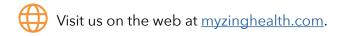


# 2025

# Providers' Quick Reference Guide



# **Important Contact Information**



Department	Phone Number	Fax	Email
Member Services	1-866-946-4458 (TTY: 711) MonFri., 8 a.m5 p.m.	1-312-239-8304	member.services@myzinghealth.com
Pharmacy	1-866-946-4458		
Behavioral Health	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Prior Authorization	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Appeals	1-866-946-4458	1-844-917-4458	appeals@myzinghealth.com

## **Zing Health Prior Authorization**

A list of tests, procedures, and services requiring prior authorization is available on our website: <u>Authorization Request Form Provider Instructions and Form.pdf (myzinghealth.com)</u>.

## **Delegated Vendor**

#### Wellsky

Request Prior Authorization from WellSky for the following services:

Home Health

• Inpatient Rehab Facility (IRF)

Long-Term Acute Care Hospital (LTACH)

• Skilled Nursing Facility (SNF)

Phone: 1-855-739-0742 Fax: 1-877-673-8784

**Email:** PACAdvanceSupport@Wellsky.com

**URL Portal Access:** 

https://providerresourcecenter.com/zing

### **Vendor Contact Information**

Vendor	Phone Number
Liberty Dental (dental benefits)	1-866-946-4458
EyeMed (vision benefits)	1-866-946-4458
NationsHearing (hearing benefits)	1-877-391-8637
American Specialty Health (ASH) Silver&Fit (fitness benefits)	1-877-427-4788
CVS (pharmacy benefits)	1-855-476-6993
NationsOTC (over-the-counter benefits)	1-866-946-4458
MD Live (telehealth benefits)	1-800-657-6169
24/7 nurse advice line	1-855-494-6877

#### **Claims**

**Timely filing notice:** Timely filing is 365 days from the date of service or the date of discharge unless otherwise specified in the provider agreement.

#### **EDI Trading Partner - Availity**

Check eligibility, submit claims, and check claims status

Payor: Zing Health Payor ID: 83248 1-800-AVAILITY

**Clearinghouse Connectivity:** Zing Health has partnered with Availity as its preferred EDI clearinghouse. You may connect directly with Availity. In some cases, your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with Availity.

#### Medical and Behavioral Health Claims



#### **Paper Submissions**

Zing Health P.O. Box 240599 Apple Valley, MN 55124



EDI Trading Partner - Availity availity.com/ediclearinghouse

#### **Submitting Corrected Claims**



#### **Paper Submissions**

Attn: Claims Zing Health P.O. Box 240599 Apple Valley, MN 55124

Timeframe: Corrected claims should be submitted within 60 days from the date of the Explanation of Payment (EOP).



#### **Claim Payment Disputes**

Attn: Claim Payment Dispute

Zing Health

Fax: 1-844-918-4458

Email: provider.services@myzinghealth.com

Timeframe: Provider claim disputes should be submitted within 60 days from the date of the Explanation of Payment (EOP).

# Sample Medical ID Card (varies by plan)





MyZingHealth.com







