

INSURANCE COMPANY	CONTACT INFO	ADDITIONAL INFO	WEBSITE
<b>PRIMARY INSURANCE</b>			
<b>BCBS</b>			
main provider line	800-249-5103	webDENIS access via listed website	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
Blue Health Connections (select Ford/GM only)	800-775-2583	formerly Coord. Care Mgmt/Chronic Dz Mgmt program - need BCBS RN to initiate auth for CR	
Blue Health Connections (Chrysler)	800-245-9092	" "	
webDENIS tech/web support	877-258-3932		
Obudsman - for BCBS employee benefits	877-258-0167		
Generic/Automated BCBS	800-676-2583	IF UNKNOWN provider line # for out-of-state policy - find the correct number to contact for a BCBS policy;	
BCBS Federal	800-482-3600	enter alpha prefix of member ID# and you will be transferred to the correct provider line	
BCBS predetermination line	800-228-4599	"FEP" prefix in member ID/contract#	
<b>MEDICAID</b>		fax number to obtain predeterminations (do not guarantee payment of claim) - 866-311-9603	
CHAMPS website tech/web support	800-292-2550	can verify most Medicaid insurances via the website listed, once you have access - check with your institution for gaining access to the site	<a href="https://sso.state.mi.us/">https://sso.state.mi.us/</a>
Blue Cross Complete	800-228-8554	typically requires preauth	<a href="http://www.mibcn.com">http://www.mibcn.com</a>
Coventry Cares	866-316-3784	typically requires preauth; alt # 866-874-2567	<a href="http://www.coventrycaresMI.com">www.coventrycaresMI.com</a>
Harbor Health Plan	800-543-0161	typically requires preauth; alt #866-420-6782	<a href="http://www.harborhealthplan.com">www.harborhealthplan.com</a>
Meridian	888-437-0606	state cust service line for copay information 313-324-3700; requires preauth for out-of-network	<a href="http://mhplan.com">http://mhplan.com</a>
Molina	888-898-7969	state cust service line for copay information 248-925-1700; requires preauth for out-of-network	<a href="http://molinahealthcare.com">http://molinahealthcare.com</a>
Midwest (HAP)	888-654-2200	state cust service line for copay information 313-581-3700; typically requires preauth	<a href="http://www.midwesthealthplan.com">http://www.midwesthealthplan.com</a>
McLaren	888-327 0671	typically requires preauth	<a href="http://www.mclarenhealthplan.org">http://www.mclarenhealthplan.org</a>
Total Health Care	800-826-2862	state cust service line for copay information 313-871-2000; typically requires preauth/referral	<a href="http://www.totalhealthcareonline.com">http://www.totalhealthcareonline.com</a>
United Healthcare Community Plan	800-903-5253	state cust service line for copy information 248-559-5656; may require preauth for out-of-network	<a href="http://www.uhcommunityplan.com">http://www.uhcommunityplan.com</a>
<b>Aetna</b>			
HMO	800-624-0756	need entry GXT to risk stratify via METs; see listed website for written policy	<a href="http://www.aetna.com/cpb/medical/data/1_99/0021.html">http://www.aetna.com/cpb/medical/data/1_99/0021.html</a>
POS	888-632-3862		
Medicare Open	800-624-0756		
<b>Cigna</b>			
	800-244-6224	need entry GXT to risk stratify via METs; see listed website for written policy	<a href="https://cignaforhpc.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0073_coveragepositioncriteria_cardiac_rehabilitation_phasetwo_outpatient.pdf">https://cignaforhpc.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0073_coveragepositioncriteria_cardiac_rehabilitation_phasetwo_outpatient.pdf</a>
<b>HAP</b>			
	800-422-4641	need log-in to verify benefits/est.ded & copays; policies on website; entry GXT required except with Senior Plus or Medicare Alliance (Medicare replacement plans)	<a href="http://www.hap.org">www.hap.org</a>
	800-801-1766	typically cannot reach representative using provider lines listed; can email the address listed in the automated system for additional information that is not online	
<b>Golden Rule</b>			
	800-657-8205	short entry timeframe from event	
<b>HealthPlus</b>			
	800-332-9161	alt # 800-733-6360 ; sometimes requires referral from PCP	
<b>Humana</b>			
	888-666-7730		
	866-396-8810	"group" Humana	
	800-833-6917	Humana One/Cofinity	
	800-733-9064	Humana Medicare Advantage PPO (not "group" policies)	
<b>Medicare</b>			
	877-567-7201	can verify on webDENIS	
<b>Medicare Advantage</b>			
	866-309-1719	can verify on webDENIS	
<b>Medicare + Blue</b>			
	800-676-2583	can verify on webDENIS	
<b>Priority Health</b>			
commercial	800-942-4765		<a href="http://www.priorityhealth.com/provider">http://www.priorityhealth.com/provider</a>
"myPriority"	800-528-8762		
<b>Total HealthCare</b>			
	800-826-2862	some plans require preauth/referral obtained by PCP	
<b>United Healthcare</b>			
UHC Options Plan	877-842-3210	Med Mgmt line to check on preauth status – 877-842-3210	
	866-596-8447		
<b>VA</b>			
		requires auth	

Ann Arbor	734-769-7100	ext. 53065
Detroit	313-576-1000	
Saginaw	989-497-2500	ext. 15302
Oscoda	989-497-2500	ext.15302

**SUPPLEMENTAL INSURANCE**

<b>AARP</b>	800-523-5800	alt # 800-227-7789; register online at website listed to have access to verify benefits	<a href="http://www.aarpprovideronlinetool.uhc.com">www.aarpprovideronlinetool.uhc.com</a>
<b>Bankers Fidelity</b>	866-458-7499		
<b>Constitution Life</b>	800-999-2224		
<b>Great Lakes Health Plan</b>	800-903-5253		
<b>Mutual of Omaha</b>		ONLINE ONLY "provider access" ; enter patients enrollee ID number to check benefits	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>NGS CoreSource/Cofinity</b>	800-521-1555		
<b>Smart Health/US Health and Life</b>	888-492-6811		
<b>Tenet Health – DMC Care</b>	844-427-2671		
<b>Tricare</b>	877-874-2273	alt # 866-773-0404	
<b>United American</b>	972-529-5085	alt # 800-730-4648	

**WEBSITES to check insurance benefits**

<a href="http://www.bcbsm.com">webDENIS</a>	need to gain access to sites likely via your institution; check w/ your payor contracting or billing dept	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
BCBS		
BCN		
BCN Advantage		
Medicare		
Medicare + Blue		
Medicare Advantage		
BCBS OUT OF STATE (OOS)		
<a href="https://navinet.navimedix.com/sign-in?ReturnUrl=/main.aspx">NaviNet</a>		<a href="https://navinet.navimedix.com/sign-in?ReturnUrl=/main.aspx">https://navinet.navimedix.com/sign-in?ReturnUrl=/main.aspx</a>
Aetna		
Blue Cross Complete		
Cigna		
Humana		
Molina Medicaid		
Priority Health		
Total Healthcare		
United Healthcare	if your hospital pays for this access	

Website to check out-of-state BCBS alpha prefixes <http://mypayerdirectory.com/bcbs-prefix-list/>

**VERIFICATION TIPS:**

Have your NPI and Tax ID (TIN) ready for the call  
 Check to make sure CPT (93798 and 93797 if you use it) codes are considered billable and if a preauthorization/prior authorization is needed  
 Verify that the diagnosis for which your patient has been referred is billable (ex. Some BCBS policies do NOT cover heart failure)  
 Check how many visits and for what time frame your patient is eligible (ex BCBS requires most of their insured to start within 90 days of the qualifying event, some require patients to complete the visits in 12 weeks, some 6 months after the event)  
 KX modifier is needed on the CPT code for billing, for patients who previously participated in Phase II cardiac rehab during or after 2010 once 36 visits have been accumulated, and thereafter  
 If you can't locate the information you are seeking, search the Internet - 90% of the time, you'll locate what you are searching for  
 When in doubt, call the provider