

Treating Devoted Health PPO plan members

Our PPO plan members have the flexibility to see out-of-network providers, like you, in emergent and non-emergent situations.

Treating our PPO members

We don't require a contract for out-of-network providers to treat our PPO plan members. However, your office must:

- 1 Participate in Medicare
- 2 Be willing to accept payment from Devoted Health

We pay up to the Medicare allowable amount or Medicare limiting charge, where applicable. Our PPO members may be responsible for the cost of copayments, coinsurance, or deductibles as described in their plan documents. You can't balance bill.

We don't require referrals for our PPO members to see out-of-network providers. However, prior authorization is strongly encouraged for all out-of-network services and care listed on the Devoted Health [Prior Authorization List](#). See our guide for submitting prior authorization at devoted.com/provider-portal-training-library.

Submitting claims for our PPO members

You have a few options to submit a claim to us:

- 1 **Use Electronic Claim Submission.** Use the PayerID "DEVOT". To connect to Change Healthcare, use your practice management system. Or you can submit claims manually through Availity.
- 2 **Mail us paper claims.** While this is not our suggested method, you can mail paper Professional CMS 1500 or Institution CMS 1450 claims forms to:

Devoted Health, Inc.
Claims
PO Box 211524
Eagan, MN 55121

Joining our network

Visit devoted.com/providers and select your state. Then complete the participation request form.



Our members have bright **red ID cards**.

Questions?

Learn more about Devoted Health at devoted.com/providers or call us at **1-877-762-3515**, Monday through Friday from 8am to 5pm.

Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.