

# Facility Tip Sheet



American Health Advantage of Idaho is an Institutional Special Needs Medicare Advantage Plan designed to meet the unique needs of Medicare Beneficiaries residing in Skilled Nursing facilities. Our plan is contracted with TruHealth Advanced Practice Providers and RN Case Managers who assist the Member's Primary Care Physician in coordinating care.

## Important plan contact information

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|---|------------------------------------|
| <b>Provider help desk:</b> General provider contract questions, claims status/payment questions, general plan information | <b>855-521-0627<br/>(option 4)</b> |
| <b>Customer service:</b> Verify member's benefits / coverage, general benefits questions                                  | <b>855-521-0627<br/>(option 3)</b> |
| <b>Utilization management:</b> Authorizations for medical services, and continued stay reviews / updates                  | <b>522-521-0627<br/>(option 3)</b> |
| <b>Website</b>  | <b>ID.AmHealthPlans.com</b>        |

## Other important contact information

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|---|--|
| <b>TruHealth Advanced Practice Provider / RN Case Manager:</b> Share clinical information, request clinical assistance  | <b>855-521-0627<br/>(option 1)<br/>Fax: 866-439-0076</b> |
| <b>ELIXIR PHARMACY Technical Help Desk:</b> General questions related to Part D drugs. Inquiries may pertain to operational areas related to Part D coverage such as benefit coverage, prior authorization, claims processing, claims submission, and claims payment. | <b>833-674-6196</b>                                      |

## Claims processing

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| Electronic claims (preferred)   | Clearinghouse: Claimsnet / SSI    EDI billing number: 31145 |
| Mailing address (paper claims)  | P.O. Box 93780    Lubbock, TX 79493                         |
| <b>TIMELY FILING REQUIREMENTS: for initial and corrected claims, please refer to your provider agreement.</b> |   |

## Facility billing guidelines

For complete billing instructions, see your Facility Billing Guide.

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| Part A SNF services                    | Post hospital-transfer skilled (SNF) and Skill in Place (SIP); AUTHORIZATION REQUIRED. Bill using EDI 837i or UB04; TOB 21x; Revenue code 0120 on line 0022 with all applicable diagnosis codes.   |
| Part B therapy                         | Per contract NO AUTHORIZATION REQUIRED; member therapy needs should be communicated to Facility ISNP APP and / or CM. Bill all PT, OT, ST services separately from other Part B / supplemental services; follow CMS billing guidelines for coding.   |
| In-home / out-of-home support services | Ordered by PCP or Plan Care Team for companion to assist member with medical appointments outside facility or supervised visits in facility.<br>Bill using EDI 837i or UB04; TOB 22x; Revenue code 3109; HCPCS code S5135.<br>One unit = 15 minutes; 212 total units (53 hours) per year for 2022. |
| Routine Transportation                 | Routine, non-emergent transportation services by facility-owned van/medical transport to any health-related location. Bill using EDI 837i or UB04; TOB 22x or 24x; Revenue code 0542; HCPCS code A0130.<br>24 one-way trips per member per year; One unit = 1 one-way trip.                        |