



# Cenpatico Quick Reference Guide

*The Behavioral Health Network for Members of MHS and NHP*

Covered Services Behavioral Health	Prior Authorization Requirements	Frequency Limitations	Associated Forms*
<b>Evaluation</b>	Not Required	One evaluation every six months per member	None
<b>Medication Management</b>	Not Required (if provided by participating MD/DO, PA or APNP)	Unlimited	None
<b>Outpatient Therapy</b> Individual Therapy Group Therapy Family Therapy CPT Codes-always paid as (1)Unit	Required after first five sessions Based on per member, per provider, per lifetime	Based on medical necessity	Cenpatico Outpatient Treatment Request Form (OTR) Do not complete the H Code Section fax to 866-694-3694
<b>In-Home Therapy</b>	Required prior to initial visit	Based on medical necessity	Cenpatico Outpatient Treatment Request Form (OTR) (Fax to 866-694-3694)
<b>Outpatient Substance Abuse Group Therapy-H Codes</b> (other than H2012)	Required prior to initial visit. Call for authorization for first visit (H0022)	Based on medical necessity 1 Unit = 1 Hour	Cenpatico Outpatient Treatment Request Form (OTR) complete the H Codes Section -do not complete OP Section Fax to 866-694-3694
<b>IOP/Day Treatment</b>	Required prior to initial visit	Based on medical necessity H2012(1 unit = 1 hour) Rev Codes 905/906 (per diems)	IOP/Day Treatment Form for Chemical Dependency or MH Fax to 866-694-3694
All <b>Lab charges</b> including Drug Screens	Required through MHS		Call 800-222-9831
<b>Psychological Testing</b>	Required prior to testing	Based on medical necessity	Psychological Testing Authorization Form Fax to 866-694-3694
<b>NeuroPsychological Testing</b>	Required through MHS		Call 800-222-9831
<b>Inpatient Hospitalization/PHP &amp; Detoxification</b>	Required. All done telephonically. 800-589-3186	Based on medical necessity.	NA. All done telephonically. Clinical data may not be left on voicemail or faxed.
<b>All Out-of-Network Providers</b>	All		Call Customer Service 800-589-3186

\*All Forms are located on the website under Forms/Resources/WI at [www.cenpatico.com](http://www.cenpatico.com).

APPEALS: All authorization/clinical appeals are done by Cenpatico. They must be received within 60 days of the denial.  
 Level 1 Appeal to Cenpatico                      Level 2 Appeal to MHS                      Level 3 Appeal to the State of WI.

Expedited Appeal requests are done within 24 hours of the request. Appeals for retrospective authorization must be received in writing.

## Phone Numbers

Customer Service	800-589-3186
Claims Customer Service	877-730-2117
Provider Relations/Network Development Specialist (ext. 23283)	800-547-1647
Contracting Manager (ext. 23282)	
Managed Health Services	800-222-9831

## Faxes

Outpatient Treatment Request (OTR)	866-694-3649
Care Management/Care Coordination	866-694-3730
Quality Management/Incident Reports	866-714-7991
Appeals	866-714-7991
Credentialing	866-694-3735
Provider Relations/Network Development	866-671-3661

## Cenpatico Addresses

### Cenpatico National Service Center:

504 Lavaca St. Suite 850, Austin, TX 78701

### Cenpatico /Managed Health Services Local:

10700 W Research Drive Suite 300, Milwaukee WI 53226

## Helpful Websites

### Cenpatico Website

[www.cenpatico.com](http://www.cenpatico.com)

### MHS Website

[www.mhswi.com](http://www.mhswi.com)

### State of Wisconsin Medicaid Website

[www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)

**Interpreter Services-** are covered by MHS. See listing on the Cenpatico Website under WI Forms and Resources.

**Transportation-** is covered for Milwaukee County members of MHS and NHP. Members must call MHS to schedule.

**Change Notification-** Notify Cenpatico immediately via the website, email, fax or mail of **office, billing, or IRS address changes**. Provider Change Form is located on the Cenpatico website under Provider/Forms/Resources.

## Claim Submission

**For the fastest and most accurate processing submit claims either electronically through a clearinghouse, or through the Cenpatico website**

## Electronic Submission

**EMDEON**      **PAYOR ID: 68046**      **(866)369-8805**

**ALLSCRIPTS**      **PAYOR ID: 96822**      **(800-282-4548)**

Contact our EDI Dept with additional questions:  
800-225-2573 ext 25525 or EDIBA@centene.com

## Web Submission

Register on our website: [www.cenpatico.com](http://www.cenpatico.com)

Provider Web Portal User Manual is located under Forms/Resources for WI.

## Paper Submission

Cenpatico Wisconsin Claims

PO Box 6123

Farmington, MO 63640

-Professional services must be billed on a CMS-1500(08/05) claim form.

-Hospital services must be billed on a UB-04 Claim Form.

\*\*90 DAY FILING LIMIT Claims must be submitted within 90 days of the date of service.

\*\*Always bill with all applicable Diagnosis Codes including Smoking Cessation codes.

## Claim Status Online

Sign on to the Cenpatico website: [www.cenpatico.com](http://www.cenpatico.com)

-Go to the Claims Tab and then Claim Status.

Allow 14 business days to view new claims as well as adjustments.

## Disputed Claims

**Appeals must be requested within 90 days of the date on the EOP.**

**-Verbal Inquiry:** Cenpatico Claims Service Department: 877-730-2117.

**-Corrected Claim:** Write "Corrected Claim" & the original claim # on the top right of the claim.

**-Formal Appeal:** Clearly mark Appeal on the cover letter; include copies of the claim & EOP

**-Mail to:**

Cenpatico Wisconsin Claims Appeals

PO Box 6000

Farmington, MO 63640