



May 11, 2011

To All PCOT Practices

Ladies and Gentlemen:

On May 11, 2011, the PCOT's Board of Directors executed a contract with Multiplan Health Plan, Inc, for their network for Medicaid managed plans. This includes the STAR plan through Amerigroup, CHIP and Perinate through Molina, and Foster Care through Superior under a contract through Multiplan. Please see the attached summary of terms of this contract. Our Provider Relations Representative is Valerie Darling.

Your opt-in must be received by 5/30/2012 at noon or Multiplan may apply a discount on the fee schedule per Texas law.

Please indicate your practice's plans to participate in this Multiplan contract by checking one of the boxes below for the health plan. This response should be mailed to PCOT, P.O. Box 132716, Tyler, Texas 75713 or faxed to 903-526-2320.

Sincerely,

Brenda Shepherd, MBA, CPC, CPCS
Executive Director

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Multiplan contract for STAR Plan

_____ No, our practice does not wish to participate in the Multiplan contract for STAR Plan.

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Multiplan contract for CHIP and Perinate.

_____ No, our practice does not wish to participate in the Multiplan contract for CHIP and Perinate.

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Multiplan contract for Foster Care.

_____ No, our practice does not wish to participate in the Multiplan contract for Foster Care.

Date: _____ Practice Name: _____

Authorized Signature: _____

Tax I.D. No. _____

Printed Physician Name(s)
1310 Doctor's Drive, Ste. B Tyler, Texas 75701
903-526-3268 or 1-888-248-1907 Fax: 903-526-2320
info@pcot.org www.PCOT.org

Physicians Contracting Organization of Texas			
Contract Review Worksheet			BLS
Date:			7/7/2011
Background Information			Notes
1	Payer Name, Organizational Status	Multiplan	
2	Type of Organization	Medicaid Products only Contract	STAR Plan=Amerigroup; CHIP/Perinate=Molina; Foster Care=Superior
3	Type Product (any ERISA Plans?)	no	
4	Background Due Diligence, OIG Exclusion, TDI	no reports	
5	Number of covered lives, major employers	Medicaid	
6	Hospital affiliations		ETMC; Mother Frances; UT Health Center
7	Laboratory affiliations		Epic Health Svcs; Trincare Clinical Laboratory
8	Benefit plan description (Covered Services defined)	Follow Medicaid guidelines	
9	Provider procedure manual	yes	https://www.myamerigroup.com/English/Medicaid/TX/about/Pages/Member_Handbooks.aspx
10	References/ Notes		
Terms			Notes
** 11	PCOT Agency Status defined	yes in preamble	
12	Each party responsible for their own acts	yes	
	Indemnify and hold harmless	Sec 9.10 ; meets criteria	
	Arbitration & mediation non binding	Binding per AAA language neither party	
** 13	No assignment without consent (Silent PPO)	Sec 9.7 states may not assign	
14	No all products clauses	Medicaid products only	
15	No marketing w/o consent	yes Sec 2.1	
** 16	Credentialing delegated	yes	
** 17	Members can not be terminated w/o cause	90 days notice that follows SB418	
** 18	Adequate grievance process	yes per provider manual; arbitration language per AAA	
18, (a)			
19	Modifications must be mutually accepted	yes; per SB418-90 days notice	
** 20	Access and confidentiality reasonable	Sec 4.3 and 4.13; yes; follows CMS guidelines	
21	Members may charge for requested medical records	per TAC 165.2	
22	Governed by Texas Law, SmithCo. preferred	per Federal/State Law	
** 23	Max liability insurance required 200,000/ 600,000	yes	
** 24	Term: 1 year max	yes/ Sec 8.1	
25	Auto renewal	Yes Sec 8.1	
** 26	Termination w/o cause not > 90 days	Sec 8.1 term by either with 90 days notice	
27	Termination Tail reasonable	yes	Sec 8.7- add Continuity of Care language per TAC rules
28	HIPAA language--code sets	Follow Federal Law	
Billing/ Compensation			Notes
29	Claims processor (payer) identified	Per State Contract	
** 30	Claims paid < 30 days (or comply with SB418)	yes Sec 5.2 Texas Prompt Pay Law	
31	Penalty for non timely payment (Predetermined)	yes Sec 5.3	
32	Payment to Non-Physician Providers	yes	
33	Standard filing form (CMS 1500) acceptable; electronic file	yes Sec 5.1	
34	Right to coordination of benefits payments	yes Sec 5.2 Texas Prompt Pay Law	
35	Retroactive adjustments within 90 days	Prompt Payment allows 180 days	
36	Enrollee identification process specified	Per Federal/State Guidelines requirement	
** 37	Complete fee schedule	100% of Texas Medicaid Fee Schedule; must opt-in by 5/30/12 or govt allows fee schedule further discounts	
	Non Specified	n/a	
	Workers Comp	n/a	
38	Fee schedule fixed for contract period	Per Calendar year/ Federal law	
39	Fee schedule review & increase at renewal (auto escalate)	no; per Federal Law	
40	New CPT Code Changes/Updates effective January 1st	Yes, follows CMS	quarterly update

Imagine more



Provider Service Guide

Government Networks



FOR THESE SERVICES	CONTACT
General information, including participation status.	Email: govtcoordinator@multiplan.com Phone: 866-971-7427 Fax: 630-799-3587 Mail: MultiPlan ATTN: GBSC 6116 Shallowford Road, Suite109B Chattanooga TN 37421
Assistance with claims when payor has already been contacted; incorrect application of contracted rate (you must send HCFA/CMS or UB <u>and</u> EOB).	
Changes in physician/provider demographic information, including deletes, adds, changes to Tax Identification Numbers (TIN) (W-9 copies required for TIN changes), and NPI numbers.	
Submitting credentialing applications. (W-9 required)	
Credentialing questions, including our current credentialing criteria.	
Changes in facility demographic information, including changes to billing information and Tax Identification Numbers (TIN) (W-9 copies required for TIN changes).	
Request copies of your provider contracts.	
Inquiry about fees. Please reference the Fee Schedule noted in your contract and check with the state's Medicaid website to review the fee schedule.	
State-specific program information.	Web: multiplan.com/phcsmedicaid

Our Brands: Beech Street® • HealthEOS® • HMA Inc. • IHP • MultiPlan® • NCN® • PHCS® • Texas True Choice • Viant® • ValuePoint®

115 Fifth Avenue • New York, NY 10003 • multiplan.com

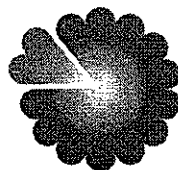
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Provider Quick Reference Card

Real



Solutions



Amerigroup
RealSolutions[®]
in healthcare

TEXAS ★ **STAR**
PROGRAM
Your Health Plan ■ Your Choice



CHIP
Children's Medicaid

STAR+PLUS
PROGRAM
Your Health Plan ■ Your Choice

Texas

In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company;
all other Amerigroup members are served by Amerigroup Texas, Inc.

1-800-454-3730 ■ providers.amerigroup.com/TX

This Quick Reference Card (QRC) is developed for your convenience as an easy-access resource for precertification and notification requirements and other important information. For additional information about benefits and services, see your provider manual. The most recent, full version of the provider manual is located at providers.amerigroup.com/TX. If you have questions about this document or have a recommendation to improve it, please call your local Provider Relations representative. We are always interested in hearing from you to improve our service so you can focus on serving your patients.

Amerigroup Precertification/Notification Coverage Guidelines – Bexar, Dallas, Harris, Jefferson, Tarrant, Lubbock, El Paso, Travis and the Texas Rural Service Areas (RSA) Please visit us online at providers.amerigroup.com/TX and click on Precertification Lookup tool for precertification/notification unless noted otherwise. Or call Provider Services at 1-800-454-3730. Prescribers can call Caremark Pharmacy Services at 1-877-440-3621 for prior authorization.

All services provided by noncontracted providers require precertification. Services for CHIP Perinate members (unborn children) are limited to services related to prenatal/postpartum care and labor with delivery. Please reference Section 4.3 of your Amerigroup provider manual for a description of benefits available to these members. Benefits and coverage are subject to current regulatory requirements. For Medicare Advantage precertification/notification guidelines, see the Texas Medicare Advantage Benefits Guide at providers.amerigroup.com/TX.

Behavioral Health/Substance Abuse

- Self-referral to network provider
- Behavioral health provider must request precertification of certain services through the mental health and substance abuse care fax number: 1-800-505-1193. Coordination of physical and behavioral health care is essential.
- STAR, STAR+PLUS and CHIP members: All services require precertification except routine outpatient services. Inpatient mental health and substance abuse services can be obtained at acute care, freestanding psychiatric or substance abuse facilities.
- Substance use disorder benefits:
 - Outpatient: Available to STAR and STAR+PLUS members 21 and older. Members can self-refer or be referred to receive an assessment. No PCP referral is needed. Benefits include ambulatory detoxification, chemical dependency counseling and medication-assisted treatment.
 - Inpatient: Available to STAR and STAR+PLUS members 21 and older. Benefits include residential detoxification and residential treatment. Precertification is required.
- 21 and older are limited to detoxification in psychiatric units of general acute care hospitals.
- NorthSTAR manages behavioral health services for STAR members in the Dallas service area. Dallas STAR members should call the NorthSTAR hotline at 1-888-800-6799.

Cardiac Rehabilitation

- The service is covered for STAR and STAR+PLUS members under age 21 and CHIP members.
- This is not a covered benefit for STAR and STAR+PLUS members age 21 and older.
- Precertification is required for coverage of all services.

Chemotherapy

- Procedures related to chemotherapy do not require precertification when performed in a participating facility or provider office, outpatient hospital, or ambulatory surgery center.
- For information on coverage and precertification requirements for chemotherapy drugs, please refer to the Precertification Lookup tool on our website.
- Precertification is required for coverage of inpatient services.
- Limitations and exclusions apply for experimental and investigational treatments.

Chiropractic Services

- Precertification is required for coverage of all services and procedures even if covered under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).
- Chiropractic services provided by a chiropractor are covered

for STAR and STAR+PLUS members. Coverage is limited to 12 treatments per benefit period.

- CHIP members are limited to spinal subluxation at 12 visits in a 12-month period.

Dental Services

- Members under age 21 receive dental services through one of the dental maintenance organizations listed below:
 - Delta Dental Insurance Company: 1-866-561-5891 CHIP, 1-877-576-5899 Medicaid
 - DentaQuest: 1-800-508-6775 CHIP, 1-800-516-0165 Medicaid
 - MCNA Dental: 1-800-494-6262
- Members age 21 and older receive dental services through Health Velocity Dental (1-800-365-3527).
- STAR+PLUS dual-eligible members age 21 and older are not covered for preventive dental services.

For TMJ services, see the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

Dermatology Services

- No precertification is required for E&M, testing and most procedures.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

See the Diagnostic Testing section of this QRC for more information.

Diagnostic Testing

- No precertification required for routine diagnostic testing.
- Precertification through Amerigroup is required for coverage of video EEG.
- Precertification through MedSolutions, Inc. is required for MRA, MRI, CAT, nuclear cardiac and PET scans. Contact MedSolutions at 1-888-693-3211.
- For procedure specific requirements, see the Precertification Lookup tool on our website.

Dialysis

- No precertification is required for dialysis procedures through network providers or facilities.
- Precertification is required for medications related to dialysis treatment.

Disposable Medical Supplies

- No precertification is required for coverage of disposable medical supplies.

- Coverage for CHIP members includes diabetic supplies and equipment; there is a \$20,000 per 12-month period limit for DME and supplies.

See the Durable Medical Equipment section for more information.

Durable Medical Equipment (DME)

- Precertification and Certificate of Medical Necessity (CMN) are required.
- No precertification is required for coverage of glucometers and nebulizers, dialysis and ESRD equipment, gradient pressure aid, and sphygmomanometers ordered by network providers for members under the age of 21.
- Precertification is required for coverage of certain prosthetics, orthotics and DME. For code-specific precertification requirements for DME, prosthetics and orthotics ordered by network providers or network facilities, refer to our online Precertification Lookup tool.
- Prosthetics and orthotics are not covered for Texas Medicaid members age 21 and older.
- All DME billed with an RR modifier (rental) require precertification.
- See the Disposable Medical Supplies section of this QRC for guidelines relating to disposable medical supplies.
- Precertification may be requested by completing a CMN, which is available on our website, or by submitting a physician order and Amerigroup Referral and Authorization Request form. A properly completed and signed CMN must accompany each claim for the following services: hospital beds, support surfaces, motorized wheelchairs, manual wheelchairs, continuous positive airway pressure, lymphedema pumps, osteogenesis stimulators, transcutaneous electrical nerve stimulator, power-operated vehicle, external infusion pump, parenteral nutrition, enteral nutrition and oxygen.
- Seat lift mechanisms are not a covered benefit of the Texas Medicaid program for members age 21 and younger.
- Amerigroup and the provider must agree on Healthcare Common Procedure Coding System (HCPCS) and/or other codes for billing covered services.
- All custom wheelchair precertifications require an Amerigroup medical director's review.
- CHIP members are limited to \$20,000 per 12-month period; however, the limitation does not apply to diabetic supplies and equipment.
- For procedure specific requirements, see our online Precertification Lookup tool.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Visit

See the Texas Health Steps section of this QRC.

Educational Consultation

No notification or precertification is required.

Emergency Services

- Self-referral; no notification is required for emergency care given in the emergency room.
- If emergency care results in admission, notification to Amerigroup is required within 24 hours or the next business day.

For observation precertification requirements, see the Observation section of this QRC.

ENT Services (Otolaryngology)

- No precertification is required for network provider E&M, testing and most procedures.

- Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.

- For procedure-specific requirements, see the Precertification Lookup tool on our website.

See the Diagnostic Testing section of this QRC for more information.

Family Planning/STD Care

- Self-referral; no precertification is required for family planning services, which are available for STAR and STAR+PLUS members.
- Family planning services are not covered for CHIP members.
- Infertility services and treatment are not covered.

Gastroenterology Services

- No precertification is required for network provider for E&M, testing and most procedures.
- Precertification is required for upper endoscopy and bariatric surgery, including insertion, removal, and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

See the Diagnostic Testing section of this QRC for more information.

Gynecology

- Self-referral to a network provider is allowed.
- No precertification is required for E&M, testing and procedures.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

Hearing Aids

- Hearing aid instruments are covered for adults and children.
- Coverage includes hearing aids provided by licensed fitters enrolled in the Texas Medicaid Program.
- Amerigroup covers hearing aids for adults and children at the rate of one per ear every five years.
- Precertification is required for digital hearing aids.

Hearing Screening

- No notification or precertification is required for the coverage of diagnostic and screening tests, hearing aid evaluations or counseling.
- Hearing screenings are not payable on the same day as a Texas Health Steps checkup.
- Hearing screenings are covered for adults and children.

Home Health Care

Precertification is required for all services.

Hospice Care

- Hospice care is covered for CHIP members.
 - Precertification is required for coverage of inpatient services.
 - Notification is required for outpatient hospice services.
- STAR members electing hospice care are disenrolled from managed care. Amerigroup covers services unrelated to the client's terminal illness and furnishes case management coordination.
- STAR+PLUS members will remain enrolled in managed care. For these members, Amerigroup covers services unrelated to the client's terminal illness and furnishes case management coordination.
- Contact the Hospice Program at 512-490-4666.

Hospital Admission

- Elective admissions require precertification.
- Emergency admissions require notification within one business day.
- To be covered, preadmission testing must be performed by an Amerigroup-preferred lab vendor.
- Same-day admission is required for surgery.

See the provider referral directory for a complete listing of participating vendors.

Laboratory Services (Outpatient)

- All laboratory services furnished by non-network providers require precertification by Amerigroup, except for hospital laboratory services in the event of an emergency medical condition.
- Laboratory services related to Texas Health Steps services must be sent to the state laboratory, not Amerigroup contracted vendors.
- For offices with limited or no office laboratory facilities, lab tests may be referred to one of the Amerigroup-preferred lab vendors.

See the provider referral directory for a complete listing of participating vendors.

Long-Term Services and Supports (STAR+PLUS only)

- Precertification is required. Services may include day activity health services, nursing facility, personal assistance services, adaptive aids, assisted living/residential care, emergency response services and respite care.

Neurology

- No precertification required for network providers for E&M and testing.
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery.
- For procedure-specific requirements, see our online Precertification Lookup tool.

See the Diagnostic Testing section of this QRC for more information.

Observation

- No precertification or notification is required for observation.
- If observation results in admission, notification to Amerigroup is required within one business day.

Obstetrical Care

- No precertification is required for coverage of obstetrical (OB) services, including OB visits, diagnostic testing and laboratory services when performed by a network provider.
- Notification to Amerigroup is required at the FIRST prenatal visit.
- No precertification is required for coverage of labor, delivery and circumcision for newborns up to 12 weeks in age.
- No precertification is required for the ordering physician for OB diagnostic testing.
- Notification of delivery is required within 24 hours with newborn information.
- OB case management programs are available.

See the Diagnostic Testing section of this QRC for more information.

Ophthalmology

- Precertification is required for the repair of eyelid defects.
- Services considered cosmetic in nature are not covered.
- Certain laser eye treatment procedures are approved only for certain diagnosis codes.

- For procedure-specific requirements, see the Precertification Lookup tool on our website.

See the Diagnostic Testing section of this QRC for more information.

Oral Maxillofacial

See the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

Otolaryngology (ENT Services)

See the ENT Services (Otolaryngology) section of this QRC.

Out-of-area/Out-of-plan Care

- Precertification is required except for coverage of emergency care (including self-referral).
- No coverage for out-of-country care.

Outpatient/Ambulatory Surgery

- Precertification requirement is based on the service performed.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

Pain Management

Non-E&M level testing and procedures require precertification.

Pharmacy

- Pharmacy providers can call the Caremark Pharmacy Help Desk at 1-877-874-3317.
- Pharmacy providers needing to check pharmacy eligibility can call our Provider Services line at 1-800-454-3730.
- Prior authorization requests can only be made by prescribers or their authorized agents. Prescribers can call 1-877-440-3621 for prior authorization of nonpreferred drugs and other drugs requiring prior authorization.
- Members can call Member Services at 1-800-600-4441. The Texas Medicaid formulary applies to STAR, STAR+PLUS and CHIP members. The Texas Medicaid Preferred Drug List (PDL) applies to STAR and STAR+PLUS members only.
- MCOs are required to follow the Texas Medicaid formulary and PDL.
- The Texas Medicaid formulary and PDL are available on the Vendor Drug Program website at www.texasvendordrug.com.
- The following injectable drugs and their counterparts in the same therapeutic class require precertification by the Amerigroup Pharmacy department at 1-800-359-5780 when administered in any outpatient setting: Epogen, Procrit, Aranesp, Neupogen, Neulasta, Leukine, IVIG, Enbrel, Remicade, Kineret, Amevive, Raptiva, Synvisc, Hyalgan, Erbitux, Avastin, Rituxan, Camptosar, Eloxatin, Gemzar, Ixempra, Tasigna, Taxol, Taxotere and growth hormone.

Plastic/Cosmetic/Reconstructive Surgery (including Oral Maxillofacial Services)

- Services considered cosmetic in nature are not covered.
- No precertification is required for coverage of E&M codes.
- Services related to previous cosmetic procedures are not covered.
- Reduction mammoplasty requires an Amerigroup medical director's review.
- Precertification is required for coverage of trauma to the teeth and oral maxillofacial medical and surgical conditions including TMJ.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

See the Diagnostic Testing section of this QRC for more information.

Primary Care Provider

- Primary Care Provider (PCP) services include addressing the member's health needs, coordinating the member's health care, promoting disease prevention and health maintenance (including coverage of seasonal inoculations), treating illnesses

continued on other side

or injuries, maintaining the member's health records, and furnishing 24/7 access/availability for members.

- One sports/school physical every 12 months by the member's assigned Amerigroup PCP for children ages 18 and under.
- For STAR and STAR+PLUS members age 21 and older, annual physical exams are covered. For members under age 21, see the Texas Health Steps and Well-child Preventive Care sections of this QRC.*

Podiatry

- No precertification is required for coverage of E&M, testing and procedures when provided by a network podiatrist.
- For CHIP members, routine foot care such as hygiene care is excluded.
- For procedure-specific requirements, reference our online Precertification Lookup tool.

Radiation Therapy

No precertification is required for coverage of radiation therapy procedures when performed by a network facility or provider office, outpatient hospital, or ambulatory surgery center.

Radiology

See the Diagnostic Testing section of this QRC for more information.

Rehabilitation Therapy (Short-term): PT, OT, RT and ST

- Treatment requires precertification.
- No precertification is required for coverage of ECI services for STAR, STAR+PLUS or CHIP members under age 3.

Sleep Study

Precertification is required.

Specialty Care SSI Voluntary

- Specialty office visits do not require authorization as long as the referring PCP of record furnishes his or her NPI to the specialist at the time of referral.
- The referring PCP's NPI must be present on the claim submitted to TMHP.

Sterilization

- No precertification or notification is required for sterilization procedures, including tubal ligation and vasectomy for Medicaid members age 21 and older.
- A sterilization consent form is required for claims submission.
- Reversal of sterilization is not a covered benefit.
- Sterilization is not a covered benefit for CHIP members.

Texas Health Steps

- Self-referral; Texas Health Steps services apply to STAR and STAR+PLUS members under age 21.
- Use the Texas Health Steps Periodicity Schedule and document visits.
- Texas Health Steps services may be provided by any network Texas Health Steps provider, whether or not the provider is the member's PCP.
- Vaccine serum is available under the Texas Vaccines for Children (TVFC) program.
- Amerigroup does not reimburse providers for serum available through TVFC.
- CHIP members do not receive Texas Health Steps services. CHIP members receive preventive services under Well-child Preventive Care.

Tobacco Cessation Program

- Up to \$100 for a 12-month period is covered for a plan-approved program defined by the health plan.

- This benefit is subject to formulary requirements.
- Available for CHIP members only.

Transportation

- Nonemergent transportation for STAR and STAR+PLUS members is provided through Medicaid FFS by Medical Transportation Program (MTP) at 1-877-633-8747. Use of this benefit requires 48-hours' notice.
- Amerigroup also offers a value-added benefit if MTP is not available and the case manager/service coordinator determines transportation is appropriate.
- This benefit is available for all members; however, dual-eligible members will only receive transportation to services for their Medicaid-covered services.
- Precertification is required for coverage of fixed-wing transportation.

Urgent Care Center

No notification or precertification is required for participating facilities.

Vision Care (Routine)

- Self-referral
- The contracted vendor is Block Vision; call 1-800-243-1401.
- For STAR and STAR+PLUS members under age 21, one complete eye exam is covered per Texas fiscal year (September 1 through August 31).
- For STAR and STAR+PLUS members age 21 and older, one complete eye exam is covered per two Texas fiscal years (September 1 through August 31).
- STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
- Vision exams are covered for CHIP members.

Vision Care Supplies

- The contracted vendor is Block Vision.
- For STAR and STAR+PLUS members under age 21, coverage of one complete vision examination every Texas fiscal year for the purpose of obtaining eyewear (September 1 through August 31).
- Coverage of frames with \$17 retail allowance and/or regular lens types, including polycarbonate lenses, once every 24 months when medically necessary and contact lenses as medically necessary per Texas fiscal year.
- STAR+PLUS members can request polycarbonate lenses without meeting medical necessity. The benefit period begins with the month the glasses are first dispensed. Minor repairs costing \$2 or less for eyeglasses are covered. If there is a change in visual acuity of +.50 diopter in one eye, the member is eligible for new nonprosthetic eyeglasses regardless of when the first pair was dispensed.
- STAR and STAR+PLUS members age 21 and older may receive eyeglasses and contact lenses if medically necessary.
- STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
- Eyeglasses are covered for CHIP members.

Well-child Preventive Care

- Self-referral; for STAR and STAR+PLUS members, see the Texas Health Steps section of this QRC.
- CHIP members receive preventive services. CHIP well-child care visits should be provided in accordance with the American Academy of Pediatrics Periodicity Schedule.
- Vaccine serum is available through the TVFC program for qualified members.

Well-woman Exam

Self referral; one exam is covered per calendar year.

■ Administrative Services

Precertification/notification online, by telephone at 1-800-454-3730 (1-877-440-3621 for prescribers) or by fax at 1-800-964-3627. Visit us online and click on Precertification Lookup tool. Behavioral health information may be faxed to a dedicated fax number at 1-800-505-1193.

■ Provider Services

Our Provider Services department offers precertification, care management, automated member eligibility, health education materials, outreach and more Monday through Friday from 7:00 a.m. to 7:00 p.m. Central time.

Provider Website and Inquiry Line Available 24/7/365

We provide online provider resources designed to significantly reduce the time your office spends on eligibility verification, claims status, referral authorization status and precertification/notification. Visit www.amerigroup.com/providers.

For those times when you can't access the Internet, call 1-800-454-3730. You can receive claims, eligibility, referral authorization status and precertification/notification over the telephone. Simply say your NPI number when prompted by the recorded voice. It's easy! The recording guides you through a menu of options, allowing you to select the information or materials you need.

For Texas provider-credentialing questions, please call 713-218-5112. If you are contracted with MultiPlan directly, call 1-800-683-4856.

■ Health Services

Care Management Services • 1-800-454-3730

We offer care management services to members who are likely to have extensive health care needs. The nurse care manager works with you to develop individualized care plans. This includes identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

Disease Management Centralized Care Unit Services • 1-888-830-4300

Our Disease Management Centralized Care Unit (DMCCU) offers services to members with the following medical conditions: asthma, bipolar disorder, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes, HIV/AIDS, hypertension, obesity, major depressive disorder and schizophrenia. DMCCU services include educational information like local community support agencies and events in the health plan's service area.

Amerigroup On Call • 1-866-864-2544 (Spanish 1-866-864-2545)

Amerigroup On Call is a telephonic, 24-hour triage service your Amerigroup patients can call to speak with a registered nurse who can help them:

- Find doctors when your office is closed, whether after hours or on weekends
- Schedule appointments with you or other network doctors
- Get to urgent care centers or walk-in clinics
- Speak directly with a doctor or a member of the doctor's staff to talk about their health care needs

We encourage you to tell your Amerigroup patients about this service and share with them the advantages of avoiding the emergency room when a trip there isn't necessary or the best alternative.

■ Claims Services

You can submit claims electronically or by mail. We encourage you to submit claims electronically, as you will be able to:

- Submit claims either through a clearinghouse or directly to Amerigroup
- Receive payments quickly
- Eliminate paper
- Save money

Amerigroup requires all submitters of institutional claims to use the CMS-1450 (UB04) form. Amerigroup also requires all submitters of professional claims to use the CMS-1500 (08-05) form that has been approved by the National Uniform Claim Committee (NUCC). If a claim is received on any other form but the CMS-1450 or the CMS-1500 (08-05) form, the claim will be returned to the submitter and will not be processed. Amerigroup also offers FREE electronic claims submission via our provider website.

For questions related to provider claims, please call our Provider Service Unit (PSU) at 1-800-454-3730 and choose the claim prompt.

Electronic Data Interchange

Call 1-800-590-5745 to get started. To provide faster and more accurate claims adjudication, we offer electronic claims submission through Electronic Data Interchange (EDI). We accept claims electronically through three clearinghouses: Emdeon, Availity and Capario. The clearinghouse and appropriate payer number is 27514 for Emdeon, 26375 for Availity and 28804 for Capario.

Paper Claims

Amerigroup utilizes Optical Character Recognition (OCR) technology as part of its front-end claims processing procedures. Paper claims must be submitted on original claim forms (CMS-1500 or CMS-1450) with dropout red ink, printed or typed (not handwritten) in a large, dark font. Mail paper claims to the following address:

Claims, Amerigroup, P.O. Box 61010, Virginia Beach, VA 23466-1010

Please note: AMA and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

Payment Disputes

Payment disputes must be received at Amerigroup within 120 days of the date of the explanation of payment. Forms for provider disputes are located on our website and should be sent to the following address:

Payment Dispute Unit, Amerigroup, P.O. Box 61599, Virginia Beach, VA 23466-1599

■ Medical Appeals

Medical appeals can be initiated by the member or the provider on behalf of the member (with the member's signed consent) and must be submitted within 30 calendar days from receipt of an adverse determination. Medical appeals can be submitted in writing to the address of the member's service area:

Harris and Jefferson Service Area:

Amerigroup, 3800 Buffalo Speedway, Suite 400, Houston, TX 77098

Texas Rural Service Area (RSA):

Amerigroup, 2505 N. Highway 360, Suite 300, Grand Prairie, TX 75050

Travis and Bexar Service Areas:

Amerigroup, 823 Congress Ave., Suite 400, Austin, TX 78701

Lubbock Service Area:

Amerigroup, 3223 South Loop 289, Suite 110, Lubbock, TX 79423

Dallas and Tarrant Service Area:

Amerigroup, 2505 N. Highway 360, Suite 300, Grand Prairie, TX 75050

El Paso Service Area:

Amerigroup, 444 Executive Center Blvd., Suite 300, El Paso, TX 79902

A provider submitting an appeal on behalf of a member can send a letter or complete a provider appeals form located on our website. The provider must have written authorization from the member to act as the member's designated representative.

2 QUICK REFERENCE INFORMATION

Quick Reference Topic	Description
Provider Inquiry Line	1-800-454-3730
Amerigroup Website	<p>www.amerigroupcorp.com/providers</p> <p>The site features a provider inquiry tool for real-time eligibility, claims status and precertification status. In addition, the site offers general information and various tools that are helpful to the provider such as:</p> <ul style="list-style-type: none"> • Various administrative forms (Appendix-B) • Preferred drug list • List of drugs requiring a precertification • Provider manuals • Referral directories • Provider newsletters • Precertification Lookup Tool • Electronic remittance advice and electronic funds transfer information • Health plan and industry updates • Clinical practice guidelines • Downloadable forms (Appendix-B)
Notification/Precertification	<p>May be submitted via telephone, online or fax as indicated below:</p> <p>Telephone: 1-800-454-3730</p> <p>Fax: 1-800-964-3627</p> <p>Precertification forms are located at www.amerigroupcorp.com/providers. Data required for complete notification/precertification includes:</p> <ul style="list-style-type: none"> • Member ID number • Legible name of referring provider • Legible name of individual referred to provider • Number of visits/services • Date of service • Diagnosis • CPT/HCPCS code
National Provider Identifier	<p>National Provider Identifier (NPI) – The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the adoption of a standard, unique provider identifier for health care providers. All Amerigroup participating providers must have an NPI number. The NPI is a 10-digit, intelligence-free numeric identifier. Intelligence-free means the numbers do not carry information about health care providers such as the states in which they practice or their specialties.</p> <p>For more information about the NPI and the application process, please visit https://nppes.cms.hhs.gov.</p> <p>You can complete the application online (estimated time to complete the NPI application is 20 minutes) or</p> <p>Download a paper application for completion or</p> <p>Call 1-800-465-3203 to request an application</p>
Claims Information	Electronic Claims Payer ID:

	<p>Emdeon 27514 Capario 28804 Availity 26375</p> <p>Submit paper claims to: Amerigroup P.O. Box 61010 Virginia Beach, VA 23466-1010</p> <p>Timely filing is within 95 days from the date of service or per the terms of the provider agreement.</p> <p>Amerigroup provides an online resource designed to significantly reduce the time your office spends on eligibility verification, claims status and precertification status. Visit our website at www.amerigroupcorp.com/providers.</p> <p>If you are unable to access the Internet, you may receive claims, eligibility and precertification status over the telephone at any time by calling our toll-free, automated Provider Inquiry Line at 1-800-454-3730.</p>
Medical Appeal Information	<p>Medical appeals can be initiated by the member or the provider, on behalf of the member with the member's signed consent, and must be submitted within 30 calendar days from receipt of an adverse determination. Be sure to include medical charts or other supporting information. Medical appeals can be submitted in writing to the address of the member's service area as indicated below.</p> <p>Dallas and Tarrant Service Areas: Amerigroup 2505 N. Highway 360, Suite 300 Grand Prairie, TX 75050</p> <p>El Paso Service Area: Amerigroup 444 Executive Center Blvd, Suite 100 El Paso, TX 79902</p> <p>Harris and Jefferson Service Areas: Amerigroup 3800 Buffalo Speedway, Suite 400 Houston, TX 77098</p> <p>Lubbock Service Area: Amerigroup 3223 S Loop 289, Suite 110 Lubbock TX 79423</p> <p>Travis and Bexar Service Areas: Amerigroup 823 Congress Avenue, Suite 400 Austin, TX 78701</p> <p>Central Texas, Northeast Texas and West Texas Rural Service Areas: Amerigroup 2505 N. Highway 360, Suite 300 Grand Prairie, TX 75050</p>

Payment Disputes	A provider has 120 days from receipt of an Explanation Of Payment (EOP) to file a payment dispute. Mail a payment dispute to: Payment Disputes Amerigroup P.O. Box 61599 Virginia Beach, VA 23466-1599
Complaints	Provider complaints should be submitted to: Amerigroup P.O. Box 61789 Virginia Beach, VA 23466-1789
Case Managers/Service Coordinators	Amerigroup case managers/service coordinators are available from 8:00 a.m. to 5:00 p.m. Central time. For urgent issues, assistance is available after normal business hours, during weekends and on holidays through Provider Services at 1-800-454-3730.
Provider Service Representatives	For more information, call Provider Services at 1-800-454-3730; Fax: 1-800-964-3627
Interpreter Services	Telephonic services for those who are deaf or hard of hearing: AT&T Relay Service: 1-800-855-2880 Telephonic services for non-English speaking people: 1-800-454-3730 (language line available) In person interpretation: 1-800-454-3730
Behavioral Health Services	Amerigroup: 1-800-454-3730 NorthSTAR (behavioral health services for the Dallas Service Area): 1-888-800-6799
Dental Services	Health Velocity Dental (for members age 21 and older): 1-800-365-3527 Members under age 21 receive dental services through one of the dental maintenance organizations listed below: <ul style="list-style-type: none"> • Delta Dental Insurance Company: 1-866-561-5891 CHIP, 1-877-576-5899 Medicaid • DentaQuest: 1-800-508-6775 CHIP, 1-800-516-0165 Medicaid • MCNA Dental: 1-800-494-6262
Amerigroup On Call	1-866-864-2544
Member Services	1-800-600-4441
MedSolutions (radiology precertification)	1-888-693-3211
Pharmacy Services	Pharmacy Prior Authorization: 1-877-440-3621
Vision Services	Block Vision Member Services: 1-800-428-8789
Electronic Data Interchange Hotline	1-800-590-5745
Enrollment/Disenrollment Medicaid and CHIP	1-877-543-7669 2-1-1
NorthSTAR (behavioral health services for the Dallas service area)	1-888-800-6799
STAR+PLUS HelpLine	1-800-964-2777
Medical Transportation Program (MTP)	1-877-633-8747
Texas Health Steps Program	1-877-847-8377


[home](#) [contact us](#) [s](#)
[Partner With Us](#)

quick tools

[Precertification
Lookup](#)
[Clinical Policy
Bulletins](#)
[Reimbursement
Policies](#)
[Medical Coverage
Policies](#)
[Pharmacy Tools](#)

Amerigroup Medical Coverage Policy Disclaimer

Amerigroup Community Care has developed medical coverage policies to assist decisions. These policies are provided for informational purposes and do not constitute a guarantee of coverage. Practitioners and health care providers are solely responsible for determining what services are covered under a member's medical coverage policy.

Medical coverage policies are based on medical necessity considerations subject to the terms, conditions, exclusions, and limitations of the policy. Policies are not a guarantee of coverage. In all cases, benefit determination is based on the policy language and/or state requirements. Contract language or state requirements will prevail in any medical coverage policy. Authorization of services is not a guarantee of payment. Member eligibility and benefit availability at the time services were rendered.

Amerigroup reviews the medical coverage policies annually but reserves the right to make revisions to the policy before the annual review. This site contains the most current version of the policy.

Medical Policies

- [Cranial Remodeling Bands and Helmets \(Cranial Orthotics\)](#)
- [Dental Short Procedure \(SPU\) Criteria](#)
- [NICU Program: Neonatal Abstinence Syndrome – Infant of a Drug Abusing Mother](#)
- [NICU Program: Neonatal Apnea](#)
- [NICU Program: Neonatal Discharge](#)
- [NICU Program: Neonatal Thermoregulation](#)
- [NICU Program: Nutrition — Feeding the ≥32 weeks gestation infant](#)
- [NICU Program: Phototherapy for infants 35 weeks or older gestation](#)
- [NICU Program: Sepsis — Treatment of Suspected Sepsis in the Late Preterm Infant](#)

☐ Prenatal Ultrasound

☐ Residential Treatment Center Services for Children and Adolescents

☐ Therapy for Disabilities - Georgia Plan

☐ Tonsillectomy with or without Adenoidectomy in Children and Adults

Private Pay Agreement

I understand _____ is accepting me as a private pay patient for the period of _____
(Provider Name), and I will be responsible for paying for any services I receive. The provider will not file a claim to Medicaid for services provided to me.

Signed: _____

Date: _____


[main](#) [contact us](#) [state sponsor sites](#) [login](#) [search](#)

[Partner With Us](#) [Login Help](#) [Quick Tools](#) [Find a Provider](#)

quick tools

Precertification
Lookup

Clinical Policy
Bulletins

Reimbursement
Policies

Medical Coverage
Policies

Pharmacy Tools

Precertification and Notification Requirements for Participating Providers

Non-participating providers must call for precertification (prior authorization).

Inpatient services always require precertification.

Certain services may not be covered. Please refer to the state specific benefit coverage and limitations, including behavioral health and long term care services, age/diagnosis-specific authorization requirements, and self-referral services.



[CLICK HERE to see our Precertification User Guide >>](#)

To determine if a precertification or notification is required, complete the form below, then click FIND A CODE

* - Required Field

Market *	<input type="text" value="Texas"/>
Line of Business *	<input type="text" value="Select Line of Business"/>
CPT/HCPCS Code or Code Description *	<input type="text"/>

[FIND A CODE](#)

To the extent the following services are covered benefits, precertification or notification is required for all services billed with the following REVENUE codes:

- All Inpatient and Behavioral Health Accommodations
- 0023 – Home Health Prospective Payment System
- 0240 through 0249 – All Inclusive Ancillary Psychiatric
- 0570 through 0572, 0579 – Home Health Aide
- 0632 – Pharmacy Multiple Sources
- 0762 – Observation (Behavioral Health only)
- 0901, 0905 through 0907, 0913, 0917 – Behavioral health Treatment Services
- 0944 through 0945 – Other Therapeutic Services
- 0961 – Psychiatric Professional Fees
- 3101 through 3109 – Adult Day Care and Foster Care

For information on drug coverage please check the Preferred Drug List.

All elective services provided by or arranged at a non-participating facility require precertification.

The precertification rules listed here apply to Amerigroup Medicaid and Medicare products. For information on precertification for Behavioral Health, please call 800-454-3730.

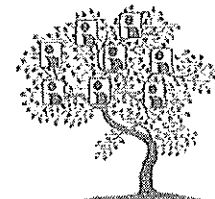
Precertification/Prior Authorization for Long Term Support Services:

All Long Term Services and Support, including Texas STAR+PLUS require authorization, the Amerigroup Pre-certification look up tool is used for Acute care services only.

LTC Market	Special Instructions
Houston	Fax to 1-866-249-1294
San Antonio	Call 210-737-5700, Option 3 or fax to 1-877-820-9014
Austin	Call 512-382-4970, Option 3 or fax to 1-877-744-2334
New Mexico	Fax to 1-866-920-8356
New York	Call 212 563-5570 ext. 66713, or fax 866-574-6721
Florida	Fax to 561-750-6293



Molina Healthcare



Provider Quick Reference Guide

MOLINA IMPORTANT NUMBERS

PROVIDER SERVICES

Bexar, Harris, Dallas, Jefferson, El Paso & Hidalgo Service Areas
866-449-6849

CHIP Rural Service Area
877-319-6826

CONTRACTING

mhtcontracting@molinahealthcare.com

- How to join the network
- Contract Clarifications
- Fee schedule inquiries

CUSTOMER SERVICE (MEMBERS AND PROVIDERS)

- Claims Status
- Member Eligibility
- Benefit Verification
- Complaint & Appeals Status
Bexar, Harris, Dallas, Jefferson, El Paso & Hidalgo Service Areas
(Voice) 866-449-6849
(Fax) 281-599-8916
CHIP Rural Service Area
(Voice) 877-319-6826
(Fax) 281-599-8916

MEDICAL MANAGEMENT

- Prior Notification
- Prior Authorization
- Referrals
- Disease Management
STAR+PLUS Service Coordination Department
(Voice) 866-409-0039
(Fax) 866-420-3639

STAR+PLUS SERVICE COORDINATION

866-409-0039
Fax 866-420-3639

NURSE ADVICE LINE

- Clinical Support for Members
888-275-8750 (English) or
866-648-3537 (Spanish)

DENTAL SERVICES

Delta Dental Insurance Company
1-866-561-5891
Denta Quest 1-800-508-6775
MCNA Dental 1-800-494-6262

VISION SERVICES:

(www.opticarevisionplans.com;
provrel@opticare.net)
800-368-4790 (CHIP)
866-492-9711 (STAR)
877-832-4118 (STAR+PLUS)

BEHAVIORAL HEALTH SERVICES

800-818-5837
BH Fax for Prior Authorization
866-617-4967
For Behavioral Health Services in Dallas Service Area (STAR & STAR+PLUS), please call NorthSTAR at (888) 800-6799

ELECTRONIC CLAIMS SUBMISSION VENDORS

- Payor Identification for all - 20554
- Availity, Zirmed, Practice Insight, SSI & EMDEON

PAPER & CORRECTED CLAIMS ADDRESS

P.O. Box 22719
Long Beach, CA 90801

APPEALS ADDRESS

15115 Park Row Blvd. Suite # 110
Houston, Texas 77084
Bexar, Harris, Dallas, Jefferson, El Paso & Hidalgo Service Areas
866-449-6849
CHIP Rural Service Area
877-319-6826

MOLINA COMPLAINTS ADDRESS

N.E. Loop 410, #200,
San Antonio, TX 78216
Bexar, Harris, Dallas, Jefferson, El Paso & Hidalgo Service Areas
866-449-6849
CHIP Rural Service Area
877-319-6826

MEDICAID CONTACTS

NPI # REQUEST

<https://nppes.cms.hhs.gov>
800-925-9126

STAR & STAR+PLUS PROGRAM ENROLLMENT

PCP Information
Plan Changes
Health Plan Information
800-964-2777

MEDICAID HOTLINE

800-252-8263

CHIP MEMBER ENROLLMENT

800-647-6558

CHIP ELIGIBILITY

800-645-7164

STAR LINK ADVOCATE

General Member Assistance
866-566-8989

THSTEP'S

STAR & STAR+PLUS
877-847-8377

MEDICAL TRANSPORTATION PROGRAM (MTP)

STAR & STAR+PLUS
877-633-8747

MEDICAID PROGRAM MEMBER

Verification (NAIS)
800-925-9126

FAMILY PLANNING PROGRAM

512-458-7796

EARLY CHILDHOOD INTERVENTION

800-628-5115

TEXAS VACCINES FOR CHILDREN

PROGRAM
800-252-9152

TEXAS DEPARTMENT OF INSURANCE

HMO Division 512-322-4266
HMO Complaint 512-305-6745
Consumer Division 512-463-6500
Consumer Hotline 800-525-3439

EPORAL TECHNICAL SUPPORT

866-449-6848