



2025

Providers' Quick Reference Guide



Important Contact Information



Visit us on the web at myzinghealth.com.

Department	Phone Number	Fax	Email
Member Services	1-866-946-4458 (TTY: 711) Mon.-Fri., 8 a.m.-5 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: [Authorization Request Form Provider Instructions and Form.pdf \(myzinghealth.com\)](#).

Delegated Vendors

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:

providerresourcecenter.com/zing

Evicore

Request prior authorization from Evicore for the following services:

- Cardiac Imaging
- Durable Medical Equipment (DME)
- Gastroenterology
- Joint and Spine Surgery
- Medical Oncology
- Molecular Lab
- Pain Management
- Radiation Oncology
- Radiology (CT, MRI, PET Scans)
- Vascular Intervention
- Musculoskeletal Therapies:
 - Physical therapy (PT)
 - Occupational therapy (OT)
 - Speech-language pathology (ST)

Phone: 800-646-0418

Email: ClientServices@evicore.com

Online: evicore.com/resources/healthplan/zing-health

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

Check claims status in the Availity portal or call customer service at **866-946-4458** (option 3, option 3)

Participating Provider Claim Payment Disputes

Submit the following disputes to providerclaimdispute@myzinghealth.com:

- Denials for no authorization
- Underpayments
- Requests related to interest payments

Submit the following provider disputes to provider.services@myzinghealth.com:

- Overpayments
- Recoupments

Appeals: Non-participating providers submit appeals to appeals@myzinghealth.com

Claims, continued

Medical and Behavioral Health Claims



Electronic Submissions

EDI Trading Partner - Availity
availity.com/ediclearinghouse

Electronic payment process using Zelis:

To enroll, contact a Zelis Provider Enrollment Advisor at 1-855-496-1571 and reference code: Payer ID #83248 or visit zelis.com/providers/provider-payments for more information.



Paper Submissions

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

Submitting Corrected Claims



Paper Submissions

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

Timeframe: Corrected claims should be submitted within 65 days from the date of the Explanation of Payment (EOP).



Claim Payment Disputes

Attn: Claim Payment Dispute
Zing Health
Fax: 1-844-917-4458
Email: providerclaimdispute@myzinghealth.com

Timeframe: Provider claim disputes should be submitted within 65 days from the date of the Explanation of Payment (EOP) unless otherwise specified in the provider agreement.

Sample Medical ID Card

(varies by plan)

 Contract: HXXXX PBP: XXX	Customer Service: Members, Providers, Dental, Vision and Hearing 1-866-946-4458 TTY/TDD: 711 Pharmacy Providers Help Desk: 1-866-693-4620 Fonemed (24/7 Nurse Hotline) 1-855-494-6877	MD Live (TeleHealth) 1-800-657-6169 Payer ID Number: 83248 Medical Paper Claims Zing Health P.O. Box 240599 Apple Valley, MN 55124
Plan Name A Medicare Health Plan with Prescription Drug Coverage	RxBIN: XXXXXX RxPCN: XXXXX RxGRP: XXXXXXXXX RxID: XXXXXX	    
Member: First & Last Name Member ID#: Z0000000XX Effective Date: XX/XX/XXXX PCP: Last Name, First Name PCP Phone: 1-XXX-XXX-XXXX	Copays: PCP: \$0 Spec: \$XX-\$XX Emergency Room: \$XXX If Member has full Medicaid, no balance billing	www.myzinghealth.com