

Illinois Community Plan Provider Quick Reference Guide



Customer Service

For Pre-authorization:
Fax request to: (844) 593-6221
Or
Call our Toll free phone
number: (855) 969-5907

For Claims and Eligibility:
(855) 969-5907

(TTY for Hearing Impaired 711)

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

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 pharmacy benefit manager. Assistance is available 7 days a week, 24 hours a day.

Claims will be processed in accordance with Provider Partners Provider and/or Facility contractual terms, Original Medicare billing rules, Medicare fee schedules, prospective payment system requirements, national coverage determinations (NCDs), local coverage determinations (LCDs) and the Provider Partners 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. Provider Partners uses Correct Coding Initiative (CCI) for bundling/unbundling logic. Provider fees are updated at least quarterly as files become available on the CMS website.

Provider Partners 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 Illinois Medicaid. Providers are not allowed to charge co-payments, co-insurance, or deductible charges that are the responsibility of Provider Partners or Illinois Medicaid.

WHEN REFERRING PROVIDER PARTNER MEMBERS TO OTHER PROVIDERS, PLEASE REFER TO CONTRACTED PROVIDERS. YOU CAN FIND CONTRACTED PROVIDERS ON OUR WEBSITE AT [HTTPS://WWW.PPHEALTHPLAN.COM/PROVIDER-DIRECTORY/](https://www.pphealthplan.com/provider-directory/)

Claims Submission

Provider Partners
PAYER ID# 31401
PAPER:
Provider Partners Claims
PO Box 94290
Lubbock, TX 79493

PRE-AUTHORIZATION

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

SERVICES REQUIRING PRE-AUTHORIZATION

- Inpatient Admissions (including Partial Hospitalization)
- Skilled Nursing Facility (Transfer to SNF bed)
- High Tech Radiological Services excluding MRI
- Reconstructive/Potentially Cosmetic Procedures
- Transplant Services
- Durable Medical Equipment greater than \$750 billed charges per month
- Prosthetics/Medical Supplies greater than \$750 billed charges per month
- Hyperbaric Oxygen Therapy
- Specialized Pain Management Services
- Mental Health Services
- Psychiatric Services
- Home Health
- Substance Abuse Programs and Treatment
- Part B drugs with billed charges of excess of \$1,500
- Outpatient PT/ST/OT
- Radiation oncology or radiation therapy
- Cardiac and Pulmonary Rehabilitation Services
- Nuclear Medicine Scans
- Most services provided by a non-participating Provider require authorization. For questions regarding which services require authorization, please contact Provider Services at 855-969-5907

For a full list of authorization requirements please reference our Evidence of Coverage that can be found on the Provider Partners website

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