



# Keystone First

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<b>2025 Keystone First Provider Manual Updates</b>	<b>Page</b>
<b>Important Keystone First Telephone Numbers:</b> Updated phone and fax numbers where appropriate.	12-13, and throughout the manual
<b>Important Definitions:</b> Updated definitions where appropriate.	14-26
<b>Covered Benefits</b>	
Deleted Member Copayment Schedule, added Website address to view.	28
<b>Referral and Authorization Requirements</b>	
Dental Services: Updated the Dental Provider Services phone number and Benefit Limit Exception Process criteria.	44, 46
Enteral Nutritional Supplements: Select Enterals and Paraenterals require authorization.	47
Home Health Care: Added All Home Health Agencies are required to validate any home health service provided to Members using Electronic Visit Verification (EVV).	58
Diabetic supplies: Deleted 150 per 34 days for glucose tablets, alcohol swabs.	60
Nursing Facility Covered Services: Deleted Options Assessment and replaced with Functional Eligibility Determination (FED).	62
Keystone First's Drug Formulary: Updated the address providers use to request addition of a medication to the Formulary.	81
Bleeding Disorders Management Program Description: Added Bleeding Disorder Program Contact email address: <a href="mailto:PerformRxBleedingDisorders@performrx.com">PerformRxBleedingDisorders@performrx.com</a> .	86
Non-Covered Medications: Deleted Single entity and multiple vitamin preparations except for those listed above.	87
Recipient Restriction Program: Updated review criteria.	91
<b>Member Eligibility</b>	
Treating Fee-for-Service MA Recipients: Updated link to the PROMISE website.	106
<b>Provider Services</b>	
NaviNet Supports Back Office Functions: Updated the availability of historical reports from 6 months to 12 months. Added Provider Directory Information Form details.	110
<b>Primary Care Provider (PCP) &amp; Specialist Office Standards &amp; Requirements</b>	
Practitioner and Provider Responsibilities: Added provider updates/changes that occur to their provider directory information.	117
PCP selection: Added TTY number 1-800-684-5505.	126
<b>Claims</b>	
What to Expect as a Result of SIU Activities: Added If you do not agree with SIU findings in the Overpayment Letter, instructions are included describing how you can submit a dispute to the SIU.	150

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<b>Provider Dispute/Appeal Procedures; Member complaints, Grievances, and Fair Hearings</b>	
Filing a Dispute: Updated dispute address to P.O. Box 7316, London, KY 40742.	154
Time Frame for Resolution: Added If the informal resolution of the Dispute results in a claim adjustment, the Provider will receive a new explanation of benefits (EOB) for the claim(s) addressed in the dispute.	155
First Level Appeal Review: Updated the Provider Appeals Department address.	157-158
Second Level Appeal Review: Updated the Provider Appeals Department address.	158
<b>Quality Assessment Performance Improvement, Credentialing, and Utilization Management</b>	
Utilization Management Inpatient Stay Monitoring: Added that Members with Medicare coverage are not required to have admission authorization. The Plan's referral and authorization requirements are applicable if the services are covered by Medicare and the Member's Medicare benefits have been exhausted.	195
<b>Regulatory Provisions</b>	
Cultural Responsiveness: Updated the list of the top 15 written non-English languages in Pennsylvania, referencing DHS MA Bulletin 99-25-01 and noting where it can be found on our website.	221