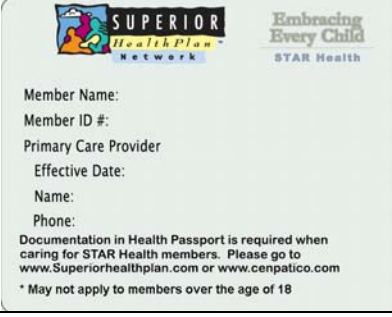


Claims																
Paper Submission	Mail paper claims to: Cenpatico Claims Department PO Box 6300 Farmington, MO 63640-6300		Filing Deadline – within 95 days of date of service													
	Claim Forms:	<ul style="list-style-type: none"> All professional services (CPT Codes) must be billed on a CMS-1500 (08/05) All inpatient services (Revenue Codes) must be billed on a UB-04 														
Electronic Submission	Available Clearinghouses:	<table border="1"> <thead> <tr> <th>Name</th> <th>Phone</th> <th>Payor ID</th> <th>Website</th> </tr> </thead> <tbody> <tr> <td>Emdeon</td> <td>(866) 369-8805</td> <td>68053</td> <td>www.transact.emdeon.com</td> </tr> <tr> <td>Availity</td> <td>(800) 282-4548</td> <td>68053</td> <td>www.availity.com</td> </tr> </tbody> </table>	Name	Phone	Payor ID	Website	Emdeon	(866) 369-8805	68053	www.transact.emdeon.com	Availity	(800) 282-4548	68053	www.availity.com		
Name	Phone	Payor ID	Website													
Emdeon	(866) 369-8805	68053	www.transact.emdeon.com													
Availity	(800) 282-4548	68053	www.availity.com													
Claims Status	Claims status can be obtained by calling Claim Support Services at (877) 730-2117 or through the Cenpatico Webportal at www.cenpatico.com															
Claims Appeals	Claim appeals should be submitted to:	Cenpatico Claims Appeals PO Box 6000 Farmington, MO 63640-6000	Appeals Filing Deadline – within 120 days of claim denial date													
Health Passport																
Health Passport	<p>All providers are required to submit the following:</p> <ol style="list-style-type: none"> 1) An Initial Behavioral Health Assessment for each Member 2) Behavioral Health Review Form (monthly) <p>All forms can be found at https://www.fostercaretx.com/portal/public/fc/fostercare/health_passport/health_passport_forms For questions related to the Health Passport contact: via phone (866) 714-7996, or via email Tx_passportadmin@centene.com</p>															
Additional Information and Contacts for Assistance																
Eligibility Verification — Customer Service	<ul style="list-style-type: none"> Cenpatico customer service representatives are available to answer non-clinical questions, verify eligibility, address concerns, or accept requests for additional information. Call (866) 218-8263 View eligibility online at www.cenpatico.com 															
STAR Health Card	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p>Service Coordinator/Coordinadora de Servicios: 1-866-912-6283 Member Services/Servicios para Miembros: 1-866-912-6283 Available 24 hours a day/Disponible las 24 horas del día Behavioral Health/Servicios de salud mental: 1-866-218-8263 Available 24 hours a day/Disponible las 24 horas del día Vision Services/Servicios para la vista: 1-866-642-8959 Dental Services/Servicios dentales: 1-866-483-5708 If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.) Si usted necesita atención de emergencia, diríjase inmediatamente a la sala de emergencias más cercana. (Su doctor no tiene que autorizar la atención de emergencia.) If you have a medical question, call NurseWise at 1-866-912-6283. NurseWise is open 24 hours a day -- every day of the year. Si tiene una pregunta acerca de la salud, llama a NurseWise al 1-866-912-6283. NurseWise esta disponible las 24 horas del día -- todos los días del año.</p> </div> </div>															
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 (866) 218-8263 															
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	IMHS Outpatient Treatment Request Form (OTR)													
Medication Management	Not Required (if provided by participating provider)	Unlimited	None													
Outpatient Therapy /In Home Therapy	Required after initial plus 9 follow-up visits (same rules apply to RTC)	Based on medical necessity	Cenpatico Outpatient Treatment Request Form (OTR)													
Psychological Testing and Neuropsychological Testing	Not Required (unless provider requests more than 8 units in one rolling year)	4 per day per Member, 8 per year per Member	Cenpatico OTR Psychological Testing Form or IMHS Neuropsychological Testing Request Form													