

Verifying benefits and billing guidelines for New Jersey network health care providers

Health care providers contracted with UnitedHealthcare Community Plan of New Jersey, including NJ FamilyCare and UnitedHealthcare Dual Complete® NJ-Y001 (HMO D-SNP), should not bill members for covered care or services. Please confirm benefits before providing services to members.



Your responsibilities

As a network health care provider or practice (e.g., physicians, other health professionals, hospitals, facilities and agencies), you agree to:

- **Not bill or balance bill UnitedHealthcare Community Plan members for covered services. Sending bills or balance billing members for covered services is a violation of your agreement and violates federal law and regulation.**
- Ask for documentation of a patient's insurance coverage and accurately keep this information in all billing systems
- Advise members of what services the members' plans do and do not cover and how much they cost before providing any services. If a member has agreed to assume the out-of-pocket responsibility for any non-covered or non-medically necessary service that did not require prior authorization or approval, please document this written agreement.
- Collect copayments listed on the member's card for NJ FamilyCare Plan C and D members
- UnitedHealthcare Community Plan of New Jersey is the payer of last resort. This means you must bill and get an explanation of benefits (EOB) from another insurance or source of health care coverage before billing UnitedHealthcare Community Plan of New Jersey.



To confirm covered benefits

- Check our benefits grid:
 - For NJ FamilyCare and behavioral health, see the grid in Chapter 3 of the New Jersey Care Provider Manual at [UHCprovider.com/guides](https://www.uhcprovider.com/guides)
 - For UnitedHealthcare Dual Complete® NJ-Y001 (HMO D-SNP), go to **Our plan's Benefits Chart** on page 52 of the **Evidence of Coverage** manual (enter 54 in the search box)



To confirm covered benefits (cont.)

- Check our reimbursement policies:
 - Go to UHCprovider.com/NJcommunityplan > Current Policies and Clinical Guidelines > [View Current Reimbursement Policies](#). In the search bar, type a procedure code or word to search.
- Call Provider Services at **888-362-3368**
 - Have the procedure code(s) ready, if applicable, so the provider advocate may look up the coverage limitations

Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.