




## Provider's Information at a Glance

### Eligibility

- **Before rendering services, always verify Medicaid/HealthChoice eligibility.** Call **EVS: 800-492-2134.**
- Check your Rosters - Primary Care Providers (PCP) please check your most current roster to ensure that you are the member's PCP of Record. The current roster will accurately reflect assigned members for the month.



Member ID#: 00000000-00    Date of Birth: 00/00/0000    Sex: X


Member Name: Last Name, First Name

PCP: Last Name, First Name (DO, MD??)

PCP's Phone #: (000) 000-0000    Effective Date: 00/00/0000

Member Services: (800) 953-8852

HealthChoice Enrollee Action Line: (800) 284-4510

 EXPRESS SCRIPTS®

RxBIN: 800002    RxPCN: A4    RxGRP: MDCA

Pharmacist Call: (800) 824-0898

This ID card is not a guarantee of eligibility, enrollment or payment.  
[www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)

- Specialty and Consulting Providers - To confirm Maryland Physicians Care (MPC) enrollment effective date and current Primary Care Provider (PCP) assignment, check the ID Card and/or call the MPC Member Services Center: 800-953-8854 Option 1 (available 24 hours, 7 days a week).
- To select Maryland Physicians Care (MPC) as their Managed Care Organization (MCO), HealthChoice recipients must call HealthChoice: 800-977-7388.

### Appointment Scheduling, Outreach, and Medical Management

- Members must be scheduled for an initial health appraisal within 90 days of enrollment, unless the member has an established relationship with their PCP. Members under 2 years of age must be scheduled within 30 days. See Section II-4 of the MPC Provider Manual.
- Internists/Family Practice Providers - The PCP must perform a substance abuse screen, preferably using the modified C.A.G.E. on members 18 years and older, as part of their initial health assessment. See Section II-15 and Sample Forms page XE-10 of the MPC Provider Manual.
- Pediatricians/Family Practice Providers - Members under age 21 years will be assigned only to a Maryland Healthy Kids certified PCP, who must follow an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) periodicity schedule. See Appendix E of the MPC Provider Manual.
- Obstetricians - For pregnant and post-partum women, an initial visit is to be scheduled within 10 days of the member's request. See Section II-7 of the Provider Manual. A Maryland Prenatal Risk Assessment (Form DHMH 4850) must be completed at the first visit, a copy of the form must be faxed along with a request for authorization for global OB services to the MPC Prior Auth Unit. Pregnancy-related service providers need to follow, at minimum, applicable ACOG guidelines. Any observation services for members receiving services in Labor & Delivery, related to labor checks for potential preterm labor, require notification to the MPC PA Unit 800-953-8854, select option 2, then option 1.
- MPC member medical records are audited annually during the State of Maryland Quality Care Review. **Providers must meet required medical record documentation standards.** See Sections I-39 and I-43 of the MPC Provider Manual.
- Clinical Practice Guidelines are available to providers to ensure that they understand MPC expectations for appropriate medical care. See Appendix D of the MPC Provider Manual.

### Prescriptions, Drug Formulary and Specialty Injectibles

- Please consult the current MPC Preferred Drug List (PDL) before writing a prescription. If the drug is not listed, a Pharmacy Prior Auth Request Form must be completed before the drug will be considered. You must include the PDL drugs previously prescribed and the medical reason in the comment section. The Pharmacy Prior Auth Request Form can be downloaded from the MPC website.
- **Step Therapy and Quality Limits.** The step therapy program requires certain first-line drugs to be prescribed prior to the approval of specific second-line drugs. Certain drugs also have quantity limits. A Pharmacy Prior Auth Request Form must be completed to request alternate therapy and should be faxed to the **Pharmacy PA Unit at 800-854-7614.**
- **Specialty Injectibles.** To coordinate delivery & management of specialty injectibles, call CuraScript at 866-847-9870.
- No cost Over the Counter (OTC) drugs may be acquired with a prescription. See the MPC website for a current list.
- To access the latest MPC MCO PDL; access a list of drugs with quality limits, obtain a list of drugs that require step therapy, or identify drugs that require Pre-authorization, please go to the MPC website: [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)

## Referrals

- PCPs may refer to certain participating specialists without pre-authorization. See Section II-20 of Provider Manual for list.
- Referrals, without prior authorization, are limited to initial and up to two follow-up consultation visits within 60 calendar days, beginning on the date the referral is dated and signed. See page II-19 of the MPC Provider Manual for exceptions (Hematology/Oncology, Obstetrics, Orthopedic services). Do not send copy of the referral to MPC.
- Referring Provider initiates the referral form, obtains a pre-authorization if needed, and keeps a copy in member's record. Member must present to specialist/consulting provider with a referral for treatment. ***If not listed in Pre-auth requirements below, in-office procedures by contracted network providers do not require pre-auth!*** The request for auth should be made by the provider with the most knowledge as to why the service is required at the time of the request.
- MPC Participating network specialists may refer to another specialist without sending the member back to the PCP, but must obtain pre-authorization if required (see Section II-29 of MPC Provider Manual). Specialist and consulting providers should keep the PCP informed using dictated notes, or by completing the bottom of the referral form & returning it to PCP.
- If pre-authorization is required, the provider must perform the procedure(s) within 60 days of the date of authorization.
- For CLIA certified labs, specific lab tests waived under CLIA and provider performed microscopy (PPMP) tests may be performed in the physician's office without pre-authorization.
- Participating DME and home health care providers will obtain their own authorizations.
- MPC members may self-refer for Family planning (oral contraceptives, etc.); and to Network Only OB/GYN providers for routine well women exam (PAP smear, etc). See Section III-18 MPC Provider Manual for full list of self-referral services.
- **Referrals to all out-of-network / non-participating providers, labs, and radiology require pre-authorization!**

## Pre-authorization

- See Section II-25 in the Provider Manual for detailed instructions on obtaining a pre-authorization (PA) number.
- Office emergencies do not require pre-authorization, however, notification is required the same day.
- MPC will not reimburse for medically unnecessary or other non-covered services or for services provided to members who are not enrolled with MPC MCO on the date(s) of service.
- A pre-authorization number may be obtained by:
  - **Faxing MPC form to 800-953-8856** (Sample Forms page XE-6 of Provider Manual). Please use a cover sheet with the practices correct phone and fax numbers to safeguard the protected health information and facilitate processing.
  - Please use fax whenever possible; or **Call 800-953-8854 –select menu Option 2, - then Option 1.**
- When requesting a pre-authorization, please provide the following: Member's demographic information, clinical notes/explanation of medical necessity, diagnosis and procedure codes, and date(s) of service (DOS).
- **The following services and procedures must be authorized prior to being provided to the member:**

### Inpatient Services (Place of Service 21, 61)

<i>Service Description</i>	<i>Service / Codes That Require Prior Authorization</i>
Acute / Sub Acute / Rehab	All related codes
Surgery	All related codes
Hospice	All related codes
Obstetrics	All related codes
Skilled Nursing Care	All related codes
Sleep Studies	95805 - 95811
Substance Abuse	All related codes within 2 hours of admission

### Outpatient Services (Place of Service 22, 23, 24, 34, 49, 71, 72)

<i>Service Description</i>	<i>Service / Codes That Require Prior Authorization</i>
Ambulatory Surgery Procedures	All related codes done either in-office or Ambulatory Surgery Center
Ambulatory Diagnostic Procedures	Angiography, Cardiac Catheterization, Echocardiography, Electro-physiological studies, Endoscopies, PFT, Plethysmography, 23 hour Sleep Studies, Vascular studies, Video EEG, Discogram, Myelogram (usually done as Out-patient radiology diagnostic procedure) - All related codes. PFT's and Echocardiograms are exempt from PA if performed in the physician's office.
Hospital Outpatient Services (Facility)	PA required if sole procedure and not an observation or Ambulatory Diagnostic procedure (see above), to include: Other Therapeutic Svcs, (Revenue Codes 940 - 952), Oncology (280 -289), PT, OT, and Speech. PA not required for Laboratory, Diagnostic and Therapeutic Radiology, Other Imaging and Other Diagnostic Services if not otherwise listed (e.g. MRI, PET Scans, Cardiac & Pulmonary Rehab require PA).

## Outpatient Services (Continued)

<i>Service Description</i>	<i>Service / Codes That Require Prior Authorization</i>
Circumcision (2 months and older)	54152, 54161
Non-emergency Transportation	All modes
MRI, MRA, PET Scans	All related codes
Observation (OB and non OB)	All related codes – Notify PA Unit within 24 hours for authorization.
Transplant Services	Evaluations and consultation Services – All related codes

## Physician Services performed in the Provider's Office (Place of Service 11)

<i>Service Description</i>	<i>Service / Codes That Require Prior Authorization</i>
Allergy & Immunology	PA required for adults 21 years & older for office visits, 86000-86849 Immunology, 891090 nasal smear, and Allergen Immunotherapy. 95004 – 95199 Allergy & Skin Testing <u>require separate prior auth.</u> No PA Requirements for children < 21 yrs for all office visits & consults.
Dermatology**	All related codes. All office visits and consultations. 10040–16499 Skin Surgery, 96900-96999 Special Dermatology procedures.
Podiatry ** and Routine Foot Care	All related codes, all ages, except for services related to diabetes. Routine foot care is not an adult benefit unless Dx is related to diabetes.
Genetic Testing and Treatment	All related codes. Contracted lab must perform lab Services.
Obstetrical Services	Global PA with health risk appraisal for the Obstetricians Prenatal, Post Partum, two (2) Sonograms, two (2) NST's, and Delivery codes.
Pain Management	All related codes. Nerve blocks/epidurals. For office visits, Anesthesiologists require PA. Physiatrists, Neurologists, Physical Med, and Pain Management do not require PA for office visit.
Plastic Surgery	All related codes.
In-office Laboratory Tests	No PA Requirements for CLIA Waived tests. If in office lab is CLIA Certified – Notify your Provider Representative to ensure that all lab codes are included in the Agreement with MPC.

\*\* If treatment is indicated during the authorized office visit(s), the specialist may treat the member without sending them back to the referring provider. However, if a procedure on the list above requires PA, and it is not included in the auth from the referring provider, it must be added. Before submitting any claims, inform the PA Unit after the fact, of the procedure codes that were done in the office during the visit(s). When faxing additional information, indicate the PA Number from the referring provider on the correspondence.

## Other Services

<i>Service Description</i>	<i>Service / Codes That Require Prior Authorization</i>		
Cardiac Rehab. Pulmonary Rehab.	All related codes.		
Enteral & Parenteral	All HCPCS B codes.		
DME	PA required for items > \$250 per item.		
Orthotic and Prosthetics	PA required for items > \$250 per item. All foot orthotics require PA, and is not an adult benefit unless diagnosis is related to diabetes.		
Dialysis	All related codes, if not self-referral to Medicare-certified facility.		
Home Health / Hospice	All related codes.		
Infertility Testing and Diagnosis	Limited benefit (Testing & Counseling). If covered, PA required.		
Audiology/Hearing Testing	Limited MCO benefits for children only. Screening test or treatment (inpatient stay or as part of home health program). Not an Adult benefit, unless medically necessary specialty audiology service (PA required).		
Substance Abuse	First 5 days of Outpatient treatment does not require PA. If treatment is to exceed 5 days then PA is required.		
Ophthalmology	No PA required if referral made by Optometrist (who the patient can self refer to) or by PCP. Otherwise PA required.		
<b>Physical Therapy/OT/Speech</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Home Health</b>
Children, under 21 yrs old	PA required	Not MPC benefit DHMH Pre-certifies Outpatient therapy	PA required
Adults 21 yrs and older	PA required	PA required	PA required

## Lab and X-Ray

- Participating network laboratories require a referral or written requisition from the referring provider.
- Participating network radiology services require a referral or written requisition from the referring provider (Physician Orders, Referrals), **and, if applicable, a pre-authorization** (see PA Requirements above).
- **Referrals to all out-of-network / non-participating laboratories and radiology require pre-authorization!**

## **MCO Claims**

- The MPC MCO member ID number is the member's Maryland Medical Assistance (MA) I.D. number.
- **For covered medical benefits, the Maryland Physicians Care MCO Medicaid/HealthChoice member is not responsible for any deductibles, co-payments, or balances due.**
- To prevent unnecessary processing delays:
  - Always include name of provider of service in Block 31 CMS 1500. Do not use "Signature on File".
  - Bill with the latest ICD-9 codes using the five-digit format, and the current CPT code with the correct modifier.
  - Block 33, CMS 1500, **practice name must be the same as Form W-9**, and Agreement with MPC.
  - MPC does not issue a provider number. Please bill the physician's Maryland Medicaid Identification number in Box 33 next to PIN #; and the Tax Identification (same as Form W-9) Number in Box 25 on the CMS 1500 form.
  - **Submit claims to the Claims P.O. Box below.** Submitting to any other location will cause processing delays.
  - All encounter and claims must be submitted within 180 days of encounter.
- **MPC encourages electronic claims transmittal.** See below for participating electronic claims clearing houses.
- MPC, as a Medicaid MCO, is a payer of last resort. Bill the primary insurance first then submit the claim for the remainder to MPC with a copy of the primary carrier's EOB. Primary insurance's EOB must include explanation for any denied charges. If there are problems getting the claim paid correctly due to COB issues, contact your Provider Representative.
- Telephone inquiries for claims status only: 800-953-8854, Select Menu Option 2 – then Option 2.

## **Claims Appeals, Resubmissions and Overpayments**

- To submit a corrected claim or missing attachment, return the claim, stamped "Resubmission" with requested change(s), corrected errors, and requested attachments to the claims address below, ATTN: "Resubmission" within 90 working days of the denial. Not clearly indicating "Resubmission" may result in further delays.
- To appeal a claim denial, submit a letter of explanation, copy of remittance advice, MPC denial letter and other documentation relevant to the reason for the denial to the 509 Progress Drive address below, ATTN: "Grievance and Appeals Coordinator" within 90 working days of the receipt of a pre-authorization or claim denial.
- If you receive an overpayment, send a refund check and copy of the MPC remittance advice noting the reason for overpayment to the 509 Progress Drive address below, ATTN: "Finance".

## **Important Addresses and Telephone Numbers**

**Maryland Physicians Care**  
509 Progress Drive  
Linthicum, MD 21090  
800-953-8854

**Western Maryland Regional Office**  
13700 McMullen Highway SW, Suite 1  
Cumberland, MD 21502  
800-953-8854, ask operator for ext. 39504  
Direct Dial: 410 – 401 - 9504  
Fax: 240-362-0169

**Maryland Physicians Care MCO Claims**  
P.O. Box 61778  
Phoenix, AZ 85082-1778

### **Provider Relations Representatives:**

800-953-8854, option 2, then option 3 for greater Baltimore Area & Ancillary Services. Fax: 410-401-9013  
Western Maryland (Garrett, Allegany, Washington, Frederick) counties: Western Maryland Regional office.  
Eastern Shore (Kent, QA, Talbot, etc south to Somerset, Worcester) counties: 410-401-9508, Fax: 410-609-1856

Maryland Physicians Care Prior Authorization Unit: 800-953-8854, option 2, option 1.  
Pharmacy Services (Express Scripts): 800-824-0898, select menu option 2, then option 1.  
Dental Services (Doral Dental): 800-685-1150.  
Substance Abuse (MPC): 800-953-8854, option 7  
Specialty Mental Health Services (MAPS MD): 800-888-1965.  
Vision Services (Block Vision Inc): 800-428-8789.  
Ambulatory PT/OT/speech/audiology for children (under 21 years old): Call HealthChoice at 800-492-5231.  
Maryland Relay for the Hearing Impaired: 800-735-2258.

**Electronic Claims.** The following electronic claims clearing houses participate with MPC:

- ProxyMed: 800-882-08/02. MCO Provider ID #00247 for CMS 1500's, #MPU01 for UB 92's.
- WebMD: 212-624-3700. MCO Provider ID #22348 for both CMS 1500 and UB 92's.
- NDC Health: 800-778-6711 or [generalinfo@ndchealth.com](mailto:generalinfo@ndchealth.com)

**Maryland Physicians Care MCO Web Site:** [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)

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