



Children's Mercy Family Health Partners

Prior Authorization Requirements when CMFHP is Primary

NOTE: Failure to request and receive prior authorization from CMFHP will result in denial of claims. All claims are subject to verification of eligibility and benefits. Authorization does not guarantee payment. Benefit coverage may vary by age group, please contact Customer Service for verification of coverage.

Visit www.fhp.org for Claims submission & status, Eligibility, Important Information, helpful forms and the most up to date information.

Customer Service
1-877-347-9363

Claims
P.O. Box 411806
Kansas City, MO 64141-1806
Electronic Payor ID:
Ask/EDI: 31472
Emdeon/WebMD: 31472
Gateway: 31472
SSI: 31472

Provider Relations
1-877-347-9363

Prior Authorization Case Management
1-888-691-4874 (Voice)
1-877-347-9366 (FAX)

Pharmacy (Caremark)
1-888-413-2723
952-820-3513 (FAX)

24-Hour Nurse Advice Line
1-800-347-9369

TDD
1-877-347-9361

Interpretation Services
1-877-347-9363

Mental Health
HealthWave 19
Mental Health 1-888-547-2878
Substance Abuse 1-866-645-8216

HealthWave 21
Cenpatico Behavioral Health
1-866-896-7293

Non-Emergency Transportation
Medical Transportation Management (MTM)
1-800-890-6026

Dental
1-800-766-9012

Inpatient Admissions: Scheduled and non-emergent inpatient admissions require notification and clinical information at least 2 business days prior to the services being rendered. Emergent services require notification to CMFHP within 10 calendar days after admission. The participating providers are responsible for communication of clinical information to CMFHP.

Other Medical Services: The services listed below require prior authorization from CMFHP prior to the date of service. All services require phone or fax notification and clinical information at least 2 business days prior to the services being rendered.

Admissions

- Inpatient Admissions
- Rehabilitation Facility Admissions
- Skilled Nursing Facility Admissions
- Pre and Post Admissions for Transplant Patients

Ambulance, Air or Ground

- Non-emergent Transport

Cochlear Implants and Bone Anchor Hearing Aid

Dental

- Oral Surgery
- TMJ related services

DME/Devices/Supplies (vendors should do prior auth)

- Rental >\$200 over term of rental
- Purchase > \$200 per date of service

Diagnostic Radiology/Procedures

- Pet Scans (not covered for adults)

Formula/Enteral Nutrition

General Surgery, Plastic and Cosmetic Procedures

- All Potentially Cosmetic Services and Procedures (Examples: scar revision, varicose vein procedures, skin tags, etc.)
- Breast surgery only covered with diagnosis of cancer
- Laser treatment/destruction benign or premalignant lesions
- Obesity related procedures
- Otoplasty

Home Health/Infusion Services

- Enteral Nutrition Supplies and Pumps
- Formula
- Hospice Services

Home Health/Infusion Services (continued)

- Private Duty Nursing
- PT, OT, ST
- Skilled Nursing Services (beyond the first visit)
- Telemonitoring Services

OB Care (Notification Only)

- Prenatal Care requires notification via the Pregnancy Notification Form (PNF) following the first OB appointment.

Out of Network/Out of Area Services

- All out of network services: Inpatient, Outpatient, Physician Office, Home Care, etc.

Outpatient Services

- Cardiac Rehabilitation
- Full or Partial Day Rehabilitation
- Hyperbaric Oxygen Therapy
- Neuropsychological Testing/Development Delay Testing
- Pain Management (beyond 3rd injection)
- Pulmonary Rehabilitation
- Rehab Services: PT, OT (beyond evaluation and 3 therapy sessions)
- Speech Therapy (beyond evaluation)
- Sleep Studies

Podiatry

- Any service beyond 4th within 12 months

Prosthetics and Orthotics

- Purchase > \$200

Specialty Drugs (see complete list on back of guide)

Spinal Cord Stimulator

Vagal Nerve Stimulator

Specialist Responsibilities:

- The ordering provider is responsible for any required prior authorization.
- In network referrals to specialists do not require a referral number.

Billing Procedures:

- The CMFHP member number should be included on each claim form.
- Claims must be received by CMFHP within 180 days of date of service, claims received after the 180-day limitation will be subject to denial.
- Members cannot be billed for covered services.
- The billing provider NPI must be on each claim
- On line claims submission at www.fhp.org

Member # 0000000000	Member Name Jane Doe	Sex F	Date of Birth 00/00/0000
Primary Care Provider (PCP) John Smith, M.D.	PCP Phone Number (000) 000-0000	Co-Pay Office: \$0 Rx: \$0	
Group # HW19	Effective Date 01/01/0000	RXBIN 610415	RXPCN PCS
		RXRGF CMF1A000	FXID 000000000
(Hablamos Español!)			
Carry this card with you at all times. Take this card with you when you go to a health care appointment or the pharmacy. This card is for identification only and is not a guarantee of coverage.			
1-877-347-9363 (toll-free)			



Specialty Drug List

Visit www.fhp.org for Claims submission & status, Eligibility, Important Information, helpful forms and the most up to date information.

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ALLERGIC ASTHMA

Xolair**

CROHN'S DISEASE

Remicade*

GROWTH

HORMONE DISORDERS

Omnitrope**
Norditropin**
Tev-Tropin**

HEMATOPOIETICS

Aranesp**
Epogen**
Neupogen**
Procrit**

HEPATITIS C

Copegus**
Infergen**
Intron-A**
Pegasys**
Roferon-A**

HORMONAL THERAPIES

Firmagon*
Lupron*
Supprelin LA *
Vantas**

IMMUNE DEFICIENCIES

Carimune NF*
Flebogamma*
Gammagard
Gammar-P I.V.*
Gamunex*
Iveegam EN*
Octagam*

LYSOSOMAL STORAGE DISORDERS

Elaprased**
Myozyme**

MULTIPLE SCLEROSIS

Avonex**
Betaseron**
Copaxone**

ONCOLOGY

Gleevec**
Nexavar**
Revlimid*
Sprycel**
Sutent**

Tasigna*
Temodar*
Torisel*
Treanda**
Tykerb**
Vectibix*
Vidaza*
Xeloda*
Zolanza*

OTHER THERAPIES

Actimmune NF*
Exjade**
Forteo**
Fuzeon*
Increlex**
Kuvan**
Vivitrol*

PSORIASIS

Enbrel*
Remicade*
Stelara**

PULMONARY ARTERIAL HYPERTENSION

Revatio*

PULMONARY DISEASE

Pulmozyme*

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Synagis**

RHEUMATOID ARTHRITIS

Enbrel***
Humira*
Kineret*
Remicade*

Any specialty drug not listed will require health plan approval



Member # 000000000	Member Name Jane Doe	Sex F	Date of Birth 00/00/0000
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Primary Care Provider (PCP) John Smith, M.D.	PCP Phone Number (000) 000-0000	Co-Pay Office \$0 Rx \$0
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Group # H0719	Effective Date 01/01/0000	EXENB G10415	EXPCN PCS	EXRGP CMFLA000	EXID 000000000
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* or Green font = formulary ** or Blue font = formulary with PA