Long Term Care - Provider FAQ’s

Q: When I submit my claim – how long will it take to process?

A: Although we usually process claims more quickly, please allow 30 days from the date UHC receives your claim for processing.

Q: How can I check the status of a claim?

A: Please go to uhconline.com (see Claims Status Quick Reference in your Provider In-Service Packet) or by calling Customer Service at 1-800-293-3740.

Q: Do I use the “internal” or “external” authorization number?

A: Either of these numbers can be used on the claim.

Q: Do I need to list a NPI number on the claim?

A: Only if you have a NPI number. Certain providers do not require NPI numbers.

Q: Do I need to list my AHCCCS ID number on the claim?

A: For paper claims – yes, use box 33B. If you are sending claim electronically – your information is automatically loaded to your record.

Q: What happens if my claim is denied?

A: You may submit the United Healthcare Claim Reconsideration request form and mail to United Healthcare Community Plan P.O. Box 30995, Salt Lake City, UT 84130. Please be sure to submit the following for services that have not paid correctly or denied previously: 1) Corrected claim form with original claim number written in box 22, 2) Copy of remittance advice for original claim. After claim has been reviewed and is still not to your satisfaction, please proceed with appeals process. Please reference your Provider In-Service packet for the Appeals process.

Q: Can I send claims reconsiderations through electronically?

A: No this option is not available for Evercare Select at this time.

Q: When using UHConline.com, the Place of Service (POS), box 24B should be changed accordingly to the type of service you provide or the location of where services were provided.

A: Please go to link to determine the correct POS that you should be using or see handout. http://www.azahcccs.gov/commercial/Downloads/FFSrates/TransmittalB-03-040.pdf

Q: What attendant care modifier should I use?

A: All attendant care agencies must use the U3, U4 or U5 modifier when a claim is submitted for services performed by a spouse or family member. S5125 15 minutes; S5125/U3 Provided by a spouse; S5125/U4 Provided by a family member, non-spouse, not residing in member’s home; S5125/U5 Provided by family member, non-spouse, residing in member’s home.

Q: What do I do if I have an ownership or address change?

A: Please contact your provider representative as soon as possible.

Q: I don’t know who my Case Manager is or get a hold of them, what number do I call?

A: Please contact the Case Manager of the day at 602-255-8908.
Q: Who do I call for Prior Notifications?

A: United Healthcare Community Plan Utilization Management (Prior Notification) 800-377-2055 - Authorizations are needed for elective admissions; durable medical equipment over $500; prosthetic and orthotic devices over $500; professional services (prior notification is not required for contracted providers) and rehabilitative services.

United Healthcare Community Plan Case Manager – The Case manager may approve items such as: Home Health Agency/Attendant/Respite or other HCBS services; residential placement in a skilled nursing facility, behavioral, or other facility; home modifications; emergency alert or home delivered meals.

Q: What if I didn’t receive an authorization for the month?

A: Please contact Prior Authorizations at 800-377-2055 or your Case Manager

Q: What if I know I should be using a modifier but it is not listed on the Authorization Letter?

A: Please contact Prior Authorizations or your Case Manager and ask that it be corrected.

Q: I am having problems with uhconline.com, who should I contact?

A: Please contact the United Healthcare Online Help Desk at 866-842-3278, option 2.

Q: Where do I find the members group number?

A: Please refer to the members ID card or check member eligibility by going to www.uhconline.com.

Q: I am currently enrolled in Electronic Payments and Statements and I have changed my banking information, who do I contact?

A: Please call Optum Health at 866-842-3278, option 5.

If you need additional training, your provider representative is available to come out and do individual training. Please contact the provider representative of the day at 602-255-8913 to coordinate that.