



**AmeriHealth\* Quick Reference Guide  
for participating providers**

| Health plans                                                                                                  | Prefix                       | Payer information |       | Emdeon payer information     | Paper claim mailing address                                                                    | Authorizations and eligibility <sup>1</sup>                                                                                                                |
|---------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|-------|------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                               |                              | ISA-08            | GS-03 |                              |                                                                                                |                                                                                                                                                            |
| <b>AmeriHealth HMO/POS (NJ)</b><br><b>AmeriHealth 65® (NJ)<sup>2</sup></b><br><b>AmeriHealth HMO/POS (PA)</b> | Q1C, Q1P, Q3A, Q3B, Q3C, Q3P | 54704             | 95044 | 23037                        | <b>Paper Claims Address</b><br>Claims Receipt Center<br>P.O. Box 211184<br>Eagan, MN 55121     | <b>Authorizations</b><br>1-800-809-9954<br><br><b>Verify eligibility and benefits at</b><br><a href="http://www.pearprovider.com">www.pearprovider.com</a> |
| <b>AmeriHealth non-HMO (NJ)</b>                                                                               | Q1B, Q1E, Q1S, Q1T           |                   | 60061 | 837P – SX075<br>837I – 12X28 |                                                                                                |                                                                                                                                                            |
| <b>AmeriHealth Administrators</b>                                                                             | Not applicable               |                   | 54763 | 54763                        | <b>Paper Claims Address</b><br>AmeriHealth Administrators<br>P.O. Box 21545<br>Eagan, MN 55121 |                                                                                                                                                            |

<sup>1</sup>Preauthorization is not needed for most routine outpatient services.

<sup>2</sup>This plan is no longer offered.

You can request higher levels of care authorization information at [www.MagellanProvider.com](http://www.MagellanProvider.com).

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## Resources for providers

You can get answers to many frequently asked questions online at [www.MagellanProvider.com](http://www.MagellanProvider.com).

Some of these resources include:

- Magellan provider handbook
- Medical necessity criteria
- Clinical practice guidelines
- Credentialing criteria
- Request member care application
- Claims tools
- Online professional claims submission
- Provider profile updates
- Outcomes 360<sup>sm</sup> assessments
- Sample PCP communication forms
- Enhanced provider data change form
- Enhanced group and facility roster maintenance
- Magellan provider newsletter, *Provider Focus*.

## Provider inquiries

- Call the general 800 number listed in this **Quick Reference Guide** for claims and authorization questions.
- Call the Magellan national **Provider Services Line** at **1-800-788-4005** for general inquiries, including credentialing and network status.

## AmeriHealth customer service and up-to-date information

- **AmeriHealth Pennsylvania** at **1-800-275-2583** or [www.amerihealth.com/providers](http://www.amerihealth.com/providers)
- **AmeriHealth New Jersey** at **1-888-968-7241** or [www.amerihealthnj.com/html/provider](http://www.amerihealthnj.com/html/provider)

Access the Pear Portal® web portal for eligibility/benefits and other required self-service tools at [www.pearprovider.com](http://www.pearprovider.com). Pear Portal is a registered trademark of © 2021 Independence Blue Cross. All Rights Reserved.

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