

Quick Reference Guide



How to Reach

Provider and Member Services

Phone: **800-903-5253**

Web: **UnitedHealthcareOnline.com**

Mail: **UnitedHealthcare Community Plan**
P.O. Box 30991
Salt Lake City, UT 84130-0991



How to Reach

Case Management

Phone: **800-903-5253**

Medical Prior Authorization

Phone: **800-903-5253**

Optum Behavioral Health Services

Phone: **800-903-5253**

Pharmacy

Phone: **800-903-5253**

Pharmacy Prior Authorization

Phone: **800-310-6826**

Transportation & Gas Reimbursement

Phone: **877-892-3995**

- We provide free, non-emergent transportation or mileage reimbursement to doctor visits, DME companies for supplies, network mental health clinics, health departments, vision clinics, and maternal infant health programs.
 - We can accommodate same-day transportation requests if a driver is available.
 - Parents/Guardians can call up to 30 days before or after an appointment to request mileage reimbursement.
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How to Reach

Dental Services

Phone: **800-482-8915**

Web: **HealthyKidsDental.org**

Vision Services

Phone: **800-877-7195**



How to Reach

Credentialing

Please follow the National Credentialing Committee process (same as UnitedHealthcare process).

Phone: **877-842-3210**

Email: **HPDemo@Uhc.com**

Demographic Changes

- Phone: **877-842-3210**
 - Online: **UnitedHealthcareonline.com** > *Practice/Facility Profile*
 - Use form at **UnitedHealthcareonline.com** > *Tools & Resources* > *Forms* > *Provider Demographic Change Form*
 - Email to: **HPDemo@Uhc.com**
 - Fax to: **612-234-0211**
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How to Reach

Contracting

Phone: **866-574-6088**

Email: **swproviderservices@uhc.com**

Optum Behavioral Health Contracting

Optum Behavioral Health

Phone: **877-614-0484**

Chiropractic/Physical Therapy/Occupational Therapy/Speech Therapy Contracting

Optum Physical Health

Phone: **800-873-4575**



How to Reach

LINK-Optum Support Center

Phone: **855-819-5909**

Unitedhealthcareonline.com Help Desk

Phone: **866-842-3278**



Additional Resources

Roster reports

UnitedHealthcareOnline.com > *Tools and Resources*

PRA/ERA

UnitedHealthcareOnline.com > *Claims and Payments* > *Electronic Payments and Statements*

Enter the information under single explanation of benefits (EOB) search. Click "View EOB" for a full version.



Filing Time Limits and Corrected Claims for UnitedHealthcare and UnitedHealthcare Community Plan

Filing Time Limits

Possible denial scenarios due to a filing time limit on a claims submission:

- Patient did not tell you they have UnitedHealthcare insurance.
- Patient told you they had another primary insurance.
- We did not receive your original submission.

Please review your contract for standard filing time limits.

What to do if you receive a denial due to a filing time limit:

1. **Complete** a UnitedHealthcare claim reconsideration request form online or use a paper copy from your provider advocate.
2. **Attach** a copy of the claim and supporting proof of timely filing documentation such as:
 - **Electronic claim confirmation** – email a receipt from the vendor that UnitedHealthcare or one of its affiliates accepted your claim.
 - **Paper claim confirmation** – print a screen shot from your accounting software that shows the date you submitted the claim, the patient name and date of visit.
 - **Proof of timely filing also includes:** other insurance carrier’s denial/rejection, explanation of benefits document or letter indicating terminated coverage or a plan participant.
3. **Mail to:**

UnitedHealthcare
P.O. Box 740800
Atlanta, GA 30374-0800

-OR-

UnitedHealthcare Community Plan
P.O. Box 30991
Salt Lake City, UT 84130-0991

 - *Please verify the address on the back of the member’s ID card.*
 - *Please use LINK for claims reconsiderations with attachments.*



Where to Submit Electronic Data Interchange (EDI) Claims

Payer Path: 95467

Phone: **800-210-8315**

Email: **ac_edi_ops@uhc.com**



How to Submit Corrected Claims

Submit within one year of the date of service if the original claim was received within your filing time limit. Please review your contract for standard filing time limits.

For claim corrections submitted on a CMS-1500 form: Enter “7” in the area for the resubmission code in Box 22. Enter the original 12-digit claim number in the original reference number area.

For claim corrections submitted on a UB form: Populate Field 37 with the 12-digit claim number that was assigned to the original claim.

Correcting service line items:

- On the form Locator 4, labeled “Type of Bill,” the third digit indicates the frequency of the claim.
- For claims that have corrections to service line items, a “7” as the third digit indicates to replace a prior claim submission.
- Form Locator 84 “Remarks” indicates the reason for resubmission.

Voiding claims:

- Bill with “8” if the claim was billed in error and does not require correction.
- Please do not resubmit voided claims and claims coded “7.”
 - ***Please use Unitedhealthcareonline.com-LINK for claims reconsiderations with attachments.***
 - Mail to the claims address on the back of the member’s ID card.
 - ***Submit corrected claims and include all services performed on that day, not just the corrected code.***



If You Have a Claims Question

Phone: **800-903-5253**

Mail documents to:

UnitedHealthcare Community Plan

P.O. Box 30991

Salt Lake City, UT 84130-0991

Resubmit claims through:

Unitedhealthcareonline.com-LINK > Claims Reconsideration



Where to Mail Claims

UnitedHealthcare Community Plan

P.O. Box 30991

Salt Lake City, UT 84130-09913

Please verify the address on the back of the member’s ID card.



How to Verify Claim Status

Phone: **800-903-5253**

Benefits and Eligibility:

Unitedhealthcareonline.com-LINK > *Eligibility and Benefits Center*

Claims and Payment Status:

Unitedhealthcareonline.com-LINK > *Claims Management*



How to File an Appeal

Mail or fax the following:

- **Description** of dispute including our response to your reconsideration request and the date your reconsideration was completed
- Any **supporting documentation**
- The **line of business**: Medicaid (MIChild is now reported as Medicaid)
- **Required attachments:**
 - Copy of Provider Remittance Advice (PRA) or Explanation of Benefits (EOB)
 - Claim form (with corrections if necessary)

Mail: **UnitedHealthcare Community Plan**
Attn: Claims Administrative Appeals
P.O. Box 30991
Salt Lake City, UT 84130-0991

Appeal submissions fax only:

Urgent Appeals: 801-994-1261

Non-urgent Appeals: 801-994-1082

Reminder: an appeal is the last attempt for claims resolution
