



# Managed Care List

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

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

For the latest list go to Managed Care Organizations on  
[www.genzyme genetics.com](http://www.genzyme genetics.com)