



# MedStar Select

2016 MedStar Select

## Quick Reference Guide

**Member Services . . . . . 855-242-4872**  
**TTY . . . . . 855-250-5604**  
**Care Management . . . . . 888-959-4033**

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

**Email . . . . msvcproviderrelations2@medstar.net**  
**Maryland Providers . . . . . 800-905-1722**  
**DC Providers . . . . . 855-210-6203**

**24 Hour Nurse Line . . . . . 855-242-4873**

**Medical Management/  
 Prior Authorization . . . . . 855-242-4875**

**Specialty Pharmacy . . . . . 855-242-4875**

**Medically Covered Pharmacy . . . . . 855-266-0712**

### Vendors

**CVS CareMark . . . . . 888-771-7282**

**Mental Health and  
 Substance Abuse (Magellan) . . . . . 800-327-7855**

**Routine Vision *Optional coverage*  
 (Group Vision Services) . . . . . 866-265-4626**

**Routine Dental *Optional coverage***  
**Cigna PPO Dental Plan . . . . . 888-336-8258**  
**Cigna DHMO Dental Plan . . . . . 800-367-1037**

### 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	<b>Electronic Submission:</b>
PO Box 1200	Payer ID 251MS
Pittsburgh, PA 15230-1200	

### Appeals Address

MedStar Select  
 PO Box 105278  
 MSC: MS01  
 Atlanta, GA 30348

## Considerations When Referencing This Quick Reference Guide

Coverage for all services is governed by each member's benefit plan. For a complete listing of all services that require prior authorization, go to **MedStarProviderNetwork.org** and click on "Medical Management Forms" or call Provider Services at **855-222-1042**. For Pharmacy authorization forms, please refer to CareMark.

For drugs covered under the medical benefit and specialty pharmacy, please visit **MedStarProviderNetwork.org** and click on "Pharmacy Authorization Forms for Drugs Under the Medical Benefit."

Service	MedStar Select CY 2016			MedStar CareFirst PPO CY 2016		
	Auth	Referral	Limits	Auth	Referral	Limits
<b>Out of Network Services</b>						
OON	■*					
Dialysis	■			■		
<b>In Network Services</b>						
<b>Inpatient Services</b>						
Acute	■			■		
Subacute	■		■	■		■
SNF	■		■	■		■
Long-Term Acute Care (LTAC) Admissions	■			■		
<b>Select Outpatient Services**** including but not limited to:</b>						
Bariatric	■			■		
Cosmetic	■			■		
<b>Transplant</b>						
Transplants	■			■		
Related expenses and evaluations						
<b>Durable Medical Equipment and Ancillary Services</b>						
DME*****	■**			■**		
CPAP	■					
<b>Home Health Care</b>						
Home Infusion (Collaboration with Pharmacy)*****						
Home Care (PA required after initial eval)			■	■		■
Hospice				■		
PT/OT/ST			■***			■***
Habilitative Therapy	■****			■****		
Private Duty Nursing (PDN)	■		■	■		■
Experimental and Investigational*****	■			■		
<b>High Tech Radiology</b>						
CT		■			■	
MRI		■			■	
MRA		■			■	
Pet Scan		■			■	
Nuclear Cardiology		■			■	
Genetic Testing	■			■		
Infertility	■		■	■		■
Medically Covered and Specialty Drugs*****	■			■		
Dental Anesthesia	■			■		
<b>Ambulance</b>						
Air (non-emergent & emergent Post Service)	■			■		
Non Emergent				■		
For In Network (Tier 2, if applicable) level of Benefit	■			■		

### Commonly Used Services

Hospital Admissions
In-Patient Services
Genetic and Molecular Testing
Pharmacy
Injectable Drugs
Home Infusion Therapy
Parental Nutrition
Negative Pressure Wound Therapy
DME Capped Rentals

\* For In network, tier 2 level of benefits

\*\* A prior authorization is required for DME items over \$500 and specific DME supplies, please reference the prior authorization medical and payment policies for more information available 1/1/2016 on **MedStarProviderNetwork.org**.

\*\*\* Commercial limits (combined with Home PT/OT/ST)  
\*\*\*\* For children under the age of 19 with congenital or genetic birth defects. Preauthorization required after 1st visit.

\*\*\*\*\* Providers can access medical policy information through the provider portal after 1/1/16  
\*\*\*\*\* Infusion Therapy services require prior authorization if administered in an inpatient setting. Please note, there are instances where Infusion Therapy medications may need prior authorization. Please call **855-266-0712** for more information.

\*\*\*\*\* Not all medically covered drugs require authorization. A full list of medically covered and specialty drugs that require authorization is located on **MedStarProviderNetwork.org**.