Facility Tip Sheet

American Health Advantage of Pennsylvania is an Institutional Special Needs Medicare Advantage Plan designed to meet the unique needs of Medicare Beneficiaries residing in certain institutional levels of care. Our plan is contracted with TruHealth Advanced Practice Providers and RN Case Managers who assist the Member's Primary Care Physician in coordinating care.

Important plan contact information

Provider help desk: General provider contract questions, claims status/payment questions, eligibility, general plan information	**855-239-1022** (option 4)
Customer service: Verify member's benefits/coverage, general benefits questions	**855-239-1022** (option 4)
Utilization management: Authorizations for medical services and continued stay reviews/updates	**855-239-1022** (option 4)
TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	**855-239-1022** (option 1) **Fax: 877-875-1280**
NAVITUS PHARMACY Technical Help Desk: General questions related to Part D drugs. Inquiries may pertain to operational areas related to Part D coverage such as benefit coverage, prior authorization, claims processing, claims submission, and claims payment.	**866-270-3877**
Website	**PA.AmHealthPlans.com**

Claims processing

Electronic claims (preferred)	Clearinghouse: Availity EDI billing number: PA901
Mailing address (paper claims)	P.O. Box 31039 Tampa, FL 33631-3039
For TIMELY FILING REQUIREMENTS for initial and corrected claims, please refer to your provider agreement.	

Facility billing guidelines For skilled nursing facilities for capitated members.

For complete billing instructions, see your Facility Billing Guide.

Part A SNF services	Post hospital-transfer skilled (SNF). Claim is required for tracking purposes. Bill using UB04 or EDI PA901; TOB 21X; Revenue code 0120 on line 0022 with all applicable diagnosis codes
Part B therapy	Per contract no authorization is required; member therapy needs should be communicated to Facility ISNP APP and / or CM. Bill all PT, OT, ST services separately from other Part B / supplemental services; follow CMS billing guidelines for coding
In-home support services	Ordered by PCP or Health Plan Care Team for companion to assist member with medical appointments outside facility or supervised visits in facility Bill using UB04; TOB 22X; Revenue code 3109; HCPCS code S5135 One unit = 15 minutes; 160 total units (40 hours) per year for 2026
Other Transportation	Routine, non-emergent transportation services by facility-owned van/medical transport to any health-related location. Bill using UB04 or EDI PA901; TOB 22x or 24x; Revenue code 0542; HCPCS code A0130. 36 one-way trips per member per year; One unit = 1 one-way trip. Reimbursed $45 per one-way trip.