



Fresenius Health Partners PPO SNP

Accountable Kidney Care
Underwritten by Sterling Life Insurance Company

Fresenius Health Partners “Quick Reference Guide”

Provider Help Desk:	1-866-307-3625
Health Services:	1-888-904-8387
Behavioral Health:	1-888-904-8387
Rx Prior Auth Requests/Coverage Determinations	1-866-715-7519
Olympian Health Home Care:	1-800-793-3684
EyeMed Routine Vision (Including Post-cataract glasses):	1-888-581-3648
TTY/TDD:	1-866-288-3133
Fresenius Health Partners Website:	www.fmchp.com



Authorization Grid Effective 1/1/2012

Procedures and Services	Comments
Ambulance	Non-emergency
Cardiac Rehabilitation	Includes Professional
Epidural Procedures	Include Epidural Injection, Nerve Blocks and Facet Injections
Durable Medical Equipment	See Home Care Services for explanation
Home Health Care and Home Infusion	See Home Care Services for explanation
Hospice	Refer to Provider Manual
Hospital Observations	All
Inpatient Admissions <ul style="list-style-type: none"> • Acute • Behavioral Health • Rehabilitation • Long Term Acute Care • Skilled Nursing 	<ul style="list-style-type: none"> • The facility must notify FHP within 24 hours or the next business day of the admission. FHP may require updates depending on the patient's condition or length of stay. • See Behavioral Health Page for Explanation • Admissions to Skilled Nursing requires a 3 day qualifying acute inpatient stay per Medicare Guidelines
Laser Therapies	In office
PET Scans, SPECT, MRA, MRI, CT, CT Ultra Fast, CT Angiography and Cardiac Nuclear Imaging Studies	
Outpatient Behavioral Health	Group Therapy, ECT, Psychological and Neuropsychological Testing
Cognitive Testing	All
Outpatient Therapies <ul style="list-style-type: none"> • Physical • Occupational • Speech • Dietary • Audiology 	All in-network providers of physical, occupational and speech therapy will be allowed to complete an initial evaluation without prior authorization. Once the initial evaluation is complete the provider needs to submit the evaluation, plan of care, goals and physician order with the prior authorization (PA) request form for review. On the PA request form please indicate how many additional visits you are requesting. Additional visits are not approved until you receive an authorization from Fresenius Health Partners
Outpatient Surgery	The following services do not require a prior authorization: Bronchoscopy, colonoscopy, sigmoidoscopy, laryngoscopy, EGD in an office, outpatient or ASC. Typanostomy does not require an authorization when local or topical anesthesia is used in an office setting.
Part B Medications, Infusions and Injections excluding chemotherapy.	See Pharmacy Contact and Prior Authorization Part B Drugs for Explanation
Sleep Studies	All
TMJ Diagnosis and Therapy	All
Transplants	Includes organ and bone marrow and all evaluations.
Wound Center – Procedures/Services	All



Home Care Services

Home Health, Home Infusion, Durable Medical Equipment, Prosthetics, Orthotics

Olympian Health Home Care must arrange and authorize all Home Health, Home Infusion, Durable Medical Equipment, Orthotics, Prosthetics and supplies at 1-800-793-3684.

Exception: If a provider is a licensed DME supplier, is contracted with FHP to supply DME, and has provided FHP with their Durable Medical Equipment Regional Carrier (DMERC) letter with the assigned number, the provider may dispense DME items. **The provider must obtain a prior authorization from Fresenius Health Partners at 1-888-904-8387.**

The following durable medical equipment items are covered without authorization when dispensed from the office of a physician that is contracted to provide these services. The identified codes below are used for billing these supplies and all other codes will require prior authorization. For additional coverage information please contact our Provider Help Desk at 1-866-307-3625.

Product Description	Billing Code
Universal cradle arm sling	A4565
Canvas cock-up wrist splint, lace-up front with Velcro closure	L3908
Uni-fit wrist splint, cock-up style	L3908
Cervical collar-foam	L0120
Cervical collars—semi rigid, adjustable	L0140
Straight cane—adjustable or fixed	E0100
Quad cane	E0105
Crutches, aluminum, underarm	E0114
Crutches, wood, underarm	E0112
Crutches, aluminum, forearm	E0110



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Behavioral Health Providers

- Authorizations are not required for most outpatient behavioral health services with the **EXCEPTION** of: Group Therapy, ECT, and Psychological & Neuropsychological Testing, which DO require Prior Authorization.
- All inpatient services require authorization within 48 hours of admission.
- Partial Hospitalization Program also requires authorization within 48 hours of admission. PHP consist of Minimum of five treatment hours per day X five days.
- Authorization request forms and clinical data/reports should be faxed to: 615-782-7901.
- Behavioral health utilization reviews are conducted on a quarterly basis using claims data. Outpatient service utilization consisting of above average frequencies may require submission of clinical documentation, GAF scores, and a clearly defined treatment plan.
- Submit Claims directly to Fresenius Health Partners:

Fresenius Health Partners
P.O. Box 269003
Plano, TX 75026-9003



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Pharmacy Contact Information

Part D Coverage Determinations:

- Phone Number: 1-866-715-7519
- Fax Number: 615-782-7869
- Hours of Operation: Monday – Friday, 7 a.m. – 6 p.m. Central Time
- Part D Coverage Determination Timeframes:
 - Expedited – 24 hours from receipt (or supporting documentation for Exceptions)
 - Standard – 72 hours from receipt (or supporting documentation for Exceptions)
- To request an EXPEDITED Coverage Determination AFTER-HOURS: 1-866-715-7519

Part B Prior Authorizations:

- Phone Number: 1-888-904-8387 Option 2
- Hours of Operation: Monday – Friday, 7 a.m. – 6 p.m. Central Time
- Fax Number: 866-790-2460
- Part B Prior Authorization Timeframes:
 - Expedited – 72 hours from receipt
 - Standard – 14 days from receipt
- For a complete list of Part B Drugs that require a prior authorization, see our website at www.fmchp.com



Dermatology

In-Office Procedures/Services

No Prior Authorization Required

The following procedures/services do not require prior authorization:

- 95044 Patch test
- 11900 Intralesional
- 11901 Over 7 lesions
- 96902 Trichogram
- 10060 I & D
- 10061 I & D
- 11100 Biopsy
- 11101 Biopsy
- 11055, 11056, 11057 - paring / curettage (with appropriate diagnosis code)
- 10140 I & D
- 10120 Foreign body removal
- 11700 Debride nail

Skin Lesions - 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11420, 11421, 11422, 11423, 11440, 11441, 11442, 11443, 11600, 11601, 11602, 11603, 11620, 11621, 11622, 11623, 11640, 11641, 11642, 11643, 17260, 17261, 17262, 17263, 17270, 17271, 17272, 17273, 17280, 17281, 17282, 17283

Lesion Destruction - 17000, 17001, 17002, 17003, 17004, 17110, 17111

Wound Repairs - 12031, 12032, 12034, 12051, 12052, 12053, 14040, 14060

Prior Authorization Required

The following procedures/services do require prior authorization:

- 10040 Acne surgery will require auth > age 35
- 96910 and 96912 phototherapy require auth
- Dx Code 701.4 Keloid/H. Scarp. Ⓞ will require medical review/auth

Non-Covered Benefits

The following procedures/services are not a covered benefit (provider can call to request prior authorization if it is felt that procedure is not cosmetic and will meet medical necessity to be payable by the Plan):

- Dx Code V50.1 Cosmetic - not covered
- 11200 and 11201 skin tag removal is considered cosmetic - not covered
- 36469 sclerotherapy considered cosmetic - not covered

All services are subject to periodic retro review. Medical Records may be requested on selected Claims for Audit.



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Ophthalmology

In-Office Procedures/Services

The following CPT and HCPCS Codes do not require Prior Authorization when rendered In-Office by an Ophthalmologist and billed with Place of Service 11.

10060	67228	92250
10061	67500	92270
11100	67515	92275
11440	67800	92283
11441	67801	99024
11640	67820	99201
65205	68110	99202
65210	68200	99203
65222	68761	99204
65272	68801	99211
65435	68810	99212
65800	68840	99213
65805	76512	99214
65920	76514	99215
67005	76529	99241
67025	92002	99242
67028	92004	99243
67105	92012	J0690
67110	92014	J0713
67121	92020	J1100
67141	92083	J3301
67145	92135	J3370
67208	92226	J9035
67210	92230	
67220	92235	
67221	92240	

*** All Services rendered with Place of Service 21, 22 or 24 require Prior Authorization*

Identification of a Fresenius Health Partners Member

Each member will have a Fresenius Health Partners card and has been instructed to present it at each visit. This should help you identify the patient as a Fresenius Health Partners member.

The card will provide most of the information you need to process the patient through your system, including co-payment information and important phone numbers. Please see the sample card below.



FRONT OF CARD



BACK OF CARD

Eligibility Verification

There are two ways to verify eligibility of a FHP Member:

1. Log on to **www.fmchp.com**
2. Call Provider Help Desk at 1-866-307-3625 for eligibility and benefits information.

Provider Directory

The Provider Directory is available on our Website: **www.fmchp.com**

Drug Formularies

Fresenius Health Partners Drug Formulary can be accessed on our Website at **www.fmchp.com**



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Claims Processing

Filing Claims

1. The Fresenius Health Partners EDI billing number is **67829**.
2. The Fresenius Health Partners address for paper claims is as follows:
Fresenius Health Partners
P.O. Box 269003
Plano, TX 75026-9003
3. Should a preauthorization number be associated with the claim, place the number in Box 23 of the CMS1500 or Box 63 of the UB92 and UB04. If you are submitting your claims via the preferred method by electronic submission, please submit using the following field locators:
HCFA 1500: 837p: Loop 2300, 2-180-REF02 (G1)
UB92/UB04: 837i: Loop 2300, REF02
4. Timely Filing of Claims: 120 days from Date of Service.
5. Appeal Time Frame: 180 days from Date on original FHP Remittance Advice.
6. Corrected Claims: 180 days to submit corrected claim from date of original FHP Remittance Advice.

Claim Status

There are two ways to check claims status:

1. Log on to **www.fmchp.com**
2. Call Provider Help Desk at 1-866-307-3625.



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**Fresenius Health Partners Plan Appeals and Claim Dispute
Resolution of Contracted Providers**

Please visit our website at **www.fmchp.com** for detailed information regarding these processes, submission requirements, and to print a copy of the appropriate forms.

Submission Time Frame: 180 calendar days from date of initial Fresenius Health Partners Explanation of Payment (EOP)

Appeals Regarding the Denial of Claim Payment

A contracted provider may file an appeal for the following reasons:

- A prior authorization was not obtained
- Authorization obtained does not cover the services rendered
- Prior authorization was denied by the plan however provider proceeded to render services

Mail or fax the completed Contracted Provider Reconsideration (Appeal) Form and required supporting documents to:

Fresenius Health Partners
Attn: Contracted Provider Appeals
7100 Commerce Way, Suite 285
Brentwood, TN 37027
Fax: (615) 250-1711

Claim Dispute

A provider may dispute the processing of a claim for the following reasons:

- Claim denied due to untimely claim filing
- Claim paid- rate applied resulted in underpayment/overpayment
- Claim denied due to lack of prior authorization but services rendered do not require prior authorization
- Dispute of Claim Check logic application
- Claim denied as not covered by Medicare however provider disputes exclusion from Medicare coverage
- Dispute of claim denial due to other primary coverage

Mail or fax the completed Claim Dispute Resolution Form and required supporting documents to:

Fresenius Health Partners
Attn: Claim Dispute Resolution Department
7100 Commerce Way, Suite 285
Brentwood, TN 37027
Fax: (615) 782-7823



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Interpreter Services - Language Line

Fresenius Health Partners provides for interpretation services to our Providers who provide health services to our Members with limited English proficiency and diverse cultural and ethnic backgrounds.

Language Line offers 173 languages, which represent approximately 98.6% of all customer requests from the 6,809 languages spoken in the world today.

If you require the services of a professional interpreter when dealing with one of our Fresenius Health Partners members:

- Call Provider Help Desk at 1-866-307-3625
- Inform the Provider Help Desk Representative you require the services of an interpreter and specify the language needed.
- The Provider Help Desk Representative will connect all parties via conference call with the Language Line.
- Try to group your thoughts or questions.
- Always have the Interpreter ask the name, address and telephone number of the member all in one question.
- Avoid using slang or technical terms, jargon or industry acronyms. They tend not to translate well across languages and cultures.
- Be prepared for interpreted comments to run longer than English words. Interpreters convey meaning-for-meaning, not word-for-word. Contexts familiar to us require explanation or elaboration in other languages.
- As in any conversation, confirm or clarify details. Miscommunication is experienced daily speaking English. Consider the potential for miscommunication when another language is added.