

Cenpatico Quick Reference Guide

The Behavioral Health Network for Members of MHS and NHP



Covered Services Behavioral Health	Prior Authorization Requirement(s)	Frequency Limitations	Associated Forms*
All Services by Out-of-Network Providers	All	Based on Medical Necessity	Call Customer Service – (800) 589-3186
Medication Management	Not Required (If provided by Participating MD/DO, PA or APNP)	Unlimited	None
Evaluation Outpatient Therapy Individual Therapy Group Therapy Family Therapy <i>CPT Codes = Always Paid as (1) Unit</i>	Required after 12 visits per member, per calendar year	Based on Medical Necessity	Cenpatico Outpatient Treatment Request Form (OTR) Fax To – (866) 694-3694
In-Home Therapy	Required Prior to Initial Visit	Based on Medical Necessity	Cenpatico Outpatient Treatment Request Form (OTR) Fax To – (866) 694-3694
Outpatient Substance Abuse H/T Codes or 944/945 Rev Codes <i>(Other than H2012)</i>	Not Required	Based on Medical Necessity	Cenpatico Outpatient Treatment Request Form (OTR) Fax To – (866) 694-3694
IOP/Day Treatment	Required	Based on Medical Necessity H2012 (1 Unit = 1 Hour) Rev Codes 905/906 Per Diems	IOP/Day Treatment Form for Chemical Dependency or Mental Health Fax To – (866) 694-3694
Lab Charges <i>All lab charges including Drug Screens Bill Charges to MHS</i>	Required Through MHS		Call – (800) 222-9831
Psychological Testing	Required Prior to Testing	Based on Medical Necessity	Psychological Testing Authorization Form Fax To – (866) 694-3694
Neuropsychological Testing	Required Through MHS		Call – (800) 222-9831
Inpatient Hospitalization/PHP & Detoxification	Required All Done Telephonically (800) 589-3186	Based on Medical Necessity	Telephonically or Through Discharge Fax Form Clinical Data May Not be Left on Voicemail

*All **FORMS** are located on our website: www.cenpatico.com

APPEALS:

All authorization/clinical appeals should be sent to Cenpatico. Appeals 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 handled within 24 hours of the request.
- Appeals for retrospective authorization(s) must be received in writing.

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Phone Numbers

Customer Services	(800) 589-3186
Claims Customer Services	(877) 730-2117
Provider Relations/Network Development	(800) 547-1647
Managed Health Service	(800) 222-9831
Medicare Advantage	(877) 835-8024

Faxes

Outpatient Treatment Request - Medicaid	(866) 694-3649
Outpatient Treatment Request - Medicare	(877) 725-7751
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:

12515-8 Research Blvd, Suite 400, Austin, TX 78759

Cenpatico/Managed Health Services Local:

10700 W Research Dr., Suite 300, Milwaukee, WI 53226

Helpful Websites

Cenpatico Website

www.cenpatico.com

MHS Website

www.mhswi.com

State of Wisconsin Medicaid Website

www.forwardhealth.wi.gov

Interpreter Services – Are covered by MHS. See listing on the Cenpatico Website under WI Forms and Resources.

Transportation – Is covered by the State of WI. Members must call MTM at (866) 907-1493 to schedule services 48 hours prior to visit.

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.

Claim Submission

For the fastest and most accurate processing submit claims either electronically through a clearinghouse, or through the secure provider portal: provider.cenpatico.com.

Electronic Submission

PAYOR ID – 68068

Contact our EDI Department with additional questions:

(800) 225-2573 Ext. 25525

EDIBA@centene.com

Web Submission

Register at our secure provider portal: provider.cenpatico.com

Provider Web Portal User Manual is located on our website: www.cenpatico.com

Paper Submission

Cenpatico WI Medicaid Claims

PO Box 6123

Farmington, MO 63640

Cenpatico WI Medicare Claims

PO Box 3060

Farmington, MO 63640-3822

- Professional Services must be billed on an original Red Ink CMS-1500(v. 08/05) claim form typed. Effective April 1, 2014 CMS-1500 version 02/12 will only be accepted.
- 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 our secure provider portal: provider.cenpatico.com

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

Disputed Claims

Claim 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. Corrected claims can be submitted via the Cenpatico Web Portal

Formal Appeal - Clearly mark Appeal on the Cover Letter; include copies of the Claim & EOP

Mail to -

Cenpatico WI Medicaid Claims Appeals

PO Box 6000

Farmington, MO 63640

Cenpatico WI Medicare Claims Appeals

PO Box 3000

Farmington, MO 63640-3800

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MHS/NHP refers to the Badger Care Plus and Medicaid SSI members of Managed Health Service & Network Health Plan | (v.02.19.2014)

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Narcotic Treatment Services	Not Required (If provided by Participating Provider for both Cenpatico and MHS for all lab and drug screen charges)	Based on Forward Health allowed benefits	None (For Non-Participating: Cenpatico Outpatient Treatment Request (OTR) form required and fax to – (866) 694-3694; For labs call MHS call – (800) 222-9831)