

# Facility Tip Sheet

American Health Advantage of Utah is an Institutional Special Needs Medicare Advantage Plan designed to meet the unique needs of Medicare Beneficiaries residing in certain institutional levels of care. 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

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

## Other important contact information

<b>TruHealth Advanced Practice Provider / RN Case Manager:</b> Share clinical information, request clinical assistance	<b>855-521-0627 (option 1) 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

Electronic claims (preferred)	Clearinghouse: Change Healthcare EDI billing number: 31145
Mailing address (paper claims)	P.O. Box 981604 El Paso, TX 79998-1604
<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.

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. Bill using EDI 837i or UB04; TOB 22x; Revenue code 3109; HCPCS code S5135. One unit = 15 minutes. 264 total units (66 hours) per year for 2023 for Advantage plan; 160 total units (40 hours) for 2023 for Premier plan.
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. One unit = 1 one-way trip. 24 one-way trips per member per year for 2023 for Advantage plan; not covered for 2023 for Premier plan.