

**IMPORTANT TELEPHONE NUMBERS**

<b>Member Services (Eligibility/Benefits)</b> .....	866-571-0693	<b>24/7 Nurse Hotline</b> .....	866-773-1071
<b>Member TTY/TDD</b> .....	866-671-0693	<i>Members may call this</i>	<i>24 hours a day,</i>
<b>Provider Relations</b> .....	866-427-9152	<i>number to speak with a nurse.</i>	<i>7 days a week</i>
<b>Provider Claims</b> .....	877-978-7776	<b>Fraud and Abuse Hotline</b> .....	866-461-5705
<b>Prior Authorization</b> .....	866-773-1072	<b>Disease/Case Management</b> .....	866-597-4755
<b>Prior Authorization - Fax</b> .....	866-440-4628		

**PHARMACY**

**Pharmacy Services** ..... 888-980-8764  
*Including after hour/weekends*

**SALES AND MARKETING**

**Sales and Marketing** ..... 888-U-ASK-PUP  
 888-827-5787

**CLAIMS**

**Claims Status, Review** ..... 877-978-7776  
**Claims Refund Requests, Appeals** ..... 866-461-5704

To ensure timely and accurate processing, mail claims to:

EDI Payer and ID#  
 Availability ..... 10775  
 Emdeon ... TH131

Physicians United Plan  
 P.O. Box 4960  
 Winter Park, FL 32793-4960

**MEMBER/PROVIDER APPEALS**

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A **Non-PAR** provider may also seek an appeal through the Appeals Department within 60 calendar days when a claim is denied for lack of prior authorization or timely filing.

Mail or fax an appeal with supporting clinical documentation to:

Physicians United Plan  
 Attn. Appeals  
 9102 Southpark Center Loop, Suite 200  
 Orlando, FL 32819

Grievances may be initiated in writing or by a call to the Member Services Department.

Physicians United Plan  
 Attn. Grievances  
 9102 Southpark Center Loop, Suite 200  
 Orlando, FL 32819

**For a Fast Appeal:**

Telephone ..... 866-571-0693  
 Fax ..... 407-852-9266

Member Services Department ..... 866-571-0693

**PAR PROVIDER COMPLAINTS AND GRIEVANCES**

A **PAR** Provider may file a written complaint in reference to a claim denial or any other administrative issue within 180 days of the event.

Submit your complaint in writing via mail or fax to:

Physicians United Plan  
 P.O. Box 5018  
 Winter Park, FL 32793-5018

Telephone ..... 877-978-7776  
 Fax ..... 407-937-2511

**CONTRACTED NETWORKS**

<b>Behavioral Health - PsychCare</b> .....	800-221-5487	<b>Hearing Services - Hear USA</b> .....	800-528-3277
<b>Chiropractic - Chiro Alliance Corp</b> .....	727-319-6199	<b>Fitness - Healthways (Fit Life)</b> .....	800-728-8492
<b>Dental - Argus Dental Network</b> (Broward/Dade/Palm Beach) .....	877-864-0625	<b>Ophthalmology - Advantica Eye Care</b> .....	866-425-2323
<b>DME - Atenda Healthcare Solutions</b> .....	888-914-2201	<b>Optometry - Advantica Eye Care</b> .....	866-425-2323

**AUTHORIZATION**

Phone Number ..... 866-773-1072  
 Fax Number ..... 866-440-4628

**Note:** Place of Service codes are specific for some services. Please include CPT and ICD-9 codes with your request.  
**Specialists must coordinate all services with the member's PCP.**

**NOTIFICATION REQUIRED**

- Unplanned Hospitalizations (21)\*
- Observations (22)\*
- Hospice
- Dialysis (65)\*

**REFERRALS**

PUP has adopted the concept that the PCP is the "Medical Home" for its members. When necessary, the PCP should refer their patients to a Specialist physician using the "PCP to Specialist Referral Form". The Specialist physician must document the receipt of the request and the reason for the referral in the medical record. The Specialist physician must notify the PCP of any planned procedures that require Prior Authorization. The PCP should require that the patient return to their office to discuss the recommendations of the Specialist physician. **Referrals by a Specialist physician to another Specialist physician are not permitted.**

**STANDARD AUTHORIZATION REQUESTS**

**Out-Of-Network Authorizations**

- All out-of-network services require prior authorization

**Inpatient**

- All Elective Admissions (21,22)\*
- Skilled Nursing Admissions (31,32)\*
- Rehabilitation Facility Admissions (61)\*
- Behavioral Health and Substance Abuse  
 (See Behavioral Health under Contracted Networks on page 1)

**Outpatient Physicians Office**

- All procedures in Ambulatory Surgery Center (24)\* except: CPT codes 43200-43258, 44360-44397, 45300-45392
- All surgical procedures in Outpatient Hospital (22)\* except: CPT codes 43200-43258, 44360-44397, 45300-45392
- Alcohol or Substance Abuse and Behavioral Health (See Behavioral Health under Contracted Networks in page 1)
- Ambulance or Ambulette (non-emergent)
- Cardiac and Pulmonary Rehabilitation (ALL)\*
- Chemotherapy Services, including oncological injections such as Remicaid, Botox) (11,22,12)\*
- Ocular Injections
- Cytogenetic, Reproductive, Molecular laboratory tests
- Pain Clinic/Management (11,22,24)\*
- MOHS Surgery (11,22,24)\*
- Transplant Services
- PET, SPECT, MRA, CAT, MRI (ALL)\*

**Outpatient Physicians Office (Cont.)**

- Angiograms/Venograms (11,22,24)\*
- Nuclear Studies/Thallium/Myocardial Perfusion (11,22,24)\*
- Transesophageal Echocardiogram [TEE] (11,22,24)\*
- Intensity Modulated Radiotherapy – IMRT [77301, 77418] (ALL)\*
- Comprehensive Rehabilitation Services (62)\*
- Outpatient Skilled Nursing Facility Services (31,32)\*
- Hyperbaric Oxygen Therapy
- Elective Reconstructive Plastic Surgeries (ALL)\*
- Cosmetic Procedures (ALL)\*
- Investigational and Experimental Procedures and Treatment
- Wound Care Center/Wound Care

**Ancillary**

- Occupational, Physical and Speech Therapy, includes all disciplines (11,12,22)\*
- Respiratory Therapy (11,22,24)\*

**Home Health and DME**

- Home Health, including drug infusion
- Wound Care
- DME >\$300 [billed charges per item] (11,12)\* (See DME under Contracted Networks on page 1)
- Bi-PAP/CPAP machines
- Orthotics and Prosthetics

**NO AUTHORIZATION REQUIRED**

**Emergency and Urgent Care**

- Emergency Transportation Services
- Urgent or Emergent Care Services in Emergency Room or Urgent Care Center (23,20)\*

**Primary Care**

- PCP Office Visit and Treatment or Diagnostic Tests and Procedures considered by PUP to be part of the Office Visit (11)\*

**Specialists (PAR)**

- Office Visits and Treatment with **PCP Referral only**
- Diagnostic Tests and Procedures when routinely part of an Office Visit, that do not require Prior Authorization by PUP and are Approved by the PCP

**Laboratory By PCP**

- Laboratory Tests consistent with CLIA guidelines (11)\*

**\*PLACE OF SERVICE CODES**

11 - Office	20 - Urgent Care Facility
21 - Inpatient Hospital	22 - Outpatient Hospital
23 - Emergency Room	24 - Ambulatory Surgery Center
31 - Skilled Nursing Facility	32 - Nursing Facility
61 - Inpatient Rehab	62 - Outpatient Rehab
65 - ESRD	81 - Independent Laboratory

Note: This is not intended to be an all-inclusive list of covered services, but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions and member eligibility at time service is rendered.