Pennsylvania Provider Quick Reference Guide

PPHP
PROVIDER PARTNERS HEALTH PLANS

Customer Service

For Pre-authorization:
Fax request to: (844) 593-6221
Or
Call our Toll free phone number: (800) 405-9681

For Claims and Eligibility:
1-800-405-9681

Hours are 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30.

pphealthplan.com

Claims Submission

PPHP PAYER ID# 31400

PAPER: Provider Partners Health Plans

PPHP Claims
PO Box 94290
Lubbock, TX 79493

Pharmacy Benefit Inquiry and Authorization

Elixir 1-844-846-8007

For prescription drug benefit questions or coverage determinations (drug authorizations) please call Elixir, Provider Partners Health Plans pharmacy benefit manager. Assistance is available 7 days a week, 24 hours a day.

Claims will be processed in accordance with Original Medicare billing rules, Medicare fee schedules, prospective payment system requirements, local coverage determinations (LCDs) and the PPHP Terms and Conditions of Payment. All payment methodologies are updated in accordance with CMS final rules and correction notices published in the Federal Register and CMS transmittals. PPHP uses Correct Coding Initiative (CCI) for bundling/unbundling logic. Provider fees are updated at least quarterly as files become available on the CMS website.

PPHP applies effective dates as instructed per CMS transmittals. As an Institutional Special Needs Plan some members may be eligible for the cost of sharing benefits provided by Pennsylvania Medicaid. Providers are not allowed to charge co-payments, co-insurance, or deductible charges that are the responsibility of PPHP or Pennsylvania Medicaid.

ALWAYS REFER MEMBERS OF PPHP TO OTHER CONTRACTED PROVIDERS. PLEASE VISIT OUR WEBSITE TO DETERMINE WHICH PROVIDERS ARE CONTRACTED.

PRE-AUTHORIZATION

Notification of planned admissions should be submitted 10 days prior to the planned admission date. Unplanned admissions should be reported to PPHP within 24 hours. Weekend and holiday admissions should be reported by 5 pm next business day.

SERVICES REQUIRING PRE-AUTHORIZATION

- Inpatient Admissions
- Rehabilitation Services, Specialized Structured Programs, Inpatient and Outpatient
- Skilled Nursing Facility (Transfer to SNF bed)
- Outpatient Hospital Services
- Outpatient Surgery Procedures (including those performed at a hospital, office or ASC)
- Diagnostic/Therapeutic Radiological Services (MRI, MRA, PET, CTA, CT scans and SPECT scans)
- Reconstructive/Potentially Cosmetic Procedures
- Transplant Services
- Durable Medical Equipment greater than $500 billed charges per month
- Prosthetics/Medical Supplies greater than $500 billed charges per month
- Diabetic Supplies and Services greater than $500 billed per month
- Dialysis Services
- Procedures considered investigational, experimental or cosmetic
- Hyperbaric Oxygen Therapy
- Sleep Apnea services (including sleep studies and surgery)
- Specialized Pain Management Services
- All services provided by a non participating Provider
- Mental Health Services
- Hospital Observations*

*For Community Plans Only

Additional online tools and resources, including the provider manual, billing tips and reimbursement methodologies are available at **pphealthplan.com**