

Your Provider Contract Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: ..... 717-651-1673

**Provider Services >> 1-800-521-6007**

24 hours a day, 7 days a week

**Member Services >> 1-888-991-7200**

24 hours a day, 7 days a week

**NAVINET >> www.navinet.net 1-888-482-8057**

Provide access to member eligibility, claims status inquiry, referral submission and retrieval, Care Gap and Member Clinical Summary reports and electronic copies of remittance advices and panel rosters.

**Dental Services >> 1-800-341-8478**

Administered by DentaQuest

**Vision Services >> 1-800-773-2847**

Administered by Davis Vision

**Laboratory Services >> 1-800-521-6007**

Some members have been assigned to Quest Diagnostics. If no lab is designated on the member's ID card, any participating laboratory may be utilized.

**Family Planning Services >> 1-800-541-4560**

Members self-refer to

AmeriHealth First Family Planning.....Fax 215-241-9945

**CONNECT Hotline >> 1-800-692-7288**

For family inquiries on Pennsylvania's Early Intervention System

**PA Tobacco Cessation Information >> 1-800-QUIT-NOW**

**Medical Assistance Transportation Program (MATP) >> 1-800-521-6007**

For Medical Assistance recipients transportation inquiries regarding arranging non-emergency transportation.

**ER Policy >> 1-800-521-6007**

- » Prior Authorization is not required for emergency room visits.
- » Participating Providers are not required to obtain prior authorization for emergent short procedure unit (SPU) or emergent 23 hour Observation stays.

**Pharmacy Services >> 1-866-610-2774**

Prior authorization is required for all prescriptions on multi-source branded products, Injectables and non-formulary medications.

- » For pharmacy authorization.....Fax: 1-888-981-5202
- » Injectable questions and supplies..... 1-866-610-2774
- » Claims questions (ARGUS)..... 1-800-522-7487

**Referrals >> 1-800-521-6007**

**Services requiring referrals:**

- » All Specialist Care Office Visits
- » Non Diagnostic Treatment/Procedures

**Self-Referral Services include:**

- » Optometrist/Opticians
- » Family Planning
- » OB Visits
- » GYN Visits
- » Medicare covered services for members with Medicare A/B
- » Chiropractic initial visit
- » Diagnostic Tests/Procedures

1. Each referral is valid for 180 days starting from issue date.
2. Each referral is valid for unlimited visits, unless otherwise specified.
3. Specialists should contact Provider Services to extend referral past 180 days and for additional services. No call to the PCP is necessary.
4. Referrals to Non-Participating providers always require prior authorization.

**Services requiring prior authorization include, but are not limited to the list below. The most up-to-date and detailed listing of services that require authorization can be found on the Provider Center at [www.amerhealthmercyhp.com](http://www.amerhealthmercyhp.com).**

- » Elective hospital admissions
- » Air Ambulance Transportation
- » Elective transfers for inpatient and /or outpatient services between acute care facilities
- » Ambulance Transportation to and from Prescribed Pediatric Extended Care Center PPECC/ Medical Daycare
- » Transplant evaluations/ procedures
- » All DME/Prosthetics & Orthotics over \$500
- » DME under \$500 not on AMHP DME Fee Schedule
- » Wheelchairs and all wheelchair items, regardless of cost
- » All Brand name Diapers or Pull Ups® in excess of 200 items/ month and requests for brand specific diapers
- » Enteral formula: age 21 & older—regardless of cost, under age 21—in excess of \$200/month
- » Physical, Speech, Occupational Therapy exceeding 24 visits in a calendar year
- » Experimental and Investigational services or procedures
- » Home Health—Services after 6 visits per modality performed per calendar year (Services may not exceed 60 days), Home Infusion and Hospice Care
- » Skilled Nursing Facility
- » Bariatric Surgery
- » Gastroenterology Services (Code 91110/91111 only)
- » Chiropractic Treatment - following initial visit
- » Cosmetic procedures (regardless of treatment setting) for example: *Blepharoplasty, Reduction Mammoplasty, Rhinoplasty, Gastropasty, Ligation and Stripping of Veins*
- » Cardiac or Pulmonary Rehabilitation
- » Any services/products not listed or in exceeding limits on the MA fee schedule
- » Any service performed by a non-participating provider
- » Pain management services (place of service other than a physician's office and services not on the Medical Assistance fee schedule)
- » Emergent Admissions **require notification within 48 hours or first business day** after the day services were rendered (by fax or phone).

**Outpatient Radiology Services requiring prior authorization by MedSolutions 1-800-572-1981**

- Outpatient PET Scans
- Nuclear Cardiology
- MRI/MRA
- CT Scans

**Electronic billing questions:**  
1-877-234-4272

**PA Enrollment Services:**  
1-800-440-3989

**Peer to Peer Hotline:**  
1-877-693-8271

## All Claims

*Please indicate "Resubmitted" or "Corrected Claim" on the Claim Form (if applicable)*

AmeriHealth Mercy Health Plan  
Claims Processing Department  
P.O. Box 7118  
London, KY 40742

## Family Planning Claims

AmeriHealth First Family Planning  
P.O. Box 8369  
Philadelphia, PA 19101-8369

## Provider Disputes (Informal)

*Dissatisfaction NOT concerning Medical Necessity*

AmeriHealth Mercy Health Plan  
Provider Disputes  
8040 Carlson Road, Suite 500  
Harrisburg, PA 17112

## Provider Appeals (Formal)

*Written request for the reversal of a medical denial*

### Inpatient Appeals:

AmeriHealth Mercy Health Plan  
Provider Appeals Department  
P.O. Box 7307  
London, KY 40742



*Please indicate  
"Provider Appeals"  
on the envelope.*

### Outpatient Appeals:

AmeriHealth Mercy Health Plan  
Provider Appeals Department  
P.O. Box 7316  
London, KY 40742

## Timely Filing Limits

*When submitting an EOB with a claim, the Dates and the Dollars must all match to avoid a rejection of the claim.*

Initial claims..... 180 days  
Resubmissions/Corrections..... 365 days  
COB submissions after primary finalization.....60 days

Department	Phone Number	Fax Number
Care Coordination	1-877-693-8271 (option 2)	1-866-755-0030
Concurrent Review		1-866-755-9936
Discharge Planning, Home Care, Skilled Nursing Facility, and Inpatient Rehabilitation		1-866-755-9982
DME Authorization	1-877-693-8271 (ext. 83465)	1-866-755-9841
Misc./OB Assessment forms/ Admission Notification forms		1-866-755-3186
Outpatient Therapy	1-877-693-8271 (ext. 83576)	1-866-755-9932
Pediatric Shift Care	1-877-693-8271 (ext. 83562)	1-866-755-0038
Provider Service	1-800-521-6007	
Prior Authorization	1-800-521-6622	1-866-755-9949
WeeCare	1-877-364-6797	1-866-755-9935
Credentialing	1-800-642-3510	
Contracting	1-866-546-7972	
Special Needs Unit	1-800-684-5503	
Retention Unit	1-855-737-7648	1-866-208-8145
EPSDT Unit	1-855-300-8334	1-866-208-8145

## Drug & Alcohol/Mental Health Services

**1-800-521-6007**

*All counties use the same phone number to access both services.*

County	Phone Number
Adams	1-866-738-9849
Berks	1-866-292-7886
Carbon, Monroe, Pike	1-866-473-5862
Dauphin, Lancaster, Lebanon, Cumberland, Perry	1-888-722-8646
Franklin and Fulton	1-866-773-7917
Huntingdon	1-866-878-6046
Lackawanna, Luzerne	1-866-668-4696
Lehigh	1-866-238-2311
Northampton	1-866-238-2312
York	1-866-542-0299

## Nurse Call Line

*A confidential line for members to ask health-related questions.*

**24 hours a day, 7 days a week call 1-866-566-1513**

## Websites and Email Addresses

Pa. Department of Public Welfare..... [www.dpw.state.pa.us](http://www.dpw.state.pa.us)  
 AmeriHealth Mercy Health Plan Website ..... [www.amerihealthmercyhp.com/provider/](http://www.amerihealthmercyhp.com/provider/)  
 For questions or suggestions, email..... [Provider.Communications@amerihealthmercyhp.com](mailto:Provider.Communications@amerihealthmercyhp.com)  
 All other correspondence..... 8040 Carlson Road, Suite 500, Harrisburg, PA 17112  
 1-877-693-8271 or fax 717-651-1673