Provider Quick Reference

- ✓ Important Phone Numbers
- ✓ Precertification/ Notification Requirements
- ✓ Revenue Codes

New Jersey

Amerigroup RealSolutions® in healthcare

1-800-454-3730 ■ providers.amerigroup.com/NJ

Easy access to **precertification/notification requirements** and other important information for Medicaid only products

For more information about requirements, benefits and services, visit our provider website to get the most recent, full version of our provider manual.

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

Request precertifications and give us notifications:

- **Online:** providers.amerigroup.com/NJ
- **By phone:** 1-800-454-3730
- **By fax:** 1-800-964-3627; fax behavioral health information to 1-800-505-1193

For code-specific requirements for all services, visit providers.amerigroup.com/NJ and select Precertification Lookup from our Quick Tools menu.

Requirements listed are for network providers. In many cases, out-of-network providers may be required to request precertification for services when network providers do not.

Precertification/Prior Authorization – the act of authorizing specific services or activities before they are rendered or occur. This is also known as prior authorization (PA).

Notification – telephonic, fax or electronic communication received from a provider to inform us of your intent to render covered medical services to a member.

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

Behavioral Health/Substance Abuse Services

- Self-referral; no precertification is required.
- Behavioral/Mental health services, substance abuse services (e.g., diagnosis, treatment and detoxification) and costs for methadone and its administration are managed by the state for FamilyCare ABP enrollees and non-Division of Developmental Disabilities (DDD) enrollees, including NJ FamilyCare enrollees. Amerigroup retains responsibility for covering these services, excluding the cost of drugs, to Medicaid enrollees who are clients of the DDD.
- FamilyCare D:
  - Excludes mental health visits in outpatient hospital settings
  - Inpatient hospital services for mental health, including psychiatric hospitals, limited to 35 days per year*
- Outpatient benefits for short-term, outpatient evaluative and crisis intervention or home health/mental health services are limited to 20 visits per year.*
- Inpatient and outpatient services for substance abuse are limited to detoxification.*

*For these services, there is no service limit for CHIP beneficiaries under 19 years of age, pursuant to the Mental Health Parity and Addiction Equality Act of 2008.

Cardiac Rehabilitation

- Precertification is required.
- Coverage is limited to members with histories of acute myocardial infarctions within the preceding 12 months and/or previous coronary surgeries and/or stable angina pectoris.

Chemotherapy

- Precertification is required for coverage of inpatient chemotherapy services.
- Precertification is not required for coverage of chemotherapy procedures when performed in outpatient settings by a participating facility, provider office, outpatient hospital or ambulatory surgery center.

For information on coverage of and precertification requirements for oncology and ancillary medications and chemotherapy drugs, please see the Pharmacy section of this QRC.

Chiropractic Services

- Precertification is required for coverage of services.
- Chiropractic services are limited to treatment by means of manual manipulation of the spine.
- NJ FamilyCare D: Services performed by a chiropractor are not covered.

Cognitive Rehabilitative Therapy

- Precertification is required.
- Covered only for members with nontraumatic brain injuries.
- Habilitative CRT services outside of a waiver are not covered.

Dental Services

- Self-referral; no precertification is required.
- Members are required to visit their primary care dentist for dental services.
- For temporomandibular joint services, see the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

- NJ Medicaid /NJ FamilyCare A, B, C and ABP: Dental services are covered. Services include preventive dental services (e.g., exams, cleaning, space maintenance, sealants and fluoride) every six months for members up to age 20 and once a year for members ages 21 and older.
- NJ FamilyCare D: Coverage of dental services is limited to children under age 19. Covered dental services for Plan D include the same services as NJ Medicaid/NJ FamilyCare Plan A, B and C and ABP.
- Orthodontic services are to be provided only to children in cases where medical necessity can be proven, such as developmental and facial deformities causing functional difficulties in speech and mastication or trauma. Orthodontic treatment will refer to limited, interceptive and comprehensive orthodontic treatment as well as all other ancillary orthodontic services considered only when medical criteria for exemption, as noted above, have been met.
- Continuity of care through case completion will apply as follows:
  - When an orthodontic case is in progress or retention as of July 1, 2010
  - When an orthodontic case required pretreatment extractions that were provided prior to July 1, 2010
  - When a client with an orthodontic case in progress changes health maintenance organizations
- Orthodontic services will not be continued upon termination from a NJ FamilyCare/Medicaid program.
- Members may call Healthplex at 1-800-720-5352.

Dermatology Services

- Network providers require no precertification for Evaluation and Management (E&M), testing and most procedures.
- Services considered cosmetic in nature are not covered.
- See the Diagnostic Testing section in this QRC. Visit our website to view specific service codes for precertification/notification requirements.

Diagnostic Testing

- No precertification is required for routine diagnostic testing.
- Precertification is required for coverage of MRA, MRI, CAT scans, PET scans, nuclear cardiac scans and video electroencephalogram. Any other nuclear radiology procedure requires precertification.
- Precertification through National Imaging Associates. Inc. (NIA) is required for coverage of MRA, MRI, CAT scans, PET scans and nuclear cardiac scans. Contact NIA at 1-800-642-7565. NIA will locate an imaging facility from the Amerigroup network of radiology service providers.
- No precertification is required for tests performed in conjunction with a precertified or emergent inpatient stay.
- Outpatient radiology services excluded from the precertification requirement (which may be provided at a hospital without precertification) include: radiation oncology services, services provided in association with an emergency room visit, observation stays and services associated with and on the same day as a precertified outpatient surgery performed at a hospital.
- NJ FamilyCare D: There is no coverage for thermography and thermograms.

Dialysis

- No precertification is required for coverage of dialysis procedures performed at a participating provider.
- Precertification is required for medications related to dialysis treatment.

Durable Medical Equipment (DME)

- All Durable Medical Equipment (DME) billed with an RR modifier (rental) requires precertification.
- Precertification is required for coverage of certain prosthetics, orthotics and DME. For code-specific precertification requirements for DME, prosthetics and orthotics ordered by a network provider or network facility, please use the Precertification Lookup tool on our provider website.
- Precertification may be requested by completing a Certificate of Medical Necessity (CMN) – available on our website – or by submitting a physician order and Amerigroup Referral and Precertification Request form. A properly completed and physician-signed CMN must accompany each claim for the following services: hospital beds, support surfaces, motorized wheelchairs, manual wheelchairs, continuous positive airway pressure devices, lymphedema pumps, osteogenesis stimulators, transcutaneous electrical nerve stimulator units, seat lift mechanisms, power-operated vehicles, external infusion pumps, parenteral nutrition devices, enteral nutrition devices and oxygen. Amerigroup and the provider must agree on HCPCS and/or other codes for billing covered services. All custom wheelchair precertifications require an Amerigroup medical director's review.
- No precertification is required for coverage of glucometers and nebulizers, dialysis and end-stage renal disease equipment, gradient pressure aids, infant photo/light therapy, sphygmomanometers, walkers and orthotics for arch support, heels, lifts, shoe inserts and wedges by network providers.
- NJ FamilyCare D: See provider manual for items covered.

See the Medical Supplies section of this QRC for guidelines related to disposable medical supplies.

Ear, Nose and Throat Services (Otolaryngology)

- No precertification is required for E&M, testing and most procedures.
- Precertification is required for:
  - Tonsillectomy and/or adenoidectomy
  - Nasal/Sinus surgery
  - Cochlear implant surgery and services

Visit our website to view specific service codes for precertification/notification requirements. See also the Diagnostic Testing section of this QRC.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Visit

- Self-referral; no precertification is required.
- Use Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule, and document visits/encounters on a Centers for Medicare & Medicaid Services (CMS) 1500 claim form to receive incentive payments. Copays do not apply to EPSDT services.
- NJ FamilyCare D: Members receive limited coverage for EPSDT services.

Educational Consultation

No notification or precertification is required. There is no coverage for smoking cessation.

Emergency Room

- No precertification or notification is required for emergency care provided 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.

Family Planning/Sexually Transmitted Disease Care

- Self-referral; no precertification is required.
- Infertility treatment is not covered. Covered services include pelvic and breast exams, lab work, drugs, and biological devices and supplies related to family planning (e.g., intrauterine device).
- No coverage is available outside the participating network.
- No precertification or notification is required for coverage of primary sterilization procedures; member must be age 21 or older.
- A Sterilization Consent Form is required for claims submission of primary sterilization procedures.

Gastroenterology Services

- No precertification is required for network provider 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.

Visit our website to view specific service codes for precertification/notification requirements. See also the Diagnostic Testing section of this QRC.

Gynecology

Self-referral; no precertification is required for E&M, testing and procedures.

Hearing Aids

- Precertification is required for digital hearing aids.
- NJ Medicaid/NJ FamilyCare A, B and C and ABP: Precertification is required for coverage.
- NJ FamilyCare D: Hearing aid and audiology services are covered for NJ FamilyCare D members age 15 and younger but are limited to $1,000 per ear every 24 months.

Hearing Screening

- No precertification or notification is required for coverage of diagnostic and screening tests, hearing aid evaluations or counseling.
- NJ FamilyCare D: Hearing aid and audiology services are covered for NJ FamilyCare D members age 15 and younger but are limited to $1,000 per ear every 24 months.

Home Health Care

- Precertification is required.
- NJ Medicaid/NJ FamilyCare A, B and C and ABP: Covered services are limited to skilled nursing, home health aide and medical social services that require precertification for coverage.
- NJ FamilyCare D: Covered services are limited to a skilled nursing homebound beneficiary who is supervised by a registered nurse and home health aide when the purpose of treatment is skilled care and social services required for treatment of the member's medical condition.
- Private duty nursing is covered by the plan for Medicaid and A, B, C and D members until their 21st birthday.

Hospice Care

- Precertification is required for coverage of inpatient hospice services.
- Notification is required for coverage of outpatient hospice services.

Hospital Admission

- Elective and nonemergency admissions require precertification for coverage.
- Emergency admissions require notification within 24 hours or the next business day.
- For preadmission lab testing, see the provider referral directory for a complete list of participating vendors.
- Same-day admission is required for surgery.

Laboratory Services (Outpatient)

- All laboratory services furnished by non-network providers require precertification by Amerigroup, except for hospital laboratory services provided for an emergency medical condition.
- For offices with limited or no office laboratory facilities, lab tests may be referred to an Amerigroup lab vendor.
- See your provider referral directory for a complete listing of participating lab vendors.
- Reference labs include AccuReferral Lab, Bio-Reference Lab, LabCorp and Quest.

Medical Supplies

- No precertification is required for coverage of disposable medical supplies.
- NJ FamilyCare D: Coverage for NJ FamilyCare D members is limited to the following: apnea monitors; bathroom equipment (permanently affixed equipment is not covered); catheterization and related supplies; commodes; DME repairs; enteral nutrition and related services/supplies; hospital beds (manual, semi-electric and full electric) and related equipment; insulin pumps and related supplies; manual wheelchairs (motorized wheelchairs are not covered); nebulizers and related supplies; ostomy/ileostomy/jejunostomy supplies; oxygen and related equipment/supplies; pacemaker monitors; parenteral therapy and related services/supplies; patient lifts and related equipment; pressure mattresses/pads (low air-loss and air-fluidized beds are not covered); respiratory-assist devices and related supplies; suction machines and related supplies; Total Parenteral Nutrition (TPN) equipment and related supplies; tracheostomy supplies; traction/trapeze apparatus; wheelchair accessories; wound care supplies; and wound VAC and related supplies.
- Hearing aid supplies are covered for NJ FamilyCare D members age 15 and younger but are limited to $1,000 per ear every 24 months.

Neurology

- No precertification is required for network provider for E&M and testing.
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery.

Visit our provider website to view specific service codes for precertification/notification requirements. See also the Diagnostic Testing section of this QRC.

Observation

- No precertification or notification is required for in-network observation.
- If observation results in admission, notification to Amerigroup is required within 24 hours or the next business day.

Obstetrical Care

- No precertification is required for coverage of obstetrical (OB) services when performed by a participating provider.
- Notification to Amerigroup is required at the first prenatal visit.
- Notification is required for coverage of emergency and obstetric admissions within 24 hours or the next business day.
- Two ultrasounds for normal pregnancy diagnosis are covered.

See the Diagnostic Testing section of this QRC.

Ophthalmology

No precertification is required for E&M, testing and most procedures.

See the Plastic/Cosmetic/Reconstructive Surgery section of this QRC. Visit our provider website to view specific service codes for precertification/notification requirements.

Oral Maxillofacial

- No precertification is required for coverage of E&M-level office visits.
- Precertification is required for coverage of all other services.
- NJ FamilyCare D: There is no coverage for TMJ treatment, including treatment performed by prosthesis placed directly on teeth.

See the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

Otolaryngology (ENT) Services

See the Ear, Nose and Throat Services (Otolaryngology) section of this QRC.

Out-of-Area/Out-of-Plan Care

Precertification is required except for the coverage of emergency care (including self-referral) and OB delivery. See related services for precertification. Emergency admission to an out-of-area/out-of-network facility requires notification within one business day.

Outpatient/Ambulatory Surgery

Precertification is required based on the procedure performed. See the Precertification Lookup tool on our website.

Pain Management

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

Perinatology

Notification is required.

See the Diagnostic Testing and Laboratory Services sections of this QRC.

Pharmacy

- **Pharmacy Benefit Information:** The pharmacy benefit covers medically necessary prescription and over-the-counter medications prescribed by a licensed provider. Exceptions and restrictions exist as the benefit is provided under a closed formulary/Preferred Drug List (PDL). Please refer to the appropriate PDL and/or the Medicaid Medication Formulary on our website www.amerigroup.com for the preferred products within therapeutic categories as well as requirements around generics, Prior Authorization (PA), step therapy, quantity edits and the prior authorization process.
- **Medical Injectable Drugs:** Many self-injectable medications, self-administered oral specialty medications and office-administered specialty medications are available through Accredo Specialty and require PA. To determine if a medical injectable requires prior authorization, please go to the Quick Tools section of our website and use the Precertification Lookup tool. For a complete list of covered injectables, please visit the Pharmacy section of our website www.amerigroup.com. Call Accredo at 1-800-870-6419 to schedule delivery once you receive a PA approval.

Pharmacy continued on back side

- **Pharmacy Prior Authorization Requests:**
  - Submit Pharmacy Prior Authorization request online at providers.amerigroup.com/Help/Pages/login.aspx
  - Fax request to 1-800-359-5781
  - Call 1-800-454-3730
- **Pharmacy Online Prior Authorization Tool allows you to:**
  - Verify member eligibility
  - Attach clinical documentation
  - Drug lookup
  - Enter multiple request for multiple drugs at one time
  - Appeal denied requests
  - Upload supporting documents and review appeal status
  - Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration

Physiatry

Precertification is required for coverage of all non-E&M services and procedures related to pain management.

Physical Medicine and Rehabilitation

- No precertification is required for coverage of E&M codes. All other services require precertification.
- Outpatient Physical Therapy (OPT), Occupational Therapy (OT) and Speech Therapy (ST) are covered and require precertification at this time.

See the Rehabilitation Therapy (Outpatient Occupational Therapy, Physical Therapy and Speech Therapy) section of this QRC.

Plastic/Cosmetic/Reconstructive Surgery (including Oral Maxillofacial Services)

- No precertification is required for coverage of E&M codes. All other services require precertification.
- Services considered cosmetic in nature or related to a previous cosmetic procedure are not covered.
- Reduction mammoplasty requires an Amerigroup medical director's review.
- No precertification is required for coverage of oral maxillofacial E&M services.
- Precertification is required for coverage of trauma to the teeth and oral maxillofacial medical and surgical conditions, including TMJ. Visit our provider website to view specific service codes for precertification/notification requirements.
- NJ FamilyCare D: No coverage for TMJ treatment, including treatment performed by prosthesis placed directly on teeth.

See the Oral Maxillofacial and Diagnostic Testing sections of this QRC.

Podiatry

- The benefit excludes routine hygienic care of the feet in the absence of a pathological condition.
- No precertification is required for coverage of E&M testing and most procedures when provided by a participating podiatrist.
- Visit our provider website to look up specific service codes for precertification/notification requirements.

Radiation Therapy

- No precertification is required for coverage of radiation therapy procedures when performed in the following outpatient settings by a participating facility or provider: office, outpatient hospital and ambulatory surgery center.
- Precertification is required for coverage of services rendered in an inpatient setting.

Radiology

See the Diagnostic Testing section of this QRC.

Rehabilitation Therapy (Outpatient Occupational Therapy, Physical Therapy and Speech Therapy)

- NJ Medicaid/NJ FamilyCare A and ABP: Outpatient therapy services are covered. Facility-based therapy services require precertification.
- NJ FamilyCare B and C: Outpatient therapy services are covered for 60 days of therapy per incident per calendar year. Facility-based therapy services require precertification.
- NJ FamilyCare D: OPT, OT and ST services for nonchronic conditions, acute illness and injuries are covered. Facility-based therapy services require precertification.
- Precertification is required for coverage of services rendered in an outpatient setting.
- Outpatient therapy care (including occupational, physical and speech pathology therapy services) are arranged through the Therapy Network of New Jersey (TNNJ). Therapy providers should call TNNJ at 1-855-825-7818 for more information regarding prior approval for outpatient therapy services.

Skilled Nursing Facility

- Precertification is required for coverage of all care and services provided in a skilled nursing facility.
- Skilled nursing care is limited to the first 30 days of admission to a nursing facility. Covered benefits are limited to rehabilitation services for NJ FamilyCare B, C and D enrollees.

Sleep Study

Precertification is required.

Sterilization

- No precertification or notification is required for sterilization procedures, including tubal ligation and vasectomy.
- Sterilization is a covered benefit for members age 21 and older.
- The Sterilization Consent Form is required for claims submission for primary sterilization procedures.
- Reversal of sterilization is not a covered benefit.
- Sterilization services from a nonparticipating provider are not covered.

Termination of Pregnancy

Elective, induced abortion and related services are covered by the New Jersey Medicaid FFS program. For benefit questions, members may call the New Jersey Medicaid Hotline at 1-800-356-1561. For New Jersey Medicaid FFS claims information, providers should call UNISYS at 1-800-776-6334.

Transportation

For all cities and counties, members are directed to the County Board of Social Services or LogistiCare at 1-866-527-9933.

Vision Care (Medical)

- No precertification is required for testing and procedures.
- Precertification is required for repair of eyelid defects.
- Services considered cosmetic in nature are not covered.

See the Diagnostic Testing section of this QRC.

Vision Care (Routine)

- Self-referral; no precertification is required.
- NJ FamilyCare A, C and ABP:
  - Coverage is limited to one routine eye exam per year. Members may contact Block Vision at 1-800-428-8789.
  - Coverage is provided for one pair of eyeglass lenses once every 12 months for members under age 19 and age 60 and older.
  - Coverage is provided for one pair of eyeglass lenses once every 24 months for members age 19 through 59 as medically necessary.
- NJ FamilyCare D: Members are eligible for a new pair of eyeglass lenses every 24 months or as medically necessary.
- Coverage is provided for contact lenses once every 24 months for specific pathological conditions and vision correction that cannot be improved to at least 20/70 or better with regular lenses. Members not meeting the medical necessity benefit can opt for contact lenses as a value-added benefit. Amerigroup will reimburse the lesser of usual and customary charges or $100.

Well-woman Exam

- Self-referral; no precertification is required.
- Well-woman exams are covered once per calendar year when performed by a PCP or in-network gynecologist.
- Exam includes routine lab work, sexually transmitted disease screening, Pap smear and mammogram (age 35 or older).

Revenue (RV) Codes

To the extent the following services are covered benefits, precertification or notification is required for all services billed with the following revenue codes:

- All inpatient and behavioral health accommodations
- 0023 – Home health prospective payment system
- 0240 through 0249 – All-inclusive ancillary psychiatric
- 0632 – Pharmacy multiple source
- 3101 through 3109 – Adult day care and foster care

Amerigroup does not require referrals to participating specialists.

Amerigroup primarily utilizes current editions of InterQual® Level of Care criteria and WellPoint Medical Policies and Clinical Utilization Management Guidelines to review the medical necessity and appropriateness of physical health services, and WellPoint Behavioral Health Medical Necessity Criteria for all behavioral health services, unless superseded by state requirements or regulatory guidance.

Vaccines For Children (VFC): All administration codes require appropriate serum codes.

For Amerivantage precertification and notification guidelines, visit our website, providers.amerigroup.com, and consult the Medicare Advantage provider manual or use our Precertification Lookup tool.

Amerigroup RealSolutions® in healthcare

providers.amerigroup.com/NJ

Important Contact Information

Our Service Partners

Block Vision (Vision Services)	1-866-819-4298
Accredo Specialty (Pharmacy)	1-800-870-6419
Healthplex (Dental Services)	1-888-468-2183
LabCorp (Laboratory Services)	1-888-LABCORP
National Imaging Associates, Inc. (Radiology Management)	1-800-642-7565
Therapy Network of New Jersey (Therapy Services)	1-855-825-7818

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 through Friday from 8 a.m to 8 p.m. Eastern time.

Provider Website and IVR Available 24/7/365

To verify eligibility, check claims and referral authorization status, and look up precertification/notification requirements, visit providers.amerigroup.com/NJ.

Can't access the Internet? Call Provider Services and simply say your national provider ID when prompted by the recorded voice. The recording guides you through our menu of options – just select the information or materials you need when you hear it.

Claims Services

Timely filing is within 180 calendar days from the last date of service in the course of treatment. Timely filing is within 180 days from:

- The date of service for outpatient treatment
- The date of discharge for inpatient treatment

Electronic Data Interchange (EDI)

Call our EDI hotline at 1-800-590-5745 to get started. We accept claims through two clearinghouses:

- Emdeon (payer 27514)
- Availity (payer 26375)
- Capario (payer 28804)

Electronic Funds Transfer/Electronic Remittance Advice (EFT/ERA)

If you would like to enroll in this service or have questions, please contact one of the vendors below:

- PaySpan: 1-877-331-7154 or www.payspanhealth.com
- Emdeon: 1-866-742-4355, Option 1 or www.emdeon.com/epayment

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:

New Jersey Claims
Amerigroup Community Care
P.O. Box 61010
Virginia Beach, VA 23466-1010

Please note: AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

Payment Disputes

Claims payment disputes must be filed within 90 days of the adjudication date on your explanations of payment. Forms for provider appeals are available on our website. Mail to:

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

Medical Appeals

Member Appeals

Member medical appeals for adverse determinations based on medical necessity may be initiated by the member or the member's representative, or the provider acting on behalf of the member with the member's written consent. Medical appeals may be submitted orally or in writing.

Provider Appeals

Provider medical appeals may be initiated by the provider without the member's written consent. The appeals must be submitted in writing.

Member and provider requests for medical appeals must be submitted within 90 days of the date of the adverse determination letter. For oral member appeal requests, the member can call 1-800-600-4441 (TTY 1-800-855-2880). For written member and provider appeals, submit the request to:

Quality Management Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

Health Services

Care Management Services • 1-800-454-3730

We offer care management services to members who are likely to have extensive health care needs. Our nurse care managers work with you to develop individualized care plans, including identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

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, schizophrenia and transplants.

24/7/365 Nurse HelpLine

1-800-600-4441 • TTY 1-800-855-2880

Members may call our 24-hour Nurse HelpLine for medical advice 7 days a week, 365 days a year. When a member accesses this service, a report will be faxed to your office within 24 hours of receipt of the call.

Member Services • 1-800-600-4441 • TTY 1-800-855-2880

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