



MedStar Medicare Choice

2017 MedStar Medicare Choice

Quick Reference Guide

Member Services 855-222-1041

TTY 855-250-5604

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.

Maryland Providers 800-905-1722

DC Providers 855-210-6203

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

Pharmacy/Specialty Pharmacy 855-266-0712

Including Prior Authorization for Pharmacy, Specialty Pharmacy, and Drugs Covered under the Medical Benefit.

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.

Care Advising 888-959-4033

24 Hour Nurse Line 855-242-4873

Vendors

Mental Health and

Substance Abuse (Optum) 800-230-4978

Routine Vision (Superior Vision) 800-766-4393

Routine Dental (DentaQuest). 800-436-5288

Routine Medical Transportation (Access2Care). 855-859-1714

(MedStar Medicare Choice Dual Advantage and Care Advantage Only)

Transplant (Optum) 800-847-2050

(Contact Medical Management at **855-242-4875** for Prior Authorization)

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**.

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 call Provider Services at **855-222-1042** or **click here**. 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	▪	
Select Outpatient Services		
Bariatric	▪	
Chiropractic Services (Children under 13 years old) (PA.059.MH)	▪	
Chiropractic Services (Age 13 and over) (MP.111.MH)		N/A
Cochlear Implants (PA.072.MH)	▪	
Cosmetic Procedures	▪	
Dental Anesthesia	▪	
Transplant		
Transplant	▪	
Transplant Evaluations (refer to Optum Complex Medical Conditions, 800-847-2050)	▪	
Durable Medical Equipment and Ancillary Services		
Durable Medical Equipment, Corrective Appliances and Other Devices (PA.010.MH) ¹	▪	▪
Continuous Glucose Monitors (PA.034.MH)	▪	▪ (MUE edit)
CPAP (PA.010.MH and MP.023.MH)	▪	
External Insulin Pumps (PA.035.MH)	▪	▪ (MUE edit)
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
Home Health Care		
Home Health (PA required after initial eval)	▪	
Home Infusion (Collaboration with Pharmacy) ²	▪	
Parental Nutrition (PA.056.MH)	▪	
Other Services		
Ambulance-Non Emergent	▪	
Experimental and Investigational	▪	
Gender Reassignment	▪	
Genetic Testing	▪	
Medicare Part B Rx Drugs (Excluding Vaccines) ³	▪	
Out of Network Services ⁴	▪	

¹ 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.

² Infusion Therapy services require prior authorization if administered in an inpatient setting. Please call **855-266-0712** for more information.

³ 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**.

⁴ MedStar Medicare Choice does not offer out of network benefits, however, authorization to allow the out of network service 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 level. Approval will only be granted if MedStar Medicare Choice is unable to locate an in-network provider in the member's service area or for other extenuating circumstances.