



An Anthem Company



# Amerigroup Provider Quick Reference Card

Important phone numbers  
Precertification/notification requirements

Medicaid and Children's Health Insurance Program (CHIP)



<https://www.availity.com>

<https://providers.amerigroup.com/tx>

1-800-454-3730

# Easy access to **precertification/notification requirements** and other important information

For more information about requirements, benefits and services, including the most recent, full version of the Medicaid/Children's Health Insurance Program (CHIP) manual, visit our provider website at <https://providers.amerigroup.com/TX>. If you have questions about this *Quick Reference Card (QRC)* or recommendations to improve it, call your local Provider Relations representative. We want to hear from you and improve our service, so you can focus on serving your patients!

## Precertification/notification instructions and definitions

Precertification requests or notifications can be submitted electronically at <https://www.availity.com>, by fax or phone. Precertification forms can be found at <https://providers.amerigroup.com/TX>.

- Inpatient/outpatient surgeries and other general requests fax: 1-800-964-3627
- Behavioral Health fax — inpatient: 1-877-434-7578
- Behavioral Health fax — outpatient: 1-866-877-5229
- Durable medical equipment (DME) fax: 1-866-249-1271
- Therapy (physical, occupational, speech) fax: 1-844-756-4608
- Back and spine procedures fax: 1-800-964-3627
- Pain management injections and wound care fax: 1-866-249-1271
- Cardiology, genetic testing, radiation oncology, radiology (high-tech), sleep studies phone: 1-800-714-0040 (AIM Specialty Health®) [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb)
- Home health nursing (not related to long-term services and supports) fax: 1-866-249-1271
- Medical injectable/infusible drugs fax: 1-844-512-8995
- STAR Kids long-term services and supports/personal attendant services fax: 1-844-756-4604
- STAR+PLUS long-term services and supports/personal attendant services fax numbers by service area:
  - Austin: 1-877-744-2334
  - El Paso: 1-888-822-5790
  - Houston/Beaumont: 1-888-220-6828
  - Lubbock: 1-888-822-5761
  - San Antonio: 1-877-820-9014
  - Tarrant /West RSA: 1-888-562-5160
- Nonemergent transportation (other than ambulance) phone: 1-855-295-1636 (Access2Care)
- Nonemergent ambulance transportation fax: 1-866-249-1271
- Nursing facility fax: 1-844-206-3445

- Telephone (if urgent): 1-800-454-3730
- For any physician peer-to-peer discussions regarding a request that is being reviewed by our Medical Directors, someone from your office can call 817-861-7768 and set up a time for our Medical Director to call you to discuss the case.

**For code-specific requirements for all services, visit <https://providers.amerigroup.com/TX> and select Precertification Lookup Tool from our Provider Resources & Documents > Quick Tools menu.**

**Requirements listed are for network providers.** Nonparticipating providers must submit a precertification request for all services by calling 1-800-454-3730. The Availity Portal may not be used to submit a precertification request for an out-of-network provider.

**Precertification** — the act of authorizing specific services or activities before they are rendered or occur.

**Notification** — telephonic, fax or electronic communication received from a provider to inform us of the intent to render covered medical services to a member:

- Give us notification prior to rendering services as outlined in this document.
- For emergency or urgent services, give us notification within 24 hours or the next business day.
- For emergency services, there is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.

**The information in this QRC applies to Medicaid- and CHIP-covered benefits. For STAR+PLUS and STAR Kids dual eligible members, please refer to the member's Medicare plan carrier for information on Medicare-covered services.**

## Behavioral health/substance abuse

Members may self-refer to a network provider:

- Behavioral health providers must request precertification of certain services through the Behavioral Health fax numbers: 1-877-434-7578 for inpatient services or 1-866-877-5229 for outpatient services.
- All services require precertification except routine outpatient services. Inpatient mental health and substance abuse services can be obtained at acute care or freestanding psychiatric or substance abuse facilities.
- Substance use disorder benefits:
  - Outpatient: Members can self-refer or be referred to receive an assessment. No primary care provider referral is needed. Benefits include ambulatory detoxification, chemical dependency counseling and medication-assisted treatment.
  - Inpatient: Benefits include residential detoxification and residential treatment. Precertification is required.

- STAR, STAR Kids and STAR+PLUS member benefits include Mental Health Rehabilitative Services and Mental Health Targeted Case Management.

## Chemotherapy

- Procedures related to chemotherapy do not require precertification when performed in a participating facility or provider office, outpatient hospital, or ambulatory surgery center. For information on coverage and precertification requirements for chemotherapy drugs, please refer to the Precertification Lookup Tool on our website.
- Precertification is required for coverage of inpatient services.
- Limitations and exclusions apply for experimental and investigational treatments.

## Chiropractic services

- Chiropractic manipulation therapy provided by a chiropractor is covered for STAR, STAR Kids and STAR+PLUS members. Treatment is limited to an acute condition or an acute exacerbation of a chronic condition for a maximum of 12 visits in a consecutive 12-month period and a maximum of one visit per day.
- CHIP members are limited to spinal subluxation at 12 visits in a 12-month period.

## Dental services

- Members 20 years old and younger receive dental services through one of the dental maintenance organizations listed below:
  - DentaQuest: 1-800-508-6775 for CHIP, 1-800-516-0165 for Medicaid
  - MCNA Dental: 1-800-494-6262
- HCBS STAR+PLUS waiver members should contact their service coordinator either directly or through Member Services at 1-800-600-4441 for dental services information.
- See the *Nursing Facility Provider Manual* for dental benefit information for STAR+PLUS members who reside in a nursing facility. The *Nursing Facility Provider Manual* can be found on the provider website at <https://providers.amerigroup.com/TX>.

For temporomandibular joint (TMJ) services, see the “Plastic/cosmetic/reconstructive surgery” section of this QRC.

## Dermatology services

- No precertification is required for evaluation & management (E&M), testing, and most procedures.
- Services considered cosmetic in nature, or related to previous cosmetic procedures, are not covered.

## Diagnostic testing

- No precertification is required for routine diagnostic testing.
- Precertification through AIM Specialty Health is required for MRA\*, MRI\*, CT/CTA scan\*, nuclear cardiology, PET scan\*, echocardiogram, stress echocardiography (SE), resting transthoracic echocardiography (TTE), transesophageal echocardiography (TEE), arterial ultrasound, cardiac catheterization and percutaneous coronary intervention (PCI).

\*Including cardiac

## Dialysis

- No precertification is required for dialysis procedures through network providers or facilities.
- Precertification is required for medications related to dialysis treatment.

## Disposable medical supplies

- No precertification is required for coverage of disposable medical supplies.
- Coverage for CHIP members includes diabetic supplies and equipment; there is a \$20,000 per 12-month period limit for DME, prosthetics, devices and disposable medical supplies (implantable devices and diabetes supplies and equipment are not counted against this cap).

See the “Durable medical equipment (DME)” section for more information.

## Durable medical equipment (DME)

- A signed physician order is required.
- No precertification is required for coverage of nebulizers, gradient pressure aids and sphygmomanometers for members 20 years old and younger.
- Precertification is required for coverage of certain DME, prosthetics and orthotics. For code-specific precertification requirements for DME, prosthetics and orthotics, refer to our online Precertification Lookup Tool.
- Prosthetics and orthotics are not covered for Texas Medicaid members age 21 and older.
- All DME billed with an RR modifier (rental) requires precertification.
- Precertification may be requested by submitting a physician order and a *Precertification Request Form*, found on our provider website at <https://providers.amerigroup.com/TX>. A properly completed and signed *Certificate of Medical Necessity (CMN)* must accompany each claim for the following services: hospital beds, support surfaces, motorized wheelchairs, manual wheelchairs, continuous positive airway pressure, lymphedema pumps, osteogenesis stimulators, transcutaneous electrical nerve stimulator, power-operated vehicle, external infusion pump, parenteral nutrition, enteral nutrition and oxygen.
- The requested Healthcare Common Procedure Coding System (HCPCS) and/or other codes for billing covered services must be on the Amerigroup contracted fee schedule and/or be a Texas Medicaid & Healthcare Partnership (TMHP) payable service code.
- The Medical Director’s review is necessary for custom wheelchair precertification requests if the cost is greater than \$3,000, per the Amerigroup fee schedule.

CHIP members are limited to \$20,000 per 12-month period for DME, prosthetics, devices and disposable medical supplies (implantable devices and diabetes supplies and equipment are not counted against this cap). See the “Disposable medical supplies” section of this QRC for guidelines on disposable medical supplies.

Refer to the *Nursing Facility Provider Manual* for requirements relating to STAR+PLUS members who are nursing facility residents.

## Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits

See the “Texas Health Steps” section of this QRC.

## Emergency services

- Members may self-refer.
- No notification is required for emergency care given in the emergency room. If emergency care results in admission, notification to Amerigroup is required within 24 hours or the next business day.

For observation precertification requirements, see the “Observation” section of this QRC.

## Ear, nose and throat (ENT) services (otolaryngology)

- No precertification is required for E&M, testing, and most procedures.
- Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.

See the “Diagnostic testing” section of this QRC for more information.

## Family planning/sexually transmitted disease (STD) care

- Members may self-refer to a network or Medicaid family planning provider.
- No precertification is required for family planning services available for STAR, STAR Kids and STAR+PLUS nondual members.
- Family planning services are not covered for CHIP members.
- Infertility services and treatment are not covered.

## Gastroenterology services

- No precertification is required for E&M, testing, and most procedures.
- Precertification is required for upper endoscopy and bariatric surgery, including insertion, removal and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.

See the “Diagnostic testing” section of this QRC for more information.

## Genetic testing

Precertification through AIM Specialty Health is required for all genetic testing.

## Gynecology

- Members may self-refer to a participating provider.
- No precertification is required for E&M, testing, and procedures.

## Hearing aids

- Hearing aid instruments are covered for adults and children.
- Coverage includes hearing aids provided by licensed fitters enrolled in the Texas Medicaid program.
- Amerigroup covers hearing aid(s) for adults at the rate of one every five years. Children can receive one for each ear every five years.
- Precertification is required for digital hearing aids.

## Hearing screening

- No notification or precertification is required for the coverage of diagnostic and screening tests, hearing aid evaluations, or counseling.
- Hearing screenings are not payable on the same day as a Texas Health Steps checkup.
- Hearing screenings are covered for adults and children.

## Home health care

Precertification is required for all services.

## Hospice care

- Hospice care is covered for CHIP members:
  - Precertification is required for coverage of inpatient services.
  - Notification is required for outpatient hospice services.
- STAR, STAR Kids and STAR+PLUS members receive hospice care through the Texas Health and Human Services Commission (HHSC). STAR Kids and STAR+PLUS members will remain enrolled in managed care. For these members, Amerigroup covers services unrelated to the member’s terminal illness and furnishes case management coordination. STAR members will be disenrolled from managed care and transferred to Medicaid Fee for Service (FFS).

## Hospital admissions

- Elective and nonemergent admissions require precertification.
- Emergency admissions require notification within one business day.
- To be covered, preadmission testing must be performed by an Amerigroup-preferred lab vendor.
- Same-day admission is required for surgery.
- Visit <https://providers.amerigroup.com/TX> for a complete listing of participating vendors.

See exceptions to precertification and notification in the “Obstetrical care” section of this QRC.

## Laboratory services (outpatient)

- All laboratory services furnished by non-network providers require precertification by Amerigroup, except for hospital laboratory services in the event of an emergency medical condition.
- Laboratory services related to Texas Health Steps services may be sent to the state laboratory or Amerigroup-contracted vendors.
- For offices with limited or no office laboratory facilities, lab tests may be referred to an Amerigroup-preferred lab vendor.
- Visit <https://providers.amerigroup.com/TX> for a complete listing of participating vendors.

## Long-term services and supports (LTSS) (STAR Kids and STAR+PLUS only)

- Precertification is required for all services.
- For STAR+PLUS members, see the *Medicaid/CHIP Provider Manual* for a list of long-term services and supports benefit categories available, including day activity health services, personal assistance services, dental services, adaptive aids, assisted living/residential care, emergency response services and respite care for members living in the community.
- For STAR Kids members, see the *Medicaid/CHIP Provider Manual* for a list of long-term services and supports benefit categories available and who covers these benefits. For certain members, the waiver program provides some of the LTSS benefits.
- See the *Nursing Facility Provider Manual* for STAR+PLUS benefits information for members who reside in a nursing facility.
- Service coordination phone: 1-866-696-0710

## Neurology

- No precertification is required for E&M and testing.
- Precertification is required for neurosurgery and spinal surgery.

See the “Diagnostic testing” section of this QRC for more information.

## Observation

- No precertification or notification is required for observation.
- If observation results in admission, notification to Amerigroup is required within one business day.

## Obstetrical care

- No precertification is required for coverage of obstetrical (OB) services, including OB visits, diagnostic testing and laboratory services.
- Notification to Amerigroup is required at the first prenatal visit.
- No precertification is required for an inpatient admission, as required under federal or state law, for in-network or out-of-network facility and physician services for a mother

and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery or 96 hours following an uncomplicated delivery by Cesarean section. We require precertification of maternity inpatient stays for any portion in excess of these time frames.

- No precertification is required for coverage of labor, delivery and circumcision for newborns birth through 12 weeks in age.
- Notification of delivery is required within 24 hours with newborn information.
- OB case management programs are available.

## Ophthalmology

- Precertification is required for the repair of eyelid defects.
- Services considered cosmetic in nature are not covered.
- Certain laser eye treatment procedures are approved only for certain diagnosis codes.

See the “Diagnostic testing” section of this QRC for more information.

## Oral maxillofacial

See the “Plastic/cosmetic/reconstructive surgery” section of this QRC for more information.

## Otolaryngology (ENT services)

See the “Ear, nose and throat (ENT) services (otolaryngology)” section of this QRC.

## Out-of-area/out-of-plan care

- Precertification is required except for coverage of emergency care, including self-referral.
- No coverage for out-of-country care.

## Outpatient/ambulatory surgery

Precertification requirement is based on the service performed. Refer to the Precertification Lookup Tool on our website.

## Pain management

Non-E&M level testing and procedures require precertification.

## Pharmacy

- Pharmacy providers can call the Amerigroup Pharmacy Help Desk at 1-833-252-0329.
- Pharmacy providers needing to check benefits eligibility can call our Provider Services line at 1-800-454-3730.
- Prior authorization requests can only be made by prescribers or their authorized agents. Prescribers can submit requests by fax at 1-844-474-3341, by phone at 1-800-454-3730 or online at <https://www.covermymeds.com> for prior authorization of nonpreferred drugs and other drugs requiring prior authorization. Fax forms for pharmacy prior authorization are located on the provider website at <https://providers.amerigroup.com/TX>.
- Members can call Member Services at 1-800-600-4441 or 1-844-756-4600 for STAR Kids members. The Texas Medicaid formulary applies to STAR, STAR Kids, STAR+PLUS and CHIP members. The *Texas Medicaid Preferred Drug List (PDL)* applies to STAR, STAR Kids and STAR+PLUS members only.
- Amerigroup is required to follow the Texas Medicaid formulary and PDL.

- The Texas Medicaid formulary and PDL are available on the Vendor Drug Program website at <https://www.txvendordrug.com>.
- Certain injectable drugs and their counterparts in the same therapeutic class require precertification by the Amerigroup Pharmacy department by fax at 1-844-512-8995 or by phone at 1-800-454-3730 when administered in any outpatient setting. Please refer to the Precertification Lookup Tool on our website.

## Plastic/cosmetic/reconstructive surgery (including oral maxillofacial services)

- Services considered cosmetic in nature and services related to previous cosmetic procedures are not covered.
- No precertification is required for coverage of E&M codes.
- Reduction mammoplasty requires an Amerigroup Medical Director’s review.
- Precertification is required for coverage of trauma to the teeth and oral maxillofacial medical and surgical conditions, including TMJ.

See the “Diagnostic testing” section of this QRC for more information.

## Primary care

- Primary care provider services include: addressing the member’s health needs, coordinating the member’s health care, promoting disease prevention and health maintenance (including coverage of seasonal inoculations), treating illnesses or injuries, maintaining the member’s health records, and furnishing 24/7 access and availability for members.
- For STAR and STAR+PLUS members age 21 and older, annual physical exams are covered. For members 20 years old and younger, see the “Texas Health Steps” and “Well-child preventive care” sections of this QRC.
- A sports/school physical every 12 months by the member’s assigned Amerigroup primary care provider for STAR, STAR Kids and CHIP members is covered as a value-added benefit.

## Podiatry

- No precertification is required for coverage of E&M, testing, and procedures.
- For CHIP members, routine foot care such as hygiene care is excluded.

## Radiation therapy

No precertification is required for coverage of radiation therapy procedures when performed by a network facility or provider office, outpatient hospital, or ambulatory surgery center except as required in the “Radiation oncology” section of this QRC.

## Radiation oncology

Precertification through AIM Specialty Health is required for outpatient procedures listed below:

- Brachytherapy
- Intensity modulated radiation therapy (IMRT)
- Proton beam radiation therapy
- Stereotactic radiosurgery/stereotactic body radiotherapy
- 3-D conformal therapy (EBRT) for bone metastases and breast cancer
- Hypofractionation for bone metastases and breast cancer when requesting EBRT and IMRT
- Special procedures and consultations associated with a treatment plan (CPT codes 77370 and 77470)
- Image guided radiation therapy

## Radiology

See the “Diagnostic testing” section of this QRC for more information.

## Rehabilitation therapy (short-term): physical, occupational, respiratory and speech

- Treatment requires precertification.
- Precertification requests must be submitted by the primary care provider or medical home. Requests will not be accepted directly from the therapy provider.
- No precertification is required for coverage of Early Childhood Intervention services for STAR, STAR Kids or CHIP members 35 months of age and younger.

Refer to the *Nursing Facility Provider Manual* for requirements relating to STAR+PLUS members who are nursing facility residents.

## Sleep studies

Precertification through AIM Specialty Health is required for elective outpatient services, including home sleep tests, in-lab sleep tests, titration studies, initial and ongoing treatment orders (APAP, CPAP or BPAP), and sleep treatment equipment and related supplies.

## Sterilization

- No precertification or notification is required for sterilization procedures, including tubal ligation and vasectomy for Medicaid members age 21 and older.
- A *Sterilization Consent Form* is required for claims submission.
- Reversal of sterilization is not a covered benefit.
- Sterilization is not a covered benefit for CHIP members.

## Texas Health Steps

- Members may self-refer; Texas Health Steps services apply to STAR, STAR Kids and STAR+PLUS members age 20 years old and younger.
- Use the Texas Health Steps Periodicity Schedule and document visits.
- Texas Health Steps services may be provided by any Texas Health Steps provider, whether or not the provider is the member’s primary care provider or in the Amerigroup network.
- Vaccine serum is available under the Texas Vaccines for Children (TVFC) program.
- Amerigroup does not reimburse providers for serum available through TVFC.
- CHIP members do not receive Texas Health Steps services. CHIP members receive preventive services under the “Well-child preventive care” section of this QRC.

## Tobacco cessation program

- Tobacco cessation counseling is a benefit of Texas Medicaid for pregnant members who are 10 through 55 years of age.
- For CHIP members, up to \$100 for a 12-month period is covered for a plan-approved program defined by the health plan.
- Smoking/tobacco cessation help with personal coaching and nicotine replacement therapy for members age 18 and over is a value-added benefit for STAR, STAR Kids, STAR+PLUS and CHIP members.

## Transportation

- Nonemergent transportation for STAR, STAR Kids and STAR+PLUS members is provided through Medicaid FFS by the Medical Transportation Program (MTP) at 1-855-687-3255 for the Dallas/

Fort Worth area, 1-855-687-4786 for the Houston/Beaumont area, or 1-877-633-8747 for all other areas. Use of this benefit generally requires a 48-hour notice.

- Amerigroup also offers a value-added benefit if MTP is not available.
- This benefit is available for all members except STAR+PLUS nursing facility residents. STAR Kids and STAR+PLUS dual-eligible members will only receive transportation to services for their Medicaid-covered services. CHIP members receive rides to doctor visits for chronic illnesses.
- Nonemergent transportation, other than ambulance when MTP is not available, should be requested by contacting Access2Care at 1-855-295-1636.
- All nonemergent ambulance transportation must be authorized by faxing Amerigroup at 1-866-249-1271. Required forms are available on the provider website at <https://providers.amerigroup.com/TX>.
- Precertification by Amerigroup is required for coverage of fixed-wing transportation.

## Urgent care center visits

No notification or precertification is required for participating facilities.

## Vision care (routine) and supplies

- Members may self-refer for routine vision care and supplies.
- The contracted vendor is Superior Vision of Texas; call 1-866-819-4298 for providers and 1-800-428-8789 for members.
- For STAR, STAR Kids and STAR+PLUS members 20 years old and younger, one complete eye exam is covered every 12 months. Frames and regular lens types, including polycarbonate lenses or contact lenses when medically necessary, are covered once every 24 months.
- For STAR and STAR+PLUS nondual members age 21 and older, one complete eye exam is covered every 24 months and eyeglasses or contact lenses if medically necessary.
- The benefit period begins with the month the glasses are first dispensed. If there is a change in visual acuity of  $\pm 0.50$  diopter in an eye, the member is eligible for new nonprosthetic eyeglasses, regardless of when the first pair was dispensed.
- STAR+PLUS nondual members age 21 and older can request polycarbonate or plastic lenses without meeting medical necessity as a value-added benefit.
- For CHIP members: one eye examination to determine the need and prescription for corrective lenses per 12-month period is covered, and one pair of nonprosthetic eyewear per 12-month period is covered.

## Well-child preventive care

- Members may self-refer; for STAR, STAR Kids and STAR+PLUS members, see the “Texas Health Steps” section of this QRC.
- CHIP members receive preventive services. CHIP well-child care visits should be provided in accordance with the American Academy of Pediatrics periodicity schedule.
- Vaccine serum is available through the TVFC program for qualified members.

## Well-woman exam

Members may self-refer; one exam is covered per calendar year.

# Provider Experience program

Our Provider Services team offers precertification, case and disease management, automated member eligibility, claims status, health education materials, outreach services, and more. **Call 1-800-454-3730, Monday-Friday, from 7 a.m.-7 p.m. Central time.**

**For Texas provider credentialing questions**, please call 713-218-5112.

**If you are contracted with MultiPlan directly**, please call 1-866-971-7427.

**The provider websites are available 24/7/365:** To verify member eligibility and benefits, request precertification and check status, file claims, check claims status, and submit claim disputes, access <https://www.availity.com>. For other functions such as looking up precertification/notification requirements and reimbursement policies, finding forms and other general information, visit <https://providers.amerigroup.com/TX>. Note: Most of these functions are also available directly through the Availity Portal.

**Can't access the internet?** Call Provider Services at 1-800-454-3730 and the recording will guide you through our menu of options — just select the information or materials you need when you hear it. Then say your NPI when prompted by the recorded voice so that we can quickly help you get the right information.

## Health services

### Case Management services ■ 1-800-454-3730

We offer case management services to members who are likely to have extensive health care needs. Our Nurse Case Managers work with you to develop individualized care plans, including identifying community resources, providing health education, monitoring compliance, assisting with transportation and more.

### Disease Management Centralized Care Unit (DMCCU) services ■ 1-888-830-4300

DMCCU services include educational information like local community support agencies and events in the health plan's service area. Services are available for members with the following medical conditions: asthma, bipolar disorder, COPD, CHF, CAD, diabetes, HIV/AIDS, hypertension, obesity, major depressive disorder, substance use disorder and schizophrenia.

### Nurse HelpLine ■ 1-800-600-4441 ■ TTY 711

### STAR Kids Nurse HelpLine ■ 1-844-756-4600 ■ TTY 711

Members can call our 24-hour Nurse HelpLine for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to your office within 24 hours of receipt of the call.

### Member Services ■ 1-800-600-4441 ■ TTY 711

### STAR Kids Member Services ■ 1-844-756-4600 ■ TTY 711



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<https://providers.amerigroup.com/TX> ■ 1-800-454-3730

## Our service partners

<b>Access2Care</b> (nonemergent transportation other than ambulance when MTP is not available)	1-855-295-1636
<b>AIM Specialty Health</b> (cardiology, genetic testing, radiation oncology, high-tech radiology and sleep studies precertification)	1-800-714-0040 www.aimspecialtyhealth.com/goweb
<b>Availity Portal</b> (claim filing, claim status inquiries, member eligibility and benefits information, precertification, and other functions)	https://www.availity.com 1-800-AVAILITY (1-800-282-4548) support@availity.com
<b>DentaQuest</b> (Dental managed care organization [MCO] for members 20 years old and younger)	CHIP: 1-800-508-6775 Medicaid: 1-800-516-0165
<b>MCNA Dental</b> (Dental MCO for members 20 years old and younger)	1-800-494-6262
<b>Medical Transportation Program (MTP)</b>	Dallas/Fort Worth: 1-855-687-3255 Houston/Jefferson: 1-855-687-4786 Other areas: 1-877-633-8747
<b>Superior Vision of Texas (vision services)</b>	1-866-819-4298 for providers 1-800-428-8789 for members
<b>Texas Health Steps program</b>	1-877-847-8377

## Claims services

Timely filing is within 95 calendar days from the date of service.

Refer to the *Nursing Facility Provider Manual* for timely filing requirements for STAR+PLUS members who are nursing facility residents.

## Electronic data interchange (EDI)

Amerigroup has designated Availity to operate and service your EDI entry point (EDI Gateway). To submit transactions directly to Availity, use the *Welcome Application* at <https://apps.availity.com/web/welcome/#/edi> to begin the process of connecting to the Availity EDI Gateway. You can also use a clearinghouse or billing company to submit your claims to the Availity EDI Gateway.

### Online claims submission:

Use our free online claim submission tool at <https://www.availity.com>.

## Paper claims

Submit claims on original claim forms (*CMS-1500* or *CMS-1450*), printed with dropout red ink or typed (not handwritten) in large, dark font. AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code. Mail to:

Claims  
Amerigroup  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

## Claim payment disputes

A claims payment dispute must be filed within 120 calendar days of the date of the *Explanation of Payment (EOP)*.

Providers may utilize the payment dispute tool at <https://www.availity.com>. Supporting documentation can be uploaded using the attachment feature.

Providers may also fax a payment dispute request to 1-844-756-4607 or mail it to:

Payment Dispute Unit  
Amerigroup  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

## Member medical appeals

A member medical appeal for a pre-service denial can be initiated by a member or a provider on behalf of the member and must be submitted within 60 calendar days from the date of the decision notification letter. Member medical appeals can be submitted in writing to:

Amerigroup Appeals  
2505 N. Highway 360, Suite 300  
Grand Prairie, TX 75050

A provider submitting an appeal on behalf of a member can send a letter or complete the appeal request form included in the provider's copy of the decision notification letter. The provider must have written authorization from the member to act as the member's designated representative except for CHIP members.

Member medical appeals may also be requested by calling Member Services at 1-800-600-4441/STAR Kids 1-844-756-4600 (TTY 711).

## Provider medical appeals

Providers may submit an appeal request for post-service medical denials. The appeal must be requested within 120 calendar days of the denial letter or EOP and should be sent to:

Appeals Team  
Amerigroup  
P.O. Box 61599  
Virginia Beach, VA 23466-1599