

New Mexico Turquoise Care ABA Program Quick Reference Guide

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ID Card	United Healthcare Community Plan Heath Plan (Bold40) 911-87726-04 Member ID: 000100001 Member: NEW M ENGLISH Mediciacid ID: 999999991 PCP Pharme: DOUGLAS GETWELL PCP Phone: (717)851-6816 S1803 MT ROSE AVE STE 83 TORSE, AVE STE 83 DOB: 08/15/2013 Effective: 06/15/2013 Renewal: 01/01/2024 Administered by Unitedritealthcare of New Mexico, Inc. Member: NMEM ENGLISH Mediciacid ID: 9999999991 PCP Phone: (717)851-6816 S1803 MT ROSE AVE STE 83 DOB: 08/15/2013 Renewal: 01/01/2024 Administered by Unitedritealthcare of New Mexico, Inc.
Clinician is Responsible for:	Verifying benefits/eligibility online at Providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card:
ABA Clinical Policy	New Mexico Clinical Policy can be found at Providerexpress.com ABA Information > State Medicaid ABA Programs > New Mexico Turquoise Care ABA Program , along with other resource materials.
Prior Authorization	All autism services do not require prior authorization with the exception of 97153 & 0373T: • Verify benefits/eligibility online at uhcprovider.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: • Online at One Healthcare ID • Fax at 1-888-541-6691
Claims Paper Submission	Mail paper claims to: Optum, PO Box 31348 Salt Lake City, UT 84131-0348 All autism provider services must be billed on a Form 1500 Submission should occur within 6 months of date of service.
Electronic Submission	Submit claims online through: • 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
Claim Status	Claims status can be obtained by calling Customer Service Center: • Web portal at <u>uhcprovider.com</u> • 1-888-702-2202
Claim Appeals	Claim appeals process: • 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, PO Box 31364, Salt Lake City, UT 84131-0364
Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.