

Claims

EDI Clearinghouse
CHANGE HEALTHCARE
(formerly EMDEON)
Payor ID: 55349

Paper Claims
America's 1st Choice of South Carolina, Inc.
P.O. Box 21528
Columbia, SC 29221-1528

When filing claims that require additional information (i.e. medical records, CLIA updates, EOPs, invoices) please mail the supporting documentation to the address listed above.

Claim Disputes

Please submit all documentation to the address above for claim denials regarding untimely submission, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc., within 60 days of date of denial on EOP.

Complaints, Appeals & Grievances

Provider complaints on administrative issues related to the Plan's policies and procedures or its authorization/referral process must be submitted within 45 calendar days from the date of occurrence. Please submit your complaint in writing by mail or fax to: **803-509-5035**.

A provider may file an appeal on behalf of the member with the member's written consent. (Please refer to CMS form 1696 "Appointment of Representative" - this is the CMS approved form for a member to provide written consent for another party to request an appeal on his/her behalf). A provider must submit the appeal request to the plan within 60 calendar days of a claim or authorization denial. The appeal request should include the reason(s) for appeal, and include any and all pertinent medical records for review. Submit an appeal by mail or fax to: America's 1st Choice of South Carolina, Inc.

America's 1st Choice Appeals & Grievances
P.O. Box 21528, Columbia, SC 29221-1528
Fax: 1-803-748-4907

Contracted Networks

Behavioral Health	Beacon Health Options	(888) 273-3710	www.beaconhealthoptions.com
Chiropractic	AFC Member Services	(888) 563-3289	www.americas1stchoice.com
Dental	Argus Dental	(855) 445-9757	www.argusdentalvision.com
Diabetic Supplies - OTC	AFC Member Services	(888) 563-3289	www.americas1stchoice.com
DME & Home Health	AFC Member Services	(888) 563-3289	www.americas1stchoice.com
Gym	Silver Sneakers	(855) 585-2392	www.silversneakers.com
Hearing	Hear USA/HearX	(800) 333-3389	www.hearusa.com
Laboratory	Quest	(866) 697-8378	www.questdiagnostics.com
	Solstas	(888) 664-7601	www.solstas.com
	LabCorp	(800) 432-6078	www.labcorp.com
Podiatry	AFC Member Services	(888) 563-3289	www.americas1stchoice.com
Optometry	AFC Member Services	(888) 563-3289	www.argusdentalvision.com

NOTE: This guide is not designed to be an all-inclusive list of covered services under America's 1st Choice of South Carolina, Inc. It provides current referral and prior authorization instructions. Authorization does not guarantee payment of claims. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable Plan coverage guidelines.

Provider Relations

Toll-free Telephone	(888) 563-3289	Fax Number	(803) 748-4534
TTY/TDD	711	Secondary Fax Number	(803) 509-5035
Physical Address	250 Berryhill Road, Suite 311 Columbia, SC 29210	Mailing Address	P.O. Box 21508 Columbia, SC 29221-1508

Web: www.americas1stchoice.com

Utilization Management - Authorizations

UM Department Availability	Weekdays Weekends and Holidays	8:00 a.m. - 5:00 p.m. 24 hours a day	All Staff Select Clinical Staff Only
Standard Requests	The Plan's average time to completion is two days, if all information is complete. Please fax requests to (888) 300-9314 .		
Expedited Requests	A request can only be expedited if it is felt that waiting up to the standard time for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy. Expedited requests may be submitted by phone at 1-888-563-3289 or fax to (888) 300-9314.		

Place of Service Codes

11 - Office	22 - Outpatient Hospital	32 - Nursing Facility	65 - ESRD
12 - Patient's Home	23 - Emergency Room	50 - FQHC	71 - Public Health Clinic
20 - Urgent Care Facility	24 - Ambulatory Surgery Center	61 - Inpatient Rehab	72 - Rural Health Clinic
21 - Inpatient Hospital	31 - Skilled Nursing Facility	62 - Outpatient Rehab	81 - Laboratory

Pharmacy Services

Pharmacy Technical Help	(888) 706-0421
Pharmacy Department	(888) 407-9977
Assured Rx (mail order)	(888) 987-9977
Assured Rx Fax Number	(888) 209-4962
Assured Rx Online	www.assuredrx.com
Web-based Information	www.americas1stchoice.com
• Formulary and forms	

Authorization Required

- Drugs not listed on the Formulary
- Formulary drugs that require a Coverage Determination
- Duplication of drug therapy
- Doses that exceed FDA quantity maximum
- Most self-injectable and infusion drugs
- Brand name requests when a generic is on the Formulary
- Drug with a step edit and first line therapy is inappropriate

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