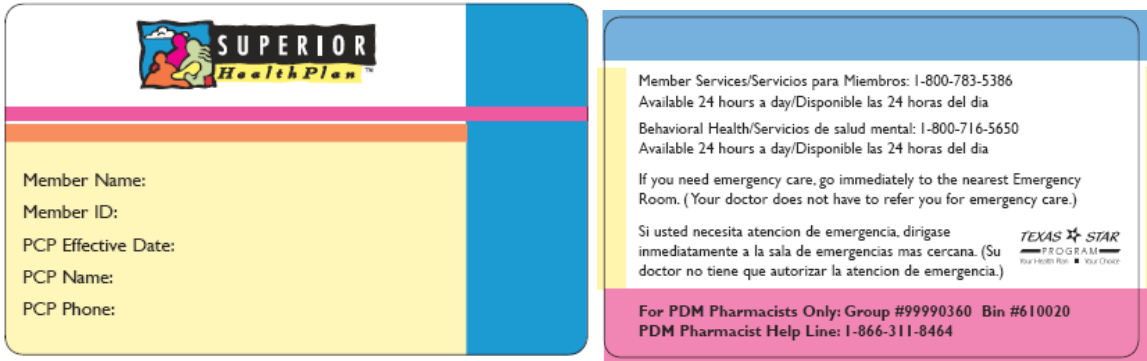


Claims			
Paper Submission	Mail paper claims to: Cenpatico Claims PO Box 6300 Farmington, MO 63640-3806	Filing Deadline – within 95 days of date of service	
Electronic Submission	Available Clearinghouses:	Name Emdeon Availity	Phone (866) 369-8805 (800) 282-4548
Claims Status	Payor ID 68053 68053		
Claims Appeals	Website <a href="http://www.transact.emdeon.com">www.transact.emdeon.com</a> <a href="http://www.availity.com">www.availity.com</a>		Appeals Filing Deadline - within 120 days of claims denial date
Claims Appeals	Claim appeals should be submitted to:	Cenpatico Claims Appeal PO Box 6000 Farmington, MO 63640-3809	Appeals Filing Deadline - within 120 days of claims denial 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 answer non-clinical questions, verify eligibility, address concerns, or accept requests for additional information.</li> <li>Call (800) 716-5650</li> <li>View eligibility online at <a href="http://www.cenpatico.com">www.cenpatico.com</a></li> </ul>		
STAR Card			
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 (800) 716-5650</li> </ul>		
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