

## Welcome

Welcome to MajestaCare, a Medicaid Health Plan of Carilion Clinic Medicare Resources, LLC! MajestaCare is proud to be one of the health plans chosen by the Virginia Department of Medical Assistance Services (DMAS) to serve individuals in Roanoke / Alleghany, Far Southwest, and Charlottesville regions who are enrolled in the Medallion II Medicaid program and FAMIS, Virginia's Children's Health Insurance Program (CHIP). The Medallion II and FAMIS programs provide a full spectrum of Medicaid covered services through an integrated delivery system to children, older adults and adults with disabilities. MajestaCare serves members who live in the following cities and counties:

- Albemarle
- Alleghany
- Augusta
- Bath
- Bedford
- Bedford City
- Bland
- Botetourt
- Bristol
- Buchanan
- Buckingham
- Buena Vista
- Carroll
- Charlottesville
- Covington
- Craig
- Dickenson
- Floyd
- Fluvanna
- Franklin
- Galax
- Giles
- Grayson
- Greene
- Harrisonburg
- Henry
- Highland
- Lee
- Louisa
- Lexington
- Martinsville
- Madison
- Montgomery
- Norton
- Orange
- Patrick
- Pulaski
- Radford
- Roanoke City
- Roanoke County
- Rockbridge
- Rockingham
- Russell
- Salem
- Smyth
- Staunton
- Tazewell
- Washington
- Waynesboro
- Wise
- Wythe

We have assembled the enclosed Provider Orientation Kit to help acquaint you and your office staff with MajestaCare. We hope you find it helpful in answering questions about our processes and procedures. In the near future you will be invited to attend introductory meetings, seminars and webinars, to answer any of your questions. We always welcome your inquiries and feedback, either at 1-866-996-9140 or online at [www.MajestaCare.com](http://www.MajestaCare.com).

By joining our network, you are partnering with us to serve the people in the Commonwealth of Virginia by providing quality health care and accessible medically necessary services. You are one of the most critical components of our service delivery approach and we are grateful for your participation.

Sincerely,

Patrick Brosnan  
CEO, MajestaCare

# “What’s in this Kit”



## Virginia Provider Orientation Kit Contents

Below is a description of the documents included in the Provider Orientation Kit

|   |   |
|---|---|
| MajestaCare Provider Welcome Letter                           | The MajestaCare Welcome Letter, welcoming providers to our network.   |
| MajestaCare Health Provider Quick Reference Guide             | The MajestaCare Provider Quick Reference Guide is a snap shot of the Provider Handbook.   |
| MajestaCare Benefit Grid                                      | The MajestaCare Benefit Grid outlines benefits we offer to our members.   |
| MajestaCare Service Authorization Form                        | The MajestaCare Service Authorization Form is used by providers when asking for medical service authorization.  |
| MajestaCare Provider Service Authorization List               | The MajestaCare Provider Service Authorization List is a snap shot of services.   |
| MajestaCare Contact List                                      | The MajestaCare Contact List is a document comprised of both MajestaCare and vendor contact information.  |
| MajestaCare Pharmacy Benefit Overview                         | The MajestaCare Pharmacy Benefit Overview outlines the pharmacy program.  |
| MajestaCare CVS Caremark Specialty Drug List by Disease State | The MajestaCare CVS Caremark Specialty Drug List outlines medications that are available through CVS Caremark Specialty Pharmacy which are usually not available through retail pharmacies. Medications on this list require service authorization through MajestaCare. |
| CVS Caremark Provider Letter                                  | The CVS Caremark Provider Letter describes CVS Caremark’s and MajestaCare’s service authorization process for reviewing specialty medications.  |
| MajestaCare NDC Overview                                      | The MajestaCare NDC Overview document outlines provider responsibilities and processes surrounding NDC.   |
| MajestaCare Provider Appeal Form                              | The MajestaCare Provider Appeal Form is used if providers have received a notice of action or denial letter.  |
| MajestaCare Provider Claim Reconsideration Form               | The MajestaCare Provider Claim Reconsideration Form is used by providers for reconsideration or resubmission of a corrected claim.  |

## MajestaCare Medallion II & FAMIS- Provider Information at a Glance

### Eligibility

Before rendering services, always verify eligibility on the date of service. To verify eligibility:

- Call MajestaCare's toll free number or
- Log into MajestaCare's secure web portal at : [www.MajestaCare.com](http://www.MajestaCare.com)
- Providers may continue to use the Medicaid eligibility verification methods set up by the State:
  - MediCall: 1-800-884-9730 or 1-800-772-9996
  - ARS – Automated Response System (web based) information is available at: <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal>
- The MediCall and ARS systems are available 24 hours a day, 7 days a week.

### Sample ID Cards (Front & Back)

#### Medallion II



Medallion II

www.MajestaCare.com

Member ID#: 00000000000-00      Date of Birth: 00/00/00      Sex: X  
 Member Name: Last Name, First Name

PCP Name: Last Name, First Name      Effective Date: 00/00/00  
 PCP Phone: 000-000-0000

For transportation call 1-866-996-9140


THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

**MEMBERS**

|                                   |   |
|-----------------------------------|---|
| Member Services 1-866-996-9140    | MARCH Vision 1-888-493-4070                 |
| TTY VA Relay 711                  | Behavioral Health 1-866-996-9140            |
| 24-Hour Nurse Line 1-866-996-9140 | Dental – Smiles for Children 1-888-912-3456 |

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

**PROVIDERS**  
**Service Authorization** is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit [www.majestacare.com](http://www.majestacare.com).

|                               |                                    |   |
|-------------------------------|------------------------------------|---|
| <b>SEND MEDICAL CLAIMS TO</b> | <b>PHARMACY</b>                    |  |
| MajestaCare – Claims Dept.    | RxBIN 610591                       |   |
| PO Box 63545                  | RxPCN ADV                          |   |
| Phoenix, AZ 85082-3545        | RxGRP RX8816                       |   |
| PAYOR ID: 26372               | Pharmacist use only 1-855-364-2971 |   |

MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

#### FAMIS w/ no copay




www.MajestaCare.com

Member ID#: 00000000000-00      Date of Birth: 00/00/00      Sex: X  
 Member Name: Last Name, First Name

PCP Name: Last Name, First Name      Effective Date: 00/00/00  
 PCP Phone: 000-000-0000      Through Date: 00/00/00

**COPAYS: YOUR FAMILY HAS REACHED THE YEARLY COPAYMENT LIMIT.**

|                        |                         |
|------------------------|-------------------------|
| Inpatient Hospital \$0 | Outpatient Hospital \$0 |
| ER (non-emergency) \$0 | Doctor \$0              |
| Vision \$0             | Pharmacy \$0            |


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#### FAMIS w/ copay




www.MajestaCare.com

Member ID#: 00000000000-00      Date of Birth: 00/00/00      Sex: X  
 Member Name: Last Name, First Name

PCP Name: Last Name, First Name      Effective Date: 00/00/00  
 PCP Phone: 000-000-0000

**COPAYS:**

|                         |                         |
|-------------------------|-------------------------|
| Inpatient Hospital \$25 | Outpatient Hospital \$5 |
| ER (non-emergency) \$25 | Doctor \$5              |
| Vision \$5              | Pharmacy \$1G / \$10B   |


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|                                   |   |
|-----------------------------------|---|
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### **Medallion II & FAMIS Appointment Standards**

- Note- Medallion II and FAMIS specific requirements are noted below. Otherwise, all standards below are for both Medallion II and FAMIS.

#### **Standard Appointment Timeframes**

MajestaCare contractually requires its providers to comply with the following availability standards:

- Appointment for emergency services shall be made available immediately upon member's request.
- Appointment for an urgent medical condition shall be made within twenty-four (24) hours of the member's request.
- Appointments for routine care shall be made within two weeks of the member's request. This standard does not apply to appointments for routine physical examinations, nor for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every thirty (30) days.
- The member cannot be billed for missed appointments.

#### **Maternity Appointment Timeframes**

MajestaCare contractually requires its providers to comply with the following prenatal care availability standards:

- First Trimester – within fourteen (14) calendar days of request
- Second Trimester – within seven (7) calendar days of request
- Third Trimester – within three (3) business days of request
- Medallion II Specific- Appointments shall be scheduled for high-risk pregnancies within three (3) business days of identification of high risk member from maternity provider or immediately if any emergency exists.

### **Prescriptions, Drug Formulary and Specialty Injectables**

- Consult the current Preferred Drug Formulary before writing a prescription. If the drug is not listed, a Pharmacy Service Authorization Request form must be completed before the drug will be considered. Please also include any supporting medical records that will assist with the review of the service authorization request. The Pharmacy Service Authorization Request Forms and the formulary can be downloaded from MajestaCare's website at: [www.MajestaCare.com](http://www.MajestaCare.com)

#### **Step Therapy and Quantity Limits**

- The step therapy program requires certain first-line drugs, such as generic drugs or formulary brand drugs, to be prescribed prior to approval of specific second-line drugs. Drugs having step therapy are identified on the formulary with "STEP."
- Certain drugs on the formulary have quantity limits and are identified on the formulary with "QLL." The QLLs are established based on FDA-approved dosing levels and on national established/recognized guidelines pertaining to the treatment and management of the diagnosis it is being used to treat.
- To request an override for the step therapy and/or quantity limit, please fax a Pharmacy Service Authorization Request form and any supporting medical records that will assist with the review of the request to 1-855-321-9628.

#### **CVS Caremark Specialty Medications**

- CVS Caremark Specialty Pharmacy delivers medicines to the member's home or doctor's office. They provide injectable, inhaled and oral medicines that may not be available at

the local pharmacy. A list of drugs that are available through CVS Caremark is located on our website at [www.MajestaCare.com](http://www.MajestaCare.com).

- Service authorization is required for specialty drugs. Please use the Specialty Medication Authorization Forms located on the website at [www.MajestaCare.com](http://www.MajestaCare.com). MajestaCare will review the request for medical necessity. If the request is approved, the provider will be notified of the review decision via fax.
- Specialty drugs are typically delivered to the provider's office or the member's home within one to two business days from CVS Caremark's receipt of the prescription.

### **Pharmacy Copays**

- For Medallion members, prescription generic and brand medications are at a \$0 copay. For FAMIS members, depending on their eligibility with the State, members will be charged \$1 for prescription generics and \$5 or \$10 for prescription brands. For FAMIS moms, prescription generic and brand medications are at a \$0 copay. Over-the-Counter medications will not require a copay for Medallion and FAMIS members.

### **Service Authorization**

- Emergency services do not require service authorization; however, notification is required the same day.
- MajestaCare will not reimburse for medically unnecessary or other non-covered services or for services provided to members who are not enrolled in and eligible for the MajestaCare Program, on the date(s) of service.
- To verify service authorization requirements, please refer to the Participating Provider Service Authorization Requirement Search Tool, which is located via our secure web portal or call the MajestaCare Service Authorization Department at 1-866-996-9140.
- A service authorization request may be submitted by:
  - Submitting the request through the secure web portal on the MajestaCare website, [www.MajestaCare.com](http://www.MajestaCare.com), 24 hours a day, 7 days a week.
  - Faxing the request form to 1-855-388-0430 (form is available on our website). Please use a cover sheet with the practice's correct phone and fax numbers to safeguard the protected health information and facilitate processing.
- When requesting service authorization, please provide the following: member's identification number, demographic information, requesting provider contact information, clinical notes/explanation of medical necessity, other treatments that have been tried, diagnosis and procedure codes, and date(s) of service (DOS).

### **Lab and X-Ray**

- Participating network laboratories include Synergy, Solstice and LabCorps. Participating laboratory and radiology services are reimbursed at the Provider's contracted rate and may require a service authorization. You may utilize the provider web portal tool at [www.majestacare.com](http://www.majestacare.com) to verify service authorization requirements. The referring physician is responsible for obtaining necessary service authorizations for these services.
- Referring routine/elective services to any out-of-network/non-participating laboratory or radiology provider **always** requires service authorization.

### **Claims & Resubmissions**

MajestaCare requires clean claim submissions for processing.

**To submit a clean claim, the provider must submit:**

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure

Providers are required to submit valid, current HIPAA compliant codes that most accurately identify the member's condition or service(s) rendered.

Submit Claims to:  
MajestaCare  
PO Box 63545  
Phoenix, AZ 85082

### **Electronic Claims Submission**

- In an effort to streamline and refine claims processing and improve claims payment turnaround time, MajestaCare encourages providers to electronically submit claims, through Emdeon. Please use the following Provider ID number when submitting claims to MajestaCare: 26372 for both CMS 1500 and UB 04 forms.

### **Claims Resubmission**

- If a claim is denied for reasons that are within the providers control to change (example incorrect or invalid Member ID, CPT or Diagnosis code), the claim should be edited and resubmitted.

Providers must stamp or write one of the following on the claim if resubmitting a paper claim:

- Resubmission
- Rebill
- Corrected bill
- Corrected
- Rebilling

For Claims Resubmission submit to:  
MajestaCare  
Attn: Claims Resubmission/Reconsideration  
PO Box 63545  
Phoenix, AZ 85082

### **Member Co-pay**

Co-pay's are listed on the members ID Card.

### **Prevent Unnecessary Processing Delays**

- Always include the name of the provider of service in box 31 of the CMS 1500. Do not use "Signature on File."
- Bill with the latest, most appropriate ICD-9 codes using the five-digit format, and the current CPT code with the correct modifier.

- Block 33, CMS 1500, practice name must be the same as Form W-9, and in agreement with what has been provided to MajestaCare.
- Always include the provider's National Provider Identifier number in box 17b, 32a and 33a on the CMS 1500 form.
- MajestaCare encourages electronic claims submission; please see the EDI section of this document for additional information.
- The member ID number is the member's IL Medical Assistance (IL) I.D. number. Always include this in box 1a, on the CMS 1500 form.

### **Claim Inquiries**

- Providers may review the status of a claim by checking online at [www.MajestaCare.com](http://www.MajestaCare.com) or by calling our Claims Investigation and Research Department at 1-866-996-9140.

### **Common Claim Denial Reasons and Tips to Avoid Them**

- Our claims department performs ongoing analysis of top claim denial reasons, with a goal of providing feedback and education to the provider community of what to look for when researching a denied claim. You will periodically receive this information in newsletters and from your provider representative.

### **Important Points to Remember**

- MajestaCare does not accept direct EDI submissions from its providers.
- MajestaCare does not perform any 837 testing directly with its providers, but performs such testing with Emdeon.
- For electronic resubmissions, providers must submit a frequency code of 7 or 8. Any claims with a frequency code of 5 will not be paid.
- MajestaCare will pay the provider for all inpatient and ASC's according to the lesser of the actual billed charges, negotiated or the DRG.
- If the provider is billing at the group level the group NPI needs to be in box 33a. Box 31 can be left blank.
- Primary Care Rate Increase:
  - Self-attestation for Providers that participate with Virginia DMAS must be completed through DMAS. The DMAS attestation form, general information about the law and information on the DMAS processes are located on the DMAS website at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.
  - MajestaCare will extract attestation information from the DMAS Provider Attestation Report. This report is available on the DMAS website.
  - Providers that participate with MajestaCare, but are NOT enrolled with DMAS as fee-for-service Providers, will attest directly to MajestaCare.
  - Payment: Attestation forms received by DMAS or MajestaCare on or before March 31, 2013 will be eligible for higher payments for dates of service on or after January 1, 2013. Providers who submit attestations after March 31, 2013 will be eligible for higher payments for dates of service on or after the beginning of the month that the attestation is received by DMAS or MajestaCare.
  - The services eligible for payment increase include covered evaluation and management (E&M) procedure codes between 99201 and 99499, and vaccine and toxoid administration procedures.
  - MajestaCare will pay the enhanced rate at the claim level to Providers.

## Medallion II Benefits

| Type of Benefit                                   | Covered Services  | Exclusions and/or Limitations  |
|---|---|--|
| <b>Medical</b>                                    |   |  |
| <b>Doctor Office and Clinic Visits</b>            | <ul style="list-style-type: none"> <li>▪ Exam</li> <li>▪ Treatment</li> <li>▪ Follow-up Care</li> </ul>   |  |
| <b>Specialty Physician Care and Consultations</b> | <ul style="list-style-type: none"> <li>▪ Exam</li> <li>▪ Treatment</li> <li>▪ Follow-up Care</li> </ul>   |  |
| <b>Radiology &amp; Laboratory</b>                 | <ul style="list-style-type: none"> <li>▪ X-rays</li> <li>▪ Diagnostic Tests</li> </ul>  |  |
| <b>Outpatient Surgery</b>                         | <ul style="list-style-type: none"> <li>▪ Emergency Services</li> <li>▪ Surgical Services</li> <li>▪ Diagnostic</li> <li>▪ Professional Provider Services</li> </ul> |  |
| <b>Physical Therapy</b>                           | Covered Service: <ul style="list-style-type: none"> <li>▪ Provided in Hospital</li> <li>▪ Provided as Home Health</li> </ul>  |  |
| <b>Occupational Therapy</b>                       | Covered Service: <ul style="list-style-type: none"> <li>▪ Provided in Hospital</li> <li>▪ Provided as Home Health</li> </ul>  |  |
| <b>Speech Therapy</b>                             | Covered Service: <ul style="list-style-type: none"> <li>▪ Provided in Hospital</li> <li>▪ Provided as Home Health</li> </ul>  |  |
| <b>Audiology</b>                                  | Covered Service: <ul style="list-style-type: none"> <li>▪ Provided in Hospital</li> <li>▪ Provided as Home Health</li> </ul>  |  |
| <b>Prosthetics</b>                                | Covered Service   | <ul style="list-style-type: none"> <li>▪ Limited to artificial arms, legs, breasts and eyes and the items necessary for attaching the prostheses</li> </ul>                      |
| <b>Podiatric Services</b>                         | Covered Service: <ul style="list-style-type: none"> <li>▪ Diagnostic, medical or surgical treatment of</li> </ul>   | Not Covered: <ul style="list-style-type: none"> <li>▪ Preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery</li> </ul> |



| Type of Benefit             | Covered Services  | Exclusions and/or Limitations   |
|-----------------------------|---|---|
|                             | disease, injury, or defects of the human foot   | <ul style="list-style-type: none"> <li>▪ Cutting or removal of corns, warts, or calluses</li> <li>▪ Experimental procedures</li> <li>▪ Acupuncture</li> </ul>   |
| <b>Orthotic Services</b>    | Covered Service: <ul style="list-style-type: none"> <li>▪ Covered for adults when part of an approved intensive rehabilitation program and children under age 21</li> </ul> |   |
| <b>Organ Transplants</b>    | Covered Service   | <ul style="list-style-type: none"> <li>▪ Certain transplants have age restrictions</li> <li>▪ Must be medically necessary</li> </ul>  |
| <b>Hysterectomies</b>       | Covered Service   | <ul style="list-style-type: none"> <li>▪ Hysterectomies performed solely for the purpose of rendering an individual incapable of reproducing are not covered</li> <li>▪ Must sign consent form</li> <li>▪ A 30 calendar day waiting period from date of signed consent to date of operation is also required</li> </ul>   |
| <b>Home Health Services</b> | Covered Service <ul style="list-style-type: none"> <li>▪ Home Health Aid for Adults up to 32 visits annually</li> <li>▪ Private Duty Nursing- Children under 21</li> </ul>  | Not covered: <ul style="list-style-type: none"> <li>▪ Medical social services</li> <li>▪ Services or items which would not be paid for if provided to a patient of a hospital, such as private-duty nursing services, or items of comfort which have no medical necessity, such as television</li> <li>▪ Community food service delivery arrangements</li> <li>▪ Domestic or housekeeping services which are unrelated to patient care and which materially increase the time spent on a visit</li> <li>▪ Custodial care which is patient care that primarily requires protective services rather than definitive medical and skilled nursing care</li> <li>▪ Services related to cosmetic surgery</li> </ul> |
| <b>Preventive Care</b>      | <ul style="list-style-type: none"> <li>▪ Annual examinations and routine health care</li> </ul>   |   |

| Type of Benefit                                     | Covered Services  | Exclusions and/or Limitations  |
|---|---|--|
|   | services <ul style="list-style-type: none"> <li>▪ Well-child exams</li> <li>▪ Immunizations based on age and history</li> <li>▪ Annual well-woman exams</li> <li>▪ Annual mammograms for women 40 and over</li> <li>▪ Well-man exams starting for men 50 and over</li> <li>▪ Colorectal Cancer Screening</li> <li>▪ Treatment for chronic medical conditions</li> </ul> |  |
| <b>Tobacco Cessation Program</b>                    | Covered Service   |  |
| Medical Supplies                                    |   |  |
| <b>Medical Supplies and Equipment</b>               | Covered Service   |  |
| <b>Specialized Equipment</b>                        | Includes, but not limited to: <ul style="list-style-type: none"> <li>▪ Customized wheelchairs and required components</li> <li>▪ Customized prone standers</li> <li>▪ Customized positioning devices</li> </ul>   |  |
| <b>Medical Nutritional Supplements and Supplies</b> | Covered Services: <ul style="list-style-type: none"> <li>▪ For adults 21 and older when supplement is the only source of nutrition</li> <li>▪ Enteral nutrition (tube feeding)</li> <li>▪ Total Parenteral Nutrition (feeding through an IV line)</li> <li>▪ Supplies for administering enteral nutrition</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Routine infant formula is not covered</li> <li>▪ Enteral/Medical food for members under age 21</li> </ul> |
| Maternity   |   |  |

| Type of Benefit  | Covered Services   | Exclusions and/or Limitations  |
|--|--|--|
| <b>Nurse Midwife Services</b>  | Covered Service:   | <ul style="list-style-type: none"> <li>▪ Licensed Midwives only</li> </ul>   |
| <b>Maternity Care</b>  | <ul style="list-style-type: none"> <li>▪ Prenatal care (before birth)</li> <li>▪ Labor and delivery</li> <li>▪ Postpartum (after the baby is born)</li> </ul>  |  |
| <b>Hospital</b>  |  |  |
| <b>Inpatient Hospital Services</b>   | Covered Service  |  |
| <b>Inpatient Rehabilitation Hospital</b>                                   | Covered Service  |  |
| <b>Outpatient Hospital Services</b>  | Covered Service  |  |
| <b>Behavioral Health</b>   |  |  |
| <b>Outpatient Behavioral Health and Substance Abuse Treatment Services</b> | Medically Necessary: <ul style="list-style-type: none"> <li>▪ Outpatient individual, family and group behavioral health</li> <li>▪ Substance abuse treatment services</li> </ul>                         |  |
| <b>Psychiatric Hospital</b>  | <ul style="list-style-type: none"> <li>▪ Freestanding psychiatric hospital and services rendered in a psychiatric unit of a general acute care hospital</li> </ul>                                       |  |
| <b>Temporary Detention Orders</b>  | <ul style="list-style-type: none"> <li>▪ Admissions to an acute care facility regardless of age</li> <li>▪ Admissions to a freestanding psychiatric facility for members under 21 and over 64</li> </ul> | <ul style="list-style-type: none"> <li>▪ Coverage for adults ages 21-64 in a freestanding psychiatric facility is available through the State TDO program</li> </ul> |
| <b>Dental</b>  |  |  |
| <b>Dental</b>  | <ul style="list-style-type: none"> <li>▪ Care delivered by a medical doctor (MD) as a result of an accident or medically necessary procedures of the mouth</li> </ul>                                    | <ul style="list-style-type: none"> <li>▪ Routine dental care covered by the <i>Smiles for Children</i> program. 1-888-912-3456</li> </ul>                            |

| Type of Benefit                       | Covered Services  | Exclusions and/or Limitations  |
|---------------------------------------|---|--|
| <b>Family Planning</b>                |   |  |
| <b>Family Planning</b>                | Including but not limited to: <ul style="list-style-type: none"> <li>▪ Provider visit</li> <li>▪ Birth control and family planning education and counseling</li> <li>▪ Contraceptives (birth control)</li> <li>▪ Testing for sexually transmitted diseases and HIV</li> </ul> |  |
| <b>Sterilizations</b>                 | Covered benefit for members 21 and over   | <ul style="list-style-type: none"> <li>▪ Must sign consent form</li> <li>▪ A 30 calendar day waiting period from date of signed consent to date of operation is also required</li> </ul>   |
| <b>Transportation</b>                 |   |  |
| <b>Emergent Transportation</b>        | Covered Service   |  |
| <b>Non-Emergent Transportation</b>    | Transportation to and from medical, dental or mental health appointments.   | <ul style="list-style-type: none"> <li>▪ Transportation to home and community based waiver services are not covered.</li> <li>▪ Transportation to pharmacy only when immediately following an appointment</li> </ul>   |
| <b>Prescriptions</b>                  |   |  |
| <b>Prescription Drugs</b>             | Covered Service   | <ul style="list-style-type: none"> <li>▪ Drugs for the treatment of erectile dysfunction, fertility, DESI drugs, and FDA unapproved cough/cold medications are not covered.</li> </ul>   |
| <b>Vision</b>                         |   |  |
| <b>Routine Refractions</b>            | Covered Service   | <ul style="list-style-type: none"> <li>▪ Once every 24 months</li> </ul>   |
| <b>Routine Eye Examinations</b>       | Covered services  | <ul style="list-style-type: none"> <li>▪ Once every 2 years</li> </ul>   |
| <b>Eye Glasses and Contact Lenses</b> |   | <ul style="list-style-type: none"> <li>▪ Covered for children up to 20 years old</li> <li>▪ Adults age 21 and older: <ul style="list-style-type: none"> <li>- \$100 credit toward one pair of contact lenses every 2 years</li> <li>- 100% coverage of plain lenses every 2 years</li> </ul> </li> </ul> |

## **Additional Benefits for MajestaCare Members**

- Vision - Adults age 21 and older: \$100 credit toward one pair of contact lenses every 2 years and 100% coverage of plain lenses every 2 years

## **Non-Covered Services- Medallion II**

There are some services that MajestaCare does not cover. These include:

- Chiropractic services, except when approved by MajestaCare for medically necessary EPSDT services
- Infertility treatments
- Residential treatment facilities
- Christian Science nurses and services
- Experimental or investigational procedures
- Private duty nurses, except when approved by MajestaCare for medically necessary EPSDT services
- Assisted living services provided to residents of adult care residences
- Inpatient mental health services rendered in a State Psychiatric Hospital
- Drugs for the treatment of erectile dysfunction
- Services provided to members who are incarcerated.
- Paternity testing
- Cosmetic services
- Services that are not medically necessary
  - DESI drugs
  - Drugs on the FDA unapproved cough and cold list

## **Carved Out-Service- Medallion II**

Carved-Out Services are services that may be covered under Medicaid or FAMIS Plus but not covered by MajestaCare. For more information about these services call the Managed Care Helpline at 1-800-643-2273. Make sure you take your DMAS Medicaid ID card with you to these services.

Requests for these services shall be forwarded to the DMAS at: Department  
of Medical Assistance  
600 East Broad Street  
Richmond, Virginia 23219

DMAS is responsible for payment of these services:

- Abortions (where the life or health of the mother is endangered)
- Case Management Services for seriously mentally ill adults and emotionally disturbed children
- Dental services
- Enteral/Medical food for enrollees under age 21
- Home and Community based waiver services (HCBS)
- Hospice services
- Investigations for lead contamination in the home
- School health services
- Specialized infant formula under age 5

- Transportation for community based waiver services. Please call LogistiCare at 1-866-386-8331 to schedule transportation for community based waiver services.

**Medallion II Behavioral Health and Substance Abuse Treatment Covered Services**

| Behavioral Health and Substance Abuse Treatment Services<br><i>Coverage provided through MajestaCare</i>  | Community Mental Health Rehabilitation Services (CMHRS)<br>(Carved-Out Services)<br><i>Coverage provided through the Department's FFS</i>  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Inpatient Psychiatric Hospitalization</li> <li>▪ Outpatient Individual, Family, and Group</li> <li>▪ Electroconvulsive Therapy</li> <li>▪ Pharmacological Management Services</li> <li>▪ Transportation (for traditional and CMHRS)</li> <li>▪ Smoking Cessation Counseling and Medications For Pregnant Women</li> <li>▪ Care Coordination Services</li> <li>▪ *Transportation for covered and carved-out services</li> </ul> | <ul style="list-style-type: none"> <li>▪ Intensive In-home Services for Children and Adolescents</li> <li>▪ Therapeutic Day Treatment for Children and Adolescents</li> <li>▪ Mental Health and Substance Abuse Crisis Intervention</li> <li>▪ Case Management for Children at Risk of Serious Emotional Disturbance, Children with Serious Emotional Disturbance, and for Adults with Serious Mental Illness</li> <li>▪ Mental Health Day Treatment/Partial Hospitalization Services for Adults</li> <li>▪ Psychosocial Rehabilitation</li> <li>▪ Mental Health and Substance Abuse Crisis Intervention</li> <li>▪ Intensive Community Treatment</li> <li>▪ Crisis Stabilization</li> <li>▪ Mental Health Support</li> <li>▪ Substance Abuse Intensive Outpatient Treatment</li> <li>▪ Substance Abuse Day Treatment</li> <li>▪ Opioid Treatment</li> <li>▪ Residential Substance Abuse Treatment for Pregnant and Post-Partum Women</li> <li>▪ Substance Abuse Day Treatment for Pregnant and Post Partum Women</li> <li>▪ Substance Abuse Case Management</li> <li>▪ Levels A &amp; B Residential Treatment for Children and Adolescents Under 21 (Group Homes)*</li> </ul> |

\* Admission into level C psychiatric residential treatment will cause the member to be disenrolled from MajestaCare. Medicaid coverage for psychiatric residential level C treatment is provided through the Department's fee-for-service program as described in the DMAS Psychiatric Services Provider Manual, available at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>. For CMHRS questions please call the DMAS Provider Help Line below or visit the DMAS website at [http://dmasva.dmas.virginia.gov/Content\\_pgs/obh-home.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/obh-home.aspx). The health line is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The help line numbers are:

- 1-804-786-6273 Richmond area and out-of-state long distance
  - 1-800-552-8627 All other areas (in-state, toll-free long distance)
- Please have your Medicaid Provider Identification Number available when you call.

**FAMIS Benefits**

| Type of Benefit                                   | Covered Services   | Exclusions and/or Limitations<br>Level 1: <150% FPL<br>Level 2: >150% FPL  |
|---|--|--|
| <b>Medical</b>                                    |  |  |
| <b>Doctor Office Visits</b>                       | <ul style="list-style-type: none"> <li>▪ Exam</li> <li>▪ Treatment</li> <li>▪ Follow-up Care</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |
| <b>Specialty Physician Care and Consultations</b> | <ul style="list-style-type: none"> <li>▪ Exam</li> <li>▪ Treatment</li> <li>▪ Follow-up Care</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |
| <b>Clinic Services</b>                            | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |
| <b>Radiology &amp; Laboratory</b>                 | <ul style="list-style-type: none"> <li>▪ X-rays</li> <li>▪ Diagnostic tests</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Copays may apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul> |
| <b>Outpatient Surgery</b>                         | <ul style="list-style-type: none"> <li>▪ Emergency services</li> <li>▪ Surgical services</li> <li>▪ Diagnostic</li> <li>▪ Professional provider services.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |
| <b>Physical Therapy</b>                           | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |
| <b>Occupational Therapy</b>                       | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |
| <b>Speech Therapy</b>                             | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>     |

| Type of Benefit             | Covered Services  | Exclusions and/or Limitations<br>Level 1: <150% FPL<br>Level 2: >150% FPL  |
|-----------------------------|---|--|
| <b>Audiology</b>            | Covered Service   | <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul>   |
| <b>Prosthetics</b>          | Covered Service: <ul style="list-style-type: none"> <li>▪ Artificial arms, legs and their necessary supportive attachments</li> </ul> | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul> </li> </ul>   |
| <b>Orthotic Services</b>    | Covered Service: <ul style="list-style-type: none"> <li>▪ Example: braces and splints</li> </ul>                                      | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul> </li> </ul>   |
| <b>Home Health Services</b> | Covered Service   | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul> </li> </ul> Not covered: <ul style="list-style-type: none"> <li>▪ Medical social services</li> <li>▪ Services or items which would not be paid for if provided to a patient of a hospital, such as private-duty nursing services, or items of comfort which have no medical necessity, such as television</li> <li>▪ Community food service delivery arrangements</li> <li>▪ Domestic or housekeeping services which are unrelated to patient care and which materially increase the time spent on a visit</li> <li>▪ Custodial care which is patient care that primarily requires protective services rather than definitive medical and skilled nursing care</li> <li>▪ Services related to cosmetic surgery</li> </ul> |
| <b>Dialysis</b>             | <ul style="list-style-type: none"> <li>▪ Renal dialysis for kidney disease</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1:                   <ul style="list-style-type: none"> <li>▪ Outpatient: \$2</li> <li>▪ Inpatient: \$15</li> </ul> </li> <li>- Level 2:                   <ul style="list-style-type: none"> <li>▪ Outpatient: \$5</li> <li>▪ Inpatient: \$25</li> </ul> </li> </ul> </li> </ul>   |
| <b>Hospice Services</b>     | Covered Service   |  |



| Type of Benefit                              | Covered Services   | Exclusions and/or Limitations<br>Level 1: <150% FPL<br>Level 2: >150% FPL  |
|--|--|--|
| <b>Preventive Care</b>                       | <ul style="list-style-type: none"> <li>▪ Annual examinations and routine health care services</li> <li>▪ Well-Child</li> <li>▪ Immunizations based on age and history</li> <li>▪ Treatment for Chronic medical conditions</li> </ul> | <ul style="list-style-type: none"> <li>▪ No copays for EPSDT services</li> </ul>   |
| <b>Skilled Nursing Facility</b>              | Covered service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$15</li> <li>– Level 2: \$25</li> </ul> </li> </ul>   |
| <b>Therapy Services</b>                      | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1:                   <ul style="list-style-type: none"> <li>▪ Outpatient: \$2</li> <li>▪ Inpatient: \$15</li> </ul> </li> <li>– Level 2:                   <ul style="list-style-type: none"> <li>▪ Outpatient: \$5</li> <li>▪ Inpatient: \$25</li> </ul> </li> </ul> </li> </ul> |
| <b>Tobacco Cessation Program</b>             | Covered Service  |  |
| <b>Medical Supplies</b>                      |  |  |
| Medical Supplies and Equipment               | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply for equipment only               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>  |
| Specialized Equipment                        | Includes, but not limited to: <ul style="list-style-type: none"> <li>▪ Customized wheelchairs and required components</li> <li>▪ Customized prone standers</li> <li>▪ Customized positioning devices</li> </ul>                      | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>   |
| Medical Nutritional Supplements and Supplies | Covered Services: <ul style="list-style-type: none"> <li>▪ For adults 21 and older when supplement is the only source of nutrition</li> <li>▪ Enteral nutrition (tube feeding)</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Routine infant formula is not covered</li> <li>▪ Enteral/Medical food for members under age 21</li> <li>▪ No copays for Supplies</li> <li>▪ Copays apply for equipment:</li> </ul>  |

| Type of Benefit  | Covered Services  | Exclusions and/or Limitations<br>Level 1: <150% FPL<br>Level 2: >150% FPL   |
|--|---|---|
|  | <ul style="list-style-type: none"> <li>▪ Total Parenteral Nutrition (feeding through an IV line)</li> <li>Supplies for administering enteral nutrition</li> </ul>                       | <ul style="list-style-type: none"> <li>- Level 1: \$15</li> <li>- Level 2: \$25</li> </ul>  |
| <b>Maternity</b>   |   |   |
| <b>Maternity Care</b>  | <ul style="list-style-type: none"> <li>▪ Prenatal care (before birth)</li> <li>▪ Labor and delivery</li> <li>▪ Postpartum (after the baby is born)</li> </ul>                           |   |
| <b>Hospital</b>  |   |   |
| <b>Inpatient Hospital Services</b>                                     | Covered Service   | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$15</li> <li>- Level 2: \$25</li> </ul> </li> </ul>                            |
| <b>Hospital Emergency Room</b>   | Covered Service   | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul> </li> </ul>                              |
| <b>Non-Emergency Use of ER</b>   | For non-emergencies contact your PCP or call us for help finding an urgent care location  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$10</li> <li>- Level 2: \$25</li> </ul> </li> </ul>                            |
| <b>Physician Care</b>  | Covered Service   | <ul style="list-style-type: none"> <li>▪ Copays apply (waived if part of ER visit)               <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul> </li> </ul> |
| <b>Mental Health</b>   |   |   |
| <b>Outpatient Mental Health and Substance Abuse Treatment Services</b> | Medically Necessary: <ul style="list-style-type: none"> <li>▪ Outpatient individual</li> <li>▪ Family, and group mental health</li> <li>▪ Substance abuse treatment services</li> </ul> | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>- Level 1: \$2</li> <li>- Level 2: \$5</li> </ul> </li> </ul>                              |

| Type of Benefit                   | Covered Services  | Exclusions and/or Limitations<br>Level 1: <150% FPL<br>Level 2: >150% FPL   |
|-----------------------------------|---|---|
| <b>Psychiatric Hospital</b>       | Freestanding psychiatric hospital and services rendered in a psychiatric unit of a general acute care hospital  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$15</li> <li>– Level 2: \$25</li> </ul> </li> </ul>  |
| <b>Temporary Detention Orders</b> | Not Covered   | Coverage may be available through the State TDO Program   |
| <b>Dental</b>                     |   |   |
| <b>Dental</b>                     | <ul style="list-style-type: none"> <li>▪ Care delivered by a medical doctor (MD) as a result of an accident or medically necessary procedures of the mouth</li> </ul>   | Routine dental care covered by the <i>Smiles for Children</i> program. 1-888-912-3456   |
| <b>Family Planning</b>            |   |   |
| <b>Family Planning</b>            | Including but not limited to: <ul style="list-style-type: none"> <li>▪ Provider visit</li> <li>▪ Birth control and family planning education and counseling</li> <li>▪ Contraceptives (birth control)</li> <li>▪ Testing for sexually transmitted diseases and HIV</li> </ul> | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>  |
| <b>Transportation</b>             |   |   |
| <b>Ambulance Transportation</b>   | Covered Service   | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> </ul>  |
| <b>Prescriptions</b>              |   |   |
| <b>Prescription Drugs</b>         | Covered Service   | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1:                   <ul style="list-style-type: none"> <li>▪ Generic \$1</li> <li>▪ Brand \$5</li> </ul> </li> <li>– Level 2:                   <ul style="list-style-type: none"> <li>▪ Generic \$1</li> <li>▪ Brand \$10</li> </ul> </li> </ul> </li> </ul> |

| Type of Benefit                       | Covered Services | Exclusions and/or Limitations<br>Level 1: <150% FPL<br>Level 2: >150% FPL   |
|---------------------------------------|------------------|---|
| <b>Vision</b>                         |                  |   |
| <b>Routine Refractions</b>            | Covered Service  | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> <li>▪ Once every 24 months</li> </ul>  |
| <b>Routine Eye Examinations</b>       | Covered services | <ul style="list-style-type: none"> <li>▪ Copays apply               <ul style="list-style-type: none"> <li>– Level 1: \$2</li> <li>– Level 2: \$5</li> </ul> </li> <li>▪ Once every 2 years</li> </ul>  |
| <b>Eye Glasses and Contact Lenses</b> | Covered services | <ul style="list-style-type: none"> <li>▪ One pair of frames and one pair of lenses</li> <li>▪ Allowed:               <ul style="list-style-type: none"> <li>– Frames: \$25</li> <li>– Single Vision: \$35</li> <li>– Bifocal: \$50</li> <li>– Trifocal: \$88.50</li> <li>– Contacts: \$100</li> </ul> </li> </ul> |

### **Non-Covered Services- FAMIS**

There are some services that MajestaCare does not cover. These include:

- Infertility treatments
- Residential treatment facilities
- Christian Science nurses and services
- Experimental or investigational procedures
- Private duty nurses, except when approved by MajestaCare for medically necessary EPSDT services
- Inpatient mental health services rendered in a State Psychiatric Hospital
- Services provided to members who are incarcerated.
- Drugs for the treatment of erectile dysfunction
  - DESI drugs
  - Drugs on the FDA unapproved cough and cold list

### FAMIS Carved-Out Services

For information about the carved out services below call the DMAS Provider Helpline at 1-800-552-8627 (in state) and 804-786-6273 (out of state).

Requests for these services shall be forwarded to the DMAS at:  
 Department of Medical Assistance  
 600 East Broad Street  
 Richmond, Virginia 23219

DMAS is responsible for payment of these services:

- Dental services (For more information please call the *Smiles for Children* program at 1-888-912-3456)
- Enteral/Medical food for enrollees under age 21
- School health services
- Community Mental Health Rehabilitation Services

**FAMIS Behavioral Health and Substance Abuse Treatment Covered Services**

| Behavioral Health and Substance Abuse Treatment Services<br><i>Coverage provided through MajestaCare</i>  | Community Mental Health Rehabilitation Services (CMHRS) (Carved-Out Services)<br><i>Coverage provided through the Department's FFS</i>   |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Inpatient Psychiatric Hospitalization, (including Partial Day Treatment Services)</li> <li>▪ Inpatient Substance Abuse Treatment Services</li> <li>▪ Outpatient Individual, Family, and Group</li> <li>▪ Electroconvulsive Therapy</li> <li>▪ Pharmacological Management Services</li> <li>▪ Smoking Cessation Counseling and Medications For Pregnant Women</li> <li>▪ Care Coordination Services</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Intensive In-home Services for Children and Adolescents</li> <li>▪ Therapeutic Day Treatment for Children and Adolescents</li> <li>▪ Mental Health Crisis Intervention</li> <li>▪ Case Management for Children at Risk of Serious Emotional Disturbance, Children with Serious Emotional Disturbance</li> </ul> |
| <p>Coverage for FAMIS MOMS is handled under the Medallion II MajestaCare Contract.</p> <p>For CMHRS questions please call the DMAS Provider Help Line below or visit the DMAS website at <a href="http://dmasva.dmas.virginia.gov/Content_pgs/obh-home.aspx">http://dmasva.dmas.virginia.gov/Content_pgs/obh-home.aspx</a></p> <p>The health line is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The help line numbers are:</p> <ul style="list-style-type: none"> <li>▪ 1-804-786-6273 Richmond area and out-of-state long distance</li> <li>▪ 1-800-552-8627 All other areas (in-state, toll-free long distance)</li> </ul> <p>Please have your Medicaid Provider Identification Number available when you call.</p> |  |

**Service Authorization Form**  
**Phone: 1-866-996-9140**  
**Fax: 1-855-388-0430**

Date of Request: \_\_\_\_\_ Authorization / Reference #: \_\_\_\_\_

**For urgent (required within 24 hours) requests,  
call MajestaCare at 1-866-996-9140.**

**MEMBER INFORMATION**

Name: \_\_\_\_\_ ID Number \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ PCP Name: \_\_\_\_\_  
Other Insurance: \_\_\_\_\_ Gender (circle one): **F** **M**

**REQUESTING PHYSICIAN OR PROVIDER INFORMATION**

| <b>Referring Provider / Requesting Provider</b> | <b>Place of Service or Facility Name</b> |
|---|--|
| Name: _____                                     | Name: _____                              |
| Address: _____                                  | Address: _____                           |
| Telephone #: _____                              | Telephone #: _____                       |
| Fax #: _____                                    | Fax #: _____                             |
| Contact Person: _____                           | Specialty: _____                         |
| Signature of Requesting Physician: _____        |  |

**REFERRAL / AUTHORIZATION INFORMATION**

Problem / Diagnosis (ICD-9 Code(s) Required\*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Procedure / Test Requested (CPT Code(s) Required\*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Appointment or Service:** \_\_\_\_\_ **Number of Visits Required:** \_\_\_\_\_  
Type of Procedure (circle one):    Inpatient                      Outpatient                      In Office  
Is this service part of EPSDT?    YES    NO

**Other Clinical Information** - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE: FAILURE TO INCLUDE CORRECT CPT/HCPCS AND ICD-9 CODES WILL  
RESULT IN THE RETURN OF THIS FORM UNPROCESSED.**

## 2011 Provider Service Authorization List

### All Inpatient services

- Surgical and non- surgical
- Skilled nursing
- Rehabilitation
- Hospice

Outpatient Services vary based upon the code and are not location specific. Please check the code specific listings for details. Listed below are selected services requiring precertification.

- Surgical services
  - Please refer to code specific listing as requirements may vary.
- Home based services including hospice
- Therapy
  - All Therapy services require authorization with the **exception** of therapy diagnostic analysis and therapy evaluations
- Imaging
  - MRI
  - MRA
  - Angiography
  - PET scans
- DME
  - Please refer to code specific listing as requirements may vary. In general the following require authorization o Hospital beds
    - o Wheelchairs
    - o Oxygen
    - o CPAP

- Injectables
  - Therapy management services provided by a pharmacist.
  - Please refer to code specific listing as requirements may vary.
- Orthotics / Prosthetics
  - Implantable devices
  - Electronic devices
  - Implantable breast prosthetics
  - Injectable bulking agents
- Transportation
  - Please refer to code specific listing as requirements may vary.
- Other
  - Acupuncture
  - Sleep studies
  - Osteopathic manipulation and chiropractic services
  - Hearing and vision services vary please refer to specific code
  - Genetic or infertility counseling or testing services
  - Specialized Multidisciplinary Services
  - Enteral feeding supply and formulas, additives all pumps
  - Supply based services vary please refer to specific code
  - All Unlisted Codes require authorization

## KEY CONTACT INFORMATION

| Important Contacts   | Phone Number                           | Fax            | Hours of operation  | Days of Operation<br>(excluding State holidays) |
|--|--|----------------|---|---|
| MajestaCare Administration   | 1-866-996-9140                         | NA             | 8 a.m.-5 p.m. EST   | Monday-Friday                                   |
| Provider Services  | 1-866-996-9140<br>(follow the prompts) | 1-855-385-4049 | 8 a.m.-5 p.m. EST   | Monday-Friday                                   |
| Member Services/<br>Eligibility Verification<br><a href="http://www.MajestaCare.com">www.MajestaCare.com</a>                               | 1-866-996-9140<br>(follow the prompts) | NA             | 24 hours / 7 days per week  | 24 hours / 7 days per week                      |
| MajestaCare Compliance Hotline   | 1-866-716-2173                         | NA             | 24 hours / 7 days per week through Voice Mail inbox   | 24 hours / 7 days per week                      |
| Special Investigative Unit (SIU) - Fraud & Abuse Unit  | 1-800-338-6361                         | NA             | 24 hours / 7 days per week  | 24 hours / 7 days per week                      |
| MajestaCare Pharmacy Service Authorization Department  | 1-866-996-9140<br>(follow the prompts) | 1-855-321-9628 | 8 a.m.-10 p.m. MST<br>11 a.m. -7:30 p.m. MST<br>Times reported for when daylight savings time ends. | Monday - Friday<br>Saturday                     |
| CVS Caremark Specialty Pharmacy Specialty Customer Care  | 1 800 237 2767                         |                | 7:30 a.m. - 9 a.m. ET   | Monday- Friday                                  |
| Emdeon Customer Service (Clearinghouse)<br>Email Support:<br><a href="mailto:hdsupport@webmd.com">hdsupport@webmd.com</a>                  | 1-800-845-6592                         | NA             | 24 hours / 7 days per week  | 24 hours / 7 days per week                      |
| Logisticare (Transportation)<br><a href="http://www.logisticare.com">www.logisticare.com</a><br>(MajestaCare's Member Services Department) | 1-866-996-9140<br>(follow the prompts) | NA             | 8 a.m. - 5 p.m. EST   | Monday – Friday                                 |
| March Vision   | 1-888-493-4070                         | NA             | 8 a.m. - 7 p.m. EST   | Monday – Friday                                 |
| VA Relay   | Dial 711                               | NA             | 24 hours / 7 days per week  | 24 hours / 7 days per week                      |



| Reporting Complaints  | Phone Number   | Fax | Hours of operation                                  | Days of Operation<br>(excluding State holidays) |
|---|--|-----|---|---|
| Virginia Department of Social Services' toll-free Adult Protective Services hotline | 1-888-832-3858   | NA  | 24 hours / 7 days per week                          | 24 hours / 7 days per week                      |
| Virginia Department of Social Services' toll-free child abuse and neglect hotline   | In Virginia:<br>1-804-786-8536<br>(800) 552-7096<br><br>Out-of-state:<br>1-800-552-7096<br><br>Hearing-Impaired:<br>1-800-828-1120 | NA  | 24 hours / 7 days per week                          | 24 hours / 7 days per week                      |
| MajestaCare Compliance Hotline  | 1-866-716-2173   | NA  | 24 hours / 7 days per week through Voice Mail inbox | 24 hours / 7 days per week                      |
| Special Investigative Unit (SIU) -Fraud & Abuse Unit                                | 1-800-338-6361   | NA  | 24 hours / 7 days per week                          | 24 hours / 7 days per week                      |

|   |  |
|---|--|
| MajestaCare Claims Submission                   | MajestaCare<br>P.O. Box 63545<br>Phoenix, AZ 85082   |
| MajestaCare Claims Resubmission/Reconsideration | MajestaCare<br>Attn: Claims Resubmission/Reconsideration<br>P.O. Box 63545<br>Phoenix, AZ 85082    |
| MajestaCare Appeals                             | MajestaCare<br>Attn: Appeals Coordinator<br>213 South Jefferson St. Suite 101<br>Roanoke, VA 24011 |

# Pharmacy Benefit Overview

## Introduction

The agents included in the MajestaCare formulary represent those medications that, in the opinion of the Department of Medical Assistance Services (DMAS) and MajestaCare's Pharmacy and Therapeutics (P&T) Committee are of established value, present a broad armamentarium to meet the usual clinical issues, and avoid duplication of therapeutic effect in a cost effective manner. Drugs are added to the formulary based on objective, clinical and scientific data. Considerations include effectiveness, side-effect profile, cost/benefit and comparison to alternative agents, if available. Therapeutic superiority outweighs cost considerations in all decisions.

The MajestaCare formulary is available on our website at: [www.MajestaCare.com](http://www.MajestaCare.com)

## Formulary Review Process

The formulary is continually under review. Drugs may be added to or deleted from the formulary by the P&T Committee. Physicians may make requests for additions or deletions that may be considered by the P&T Committee. Requests should include basic product information, indications for use, therapeutic advantage over drugs already listed on the formulary, and any supporting literature from medical journals. The physician who requests the addition of a drug to the formulary may be invited to attend the P&T Committee meeting to support the formulary addition request and answer questions. The P&T Committee meets quarterly. Requests should be sent to:

MajestaCare  
Attention: Provider Services  
C/O: P&T Committee

## Unapproved Use of Medications

Medications will be eligible for coverage only if they are approved by the Food and Drug Administration (FDA) and used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion. Experimental and investigational drugs, and drugs used for cosmetic purposes, are not eligible for coverage. Drugs which have Drug Efficiency Studies Implementation (DESI) status are not covered by MajestaCare.

## Generics and Copayments

Generic bioequivalent medications represent a considerable cost savings to health care. Generic forms of medications will be substituted as they become available unless otherwise designated. Those products available generically will be covered with the generic equivalent only, unless the brand has been specifically authorized. If the provider requests that the brand product is medically necessary, then the provider must indicate "brand necessary" on the written prescription, submit for service authorization for the Brand medication and include a copy of the FDA MedWatch form detailing the adverse side effect that occurred with the generic formulation.

Please note that for Medallion members, prescription generic and brand medications are at a \$0 copay. For FAMIS members, depending on their eligibility with the State, members will be charged \$1 for prescription generics, and \$5 or \$10 for prescription brands. For FAMIS moms, prescription generic and brand medications are at a \$0 copay. Over-the-Counter medications will not require a copay for Medallion and FAMIS members.

## Over-the-Counter, Non-Prescription Medications Policy

Over-the-counter (OTC) products listed on the formulary and OTC list are covered by MajestaCare.

**Please note: *all* OTC medications require a prescription.**

## Service Authorization (SA)

Certain medications on the formulary require service authorization. Drugs that require Service Authorization are identified on the formulary with "SA." To request Pharmacy service authorization, please follow the instructions on the next page.

**How to request Pharmacy Service Authorization**

Pharmacy service authorization forms should be faxed to: 1-855-321-9628 or provider may call 1-866-996-9140 for service authorization over the phone. Pharmacy service authorization forms are located on our website at: [www.MajestaCare.com](http://www.MajestaCare.com). Please note incomplete forms will delay the processing of your request. **Please include any supporting medical records that will assist with the review of the service authorization request.**

**Quantity Limits (QLL)**

Certain prescription drugs may be prescribed only in limited quantities. Drugs that have quantity limits are identified on the formulary with “QLL.” Prescribing medication outside of the QLL requires service authorization. To request a Pharmacy service authorization, please refer to the Pharmacy service authorization instructions in this document.

**Step Therapy (ST)**

The step therapy program requires certain first-line drugs, such as generic drugs or formulary brand drugs, to be prescribed service to approval of specific second-line drugs. Drugs having step therapy are identified on the formulary with “STEP.” To request an override for the step therapy process, please follow the Pharmacy service authorization instructions in this document.

**CVS Caremark Specialty Medications**

CVS Caremark Specialty Pharmacy delivers medicines to the member’s home or doctor’s office. They provide injectable, inhaled and oral medicines that may not be available at the local pharmacy. A list of drugs that are available through CVS Caremark is located on our website at [www.MajestaCare.com](http://www.MajestaCare.com). Service authorization is required for specialty drugs. Please use the Specialty Medication Authorization Forms located on the website at [www.MajestaCare.com](http://www.MajestaCare.com). MajestaCare will review the request for medical necessity. If the request is approved, the provider will be notified of the review decision via fax. Specialty drugs are typically delivered to the provider’s office or the member’s home within one to two business days from CVS Caremark’s receipt of the prescription.

**If you have any questions regarding this document, please do not hesitate to contact the Provider Services Department at 1-866-996-9140.**

## Specialty drug list by disease state

Specialty medications on this list require SERVICE AUTHORIZATION.

Providers can call 1-866-996-9140 to request service authorization, or fax and complete the applicable prior authorization form with supporting medical records to MajestaCare at 1-855-321-9628

### Blood Cell Deficiency

Aranesp  
Epogen  
Leukine  
Mozobil  
Neulasta  
Neumega  
Neupogen  
NPlate  
Procrit  
Promacta

### Cancer

Afinitor  
Eligard  
Erivedge  
Etoposide  
Firmagon  
Gleevec  
Inlyta  
Intron A  
Iressa  
Jakafi  
Leuprolide Acetate  
Leustatin  
Lupron, -Depot  
Mesnex  
Methotrexate inj.  
Nexavar  
Oforta  
Revlimid  
Sprycel  
Sutent  
Sylatron  
Tarceva  
Tasigna  
Temodar  
Thalomid  
Thyrogen  
Trelstar Depot; -LA  
Tykerb

Vandetanib

Vidaza  
Votrient  
Xalkori  
Xeloda  
Xgeva  
Zelboraf  
Zoladex  
Zolinza  
Zytiga

### Endocrine Disorders

Desmopressin  
Egrifta  
Korlym  
Kuvan  
Octreotide Acetate  
Sandostatin LAR  
Somatuline Depot  
Somavert  
Supprelin LA  
Testopel

### Enzyme Deficiencies

Adagen  
Aldurazyme  
Carbaglu  
Ceredase  
Cerezyme  
Elaprased  
Fabrazyme  
Myozyme  
Naglazyme  
Orfadin  
Sucraid  
Vpriv  
Zavesca

### Growth Deficiency

Genotropin  
Humatrope

Increlex  
Norditropin  
Nutropin  
Omnitrope

### Hemophilia

Alphanate  
Alphanine SD  
Bebulin VH  
Benefix  
Feiba VH  
Helixate FS  
Hemofil M  
Humate-P  
Koate-DVI  
Kogenate FS  
Monoclade-P  
Mononine  
Novoseven  
Profilnine SD  
Recombinate  
Refacto

### Hepatitis C

Incivek  
Infergen  
Pegasys  
Peg-Intron  
Ribavirin  
VICTRELIS

### Immunoglobulins

BayGam  
Carimune NF  
Cytogam  
Flebogamma  
Flebogamma DIF  
Gammagard  
Gammaked  
Gammaplex  
Gammar

HyperRAB S/D  
HyperRHO S/D  
Iveegam EN  
MICRhogam  
Octagam  
Polygam  
Privigen  
RhoGam  
Rhopylac  
Vivaglobin  
WhinRho

### Inflammatory Conditions

Actemra  
Cimzia  
Enbrel  
Humira  
Kineret  
Orencia  
Remicade  
Simponi  
Stelara

### Iron Toxicity

Deferoxamine Mesylate  
Desferal Mesylate  
Exjade  
Ferriprox

### Miscellaneous Specialty Conditions

8-MOP  
Botox/Myobloc/Dysport  
Cinryze  
Implanon/Nexplanon  
Krystexxa  
Rilutek  
Soliris  
Vivitrol  
Xenazine  
Xyrem

## Specialty drug list by disease state

Specialty medications on this list require SERVICE AUTHORIZATION.

Providers can call 1-866-996-9140 to request service authorization, or fax and complete the applicable prior authorization form with supporting medical records to MajestaCare at 1-855-321-9628

### Multiple Sclerosis

Acthar H.P.  
Ampyra  
Avonex  
Betaseron  
Copaxone  
Extavia  
Gilenya  
Rebif  
Tysabri

### Osteoarthritis

Euflexxa  
Hyalgan  
Orthovisc  
Supartz  
Synvisc, -ONE

### Osteoporosis

Boniva  
Forteo  
Prolia  
Reclast

### Pulmonary Hypertension

Adcirca  
Epoprostenol (Flolan)  
Letairis  
Remodulin  
Sildenafil (Revatio)  
Tracleer  
Tyvaso  
Ventavis

### Respiratory Conditions

Pulmozyme  
Tobi  
Xolair

### RSV Prevention

Synagis

Dear Provider:

At MajestaCare we strive to enhance provider choice for our plan members by selecting the most appropriate level of care, while maximizing member benefits. As a result, effective **April 1, 2013**, CVS Caremark Specialty Pharmacy became our preferred provider for specialty medications for our MajestaCare members.

CVS Caremark Specialty Pharmacy is a leading provider of specialty pharmaceuticals that are used in the management of specific chronic or genetic conditions. CVS Caremark will provide the medication and the additional education and support for your MajestaCare patients, including close monitoring of their clinical response in collaboration with you, at no additional charge. CVS Caremark will handle all benefits investigations, determine the patient's coverage, communicate the financial obligations and help secure all the necessary authorizations from you and MajestaCare.

In addition to minimizing your administrative burden, CVS Caremark has expertise in patient-specific dosing, medical devices to administer the medication, and the special handling and delivery required with these injectable, infused and select oral medications. A pharmacist is available for emergency consultations 24 hours a day, seven days a week.

For your convenience, admissions and customer service representatives from Specialty Customer Care are available Monday through Friday, 7:30 a.m. to 9 a.m. ET. If you have any questions or need more information, please call CVS Caremark toll-free at **1-800-237-2767**, or visit us at **[www.CVSCaremarkSpecialtyRx.com](http://www.CVSCaremarkSpecialtyRx.com)**.

# MajestaCare NDC Overview

## National Drug Code (NDC)

- The Federal Deficit Reduction Act of 2005 requires state Medicaid agencies/agents to collect the 11-digit NDC code on all outpatient claims for drugs administered during the course of a patient's visit in a provider's office. To avoid claim denial, please ensure a valid NDC code is reported on claims as required and applicable.
- In most instances, NDC numbers are assigned a CPT or HCPCS code. Most injectable medications begin with a "J", but this is not always the case.
- It is important that claims be submitted with the most accurate information when billing for injectable medications that are administered in the office during a member's visit.
- The following data elements will need to be transmitted:
  - NDC number
  - Drug name
  - Dosage administered
  - Include how the number of units are being billed on the claim (e.g., grams, mg, mls, tablet/capsule, etc)
  - Strength of drug administered and indicate if it's a single dose vial or multi-dose vial
- From time to time, it may be necessary for providers to bill multiple NDCs for a single procedure code. This may happen when two different strengths of the same drug are needed in order to administer the appropriate dose. This will also be necessary when multiple vials of the same drug are used to administer the appropriate dose, and the vials are manufactured by different manufacturers. Billing examples of these situations are provided on the next page. The examples apply to both paper claims and electronic transactions.

### Reporting NDCs- Example 1

| HCPCS Code | HCOCS Code Description and HCPCS Quantity                              | Drug Administered    | HCPCS Quantity Billed | NDCs Used   |
|------------|--|----------------------|-----------------------|---|
| J0696      | Injection, Ceftriaxone Sodium,<br>Per 250 mg (One HCPCS Unit = 250 mg) | Two (2) 250 mg vials | 2                     | 00781320695 Ceftriaxone 250 mg vial manufactured by Sandoz  |
| J0696      | Injection, Ceftriaxone Sodium,<br>Per 250 mg (One HCPCS Unit = 250 mg) | One (1) 250 mg vials | 1                     | 00409733701 Ceftriaxone 250 mg vial manufactured by Hospira |

### Reporting NDCs- Example 2

| HCPCS Code | HCOCS Code Description and HCPCS Quantity                                  | Drug Administered          | HCPCS Quantity Billed | NDCs Used                                    |
|------------|--|----------------------------|-----------------------|--|
| J0881      | Injection, Darbepoetin alfa, 1 mcg (non-ESRD use) (One HCPCS Unit = 1 mcg) | One 25 mcg/0.42 ml syringe | 25                    | 55513005704 Aranesp 25 mcg/0.42 ml syringe   |
| J0881      | Injection, Darbepoetin alfa, 1 mcg (non-ESRD use) (One HCPCS Unit = 1 mcg) | One 100 mcg/0.5 ml syringe | 100                   | 55513-0093-01 Aranesp 100 mcg/0.5 ml syringe |

- Unlisted J-Codes- MajestaCare will check the NDC numbers billed with an unlisted J-Code to ensure these codes are being billed correctly. Improper billing may be handled as follows:
  - If a claim is submitted using an unlisted J-Code (e.g. J3490) and a valid CPT/HCPCS code exists for the drug being administered, MajestaCare will deny the service line and request that the provider resubmit the claim using the correct CPT/HCPCS code.

- If a claim is submitted with an unlisted J-Code (e.g. J3490) and there is no other CPT/HCPCS code for the drug being administered, the provider will need to supply the necessary information on the claim for MajestaCare to properly adjudicate the service line. If the claim is received without the necessary information, the service line may be denied and sent back to the provider with a request to resubmit the service along with the necessary information.
- MajestaCare requires the following information in order to process valid unlisted J-Codes:
  - NDC number
  - Drug Name
  - Dosage administered
  - Include how the number of units are being billed on the claim (e.g., grams, mg, mls, tablet/capsule, etc)
  - Strength of drug administered and indicate if it's a single dose vial or multi-dose vial
- Providers are required to submit these codes properly. Failure to properly bill will result in the denial of the drug. The remittance advice returned to the provider will indicate that an NDC code is required for payment.



**Mail to:**

MajestaCare  
Attn: Appeals Coordinator  
213 S. Jefferson St, Suite 101  
Roanoke, VA 24011

**PROVIDER APPEAL FORM**

Appeals must be submitted within 30 days of the date listed on the Notice of Action (*denial letter*).

Choose the type of denial letter you have received:

- |  |  |
|--|--|
| <input type="checkbox"/> Claim denial letter for no authorization                | <input type="checkbox"/> Denial letter for authorization of inpatient day(s) |
| <input type="checkbox"/> Claim denial letter for a previously reconsidered claim | <input type="checkbox"/> Denial letter for a procedure authorization         |
| <input type="checkbox"/> Claim denial letter for untimely filing                 | <input type="checkbox"/> Denial letter for a pharmacy authorization          |

If you have not received a denial letter, please use the **Reconsideration Form**

**PROVIDER INFORMATION (required)**

Provider Name: \_\_\_\_\_

Provider Street Address: \_\_\_\_\_

Provider City, State & ZIP: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

**MEMBER INFORMATION (required)**

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Claims Number(s): \_\_\_\_\_

**Please include:** 1) this form OR a cover letter containing the above information in the heading 2) a detailed explanation of why the denial should be overturned 3) medical documentation as necessary to support your appeal and 4) a copy of the denial letter.

\_\_\_\_\_  
Signature of sender

\_\_\_\_\_  
Date

**Mail to:**

MajestaCare  
Attn: Claims Resubmission/Reconsideration  
PO Box 63545  
Phoenix, AZ 85082

**CLAIM RECONSIDERATION**

Submitted within 90 days of the date on the Claim Remittance

Choose one:

- \* Resubmission of a corrected claim?**  
– Revised claim forms can be presented without a cover form within 180 days (or as specified in your contract) of Date of Service.
- Reconsideration**  
– a request for review of a previously adjudicated claim for a reason substantiated by additional documentation.

**PROVIDER INFORMATION (required)**

Provider Name: \_\_\_\_\_

Provider Street Address: \_\_\_\_\_

Provider City, State & ZIP: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

**MEMBER INFORMATION (required)**

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Claim(s) Number(s): \_\_\_\_\_

Please include 1) this completed form OR a cover letter containing the above information in the heading, 2) a brief note explaining the reconsideration need, and 3) medical documentation, if needed, to support your request for reconsideration.

\_\_\_\_\_  
Signature of Sender Date