

## Important Phone Numbers

### Provider Help Desk

**1-844-228-7934**

### Care Management Services

**1-844-228-7934**

### Pharmacy Technical Help Desk

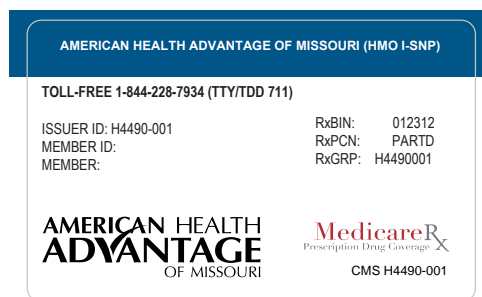
**1-833-661-1990**

\*TTY/TDD: 711

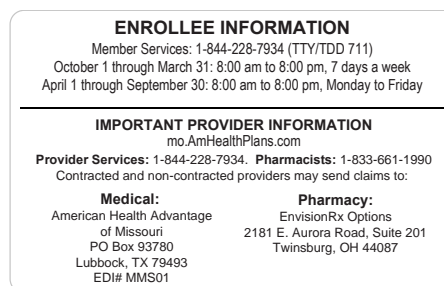
\* **American Health Advantage of Missouri** provides for interpretation services to our Providers who provide health services to our Members with limited English proficiency and diverse cultural and ethnic backgrounds. If you require the services of a professional interpreter when dealing with one of our **American Health Advantage of Missouri** Members call the Provider Help Desk at 1-844-228-7934.

## Identification of American Health Advantage of Missouri

Each member of an **American Health Advantage of Missouri** plan will have an **American Health Advantage of Missouri** identification card and has been instructed to present it at each visit. The card will provide most of the information you need to process the patient through your system, including *electronic claims EDI number, paper claims mailing address* and important phone numbers. Please see the sample card below.



Front of card



Back of card

## Authorization Requirements

(effective 1/1/2020)

### 2020 Prior Authorization

**Prior Authorizations are required for the following covered services (by service level):\***

- **ALL Inpatient** (including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.)
- **Skilled Nursing Facility** (Medicare required three midnight stay is waved)
- **Partial Hospitalization**
- **Outpatient Observation**
- **Outpatient Hospital Services**
- **Ambulatory Surgery Services**
- **Home Health Care**
- **DME, Prosthetics and Orthotics** (with billed charges in excess of \$250)
- **Diabetic Supplies** (with billed charges in excess of \$250)
- **Therapy Services** (Physical, Speech and Occupational Therapy)
- **Diagnostic Radiological Services** (e.g. High-Tech Radiology Services including but not limited to: MRI, MRA, PET, CTA, CT Scans and SPECT require prior authorization. **NOTE:** No authorization is required for Outpatient X-ray Services or Therapeutic Radiology Services)
- **Ambulance Services** (Medicare covered non-emergency Ambulance transportation services)
- **Medicare Part B Chemotherapy Drugs** (Drugs with billed charges in excess of \$250)
- **Other Medicare Part B Drugs** (covered drugs with billed charges in excess of \$250)
- **Opioid Treatment Services**
- **Out-of-Network Providers** (including but not limited to: physicians, DME/Prosthetics suppliers, laboratories, diagnostic tests and/or procedures, non-emergent ambulance, ambulatory surgery center, outpatient hospital, inpatient hospital, home health care, outpatient physical therapy outpatient speech-language therapy, outpatient occupational therapy, outpatient hospital observation, skilled nursing facility, etc.)

❖ **NOTE:** No authorization is required for medically necessary emergent services, urgently needed care or out-of-area dialysis services provided by a Medicare-certified dialysis provider.

Additional information regarding the authorization requirements for these services can be found on our website at: [mo.AmHealthPlans.com](http://mo.AmHealthPlans.com)

The Provider must obtain a prior authorization from **American Health Advantage of Missouri** at (fax) **1-800-513-0740**.

Services must be provided according to American Health Advantage of Missouri Coverage Guidelines established in accordance with original Medicare Coverage Guidelines and are subject to review. All medical care, services, items, supplies and equipment must be medically necessary.

## Transportation

(Non-Emergent, Routine)

Routine Transportation is a trip to a scheduled medical appointment within the Plan's service area when the need for transportation is not based on medical necessity. Providers may bill the Plan for non-emergent routine transportation within the following guidelines:

The Plan covers up to **twenty (20) one-way non-emergent wheelchair van transports** per calendar year within the Plan's Service Area. Reimbursement for each one-way non-emergent wheelchair transport trip is **\$15.00**.

The billing code for this service is:

**A0130** Non-emergency transportation: wheelchair van

Please contact the Provider Help Desk with any questions about this benefit or for more information on how to use this service at **1-844-228-7934**.

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## Claims Processing

### Paper Claims / Mailing Address

**American Health Advantage of Missouri**, P.O. Box 93780, Lubbock, TX 79493

### Electronic Claims / Clearinghouses: **Claimsnet**

EDI billing number: MMS01

Place all associated authorization numbers in Box 23 of the CMS1500 or Box 63 of the UB92 and UB04. If you are submitting your claims via the preferred method by electronic submission, please submit using the following field locators:

- HCFA 1500: 837p: Loop 2300, 2-180-REF02 (G1)
- UB92/UB04: 837i: Loop 2300, REF02

**Timely Filing of Clean Claims:** 365 days\* from date of service

**Timely Filing of Corrected Clean Claims:** 365 days\* from original Explanation of Payment/Denial

## Participating Provider Reconsiderations and Claim Dispute Resolution

**Submission Time Frame:** 60 calendar days from date of initial Explanation of Payment (EOP)

### Participating Provider Requests for Reconsideration

A participating provider may file a request for reconsideration of an American Health Advantage of Missouri claim determination if the participating provider disagrees with American Health Advantage of Missouri's claim determination. The participating provider must complete the American Health Advantage of Missouri Request for Reconsideration of a Claim Determination form and mail the completed form including required supporting documents to:

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**American Health Advantage of Missouri**  
**Attn: Provider Reconsiderations/Disputes**  
**201 Jordan Road, Suite 200**  
**Franklin, TN 37067**  
**Fax: 844-280-5360**

## Fraud, Waste & Abuse

American Health Advantage of Missouri encourages participating providers to implement processes to detect and prevent fraudulent activities from our members and Medicare beneficiaries. Your diligence protects your reputation and revenue, as well as taxpayers' money.

### Examples of member and/or beneficiary fraud, waste, or abuse:

- Misrepresentation of status: A member or a beneficiary misrepresents identity, eligibility, or medical condition to illegally receive the drug benefit or medical service.
- Identity theft: Perpetrator uses another person's American Health Advantage of Missouri Member Identification card and/or original Medicare card to obtain services, items or prescription drugs.
- Doctor shopping: A Member or Medicare beneficiary consults several doctors to obtain multiple prescriptions for narcotic painkillers or other drugs.
- Improper Coordination of Benefits: A Member or a Beneficiary fails to disclose all insurance policies or leverages multiple policies to "game" the system and receive more benefits than allowed.
- Prescription forging, altering or diversion: Someone changes a prescription without the prescriber's approval in order to increase quantities or get additional refills of drugs, usually narcotics.

- Resale of drugs on black market: A member or Medicare beneficiary falsely reports loss or theft of drugs to fake an illness to obtain drugs for resale on the black market.

### How to Report your Concerns

Contact American Health Advantage of Missouri Compliance and Ethics Hotline, the U.S. Office of the Inspector General, or Medicare’s customer service center if you know of something that needs investigating. You can even provide your report anonymously.

American Health Advantage of Missouri

**Hotline:** 1-866-205-2866 | **Email:** [compliance@AmHealthPlans.com](mailto:compliance@AmHealthPlans.com)

#### **U.S. Office of the Inspector General**

**Hotline:** 1-800-447-8477 | **TTY:** 1-800-377-4950 | **Website:** [oig.hhs.gov/report-fraud/index.asp](http://oig.hhs.gov/report-fraud/index.asp)

**Mail:** U.S. Department of Health and Human Services | Office of Inspector General ATTN: OIG Hotline Operations | PO Box 23489 | Washington, DC 20026

#### **Medicare**

**Customer Service Center:** 1-800-633-4227 | **TTY:** 1-877-486-2048 | **Website:**

[medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud](http://medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud)

### For More Information

Please visit our website at: [mo.AmHealthPlans.com](http://mo.AmHealthPlans.com) under the [Providers & Partners](#) page to locate provider forms, resources, provider training materials and important information.