



# Managed Care List

Louisiana  
Genzyme Genetics  
MC Info Line: (888) 202-1675  
Last Update: July 1, 2010  
(Information Subject to Change)

Provider TIN #: 061047163

# beside Plan Name indicates unique provider number

## Plan Name

ACS - Ancillary Care Services*	Humana
Aetna 5121562	IHP - Integrated Health Plan*
Aetna HMO 859858	Interplan Health Group (IHG)*
American CareSource*	Mail Handlers/Coventry National Network
American Medical Security/UnitedHealthcare	MDM - Medical Diagnostic Management.*
AmeriChoice/UnitedHealthcare	Medicaid of Louisiana (excludes Genetic Counseling)
Beech Street*	Medicare
Benefit Panel Services (BPS)	Midwest Security/United Healthcare
Blue Cross Blue Shield of Louisiana (BlueCard PPO only)**	Mississippi Physicians Care Network*
CHA - Corporate Health Admin.*	Multiplan*
CHAMPUS	National Provider Network*
ChoiceCare Network*	NPPN - National Preferred Provider Network*
CIGNA Healthcare 6687483	Office of Group Benefits PPO
Consolidated Association of Railroad Employees*	PacifiCare/UnitedHealthcare
Coventry Health Care (National Network product only)	PHCS*
Coventry of Louisiana HMO	PHS(+) - Prime Health Services, Inc.*
Definity Health Plan/UnitedHealthcare	PPO Next (formerly HealthStar)
DirectCare America	PPO USA
EHN - Employers Health Network*	Preferred Health Network (PHN)
Evercare/UnitedHealthcare	ProAmerica Managed Care*
Evolutions Healthcare Systems	PRONET - Provider Networks of America*
First Health Network	PSI - Provider Select, Inc.*
FPN-Fortified Provider Network	Secure Horizons by UnitedHealthcare
Galaxy Health Network	Select Providers PPO ANC-00-0172
GEHA (through PPO USA network only)	Three Rivers Provider Network*
Golden Rule/UnitedHealthcare	Tricare 061047163
Great-West Healthcare/Cigna	Unicare
Health Net	UnitedHealthcare
Health Plus of Louisiana	USA Health Network*
HealthSmart Preferred Care (HSPC)*	
HealthStar, Inc. (PPO Next)	

Participating provider with all products, including HMO, unless otherwise noted. Ask about other contracts in your area.

Genzyme Genetics will bill your patients for any applicable co-pay, deductible, co-insurance or non-covered services as directed by the patient's plan.

\* Group/Employer/TPA Name and Number must be provided when submitting Genzyme Genetics requisition.

\*\* Out of Network or Secondary Network Benefits May Apply