Ohio Participating Provider 2014

Physician, Health Care Professional, Facility and Ancillary

Quick Reference Guide

UHCCommunityPlan.com

Important Phone Numbers

Provider Services Department
800-600-9007
Fax: 877-877-7697
- Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST). Representatives can answer questions about member eligibility, medical record transfers, claims, and provide you with printed copies of our materials.

Interactive Voice Response (IVR) System to Check:

Member Eligibility
888-586-4766

Utilization Management
800-366-7304
Fax: 866-839-6454
- Available from Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST), to assist with prior authorizations, admissions, discharges and coordination of members' care. On-call staff is available 24 hours a day, 7 days a week for emergency prior authorization purposes.

Care Management
800-508-2581
Fax: 866-337-7581
- Cardiac Program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex Children and Adult Care Program
- Diabetes Program
- Kidney disease
- NICU
- Respiratory Program (asthma, chronic obstructive pulmonary disease, emphysema)

Healthy First Steps Program (Pregnancy and High-Risk Pregnancy Programs)
800-599-5985
Fax: 877-611-4411

Durable Medical Equipment (DME)
800-366-7304
Fax: 866-839-8058

Pharmacy Questions and Authorizations
800-310-6826
Fax: 866-940-7328

Optum Behavioral Health
866-261-7692

Members Matter
800-895-2017
- Available Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST)

Interpreter Services:
- For assistance in coordinating interpreter services for those members needing support with limited English proficiency (LEP), limited reading proficiency (LRP), hearing and/or visual Impairment, please contact Member Services at 800-895-2017.

Member Services
800-895-2017
- Available Monday through Friday, 7:00 a.m. to 7:00 p.m. (EST) to coordinate care for members (adult and children) with special needs, including care management, outreach and training.

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Important Phone Numbers (continued)

Hearing Impaired
711
- Available Monday through Friday, 7:00 a.m. to 7:00 p.m. (EST) to assist members.

Regional Offices
800-600-9007
9200 Worthington Road, 3rd Floor
Worthington, OH 43082

Holiday Observations
- New Year's Day.
- Martin Luther King, Jr. Day.
- Memorial Day.
- Independence Day.
- Labor Day.
- Thanksgiving Day and the day following.
- Christmas Day.

Offices will be closed on the above dates.

Dental Services
DentaQuest
800-341-8478
Routine dental services are covered by Ohio 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.

Vision Services
800-243-1401

Block Vision
Prior Authorization is required for all routine eye exams and hardware. Authorizations must be obtained from Block Vision at blockvisiononline.com.

Demographic Update Information
To submit demographic changes, please call the United Voice Portal at 877-842-3210.

Perform the following steps:

1. Say or enter your Tax ID number
2. Say Other Professional Services
3. Say Demographic Changes
4. You will be transferred to a Demographics Health Care Professional Services associate

Transportation Services
Members are eligible for 30 one-way or 15 free round trips per year to and from medical appointments. Coordination of transportation services requires at least 2 business days advance notice.

Transportation can be arranged by contacting UnitedHealthcare Community Plan at 800-895-2017 Monday through Friday, 7:00 a.m. to 7:00 p.m.

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Correspondence

Mail paper claims to:
UnitedHealthcare Community Plan
P.O. Box 8207
Kingston, NY 12402

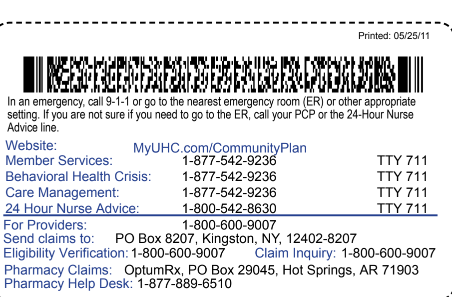
Mail General Provider Relations Correspondence to:
UnitedHealthcare Community Plan
9200 Worthington Road, 3rd Floor
Westerville, OH 43082

Mail Claim Appeals and Grievances to:
UnitedHealthcare Community Plan
Grievances
P.O. Box 31364
Salt Lake City, UT 84131-0364

Member Identification

- Each member covered by UnitedHealthcare Community Plan will receive his/her own identification card.
- Each member selects a Primary Care Provider (PCP) who serves as the overall care manager.
- There are no copays or out-of-pocket deductibles.

Sample UnitedHealthcare Community Plan Member Identification Cards



Note: *Possession of a UnitedHealthcare Community Plan ID card does not guarantee eligibility, coverage or payment.*

PCP Member Roster

Before the first of every month, PCPs receive a roster of members who have chosen their practice for primary care services. These rosters contain the members' names and addresses. New member additions to the practice are indicated by an asterisk. Termination dates of members who are disenrolling from the plan or practice are also indicated. The roster also notes if the member is due for a Healthchek exam. Consulting providers and facilities do not receive monthly rosters.

UnitedHealthcare Community Plan recommends that all PCPs, consulting providers and facilities verify member eligibility prior to each service.

Verifying Eligibility

By Telephone

Interactive Voice Response System (IVR)
Call **888-586-4766** to verify eligibility or to receive PCP and/or coordination of benefits (COB) information. Before calling, be sure to have your UnitedHealthcare Community Plan provider number, the member's UnitedHealthcare Community Plan ID number (or Social Security number) and member's date of birth available.

You may also call Provider Services at **800-600-9007**.

Online

UnitedHealthcare Community Plan Website
Providers may access eligibility information via our website. Online registration is required. Please visit UnitedHealthcareOnline.com for more information or contact our Web Outreach department at 866-414-6566.

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Provider Website and Portal

Take advantage of our provider website and portal. It can save you and your staff valuable time.

Go to UHCCommunityPlan.com: select Ohio from the pull-down bar, select a plan. Click on “For Providers”. From there, the following is available:

- Member Handbook.
- Preventive Health and Clinical Care Guidelines.
- Pharmacy Program, PDL for Ohio, and the Exception Process.
- Provider Forms.
- Provide Manual and more.

The provider website also gives you access to the provider portal, where you can verify member eligibility and view your practice’s account information such as:

- Claims status.
- Reference status of requests for outpatient services and DME.
- Appeal status.
- Request a Prior Authorization.
- Full directions on how to access this information are on our provider website.

Claims and Billing

Code Sets/Claim Forms

In accordance with federal guidelines, UnitedHealthcare Community Plan requires an NPI number on all claim forms. An NPI number is needed in the primary provider fields and the secondary provider fields when applicable in order for claims to be paid.

Claims must be submitted using HIPAA compliant CPT-4 or HCPCS codes. Hospitals should bill on a UB-04 or CMS 1500 form. Other providers, including ancillary providers, should bill using the CMS 1500 form. You can submit claims electronically through RelayHealth, Payerpath, MedAvant or Emdeon. Our payer number is **87726**.

For more information on electronic billing, please visit our website or call Provider Services. Please allow 30 days for the processing of clean claims. “Clean claims” have no defect or impropriety. A defect or impropriety includes lack of required substantiating documentation or a particular circumstance requiring special treatment which prevents timely payment from being made. Please check your provider agreement for specific time frames for claim submissions and appeals of denied claims.

Acceptable Member Self-Referrals

- Certified Nurse Midwife (CNM) services or Certified Nurse Practitioner (CNP) services.
- Dental care (participating providers only).
- Emergency services.
- Family planning services including services rendered by a Qualified Family Planning Provider (QFPP).
- Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) services.
- Mental health services offered through a Community Mental Health Center (CMHC) certified as a Medicaid provider (see the provider directory or our website for a list of CMHCs).
- Specialty care provided by participating providers (except for pain management specialist services).
- Substance abuse services offered through certified Medicaid providers affiliated with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) (see the provider directory or our website for a list of providers affiliated with ODADAS).
- Vision care (participating providers only).

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Prior Authorization

Authorization Requirements	National	Ohio CFC & ABD (Effective 5/1)
Abortions	Auth Not Required – Requires consent form at time of claims payment (unless state mandate)	Prior Auth Required – Requires consent form at time of claims payment.
Ambulance Services – Emergency (Par and Nonpar)	Not Required	Not Required
Ambulance Services – Non-emergency, Facility to Facility transports (Par)	Auth Required	Auth Required
Ambulance Services – Non-emergency, Facility to Facility transports (Nonpar)	Auth Required	Auth Required
Ambulance Services – Non-emergency, other than Facility to Facility (Par and Non par)	Auth Required	Auth Required
Chiropractic services	Auth Required	Auth Required – Children No Auth Required – Adults, Configure benefit limit
Dental – Comprehensive Services	Auth Required – Anesthesia and facility charges covered if criteria met.	Auth Required – Anesthesia and facility charges covered if criteria met.
Botulinum Toxins	Auth Required	Auth Required
Acthar HP	Implementation Date for each state to be confirmed per Medical Drug Inititiave	Effective 6/1/2013 – Auth Required thru medical benefit
IVIG	Implementation Date for each state to be confirmed per Medical Drug Inititiave	Effective 6/1/2013 – Auth Required thru medical benefit
Makena	Implementation Date for each state to be confirmed per Medical Drug Inititiave	Effective 6/1/2013 – Auth Required thru medical benefit
Xolair	Implementation Date for each state to be confirmed per Medical Drug Inititiave	Effective 6/1/2013 – Auth Required thru medical benefit
Drugs – Synagis	Auth Required through pharmacy	Auth Required via Pharmacy
Elective Inpatient Admissions	Auth Required	Auth Required
Home Health Care All services in the home **See DME tab for DME authorization requirements	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract
Aide	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract

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Authorization Requirements	National	Ohio CFC & ABD (Effective 5/1)
Private duty nursing	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract
PT/OT/ST	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract
Skilled nursing	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract
Social worker	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract
Home Infusion	Auth Required	Auth Required – S Codes are not covered under the Ohio Contract
Hospice services	Auth Required	Auth Required
Intensive Outpatient (IOP) for MH/D&A	Based on state benefits	Managed by UBH – See Mental Health Tab for specific PA Requirements
Nursing facilities LTAC, SNF and Extended Care	Auth Required	Auth Required
Outpatient Drug and Alcohol	Based on state benefits	Managed by UBH – See Mental Health Tab for specific PA Requirements
Outpatient Mental Health	Based on state benefits	Managed by UBH – See Mental Health Tab for specific PA Requirements
Pain Management Services	Not Required	Not Required
Partial/Day Hospitals for MH or Drug/Alcohol	Based on state benefits	Managed by UBH – See Mental Health Tab for specific PA Requirements
Bariatric Surgey	Auth Required	Auth Required
Cosmetic Surgery	Auth Required	Auth Required
Ablative Procedures for Venous Insufficiency and Varicose Veins	Auth Required	Auth Required
Blepharoplasty and Brow Ptosis Repair	Auth Required	Auth Required
Breast Reduction	Auth Required	Auth Required
Panniculectomy and Body Contouring Procedures	Auth Required	Auth Required
Rhinoplasty, Septoplasty and Turbinate Resection	Auth Required	Auth Required
Gynecomastia	Auth Required	Auth Required

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Authorization Requirements	National	Ohio CFC & ABD (Effective 5/1)
Radiology Program If a state uses an outside vendor, such as, CareCore then refer to the full radiology code list. If a state does not use an outside vendor then below includes the radiology services that require PA. Care Core Code List – https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=14088e54f9b6a210VgnVCM1000002f10b10a____	Refer to vendor requirements where applicable	Authorization Required – Carved out to CareCore 9/1/2013
MRI (Magnetic Resonance Imaging)	Auth Required	Authorization Required – Carved out to CareCore 9/1/2013
MRA (Magnetic Resonance Angiogram)	Auth Required	Authorization Required – Carved out to CareCore 9/1/2013
PET (Positron Emission Tomography)	Auth Required	Authorization Required – Carved out to CareCore 9/1/2013
SPECT MPI	Auth Required	Authorization Required – Carved out to CareCore 9/1/2013
Cardiology Program Including: ▪ **Diagnostic Heart Catheterization** ▪ **Stress Echocardiography** ▪ **Transthoracic Echocardiography** ▪ **Cardiac Implantable Devices** Care Core List – https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=14088e54f9b6a210VgnVCM1000002f10b10a____	Auth Required	Auth Not Required – Go-Live TBD
Sleep study	Auth Required	Auth Required in Outpatient Setting Only Auth not required for Home POS The ATTENDED sleep test codes for children younger than six do not require a prior authorization: ▪ 95782 ▪ 95783
Sterilization (Includes Hysterectomy)	Based on state benefits	Auth Not Required – Requires consent form at time of claims payment (unless state mandate)
Tubal ligation	Auth Not Required – Requires consent form at time of claims payment (unless state mandate)	Auth Not Required – Requires consent form at time of claims payment (unless state mandate)

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Authorization Requirements	National	Ohio CFC & ABD (Effective 5/1)
Vasectomy	Auth Not Required – Requires consent form at time of claims payment (unless state mandate)	Auth Not Required – Requires consent form at time of claims payment (unless state mandate)
Therapy/Rehab (OP/office setting)	Auth Required after 12th Visit	Auth Required after 12th Visit – Both children and adults
Occupational Therapy	Auth Required after 12th Visit	Auth Required after 12th Visit – Both children and adults
Physical Therapy	Auth Required after 12th Visit	Auth Required after 12th Visit – Both children and adults
Speech Therapy	Auth Required after 12th Visit	Auth Required after 12th Visit – Both children and adults
Transplant Services	Auth Required	Auth Required
DME – See DME Tab		
Ohio – Cat Scan		Authorization Required – Carved out to CareCore 9/1/2013
Ohio – Goldstar Provider Auth Requirements		GoldStar Providers do not require authoriations except for the following: 1. Inpatient Services 2. Non-Participating Provider Services 3. Cosmetic or other procedures an service not previously covered by Ohio Medicaid 4. Botox and Synagis – Follow process above
NCB – Ohio These require prior authorization for members < 21 years old (Per Ohio Contract - Appendix G) ▪ Services or supplies that are not medically necessary ▪ Experimental services and procedures, including drugs and equipment, not covered by Medicaid, and not in accordance with customary standards of practice. ▪ Abortions, except in the case of a reported rape, incest, or when medically necessary to save the life of the mother ▪ Infertility services for males or females		If member is under the age of 21 – Do not reference as non-covered benefit, send for medical necessity review

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Authorization Requirements	National	Ohio CFC & ABD (Effective 5/1)
NCB – Ohio (Continued) ▪ Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure ▪ Reversal of voluntary sterilization procedures ▪ Plastic or cosmetic surgery that is not medically necessary* ▪ Treatment of obesity unless medically necessary* ▪ Custodial or supportive care not covered by Medicaid ▪ Sexual or marriage counseling ▪ Acupuncture and biofeedback services ▪ Services to find cause of death (autopsy) or services related to forensic studies ▪ Comfort items in the hospital (e.g., TV or phone) ▪ Paternity testing ▪ Services determined by another third-party payor as not medically necessary ▪ Assisted suicide which are services for the purpose of causing, or assisting to cause, the death of an individual. This does not pertain to withholding or withdrawing of medical treatment of care, nutrition or hydration or to the provision of a service for the purpose of alleviating pain or discomfort, even if the use may increase the risk of death, so long as the service is not furnished for the specific purpose of causing death. ▪ Patient convenience items, including television services		If member is under the age of 21 – Do not reference as non-covered benefit, send for medical necessity review

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Health Services Matrix

Type of Provider	Referrals	Inpatient and Outpatient Services Requiring Prior Authorization	Laboratory Services	DME (Authorization Required for Monthly Rentals and Purchase of $500 or Greater)
PCP (submit encounters/claims via EDI or CMS-1500).	Refers members to participating providers. Refers for services which do not require prior authorization.	PCP requests prior authorization from plan UM.	Use a participating (par) lab; prior authorization required for chromosome and genetic testing, or to use a non-par lab.	Contact UM for prior authorization and to arrange DME delivery. Fax: 800-366-7304
OB/GYN (submit encounters/claims via EDI or CMS-1500).	Member self-refers; including family planning services. Notify PCP; OB/GYN may request prior authorization from plan UM.		Use a participating (par) lab; prior authorization required for chromosome and genetic testing, or to use a non-par lab.	Contact UM for prior authorization and to arrange DME delivery. Fax: 800-366-7304
Consulting Provider (submit encounters/claims via EDI or CMS-1500).	Consulting may refer for diagnostic testing which does not require a prior authorization.	Notify PCP; consulting provider may request prior authorization from plan UM.	Use a participating (par) lab; prior authorization required for chromosome and genetic testing, or to use a non-par lab.	Contact UM for prior authorization and to arrange DME delivery. Fax: 800-366-7304

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Ancillary Services

Ambulance Services	Ambulance services are covered in emergency situations. Contact Utilization Management for authorization for ambulance transport required in non-emergency situations.
Enhanced Transportation	Members are eligible for 30 one-way or 15 round trips free per year to and from the member's PCP, WIC and other participating health care providers, such as vision or dental. Members may also request help to get to Medicaid redetermination visits. Coordination of transportation services requires at least two business days advance notice. Members should contact Member Services to coordinate transportation services. If members have to go more than 30 miles for a required medical appointment, they may be entitled to transportation services outside of the enhanced benefit.
Vision Services	All members, both children and adults, are eligible for an annual routine vision exam. They also have a choice of glasses or retail allowance of $125 toward any type of contacts (must use at one time) annually.
Behavioral Health Services	UnitedHealthcare Community Plan members are eligible for all of the behavioral health benefits covered under the Ohio Medicaid program. Members may self-refer for behavioral health services through certified Medicaid CMHCs or through certified Medicaid providers affiliated with the ODADAS. Access to behavioral health services rendered by providers other than those mentioned above requires prior authorization.
DME/Supplies	All DME and supplies purchased with $500 or greater billed amount require prior authorization through Utilization Management. All rented DME requires prior authorization.
Home Health Care	Providers may order home health care from any participating home health care provider. The ordering provider must obtain prior authorization for all home health care services.
Pharmacy Services	Prescription medication received at the pharmacy is covered by UnitedHealthcare Community Plan. Retail pharmacies must submit pharmacy claims to OptumRx using the BIN, PCN, and Group numbers on the member ID card (see card image). Prescribers requesting prior authorization for drugs call 800-310-6826, or may fax authorization forms to 866-940-7328. Pharmacy Providers with pharmacy claims issues may call the OptumRx help desk at 877-305-8952.

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