

Provider Reference Guide



Keystone First

Your provider account executive: _____

Phone number: _____ Fax number: 1-215-937-5343

Provider Services 1-800-521-6007

Member Services 1-800-521-6860

24 hours a day, 7 days a week.

NaviNet www.navinet.net 1-888-482-8057

Provides 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.keystonefirstdentists.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 1-800-521-6007

Members self-refer for routine family planning services and may go to any physician or clinic.

CONNECT Hotline 1-800-692-7288

For family inquiries on Pennsylvania's Early Intervention System.

Pediatric preventive (EPSDT) 1-888-765-9569

Available from 8 a.m. to 5 p.m., Monday – Friday.
Call for inquiries on EPSDT expanded services.

PA tobacco cessation information 1-800-QUIT-NOW

Case management and 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: 1-215-937-5018**
Online: www.keystonefirstspa.com > Pharmacy > Online PA Request Form.
- Prior authorization and claims questions..... **1-800-588-6767**

Emergency room (ER) policy 1-800-521-6007

- Prior authorization is not required for ER 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

An official, plan-issued paper or electronic referral is not required.

Primary care practitioners (PCPs) should:

- “Refer” members to specialists; this may be in the form of a prescription, a phone call, sending a letter, or faxing a request to the specialist.

Specialists should:

- Not turn members away if there has been no communication or indication of reason for the visit from the PCP. Contact the PCP office.
- Contact the PCP if the member needs to be referred to another specialist for consultation, treatment, etc.

Self-referral services include, but are not limited to, the list below:

- Emergency services.
- Routine dental services.
- Routine eye exams.
- Family planning.
- OB visits.
- GYN visits.
- Chiropractic initial visits.

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.keystonefirstspa.com.

- Elective hospital admissions.
- Air ambulance transportation.
- Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Ambulance transportation to and from the prescribed pediatric extended care center (PPECC) medical day care.
- Transplant evaluations and procedures.
- Medically necessary termination of pregnancy.
- All durable medical equipment (DME), prosthetics, and orthotics over \$750.
- DME not on Medical Assistance Fee Schedule.
- Diapers/Pull-ups in excess of 300 items per month and requests for brand-specific diapers.
- Enteral formula:
 - regardless of cost, over age 21.
 - in excess of \$350 per month for members under age 21.
- Physical, speech, and occupational therapy exceeding 24 visits in a calendar year.
- Experimental and investigational services or procedures.
- Cardiac or pulmonary rehabilitation.
- Any service performed by a nonparticipating provider.
- Skilled nursing facility.
- Home health services after six visits per modality performed per calendar year (services may not exceed 60 days), home infusion, and hospice care.
- Bariatric surgery.
- Gastroenterology services (codes 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.
- Any services or products not listed or in exceeding limits on the Medical Assistance Fee Schedule.
- Pain management services (in a place of service other than a physician's office and services not on the Medical Assistance Fee Schedule).
- Emergent admissions require notification by fax or phone within 48 hours or the first business day after the day services were rendered.

Outpatient radiology services requiring prior authorization by National Imaging Associates Inc. (NIA) at www.RadMD.com or 1-800-642-2602:

- CT/CTA.
- MRI/MRA.
- PET scan.
- CCTA.
- Nuclear cardiology/ MPI.

Contact Information



Keystone First

All claims

Please indicate "Resubmitted" or "Corrected Claim" on the claim form (if applicable).

Keystone First
Claims Processing Department
P.O. Box 7115
London, KY 40742

Provider disputes (informal)

Dissatisfaction not concerning medical necessity:

Keystone First
Provider Disputes
200 Stevens Drive
Philadelphia, PA 19113

Provider appeals (formal)

Written request for the reversal of a medical denial.

Please indicate "Provider Appeals" on the envelope.

Inpatient appeals:

Keystone First
Provider Appeals Department
P.O. Box 7307
London, KY 40742

Outpatient appeals:

Keystone First
Provider Appeals Department
P.O. Box 7316
London, KY 40742

Timely filing limits

When submitting an explanation of benefits (EOB) with a claim, the dates and dollars must all match to avoid a rejection of the claim.

Initial claims.....180 days
Resubmissions
and 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,
call 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	Phone number	Fax number
Provider Services	1-800-521-6007	
Member Services	1-800-521-6860	
Prior authorization	1-800-521-6622	1-215-937-5322
Concurrent review units*	1-800-521-6622 (choose concurrent review prompt)	
Unit 1	1-800-521-6622	1-215-937-7368
Unit 2	1-800-521-6622	1-215-937-7370
Unit 3	1-800-521-6622	1-215-937-7369
Unit 4	1-800-521-6622	1-215-937-7365
*To determine the assigned unit, call 1-800-521-6622 (concurrent review prompt).		
Maternity data	1-215-863-6475	1-215-937-7325
Discharge notification review	1-215-863-6477	1-215-937-7366
Discharge planning review	1-215-863-6454	1-215-937-7367
DME authorization	1-800-521-6622	1-215-937-5383
Bright Start®	1-800-521-6867	1-866-405-7946
Credentialing	1-800-642-3510	
Contracting	1-866-546-7972	
Panel adjustments		1-215-863-5229

Medical Assistance Transportation Program (MATP)

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

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 Human Services	www.dhs.pa.gov
Keystone First website	www.keystonefirstpa.com
For questions or suggestions, email	provider.communications@keystonefirstpa.com
Register to receive email communications (E-Lert)	www.keystonefirstpa.com/provider