 1, 2013, and are listed below by plan name.

A complete list of services that require prior authorization will be available on the New York home page of UHCCommunityPlan.com by Sept. 1, 2013.

UnitedHealthcare Community Plan for Adults,
UnitedHealthcare Community Plan for Families (FHP),
UnitedHealthcare Community Plan for Kids (CHP)

Services that require prior authorization
• Power mobility devices and all wheelchair accessories

Services that require prior authorization
• Physical therapy, occupational therapy, and speech therapy require authorization after the twelfth visit for each therapy for members from birth to age 20. No authorization will be required for members 21 and older, benefit limit applies
• Chiropractic services for members birth to age 20 will require authorization for services beyond initial visit
• Comprehensive dental services

UnitedHealthcare Dual Complete Members (Medicare/Medicaid)

Services that require prior authorization
• Capsule endoscopy
• Hyperbaric oxygen therapy
• Proton beam therapy
• Sleep apnea procedures and surgeries
• Spinal stimulator for pain management
• Vagus nerve stimulation
• Durable medical equipment, orthotics, and prosthetics costing more than $1,000
UnitedHealthcare Dual Complete Members (Medicare/Medicaid) continued

Prior authorization for outpatient surgeries will include:
- Bariatric
- Breast reconstruction (non-mastectomy)
- Cosmetic and reconstructive
- Joint replacement
- Muscle flap procedures
- Orthognathic procedures
- Septoplasty and rhinoplasty
- Sleep apnea procedures and surgery
- Spinal surgery
- Transplants
- Vein procedures

A complete list of services that require prior authorization will be available on the New York home page at UHCCommunityPlan.com. Updates to these documents are posted as needed.

Providers will not need to resubmit any previously submitted authorizations for dates of service on or after Sept. 1, 2013.

Billing codes found in authorization/notification letters may not be the exact procedure code submitted but a procedure code that represents the type of service requested. Please use the appropriate New York Medicaid billing codes when submitting claims.

Services Without Changes

Electronic Claims Submissions and Remittance Advice
The claims payer ID will remain 87726.

Claim Payment
The frequency with which we release payment for your adjudicated claims will not change.

Claim Submission
The mailing address for paper claims will remain the same and can continue to be sent to:

UnitedHealthcare Community Plan
P.O. Box 5250
Kingston, NY 12402-5250

Contacting Provider Services
If you have questions during and after the transition, please call Provider Services at 866-362-3368.

Provider Services Interactive Voice Response (IVR)
IVR services will remain the same. You will be able to check claim status, eligibility, including faxing of eligibility information, and benefits self service capability. When using the Provider Services IVR, please include the member's ID number and your provider tax ID number.