In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.

1-800-454-3730 ■ providers.amerigroup.com/TX
This Quick Reference Card (QRC) is developed for your convenience as an easy-access resource for precertification and notification requirements and other important information. For additional information about benefits and services, see your provider manual. The most recent, full version of the provider manual is located at providers.amerigroup.com/TX. If you have questions about this document or have a recommendation to improve it, please call your local Provider Relations representative. We are always interested in hearing from you to improve our service so you can focus on serving your patients.

Behavioral Health/Substance Abuse
- Self-referral to network provider
- Behavioral health provider must request precertification of certain services through the mental health and substance abuse care fax number: 1-800-505-1193. Coordination of physical and behavioral health care is essential.
- STAR, STAR+PLUS and CHIP members: All services require precertification except routine outpatient services. Inpatient mental health and substance abuse services can be obtained at acute care, freestanding psychiatric or substance abuse facilities.
- Substance use disorder benefits:
  - Outpatient: Available to STAR and STAR+PLUS members 21 and older. Members can self-refer or be referred to receive an assessment. No PCP referral is needed. Benefits include ambulatory detoxification, chemical dependency counseling and medication-assisted treatment.
  - Inpatient: Available to STAR and STAR+PLUS members 21 and older. Benefits include residential detoxification and residential treatment. Precertification is required.
- 21 and older are limited to detoxification in psychiatric units of general acute care hospitals.
- NorthSTAR manages behavioral health services for STAR members in the Dallas service area. Dallas STAR members should call the NorthSTAR hotline at 1-888-800-6799.

Cardiac Rehabilitation
- The service is covered for STAR and STAR+PLUS members under age 21 and CHIP members.
- This is not a covered benefit for STAR and STAR+PLUS members age 21 and older.
- Precertification is required for coverage of all services.

Chemotherapy
- Procedures related to chemotherapy do not require precertification when performed in a participating facility or provider office, outpatient hospital, or ambulatory surgery center.
- For information on coverage and precertification requirements for chemotherapy drugs, please refer to the Precertification Lookup tool on our website.
- Precertification is required for inpatient services.
- Limitations and exclusions apply for experimental and investigational treatments.

Chiropractic Services
- Precertification is required for coverage of all services and procedures even if covered under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).
- Chiropractic services provided by a chiropractor are covered for STAR and STAR+PLUS members. Coverage is limited to 12 treatments per benefit period.
- CHIP members are limited to spinal subluxation at 12 visits in a 12-month period.

Dental Services
- Members under age 21 receive dental services through one of the dental maintenance organizations listed below:
  - DentaQuest: 1-800-508-6775 CHIP, 1-800-516-0165 Medicaid
  - MCNA Dental: 1-800-494-6262
- Members age 21 and older receive dental services through Health Velocity Dental (1-800-365-3527).
- STAR+PLUS dual-eligible members age 21 and older are not covered for preventive dental services.
  For TMJ services, see the Plastic/Cosmetic/Reconstructive Surgery section of this QRC.

Dermatology Services
- No precertification is required for E&M, testing and most procedures.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.
  See the Diagnostic Testing section of this QRC for more information.

Diagnostic Testing
- No precertification required for routine diagnostic testing.
- Precertification through Amerigroup is required for coverage of video EEG.
- Precertification through MedSolutions, Inc. is required for MRA, MRI, CAT, nuclear cardiac and PET scans. Contact MedSolutions at 1-888-693-3211.
- For procedure specific requirements, see the Precertification Lookup tool on our website.

Dialysis
- No precertification is required for dialysis procedures through network providers or facilities.
- Precertification is required for medications related to dialysis treatment.

Disposable Medical Supplies
- No precertification is required for coverage of disposable medical supplies.

Amerigroup Precertification/Notification Coverage Guidelines – Bexar, Dallas, Harris, Jefferson, Tarrant, Lubbock, El Paso, Travis and the Texas Rural Service Areas (RSA) Please visit us online at providers.amerigroup.com/TX and click on Precertification Lookup tool for precertification/notification unless noted otherwise. Or call Provider Services at 1-800-454-3730. Prescribers can call Caremark Pharmacy Services at 1-877-440-3621 for prior authorization.

All services provided by noncontracted providers require precertification. Services for CHIP Perinate members (unborn children) are limited to services related to prenatal/postpartum care and labor with delivery. Please reference Section 4.3 of your Amerigroup provider manual for a description of benefits available to these members. Benefits and coverage are subject to current regulatory requirements. For Medicare Advantage precertification/notification guidelines, see the Texas Medicare Advantage Benefits Guide at providers.amerigroup.com/TX.
Coverage for CHIP members includes diabetic supplies and equipment; there is a $20,000 per 12-month period limit for DME and supplies. 

See the Durable Medical Equipment section for more information.

Durable Medical Equipment (DME)
- Precertification and Certificate of Medical Necessity (CMN) are required.
- No precertification is required for coverage of glucometers and nebulizers, dialysis and ESRD equipment, gradient pressure aid, and sphygmomanometers ordered by network providers for members under the age of 21.
- Precertification is required for coverage of certain prosthetics, orthotics and DME. For code-specific precertification requirements for DME, prosthetics and orthotics ordered by network providers or network facilities, refer to our online Precertification Lookup tool.
- Prosthetics and orthotics are not covered for Texas Medicaid members age 21 and older.
- All DME billed with an RR modifier (rental) require precertification.
- See the Disposable Medical Supplies section of this QRC for guidelines relating to disposable medical supplies.
- Precertification may be requested by completing a CMN, which is available on our website, or by submitting a physician order and Amerigroup Referral and Authorization Request form. A properly completed and signed CMN must accompany each claim for the following services: hospital beds, support surfaces, motorized wheelchairs, manual wheelchairs, continuous positive airway pressure, lymphedema pumps, osteogenesis stimulators, transcutaneous electrical nerve stimulator, power-operated vehicle, external infusion pump, parenteral nutrition, enteral nutrition and oxygen.
- Seat lift mechanisms are not a covered benefit of the Texas Medicaid program for members age 21 and younger.
- Amerigroup and the provider must agree on Healthcare Common Procedure Coding System (HCPCS) and/or other codes for billing covered services.
- All custom wheelchair precertifications require an Amerigroup medical director’s review.
- CHIP members are limited to $20,000 per 12-month period; however, the limitation does not apply to diabetic supplies and equipment.
- For procedure specific requirements, see our online Precertification Lookup tool.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Visit
See the Texas Health Steps section of this QRC.

Educational Consultation
No notification or precertification is required.

Emergency Services
- Self-referral; no notification is required for emergency care given 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.

ENT Services (Otolaryngology)
- No precertification is required for network provider E&M, testing and most procedures.

Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

See the Diagnostic Testing section of this QRC for more information.

Family Planning/STD Care
- Self-referral; no precertification is required for family planning services, which are available for STAR and STAR+PLUS members.
- Family planning services are not covered for CHIP members.
- Infertility services and treatment are not covered.

Gastroenterology Services
- No precertification is required for network provider for 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.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.
See the Diagnostic Testing section of this QRC for more information.

Gynecology
- Self-referral to a network provider is allowed.
- No precertification is required for E&M, testing and procedures.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

Hearing Aids
- Hearing aid instruments are covered for adults and children.
- Coverage includes hearing aids provided by licensed fitters enrolled in the Texas Medicaid Program.
- Amerigroup covers hearing aids for adults and children at the rate of one per ear every five years.
- Precertification is required for digital hearing aids.

Hearing Screening
- No notification or precertification is required for the coverage of diagnostic and screening tests, hearing aid evaluations or counseling.
- Hearing screenings are not payable on the same day as a Texas Health Steps checkup.
- Hearing screenings are covered for adults and children.

Home Health Care
Precertification is required for all services.

Hospice Care
- Hospice care is covered for CHIP members.
  - Precertification is required for coverage of inpatient services.
  - Notification is required for outpatient hospice services.
- STAR members electing hospice care are disenrolled from managed care. Amerigroup covers services unrelated to the client’s terminal illness and furnishes case management coordination.
- STAR+PLUS members will remain enrolled in managed care.
  - For these members, Amerigroup covers services unrelated to the client’s terminal illness and furnishes case management coordination.
  - Contact the Hospice Program at 512-490-4666.
Hospital Admission
- Elective admissions require precertification.
- Emergency admissions require notification within one business day.
- To be covered, preadmission testing must be performed by an Amerigroup-preferred lab vendor.
- Same-day admission is required for surgery.
See the provider referral directory for a complete listing of participating vendors.

Laboratory Services (Outpatient)
- All laboratory services furnished by non-network providers require precertification by Amerigroup, except for hospital laboratory services in the event of an emergency medical condition.
- Laboratory services related to Texas Health Steps services must be sent to the state laboratory, not Amerigroup contracted vendors.
- For offices with limited or no office laboratory facilities, lab tests may be referred to one of the Amerigroup-preferred lab vendors.
See the provider referral directory for a complete listing of participating vendors.

Long-Term Services and Supports (STAR+PLUS only)
- Precertification is required. Services may include day activity health services, nursing facility, personal assistance services, adaptive aids, assisted living/residential care, emergency response services and respite care.

Neurology
- No precertification required for network providers for E&M and testing.
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery.
- For procedure-specific requirements, see our online Precertification Lookup tool.
See the Diagnostic Testing section of this QRC for more information.

Observation
- No precertification or notification is required for observation.
- If observation results in admission, notification to Amerigroup is required within one business day.

Obstetrical Care
- No precertification is required for coverage of obstetrical (OB) services, including OB visits, diagnostic testing and laboratory services when performed by a network provider.
- Notification to Amerigroup is required at the FIRST prenatal visit.
- No precertification is required for coverage of labor, delivery and circumcision for newborns up to 12 weeks in age.
- No precertification is required for the ordering physician for OB diagnostic testing.
- Notification of delivery is required within 24 hours with newborn information.
- OB case management programs are available.
See the Diagnostic Testing section of this QRC for more information.

Ophthalmology
- Precertification is required for the repair of eyelid defects.
- Services considered cosmetic in nature are not covered.
- Certain laser eye treatment procedures are approved only for certain diagnosis codes.

Pharmacy
- Pharmacy providers can call the Caremark Pharmacy Help Desk at 1-877-874-3317.
- Pharmacy providers needing to check pharmacy eligibility can call our Provider Services line at 1-800-454-3730.
- Prior authorization requests can only be made by prescribers or their authorized agents. Prescribers can call 1-877-440-3621 for prior authorization of nonpreferred drugs and other drugs requiring prior authorization.
- Members can call Member Services at 1-800-600-4441. The Texas Medicaid formulary applies to STAR, STAR+PLUS and CHIP members. The Texas Medicaid Preferred Drug List (PDL) applies to STAR and STAR+PLUS members only.
- MCOs are required to follow the Texas Medicaid formulary and PDL.
- The Texas Medicaid formulary and PDL are available on the Vendor Drug Program website at www.texasvendordrug.com.
- The following injectable drugs and their counterparts in the same therapeutic class require precertification by the Amerigroup Pharmacy department at 1-800-359-5780 when administered in any outpatient setting: Epogen, Procrit, Aranesp, Neupogen, Neulasta, Leukine, IVIG, Enbrel, Remicade, Kineret, Amevive, Raptiva, Synvisc, Hyalgan, Erbitux, Avastin, Rituxan, Camptosar, Eloxitin, Gemzar, Ixempra, Tasigna, Taxol, Taxotere and growth hormone.

Primary Care Provider
- Primary Care Provider (PCP) services include addressing the member’s health needs, coordinating the member’s health care, promoting disease prevention and health maintenance (including coverage of seasonal inoculations), treating illnesses

Plastic/Cosmetic/Reconstructive Surgery (including Oral Maxillofacial Services)
- Services considered cosmetic in nature are not covered.
- No precertification is required for coverage of E&M codes.
- Services related to previous cosmetic procedures are not covered.
- Reduction mammoplasty requires an Amerigroup medical director’s review.
- Precertification is required for coverage of trauma to the teeth and oral maxillofacial medical and surgical conditions including TMJ.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.
See the Diagnostic Testing section of this QRC for more information.

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

Otolaryngology (ENT Services)
See the ENT Services (Otolaryngology) section of this QRC.

Out-of-area/Out-of-plan Care
- Precertification is required except for coverage of emergency care (including self-referral).
- No coverage for out-of-country care.

Outpatient/Ambulatory Surgery
- Precertification requirement is based on the service performed.
- For procedure-specific requirements, see the Precertification Lookup tool on our website.

Pain Management
Non-E&M level testing and procedures require precertification.

Precertification Lookup tool on our website.
See the Diagnostic Testing section of this QRC for more information.

For procedure-specific requirements, see the Precertification Lookup tool on our website.
Tobacco Cessation Program
Up to $100 for a 12-month period is covered for a plan-approved program defined by the health plan.

Podiatry
No precertification is required for coverage of E&M, testing and procedures when performed by a network podiatrist.
For CHIP members, routine foot care such as hygiene care is excluded.
For procedure-specific requirements, reference our online Precertification Lookup tool.

Specialty Care SSI Voluntary
Specialty office visits do not require authorization as long as the referring PCP of record furnishes his or her NPI to the specialist at the time of referral.
The referring PCP’s NPI must be present on the claim submitted to TMHP.

Sterilization
No precertification or notification is required for sterilization procedures, including tubal ligation and vasectomy for Medicaid members age 21 and older.
A sterilization consent form is required for claims submission.
Reversal of sterilization is not a covered benefit.
Sterilization is not a covered benefit for CHIP members.

Texas Health Steps
Self-referral; Texas Health Steps services apply to STAR and STAR+PLUS members under age 21.
Use the Texas Health Steps Periodicity Schedule and document visits.
Texas Health Steps services may be provided by any network Texas Health Steps provider, whether or not the provider is the member’s PCP.
Vaccine serum is available under the Texas Vaccines for Children (TVFC) program.
Amerigroup does not reimburse providers for serum available through TVFC.
CHIP members do not receive Texas Health Steps services. CHIP members receive preventive services under Well-child Preventive Care.

Well-child Preventive Care
Self-referral; for STAR and STAR+PLUS members, see the Texas Health Steps section of this QRC.
CHIP members receive preventive services. CHIP well-child care visits should be provided in accordance with the American Academy of Pediatrics Periodicity Schedule.
Vaccine serum is available through the TVFC program for qualified members.

Vision Care Supplies
The contracted vendor is Block Vision.
For STAR and STAR+PLUS members under age 21, coverage of one complete vision examination every Texas fiscal year for the purpose of obtaining eyewear (September 1 through August 31).
Coverage of frames with $17 retail allowance and/or regular lens types, including polycarbonate lenses, once every 24 months when medically necessary and contact lenses as medically necessary per Texas fiscal year.
STAR+PLUS members can request polycarbonate lenses without limitation.
STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
Eyeglasses are covered for CHIP members.

Well-woman Exam
Self referral; one exam is covered per calendar year.

or injuries, maintaining the member’s health records, and furnishing 24/7 access/availability for members.

Rehabilitation Therapy (Short-term): PT, OT, RT and ST
Treatment requires precertification.
No precertification is required for coverage of ECI services for STAR, STAR+PLUS or CHIP members under age 3.

Sleep Study
Precertification is required.

Using your Amerigroup doctor

Urgent Care Center
No notification or precertification is required for participating facilities.

Vision Care (Routine)
Self-referral
The contracted vendor is Block Vision; call 1-800-243-1401.
For STAR and STAR+PLUS members under age 21, one complete eye exam is covered per Texas fiscal year (September 1 through August 31).
For STAR and STAR+PLUS members age 21 and older, one complete eye exam is covered per two Texas fiscal years (September 1 through August 31).
STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
Vision exams are covered for CHIP members.

Transportation
Nonemergent transportation for STAR and STAR+PLUS members is provided through Medicaid FFS by Medical Transportation Program (MTP) at 1-877-633-8747. Use of this benefit requires 48-hours’ notice.
Amerigroup also offers a value-added benefit if MTP is not available and the case manager/service coordinator determines transportation is appropriate.
This benefit is available for all members; however, dual-eligible members will only receive transportation to services for their Medicaid-covered services.
Precertification is required for coverage of fixed-wing transportation.

Radiology
See the Diagnostic Testing section of this QRC for more information.

Self referral; one exam is covered per calendar year. 

Tobacco Cessation Program
This benefit is subject to formulary requirements.
Available for CHIP members only.

Radiation Therapy
No precertification is required for coverage of radiation therapy procedures when performed by a network facility or provider office, outpatient hospital, or ambulatory surgery center.

Rehabilitation Therapy (Short-term): PT, OT, RT and ST
Treatment requires precertification.
No precertification is required for coverage of E&M, testing and procedures when performed by a network podiatrist.

Amerigroup does not reimburse providers for serum available through TVFC.
CHIP members do not receive Texas Health Steps services. CHIP members receive preventive services under Well-child Preventive Care.

Vaccine serum is available under the Texas Vaccines for Children (TVFC) program for

The contracted vendor is Block Vision.
For STAR and STAR+PLUS members under age 21, coverage of one complete vision examination every Texas fiscal year for the purpose of obtaining eyewear (September 1 through August 31).
Coverage of frames with $17 retail allowance and/or regular lens types, including polycarbonate lenses, once every 24 months when medically necessary and contact lenses as medically necessary per Texas fiscal year.
STAR+PLUS members can request polycarbonate lenses without limitation.
STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
Eyeglasses are covered for CHIP members.

Well-child Preventive Care
Self-referral; for STAR and STAR+PLUS members, see the Texas Health Steps section of this QRC.
CHIP members receive preventive services. CHIP well-child care visits should be provided in accordance with the American Academy of Pediatrics Periodicity Schedule.
Vaccine serum is available through the TVFC program for qualified members.

Well-woman Exam
Self referral; one exam is covered per calendar year.

Using your Amerigroup doctor

Urgent Care Center
No notification or precertification is required for participating facilities.

Vision Care (Routine)
Self-referral
The contracted vendor is Block Vision; call 1-800-243-1401.
For STAR and STAR+PLUS members under age 21, one complete eye exam is covered per Texas fiscal year (September 1 through August 31).
For STAR and STAR+PLUS members age 21 and older, one complete eye exam is covered per two Texas fiscal years (September 1 through August 31).
STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
Vision exams are covered for CHIP members.

Transportation
Nonemergent transportation for STAR and STAR+PLUS members is provided through Medicaid FFS by Medical Transportation Program (MTP) at 1-877-633-8747. Use of this benefit requires 48-hours’ notice.
Amerigroup also offers a value-added benefit if MTP is not available and the case manager/service coordinator determines transportation is appropriate.
This benefit is available for all members; however, dual-eligible members will only receive transportation to services for their Medicaid-covered services.
Precertification is required for coverage of fixed-wing transportation.

Radiology
See the Diagnostic Testing section of this QRC for more information.

Radiation Therapy
No precertification is required for coverage of radiation therapy procedures when performed by a network facility or provider office, outpatient hospital, or ambulatory surgery center.

Rehabilitation Therapy (Short-term): PT, OT, RT and ST
Treatment requires precertification.
No precertification is required for coverage of E&M, testing and procedures when performed by a network podiatrist.

Amerigroup does not reimburse providers for serum available through TVFC.
CHIP members do not receive Texas Health Steps services. CHIP members receive preventive services under Well-child Preventive Care.

Vaccine serum is available under the Texas Vaccines for Children (TVFC) program for

The contracted vendor is Block Vision.
For STAR and STAR+PLUS members under age 21, coverage of one complete vision examination every Texas fiscal year for the purpose of obtaining eyewear (September 1 through August 31).
Coverage of frames with $17 retail allowance and/or regular lens types, including polycarbonate lenses, once every 24 months when medically necessary and contact lenses as medically necessary per Texas fiscal year.
STAR+PLUS members can request polycarbonate lenses without limitation.
STAR+PLUS dual-eligible members do not have vision benefits coverage through Amerigroup.
Eyeglasses are covered for CHIP members.

Well-child Preventive Care
Self-referral; for STAR and STAR+PLUS members, see the Texas Health Steps section of this QRC.
CHIP members receive preventive services. CHIP well-child care visits should be provided in accordance with the American Academy of Pediatrics Periodicity Schedule.
Vaccine serum is available through the TVFC program for qualified members.

Well-woman Exam
Self referral; one exam is covered per calendar year.

Using your Amerigroup doctor
Administrative Services
Precertification/notification online, by telephone at 1-800-454-3730 (1-877-440-3621 for prescribers) or by fax at 1-800-964-3627. Visit us online and click on Precertification Lookup tool. Behavioral health information may be faxed to a dedicated fax number at 1-800-505-1193.

Provider Services
Our Provider Services department offers precertification, care management, automated member eligibility, health education materials, outreach and more Monday through Friday from 7:00 a.m. to 7:00 p.m. Central time.

Provider Website and Inquiry Line Available 24/7/365
We provide online provider resources designed to significantly reduce the time your office spends on eligibility verification, claims status, referral authorization status and precertification/notification. Visit www.amerigroup.com/providers.

For those times when you can’t access the Internet, call 1-800-454-3730. You can receive claims, eligibility, referral authorization status and precertification/notification over the telephone. Simply say your NPI number when prompted by the recorded voice. It’s easy! The recording guides you through a menu of options, allowing you to select the information or materials you need.

For Texas provider-credentialing questions, please call 713-218-5112. If you are contracted with MultiPlan directly, select the information or materials you need.

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. The nurse care manager works with you to develop individualized care plans. This includes identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

Disease Management Centralized Care Unit Services • 1-888-830-4300
Our Disease Management Centralized Care Unit (DMCCU) offers services to members with the following medical conditions: asthma, bipolar disorder, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes, HIV/AIDS, hypertension, obesity, major depressive disorder and schizophrenia. DMCCU services include educational information like local community support agencies and events in the health plan’s service area.

Amerigroup On Call • 1-866-864-2544
(English 1-866-864-2545)
Amerigroup On Call is a telephonic, 24-hour triage service your Amerigroup patients can call to speak with a registered nurse who can help them:

- Find doctors when your office is closed, whether after hours or on weekends
- Schedule appointments with you or other network doctors
- Get to urgent care centers or walk-in clinics
- Speak directly with a doctor or a member of the doctor’s staff to talk about their health care needs

We encourage you to tell your Amerigroup patients about this service and share with them the advantages of avoiding the emergency room when a trip there isn’t necessary or the best alternative.

Claims Services
You can submit claims electronically or by mail. We encourage you to submit claims electronically, as you will be able to:

- Submit claims either through a clearinghouse or directly to Amerigroup
- Receive payments quickly
- Eliminate paper
- Save money

Amerigroup requires all submitters of institutional claims to use the CMS-1450 (UB04) form. Amerigroup also requires all submitters of professional claims to use the CMS-1500 (08-05) form that has been approved by the National Uniform Claim Committee (NUCC). If a claim is received on any other form but the CMS-1450 or the CMS-1500 (08-05) form, the claim will be returned to the submitter and will not be processed. Amerigroup also offers FREE electronic claims submission via our provider website.

For questions related to provider claims, please call our Provider Service Unit (PSU) at 1-800-454-3730 and choose the claim prompt.

Electronic Data Interchange
Call 1-800-590-5745 to get started. To provide faster and more accurate claims adjudication, we offer electronic claims submission through Electronic Data Interchange (EDI). We accept claims electronically through three clearinghouses: Emdeon, Availity and Capario. The clearinghouse and appropriate payer number is 27514 for Emdeon, 26375 for Availity and 28804 for Capario.

Paper Claims
Amerigroup utilizes Optical Character Recognition (OCR) technology as part of its front-end claims processing procedures. Paper claims must be submitted on original claim forms (CMS-1500 or CMS-1450) with dropout red ink, printed or typed (not handwritten) in a large, dark font. Mail paper claims to the following address:

Claims, Amerigroup, 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
Payment disputes must be received at Amerigroup within 120 days of the date of the explanation of payment. Forms for provider disputes are located on our website and should be sent to the following address:

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

Medical Appeals
Medical appeals can be initiated by the member or the provider on behalf of the member (with the member’s signed consent) and must be submitted within 30 calendar days from receipt of an adverse determination. Medical appeals can be submitted in writing to the address of the member’s service area:

Harris and Jefferson Service Area:
Amerigroup, 3800 Buffalo Speedway, Suite 400, Houston, TX 77098

Texas Rural Service Area (RSA):
Amerigroup, 2505 N. Highway 360, Suite 300, Grand Prairie, TX 75050

Travis and Bexar Service Areas:
Amerigroup, 823 Congress Ave., Suite 400, Austin, TX 78701

Lubbock Service Area:
Amerigroup, 3223 South Loop 289, Suite 110, Lubbock, TX 79423

Dallas and Tarrant Service Area:
Amerigroup, 2505 N. Highway 360, Suite 300, Grand Prairie, TX 75050

El Paso Service Area:
Amerigroup, 444 Executive Center Blvd., Suite 300, El Paso, TX 79902

A provider submitting an appeal on behalf of a member can send a letter or complete a provider appeals form located on our website. The provider must have written authorization from the member to act as the member’s designated representative.