



Your Provider Account Executive: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: ..... 215-937-5343

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

**Member Services >> 1-800-521-6860**

*24 hours a day, 7 days a week*

**NAVINET >> [www.navinet.net](http://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 >> 1-877-408-0878**

Access detailed information at [www.kmhp dentalproviders.com](http://www.kmhp dentalproviders.com)

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

Administered by Davis Vision

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

Except for STAT services, lab services should be directed to the lab found on the member's ID Card.

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

*Members self-refer to*

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

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

For family inquiries on Pennsylvania's Early Intervention System

**Pediatric Preventative (EPSDT) >> 1-888-765-9569**

*Available from 8:00 a.m. to 5:00 p.m., Monday–Friday.*

Call for inquiries on EPSDT expanded services.

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

**Case Management/Care Coordination >> 1-800-573-4100**

**Pharmacy Services >> 1-800-588-6767**

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

- » For pharmacy authorization..... Fax: 215-937-5018
- » Injectable questions and supplies..... 1-800-588-6767
- » Claims questions (ARGUS)..... 1-800-522-7487

**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.

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

**Services requiring referrals:**

- » All Specialist Care Office Visits

**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.keystonemercy.com](http://www.keystonemercy.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 MA Fee Schedule
- » 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, Gastroplasty, 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**

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



## All Claims

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

Keystone Mercy Health Plan  
Claims Processing Department  
P.O. Box 7115  
London, KY 40742

## Family Planning Claims

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

## Provider Disputes (Informal)

*Dissatisfaction NOT concerning Medical Necessity*

Keystone Mercy Health Plan  
Provider Disputes  
200 Stevens Drive  
Philadelphia, PA 19113

## Provider Appeals (Formal)

*Written request for the reversal of a medical denial*

### Inpatient Appeals:

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



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

### Outpatient Appeals:

Keystone 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 payment.....60 days

## Nurse Call Line

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

**24 hours a day, 7 days a week**

**1-866-431-1514**

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

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

**Peer to Peer Hotline:**  
**1-877-693-8480**

Department	Fax Number	Phone Number
Provider Service		1-800-521-6007
Member Services		1-800-521-6860
Prior Authorization	215-937-5322	1-800-521-6622
Adult Concurrent Review	215-937-7368	215-863-6425
Pediatric Concurrent Review	215-937-7370	215-863-6430
NICU Concurrent Review	215-937-7369	215-863-6447
OB Concurrent Review	215-937-7365	215-863-6443
Maternity Data	215-937-7325	215-863-6475
Discharge Notification Review	215-937-7366	215-863-6477
Discharge Planning Review	215-937-7367	215-863-6454
DME Authorization	215-937-5383	1-800-521-6622
WeeCare	1-866-405-7946	1-800-521-6867
Credentialing		1-800-642-3510
Contracting		1-866-546-7972

## Medical Assistance Transportation Program (MATP)

County	Service Provider	Phone Number
Bucks	Bucks Transportation	1-888-795-0740 (Local) 215-794-5554
Chester	Rover Community Transportation	1-877-873-8415 (Local) 610-594-3911
Delaware	Community Transit of Delaware County	1-866-450-3766 (Local) 610-490-3960
Montgomery	County Suburban Transit Network	(Local) 215-542-7433
Philadelphia	LogistiCare	1-877-835-7412 (Local) 267-515-6400

## Behavioral Health Providers

County	Service Provider	Phone Number
Bucks	Magellan Behavioral Health	1-877-769-9784
Chester	Community Care Behavioral Health	1-866-622-4228
Delaware	Magellan Behavioral Health	1-888-207-2911
Montgomery	Magellan Behavioral Health	1-877-769-9782
Philadelphia	Community Behavioral	1-888-545-2600

## Websites and Email Addresses

Pa. Department of Public Welfare  
[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Keystone Mercy Health Plan Website  
[www.keystonemercy.com](http://www.keystonemercy.com)

For questions or suggestions, email  
[Provider.Communications@kmhp.com](mailto:Provider.Communications@kmhp.com)

Register to receive e-mail communications (E-LERT)  
<http://www.keystonemercy.com/provider>