


| Claims   |   |   |   |
|--|---|---|---|
| Paper Submission                                     | Mail paper claims to: Cenpatico Claims<br>PO Box 6300<br>Farmington, MO 63640-3806  |   | Filing Deadline – within 95 days of date of service   |
|  | Claim Forms <ul style="list-style-type: none"> <li>• All professional services (CPT Codes) must be billed on a CMS-1500 (08/05) claim form</li> <li>• All inpatient services must be billed on a UB-04 claim form</li> </ul>  |   |   |
| Electronic Submission                                | Available Clearinghouses:   | Name<br>Emdeon<br>Availity                        | Phone<br>(866) 369-8805<br>(800) 282-4548   |
|  |   | Payor ID<br>68053<br>68053                        | Website<br><a href="http://www.transact.emdeon.com">www.transact.emdeon.com</a><br><a href="http://www.availity.com">www.availity.com</a>   |
|  | Participating providers can submit claims through the Web Portal: <a href="http://www.cenpatico.com">www.cenpatico.com</a> .  |   |   |
| Claims Status  | Claims status can be obtained by calling Claim Support Services at (877) 730-2117 or through the Cenpatico Web portal at <a href="http://www.cenpatico.com">www.cenpatico.com</a>   |   |   |
| Claims Appeals                                       | Claim appeals should be submitted to:<br>Cenpatico Claims Appeals<br>PO Box 6000<br>Farmington, MO 63640-3809   |   | Appeals filing deadline – within 120 days of claim finalized date   |
| Additional Information and Contacts for Assistance   |   |   |   |
| Eligibility Verification — Customer Service          | <ul style="list-style-type: none"> <li>• Cenpatico customer service representatives are available to assist with questions or concerns</li> <li>• Call (800) 213-9927</li> <li>• View eligibility online at <a href="http://www.cenpatico.com">www.cenpatico.com</a></li> </ul> |   |   |
| CHIP Card  |  <p>Member ID #:<br/>Member Name:<br/>Primary Care Provider<br/>Name:<br/>Phone:<br/>Effective Date:<br/>Co-Payment<br/>Office Visit ER In-patient RX Brand RX Generic</p>                    |   | <p>Member Services/Servicios para Miembros: 1-800-820-5685<br/>Available 24 hours a day/Disponible las 24 horas del día</p> <p>Behavioral Health/Servicios de salud mental y abuso de sustancias:<br/>1-800-213-9927 Available 24 hours a day/7 days a week<br/>Disponible las 24 horas del día/7 días de la semana</p> <p>If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)</p> <p>Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)</p> <p>For Prescription Drug Information/Para Información sobre Medicamentos Recetados: 1-866-274-9154</p> |
| Prior Authorizations                                 | <ul style="list-style-type: none"> <li>• Authorization forms for outpatient services can be found at <a href="http://www.cenpatico.com">www.cenpatico.com</a></li> <li>• Fax completed forms to (866) 694-3649.</li> </ul>  |   |   |
| Provider Assistance                                  | <ul style="list-style-type: none"> <li>• Cenpatico provider relations specialists are available to assist with questions or concerns</li> <li>• Call (877) 264-6550</li> </ul>  |   |   |
| Covered Outpatient Mental Health Services            | Prior Authorization Requirement for Participating Providers ONLY  | Frequency Limitations                             | Associated Forms  |
| Diagnostic Interview                                 | Not Required (unless provider requests more than one per 6 month period)  | One evaluation per Provider per 6 months          | Cenpatico Outpatient Treatment Request Form (OTR)   |
| Medication Management                                | Not Required (if provided by participating provider)  | Unlimited (if provided by participating provider) | None  |
| Outpatient Therapy /In Home Therapy                  | Required after initial plus 5 follow-up visits (if provided by participating provider)  | Based on medical necessity                        | Cenpatico Outpatient Treatment Request Form (OTR)   |
| Psychological Testing and Neuropsychological Testing | Required  | Based on medical necessity                        | Cenpatico OTR Psychological Testing Form or Cenpatico Neuropsychological Testing Request Form   |