

UnitedHealthcare Community Plan of Ohio ABA Program Quick Reference Guide

Effective October 1, 2023, United Behavioral Health, operating under the brand Optum, manages the OH ABA Medicaid program for Ohio residents with coverage through UnitedHealthcare Community Plan of Ohio. This quick reference guide outlines information and resources to help you provide applied behavioral analysis services to these members and manage claims for those services.

Patient Support



Interpreter Services

Call the Language Interpretation Line 24/7 at 1-888-225-6056 for help with more than 240 non-English languages and hearing-impaired services. (Client ID 209677)



ID Cards



Checking Benefits and Requesting Authorization



UHC Provider Secure Portal

UHCProvider.com > Log-In (requires One Healthcare ID)

The Provider Express secure portal is a self-service tool – available 24/7 – to help you complete administrative tasks and responsibilities whenever it's most convenient for you. Need help? Contact the Provider Express Web Support Center at 1-866-209-9320.

- Verifying member eligibility and benefits**
 It takes less than 2 minutes to check a member's benefits and eligibility using the secure portal. (Use this [guide](#) to get started.) You may also call the number on the back of the member's ID card. (Wait times to speak with a representative vary based on call volume.)
- Submitting prior authorization requests**
 All applied behavioral analysis services require prior authorization. Requests must be submitted via the secure portal. Go to Providerexpress.com > Log-In (requires One Healthcare ID) > Auths > Auth Request > Request a new authorization. Select ABA Assessment or Treatment from the drop down menu. Enter the required information and submit. (This guide has [step-by-step instructions](#).)

Claims Submissions, Status and Appeals



Applied behavioral analysis claims must be submitted to UnitedHealthcare Community Plan within 365 days from the date of service(s). The Payer ID is 88337.

- Need more guidance?** Review these [claim tips and resources](#) for more information

Claim Submission

There are 3 ways to submit a claim:



1. Via Electronic Data Interchange (EDI)

All claims should be billed using either EDI 837I (Institutional) / UB04 or EDI 837P (Professional). You may choose any clearinghouse vendor to submit claims through EDI.

- Electronic Remittance Advice (ERA) Payer ID: 88337.

For EDI support, call **1-800-210-8315** or email ac_edi_ops@uhc.com

2. Through the Provider Express secure portal

Go to Providerexpress.com > Log-In (requires One Healthcare ID) > Claims > Claim Entry. Complete the required information and submit. (Use this [claim guide](#) to get started.)

3. By mail

Use Form 1500 to bill for applied behavioral analysis services. Complete the form – be sure to include the ICD diagnosis codes and identify other services by the CPT/HCPCS and modifiers. Mail paper claims to:

UnitedHealthcare Community Plan
PO Box 8201
Kingston, NY 12402



To Check Claim Status

Regardless of how a claim was submitted – via EDI, through the secure portal or by mail – you can check status in just a few minutes through the Provider Express secure portal.

Go to Providerexpress.com > Log-In (requires One Healthcare ID) > Claims > Claim Inquiry. Complete the required information and submit. You may also call the number on the back of the member's ID card. (Wait times to speak with a representative vary based on call volume.)

Call **866-362-3368** to obtain claims status.



To Appeal a Claim

If you disagree with a claim denial or reimbursement amount, you can submit an appeal within 180 days. The process will be outlined in the Remittance Advice you receive for the claim. Mail appeals to:

Optum, Appeals & Grievances
PO Box 31364
Salt Lake City, UT 84131-0364

Claim Payments



Payment Method

UnitedHealthcare Community Plan of New York reimburses claims via electronic payments. We no longer send paper checks for payment. There are 2 options for electronic payment – both allow you to get paid quickly and securely:

1. **Automated Clearing House (ACH)/direct deposit via Optum Pay[®]** are deposited directly into your bank account.
2. **Virtual Card Payments (Virtual Card)** are processed as a credit transaction through the same terminal used for patient copays.

[Review details](#) about these payment options.

Provider Resources



Clinical Criteria

These guidelines are used to standardize coverage determinations, promote evidence-based practices and inform discharge planning for behavioral health benefit plans managed by Optum. When determining coverage, the member's specific plan benefits must be referenced. [Ohio Medicaid Supplemental Clinical Criteria](#)



Network Provider Manual

The provider manual supplements your participation agreement (contract). It has important process, protocol and guideline information, as well as contact information such as websites, phone numbers, emails and addresses. [Review manual](#)



Optum Behavioral Health Provider Services

Call **-877-614-0484** if you have additional questions.