



Welcome to AvMed Medicare National Choice

You are enrolled in the AvMed Medicare National Choice (HMO) plan, which has a national service area and does not require referrals to visit a Specialist. Below are instructions to provide to your doctor's office for guidance on how to process your medical claims:

Plan information:

New for 2024 and in partnership with Miami-Dade County, AvMed now offers the AvMed Medicare National Choice plan. This unique, custom group plan is only available to retirees who are enrolled in Medicare and have a plan through their former employer, Miami-Dade County.

AvMed Medicare National Choice members can see any provider that accepts original Medicare even if the provider is not part of the AvMed network. Read below on how AvMed makes it easy for you to continue seeing your Providers under this plan, regardless whether they are in our network.

What providers need to know

- Providers must accept Medicare. If you are an AvMed Provider who accepts Medicare Advantage, the terms of your agreement apply. Otherwise, no contract is required to see patients enrolled in the AvMed Medicare National Choice Plan.
- This plan covers all original Medicare benefits and more, including many preventive services.
- Referrals are not required.
- Pre-authorization is required for certain services, such as hospitalization and surgeries, among other procedures. For additional information please call AvMed at the number listed on your ID card.
- Billing is simple, submit claim to AvMed and receive remittance.
- The Medicare fee schedule and Medicare limiting charges will apply.

■ **Paying Providers**

We pay Medicare-allowable rates for clean claims on covered services less any patient cost share noted under the patient's plan.

■ **How to submit claims**

Claims will be processed based on:

- Original Medicare billing rules
- Medicare fee schedule and limiting charges
- All prospective payment system requirements
- Local and national coverage determinations
- The patient's plan documents, including the Evidence of Coverage
- For bundling/unbundling logic, we use the National correct coding Initiative (NCCI); the link to NCCI is on the centers for Medicare & Medicaid service (CMS) website, at www.cms.gov/national-correct-coding-initiative-ncci

■ **Electronic claims submissions:**

Use our electronic payer ID: 59274

■ **Paper claims submissions:**

Submit all paper claims for covered services to:

AvMed Claims Dept.

PO Box 569000

Miami, FL 33256-9000

■ **Pre-Certification/authorization number:**

1-800-782-8633

■ **Provider Service number:**

1-800-452-8633