



MedStar Select

2019 MedStar Select

Quick Reference Guide

Member Services 855-242-4872

TTY 711

Provider Services 855-222-1042

For claims questions, EDI Services, Member Eligibility Inquiries, Member Benefits Coverage Verification, Provider Directory assistance and Web Support.

Provider Portal Support 855-222-1043

Provider Relations and Ancillary Contracting

For Contracting, Credentialing/Re-credentialing or Practice Additions/Terminations/Address Changes.

Provider Relations 800-905-1722

Email for General Practitioner Inquiries MFC-ProviderRelations2@medstar.net

Email for Ancillary Provider Inquiries MFC-Ancillary@medstar.net

Email for Demographic Updates MFC-ProviderDemographics@medstar.net

Email for Credentialing and Recredentialing msfc.credentialing@medstar.net

Medical Management/

Prior Authorization 855-242-4875

Prior Authorization Fax Line 855-431-8762

Prior authorization is required for after-hours SNF admissions. Please call the Prior Authorization number for instructions to reach on call staff or fax your request.

Medically Covered Pharmacy 855-266-0712

Care Advising 888-959-4033

24 Hour Nurse Line 855-242-4873

Vendors

CVS CareMark 888-771-7282

Mental Health and

Substance Abuse (Magellan) 800-327-7855

Routine Vision (Optional Coverage)

Group Vision Services (EyeMed) . . 866-265-4626

Routine Dental (Optional Coverage)

Delta Dental PPO Plus Premier Plan. 800-932-0783

DeltaCare USA Plan 800-422-4234

Laboratory Services

Providers may use or direct members to any MedStar Health hospital, LabCorp or Quest Diagnostic laboratory facility. For a complete listing of all in-network laboratory provider locations, go to **MedStarProviderNetwork.org**.

Radiology Services

Providers may use or direct members to any MedStar Health hospital or participating radiology provider. For a complete listing, please visit **MedStarProviderNetwork.org**.

Participating Hospitals

All MedStar Health hospitals participate in MedStar Select. For a complete listing of all in-network hospital locations, go to **MedStarProviderNetwork.org**.

All services may be subject to retrospective review to determine medical necessity.

Possession of a MedStar Select Plan member ID card does not guarantee eligibility.

To verify member eligibility, call Provider Services at 855-222-1042 or go to MedStarProviderNetwork.org.

Claims Submission Address

MedStar Claims
PO Box 1200
Pittsburgh, PA 15230-1200

Electronic Submission:
Payer ID 251MS

Appeals Address

MedStar Provider Appeals
PO Box 269
Pittsburgh, PA 15230-0269

For more information regarding appeals, including related forms please visit **MedStarProviderNetwork.org/claimappeal-forms-0**.

Considerations When Referencing This Quick Reference Guide

Coverage for all services is governed by each member's benefit plan. Services requiring a Prior Authorization that do not have a related Prior Authorization Policy will be reviewed based on Interqual guidelines. Please contact Provider Services at **855-222-1042** to confirm if a service requires a Prior Authorization but is not listed within the policies below. For Pharmacy authorizations forms, please refer to CareMark. For drugs covered under the medical benefit and specialty pharmacy, please **click here**.

Services	Prior Authorization Required	Limits Apply
Inpatient Services		
Acute	▪	
Subacute	▪	▪
SNF	▪	▪
Long-Term Acute Care (LTAC) Admissions	▪	
Maternity Admissions (beyond standard timeframes - 48 hours vaginal delivery/96 hours C-section)	▪	
Select Outpatient Services		
Bariatric Surgery (Inpatient and Outpatient at MedStar COEs)	▪	
Chiropractic Services (Children under 13 years old) (PA.059.MH) ¹	▪	▪
Chiropractic Services (Age 13 and over) (MP.111.MH)		▪
Cochlear Implants (PA.072.MH)	▪	
Cosmetic Procedures	▪	
Dental Anesthesia	▪	
EGD (if repeated within one year)	▪	
Habilitative Therapy ²	▪	
Nutritional Counseling	▪	
Occupational Therapy ¹		▪
Physical Therapy ¹		▪
Proton Beam Therapy/Stereotactic Radiation	▪	
Speech Therapy ¹		▪
Transplant		
Transplant	▪	
Durable Medical Equipment and Ancillary Services		
Bone Growth Stimulators (PA.011.MH)	▪	
Durable Medical Equipment, Corrective Appliances and Other Devices (PA.010.MH) ³	▪	▪
Continuous Glucose Monitors (PA.034.MH)	▪	▪ (MUE edit) ⁸
CPAP (PA.010.MH and MP.023.MH)	▪	
External Insulin Pumps (PA.035.MH)	▪	▪ (MUE edit) ⁸
Hearing Aids ⁴		▪
Negative Pressure Wound Therapy (PA.009.MH)	▪	
Prosthetics and Related Supplies	▪	
Sleep Apnea Treatment-Positive Airway Pressure Devices (MP.023.MH)	N/A Refer to Policy	N/A
Transcutaneous Electrical Nerve Stimulation (TENS) (MP.094.MH)	N/A Refer to Policy	

Services	Prior Authorization Required	Limits Apply
Home Health Care		
Home Infusion (Collaboration with Pharmacy) ⁵	▪	
Home Health (PA required after initial eval) ¹	▪	▪
Hospice	▪	
Private Duty Nursing (PDN)	▪	▪
Parenteral Nutrition (PA.056.MH)	▪	
Other Services		
Ambulance-Non Emergent	▪	
Experimental and Investigational	▪	
Gender Reassignment	▪	
Genetic Testing	▪	
Infertility	▪	▪
Medically Covered and Specialty Drugs ⁶	▪	
Oral & Enteral Nutrition (PA.056.MH)	▪	
Out of Network Services ⁷	▪	

¹ Benefit limits apply. 60 combined visits for PT and OT, 60 visits for SP, 60 visits for Home Health, 30 visits for chiropractic care.

² For children under the age of 19 with congenital or genetic birth defects. Preauthorization required after 1st visit.

³ A prior authorization is required for all DME, Corrective Appliances and Other Devices (this includes braces and orthotics) with an allowed amount of \$500 or greater per item. Certain DME, Corrective Appliances and Other Devices services and supplies may require prior authorization even if under \$500, or may have clinical requirements. Please see the Medical Prior Authorization policies and Medical Payment policies for more information on **MedStarProviderNetwork.org**. Note that all policies that require prior authorization have PA in the naming convention, while policies that begin with MP in the naming convention do not require prior authorization. Please note that not all provider types are authorized to submit claims for DME, orthotics and related supplies. Please contact provider services for additional information on acceptable provider types, and refer to the Provider Directory to locate contracted DME companies.

⁴ Benefit is limited to children 18 years and under to one hearing aid for each impaired ear once every 36 months from the first covered benefit. Benefit includes screening examination and Audiometric testing. Non-routine hearing care services (such as assessment, fitting, orientation, conformity and evaluation) related to the covered hearing aid(s) is not covered.

⁵ Infusion Therapy services require prior authorization if administered in an inpatient setting. Please call **855-266-0712** for more information.

⁶ Not all medically covered drugs require authorization. A full list of medically covered and specialty drugs that require authorization is located within the Provider Manual in the Pharmacy Services section located on **MedStarProviderNetwork.org**.

⁷ MedStar Select offers out of network benefits, however, authorization to allow the out of network service to apply to the in network benefit level will be permitted in certain circumstances. Contact Medical Management in order to obtain an authorization for out-of-network services which will allow the claim to process at an in-network benefit level. Approval will only be granted if MedStar Select is unable to locate an in-network provider in the member's service area or for other extenuating circumstances.

⁸ The Medically Unlikely Edit (MUE) for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service as determined by the Centers for Medicare & Medicaid Services.