

Preferred CommunityChoice PPO



QUICK REFERENCE GUIDE

Established in April 1994, Preferred CommunityChoice PPO (PCC) is a comprehensive provider network serving all of Oklahoma as well as portions of SE Kansas and Joplin, Missouri areas.

IDENTIFICATION OF PCC MEMBERS

All PCC members will be issued a health ID card identifying the "Preferred CommunityChoice PPO" logo or another authorized logo.

PCC also recognizes the logo of American Healthcare Alliance.



American
Healthcare
Alliance



Should you see a member's ID Card with AHA and another network, those employer groups will not be with PCC. These are employer groups with offices outside of Oklahoma and the claim payor information is on the back of the ID Card.

VERIFICATION OF ELIGIBILITY AND BENEFITS

Please refer to the toll free telephone number identified on the member's health ID card.

CLAIMS SUBMISSION

Claims for the Payors listed below should be submitted directly to the mailing address indicated, or electronically through Change Healthcare. All other claims should be submitted to Preferred CommunityChoice at the address below or through Change Healthcare - Payor ID No. 73145.

Preferred CommunityChoice PPO
P.O. Box 3270
Tulsa, OK 74101-3270

Payor Who Performs Claim Repricing

MAILING ADDRESS	Web MD Payor ID ADDRESS
American Healthcare Alliance P.O. Box 8530 Kansas City, MO 64114 (816) 523-7799 or (800) 870-6252	N/A

COMPLETE AND PROPER CLAIM

Please furnish the following information when submitting claims:

- A. Patient information
 - First name, middle initial, last name
 - Address
 - Date of birth
 - Sex
 - Relationship to insured

- B. Insured information
 - First name, middle initial, last name
 - ID number, including all letters
 - Group number
 - Employer Name

C. Name of referring physician (on laboratory and radiology claims)

D. ICD-10 diagnosis code(s)

E. Service information

- Date(s)
- Place
- Procedure code(s)
- Description of procedure, services or supplies
- Units
- Charges
- Total charges

F. Provider Information

- Name of physician
- Federal tax ID number
- Address
- Telephone number

MULTIPLE SURGERY RULE: 100/50/25

ASSISTANT SURGEON REIMBURSEMENT

Reimbursement for Covered Services by an Assistant Surgeon shall be twenty percent (20%) of the "allowable" surgeon's negotiated fee.

UTILIZATION REVIEW

Many of the payors affiliated with PCC require preadmission certification for inpatient hospital admissions. It is important that precertification is obtained or it may affect reimbursement. The toll free number for the applicable utilization review company is located on the member health ID card. When obtaining precertification please be prepared to furnish the following information:

- Patient name and date of birth
- Subscriber name, social security number, policy number and employer name
- Admitting diagnosis
- Attending physician and telephone number
- Expected length of stay
- Name of hospital the patient is to be admitted

MEMBER REFERRALS

In the event a referral for a PCC member is required, please refer the member to another participating PCC provider, if possible. This will ensure your patient receives the higher benefits and lower out-of-pocket expense.

HOW TO CONTACT US

PCC Customer Service Department is available to answer your questions during normal office hours at the following telephone numbers:

(918) 594-5212, Option 0
(800) 884-4776, Option 0

WEB PAGE

www.ccok.com

The web directory is updated / refreshed every 24 hours. If you have any questions please contact Customer Service or your Provider Service Representative.