



The Physicians' **ASSURANCE** Corporation

*"From those you trust with your health."*



**TPAC**

Physician and Health Care Provider  
Administrative Manual



**Date: February 17, 2008**

The Physicians' **ASSURANCE** Corp.

*You have our pledge.*

The Physicians' **ASSURANCE** Corp. pledges to deliver cost-effective health insurance to Ohio companies seeking relief from the pains of escalating health insurance premiums.

*We have your prescription.*

- Competitive Plan Options
- Premium Rate Management
- Quality Providers
- Local Service

*It's just what the doctor ordered.*

- Credibility
- Transparency
- Quality Care Management

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## How to contact us

<b>WWW.tpacinsurance.com</b>	<b>Access updated information electronically including the Physician and Health Care Provider Administrative Manual.</b>  <b>Electronic connectivity to check eligibility, status of a claim, and determine patient's responsibility in advance of a health care service being provided.</b>
<b>Customer and Provider Service</b>	<b>Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)</b>
<b>Network Management, Credentialing and Contracting</b>	<b>Local: (614) 310-0555 or Toll Free: 1-866-929-8722</b>
<b>Health Services for Prior Authorization and Pre-determination</b>	<b>Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)</b>
<b>Disease Management</b>	<b>Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)</b>
<b>Transplant Services</b>	<b>Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)</b>
<b>Mental Health/Substance Abuse</b>	<b>Local: (614) 799-8722 (TPAC) or Toll Free: 1-888-735-8722 (TPAC)</b>
<b>Sales and Service</b>	<b>Local: (614) 310-0555 or Toll Free: 1-866-929-8722</b>

**Updated contact information will be provided regarding Pharmacy services.**

## **Products offered by The Physicians' Assurance Corp.**

The Physicians' Assurance Corp. will offer a vast array of products including PPO products, HSA, and HRA's. Benefit summaries can be made available upon request.

## **Member's ID Card**

Please request a copy of the Member's ID card each time the patient visits your office. The ID card will help you process claims accurately. *All ID cards will be consistent and have the same information listed including but not limited to Patient name, ID number, address to submit claims to, copay, coinsurance, and deductible amount.*

## **Services requiring prior authorization**

### **Inpatient Admission**

Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC) when a patient requires an elective or urgent admission. Notification of the elective admission should occur within two business days prior to the admission. Notification of Emergency and Urgent admissions should occur within one business day of the admission.

### **Out-of-Network Services**

Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC) when an in-network Provider is not available and a patient needs to be seen by an out-of-network Physician or Health Care Provider.

### **Home Care Services**

Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC) when a patient needs home

health care services including nursing, durable medical equipment, hospice, social work, home health physical therapy, home health occupational therapy, home health speech therapy, and IV infusion therapy.

**Durable Medical Equipment**

Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC) to request DME authorization for any DME over \$750. Claims submitted for rental fees should not exceed the allowed purchase price. Please prior authorize all CPAP and BiPAP machines for rental and or purchase.

**Transplant Services**

Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC) when a patient requires transplant services including pre-transplant evaluation.

**Behavioral Health and Substance Abuse**

Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC) when patients require in-patient services.

**Maternity Management:**

**Maternity services:**

Notification is encouraged as soon as a pregnancy is confirmed. Certification is required for Hospital stays exceeding 48 hours after a vaginal delivery or 96 hours after a cesarean. Please contact (614) 799-8722 (TPAC) or 1-888-735-8722 (TPAC).

**Services requiring Pre-determination:**

- Blepharoplasty
- Breast reduction or augmentation
- Hyperbaric Oxygen
- Removal of Port Wine Stains, Hemangiomas
- Otoplasty

Rhinoplasty  
Varicose Vein Surgery  
Varicose veins ligation and sclerotherapy  
Speech Therapy (Please note Speech Evaluations do not require Pre-determination)  
UPPP  
TMJ and jaw surgery  
ESWT of any extremity

## **Claims Process**

To ensure accurate claims payment, please submit a complete HCFA 1500 or UB 04/UB 92 Form. Claims should be submitted to the following address:

The Physicians' Assurance Corp.  
PO Box 7186  
Dublin, Ohio 43017

Payor ID: 31074

## **Claim Adjustments**

Please contact Provider Services to request an adjustment if a claim was processed incorrectly. You can also submit your request using the PROVIDER CLAIM ACTION FORM.

If a claim has been processed incorrectly resulting in an overpayment, please issue payment within 30 days based upon when the overpayment was identified. The Physicians' Assurance Corp. can also offset overpayments against future claims payment.

## **Claim Appeals**

If you are not in agreement with a claim determination based upon payment, please send a request using the PROVIDER CLAIM ACTION FORM requesting an appeal. Please define specifically what changes are being requested.

## **COB**

In administration of claims payment, TPAC follows the rules adopted by the National Association of Insurance Commissioners (NAIC) which rules are set forth in the insurance policy and the order of payment of benefits will be determined by TPAC.

## **Subrogation**

The insurance policy issued to the policyholder contains a provision for the recovery of claims paid when a third party is responsible for the patient's medical expenses resulting from an accident or illness. The provider should obtain and submit to the claims administrator as much detail as possible of the accident causing the injury or the illness including a brief description of the injury or illness. In case of an auto accident, the provider should obtain the name of the auto insurance company that will be paying the medical expenses and consider the auto carrier as the primary source of payment.

## **Demographic Changes**

Please provide notice of any change in taxpayer identification number, the hiring of new Practitioners, the termination of Practitioners, change in remittance address, and change in demographic and contact information at least thirty (30)

days prior to the occurrence of such change. Notice should be submitted to TPAC at the following address:

The Physicians' Assurance Corp.  
Attn: Network Management  
300 West Wilson Bridge Road  
Suite 250  
Worthington, Ohio 43085

Phone: (614) 310-0555  
Toll Free: 1-866-929-8722  
Fax: (614) 310-0550

## **Our Website:**

**[WWW.tpacinsurance.com](http://WWW.tpacinsurance.com)**

To access updated information regarding products offered by TPAC, claims processing requirements, and general updates, please log on to [www.tpacinsurance.com](http://www.tpacinsurance.com).

We are currently updating TPAC's website to allow for electronic eligibility, claim status, and status of benefit accumulations. We will announce changes as enhancements are released.