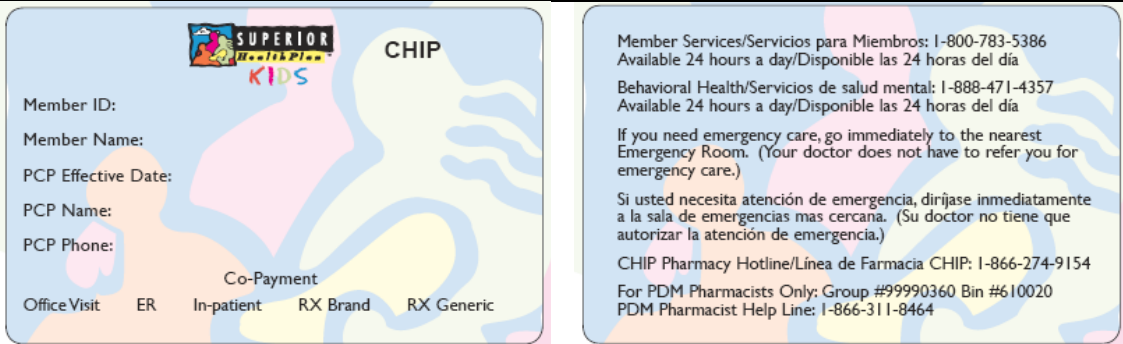


Claims			
Paper Submission	Mail paper claims to: Cenpatico Claims PO Box 6300 Farmington, MO 63640-3806		Filing Deadline – within 95 days of date of service
	Claim Forms <ul style="list-style-type: none"> • All professional services (CPT Codes) must be billed on a CMS-1500 (08/05) claim form • All inpatient services must be billed on a UB-04 claim form 		
Electronic Submission	Available Clearinghouses:	Name Emdeon Availity	Phone (866) 369-8805 (800) 282-4548
		Payor ID 68053 68053	Website www.transact.emdeon.com www.availity.com
Claims Status	Participating providers can submit claims through the Cenpatico Web Portal at www.cenpatico.com . Claims status can be obtained by calling Claim Support Services at (877) 730-2117 or through the Cenpatico Web portal at www.cenpatico.com		
Claims Appeals	Claim appeals should be submitted to: Cenpatico Claims Appeals PO Box 6000 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"> • Cenpatico customer service representatives are available to assist with questions or concerns • Call (888) 471-4357 • View eligibility online at www.cenpatico.com 		
CHIP Card			
Prior Authorizations	<ul style="list-style-type: none"> • Authorization forms for outpatient services can be found at www.cenpatico.com • Fax completed forms to (866) 694-3649. 		
Provider Assistance	<ul style="list-style-type: none"> • Cenpatico provider relations specialists are available to assist with questions or concerns. • Call (888) 471-4357 		
Covered Outpatient Mental Health Services	Prior Authorization Requirement	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