

# Maryland 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

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](http://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 Health Plans pharmacy benefit manager. Assistance is available 7 days a week, 24 hours a day.

Claims will be processed in accordance with PPHP 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 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 Maryland Medicaid. Providers are not allowed to charge co-payments, co-insurance, or deductible charges that are the responsibility of PPHP or Maryland Medicaid.

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

## Claims Submission

PPHP PAYER ID# 31118  
PAPER: Provider Partners  
Health Plans  
PPHP 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 PPHP 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)
- Outpatient Surgery Procedures when performed in an ASC
- High Tech Radiological Services
- 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
- 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
- Diagnostics Procedures/Tests services/Lab Services greater than \$500
- Radiation oncology or radiation therapy
- 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 EOC that can be found on the PPHP website

Additional online tools and resources, including the provider manual, billing tips and reimbursement methodologies are available at [pphealthplan.com](http://pphealthplan.com)