

Provider Quick Reference Guide



TEXAS INDEPENDENCE HEALTH PLAN

Customer Service

For Pre-authorization:
Fax request to: (877) 235-1650
Or
Call our Toll free phone
number: (833) 471-8447

For Claims and Eligibility:
(833) 471-8447

Hours are 8:00 A.M. to 8:00 P.M., seven days a week from
October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to
Friday from April 1 through September 30.

txindependencehealthplan.com

Pharmacy Benefit Inquiry and Authorization

Elixir 1-866-213-1594

For prescription drug benefit questions or coverage
determinations (drug authorizations) please call Elixir, Texas
Independence Health Plan pharmacy benefit manager.
Assistance is available 7 days a week, 24 hours a day.

Claims will be processed in accordance with Original
Medicare billing rules, Medicare fee schedules, prospective
payment system requirements, local coverage determinations
(LCDs) and the TIHP Terms and Conditions of Payment. All
payment methodologies are updated in accordance with
CMS final rules and correction notices published in the
Federal Register and CMS transmittals. TIHP uses Correct
Coding Initiative (CCI) for bundling/unbundling logic. Provider
fees are updated at least quarterly as files become available
on the CMS website.

TIHP applies effective dates as instructed per CMS
transmittals. As an Institutional Special Needs Plan some
members may be eligible for the cost of sharing benefits
provided by Texas Medicaid. Providers are not allowed to
charge co-payments, co-insurance, or deductible charges
that are the responsibility of TIHP or Texas Medicaid.

ALWAYS REFER MEMBERS OF TIHP TO OTHER CONTRACTED
PROVIDERS. PLEASE VISIT OUR WEBSITE TO DETERMINE WHICH
PROVIDERS ARE CONTRACTED.

Claims Submission

TIHP PAYER ID# 31403
PAPER: Texas
Independence Health Plan
TIHP Claims
PO Box 25738
Tampa, FL 33622

PRE-AUTHORIZATION

Notification of planned admissions should be
submitted 10 days prior to the planned admission
date. Unplanned admissions should be reported
to TIHP within 24 hours. Weekend and holiday
admissions should be reported by 5 pm next
business day.

SERVICES REQUIRING PRE-AUTHORIZATION

- Inpatient Admissions
- Rehabilitation Services, Specialized Structured
Programs, Inpatient and Outpatient
- Skilled Nursing Facility (Transfer to SNF bed)
- Outpatient Surgery Procedures when
performed in an ASC
- High Tech Radiological Services
- Reconstructive/Potentially Cosmetic
Procedures
- Transplant Services
- Durable Medical Equipment greater than \$500
billed charges per month
- Prosthetics/Medical Supplies greater than
\$500 billed charges per month
- Procedures considered investigational,
experimental or cosmetic
- Hyperbaric Oxygen Therapy
- Specialized Pain Management Services
- Mental Health Services
- Home Health
- Opioid Treatment Program Services
- Part B drugs with billed charges of excess of
\$1,500
- Most services provided by a non-participating
Provider require authorization. For questions
regarding which services require authorization,
please contact Provider Services at 833-471-
8447

For a full list of authorization requirements
please reference our EOC that can be found
on the TIHP website.

Additional online tools and resources,
including the provider manual, billing tips
and reimbursement methodologies are
available at txindependencehealthplan.com