

## UnitedHealthcare Community Plan Claims System Migration Provider Quick Reference Guide

### Our Claims Process

**Here are a few steps to ensure you receive prompt payment:**

- 1 Review and copy both sides of the member's ID card. UnitedHealthcare Community Plan members receive an ID card containing information that helps you process claims accurately. These ID cards display information such as claims address and telephone numbers such as those for Behavioral health, Substance abuse, Member services and OptumHealth NurseLine.
- 2 Notify Utilization Management of planned procedures and services on our Prior Authorization list.
- 3 Prepare a complete and accurate electronic or paper claim form (see "complete claims" at right). Complete a CMS 1500 (formerly HCFA) or UB-04 form.
- 4 Submit claims electronically and use our electronic payer ID 86047. For more information, contact your vendor or our Electronic Data Interchange (EDI) unit at 800-210-8315. If you do not have access to Internet services, you can mail the completed claim to:

UnitedHealthcare Community Plan  
P.O. Box 5250  
Kingston, NY 12402-5250

### Complete Claims

**A complete claim includes the following:**

- Patient's name, date of birth, address and ID number.
- Name, signature, address and phone number of physician or physician performing the service, as in your contract document.
- National Provider Identifier (NPI) number (if applicable).
- Physician's/Provider's tax ID number.
- CPT-4 and HCPCs procedure codes with modifiers where appropriate.
- ICD-9 diagnostic codes.
- Revenue codes (UB-04 only).
- Date of service(s), place of service(s) and number of services (units) rendered.
- Referring physician's name (if applicable).
- Information about other insurance coverage, including job-related, auto or accident information, if available.
- Attach operative notes for claims submitted with modifiers 22, 62, 66 or any other team surgery modifiers, as well as CPT 99360 (physician standby).
- Attach an anesthesia report for claims submitted with 23, QS, G8 or G9 modifier.
- Attach a description of the procedure/service provided for claims submitted with unlisted medical or surgical CPT codes or experimental or reconstructive services (if applicable).
- Include the exact NDC that appears on the product administered.

# UnitedHealthcare Community Plan

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### Other Important Information

#### Claim Appeal Mailing Address

UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

#### Care Management

Phone number: 877-704-8871

- Cardiac program (congestive heart failure, coronary artery disease, high blood pressure)
- Complex Children and Adult Care Program
- Diabetes program
- Kidney disease
- Respiratory program (asthma, chronic obstructive pulmonary disease, emphysema)
- HIV/AIDS
- Transplant services

#### CareCore Radiology

866-889-8054

#### OptumHealth NurseLine (Dual Complete SNP Only)

877-440-9407

#### OptumHealth Behavioral Solutions

888-291-2506

#### Interpreter Services

888-362-3368

#### Vision Services

888-493-4070

March Vision Care

Prior authorization is required for all routine eye exams and hardware. Authorizations must be obtained by calling or going online at: [marchvisioncare.com](http://marchvisioncare.com).

#### Dental Services

800-508-4881

Routine dental services are covered by New Jersey 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.

#### Pharmacy Benefit Manager

800-310-6826

Prescription medication received at the pharmacy is covered by New Jersey Medicaid. Retail pharmacies must file claims to Optum Rx (examples include, but are not limited to: Diabetic supplies, breast pumps, nebulizers, condoms, heating pads, vaporizers, thermometers, gauze, bandages, paper tape).

#### Online Resources

[UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com):

This secure website allows providers to process the following transactions:

- Eligibility and Benefits (including the ability to view and print ID cards)
- Claim Submission and Claim Status
- Notification/Prior Authorization Submission and Status
- Radiology Notification Submission and Status
- Single Claim Reconsideration and Claim Research Project
- Single EOB Search
- Reports

[UHCCommunityPlan.com](http://UHCCommunityPlan.com):

This website allows providers to get updated provider information that includes:

- Provider Newsletters
- Provider Manual
- Clinical Practice Guidelines
- Provider Bulletins
- Reimbursement Policies

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### Prior Authorization Requirements

Select changes for UnitedHealthcare Community Plan prior authorization.

Requirements will become effective for dates of service on and after July 1, 2013. The prior authorization requirements that will change will be updated in the provider administrative guide during the fourth quarter of 2013.

Please note the following changes when services are provided by participating providers (Reminder: All services provided by a non-participating provider require an authorization):

#### Services That Require Prior Authorization

Unless noted otherwise, effective date is July 1, 2013. A complete list located on [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

- All chiropractic visits for children
- Durable medical equipment for billed amounts greater than \$500 per item
- Non-emergency facility-to-facility transports
- Outpatient bariatric surgery and cosmetic and reconstructive surgical procedures.  
*Note: all other outpatient surgeries will not require prior authorization*
- Wheelchairs and all wheelchair parts, regardless of dollar amount
- **Cardiology services effective Sept. 1, 2013**


#### Services That Do Not Require Prior Authorization


- Coronary angiogram, arthroscopy, laparoscopy, and electrophysiology studies
- Genetic testing and counseling
- Hysterectomy, vasectomy, tubal ligation – consent form required with claim submission
- Pain management services
- Outpatient hospital services, outpatient surgery, same-day surgery, ambulatory surgical center
- Temporal mandibular joint services, supplies and treatment
- Wound care service in a clinic setting
- Yag capsulotomy

Providers will not need to resubmit any previously submitted authorizations for dates of service on or after July 1, 2013.

## UnitedHealthcare Community Plan Claims System Migration Provider Quick Reference Guide

### Sample Member ID Cards

  
 Health Plan (80840) 911-86047-08  
**Member ID: 999999999**      **Group Number: NJFAMCAR**  
**Member:**  
 SUBSCRIBER BROWN      **Payer ID: 86047**  
  
**PCP Name:**  
 DR. PROVIDER BROWN  
**PCP Phone: (999)999-9999**

  
**Rx Bin: 610494**  
**Rx Grp: AMNJ**  
**Rx PCN: 9999**

NJ FamilyCare A  
 Underwritten by AmeriChoice of New Jersey, Inc.

DOI -0501

Printed: 07/15/11

If you are not sure if your problem is an emergency, call your PCP first. No prior authorization is required for emergencies. To verify benefits or to find a provider, visit the website [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan) or call.

**For Members:**      1-800-941-4647      TDD/TTY 711


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**In an emergency, go to nearest emergency room or call 911.**

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**For Providers:**      [www.uhccommunityplan.com](http://www.uhccommunityplan.com)      1-888-362-3368  
**Medical Claims:** PO Box 5250, Kingston, NY, 12402-5250

**Pharmacy Claims:** OptumRx, PO Box 29044, Hot Springs, AR 71903  
**For Pharmacists:** 1-877-305-8952

  
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 DR. PROVIDER BROWN  
**PCP Phone:** (999)999-9999

**Copay: OFFICE/ER**  
 \$5/\$10

DOI -0501


  
 Rx Bin: 610494  
 Rx Grp: AMNJ  
 Rx PCN: 9999  
 COPAY TIER 1 /2  
 \$1/\$5

Payer ID: 86047

NJ FamilyCare C  
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**Copay: No Copays**

DOI -0501


  
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