



Quick Reference Guide

For Premier HMO (001), Premier Plus HMO (002) and Ultimate Elite (003)

July 2018

We appreciate your valuable partnership in serving our members. This Quick Reference guide is a tool with important information to better serve your patients who have become Ultimate Health Plans' Members. If you can't find the information you are looking for in this guide, please call our **Provider Relations Department** at **888-657-4171** and we'll be happy to assist you.

Sections Found in This Guide

- Frequently Used Contact Information for Ultimate Health Plans
- Claims
- Pharmacy and Prescription Drugs
- Laboratory Services
- Other Contracted Networks (Vision, Hearing, Dental, Behavioral Health)
- Over-the-Counter (OTC) Benefit
- Referrals
- Case Management
- Prior Authorization
- Grievances and Appeals
- Patient Communication and UHP's Commitment to Quality Care

Frequently Used Contact Information

<p>Ultimate Health Plans P.O. Box 3145 Scranton, PA 18505</p> <p>Member Services (888) 657-4170 Phone (800) 303-2607 Fax Fax</p> <p>Provider Services (888) 657-4171 Phone <i>For Eligibility, Claims, Authorization Status and Provider Complaints</i></p> <p>Sales (855) ULT-PLAN (855-858-7526)</p>	<p>24/7 Nurse Advice Line (for Members) (855) AFT-Hour (1-855-238-4687)</p> <p>Provider Portal Research your members' eligibility and claims status at any time. Register and access at: https://ultproviderweb.tmghealth.com</p> <p>Provider Relations Department Ultimate Health Plans, Inc. - Corporate Office 1244 Mariner Boulevard, Spring Hill, Florida 34609 855-858-3567 Phone 855-329-4858 Fax</p> <p>Compliance and Fraud, Waste & Abuse Hotline (855) 730-7925 Phone</p>
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Claims

<p>Claims Submissions <i>EDI Payor ID# 77022</i></p> <p>For faster payment, we accept claims electronically through: Change Healthcare (877) 363-3666</p> <p>Paper Claims: We only accept CMS 1500 and CMS-1450 form (UB-04) "red form" for claims and encounters (no handwritten or replicated forms please). Send paper claims to:</p> <p style="text-align: center;">Ultimate Health Plans, Inc. P.O. Box 3146 Scranton, PA 18505 or Fax: (855) 895-4743</p>	<p>Claims Payment Disputes</p> <p>To address claims denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc., please submit a Claims Payment Dispute within 60 calendar days of the date of the Explanation of Payment (EOP).</p> <p>Send inquiries to:</p> <p style="text-align: center;">Ultimate Health Plans, Inc. - Claims Ultimate Health Plans Contract Provider Disputes: P.O. Box 6560, Spring Hill, FL 34611 contact us at: 1-888-657-4171 via Fax: 1-800-313-2798</p>
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Pharmacy and Prescription Drugs

Pharmacy Services - (800) 311-7517

24 hours per day - 7 days per week

Ultimate Health Plans Identifying Information

Ultimate Health Plans, Inc. Routing Information for Various Regions			
Plan Name	RxBIN:	RxPCN:	Group
Ultimate Premier	004758	DNPS	H2962001
Ultimate Premier Plus	004758	DNPS	H2962002
Ultimate Elite	004758	DNPS	H2962003

IMPORTANT: Flu shots, Hepatitis B and Pneumonia vaccinations are covered with \$0 copay under Part B of Medicare. Member must present the information above at the point of service in order to avoid being charged a copayment. Please assist your patients with this information as appropriate.

Specialty Pharmacy

Diplomat Specialty Pharmacy
4100 S. Saginaw Street
Flint, MI 48507

Phone: 810-230-5045 / Fax: 810-281-0158

Mail Order Pharmacy

IHMO Integrated HMO Pharmacy
PO BOX 369
Boys Town, NE 68010

Mail Order phone number: 1-800-633-7928

Mail Order fax number: 1-800-801-2395

Member Online/Phone Enrollment

ihmo.pti-nps.com
1-800-633-7928

Coverage Determination Requests

You should request a Coverage Determination to ask us for:

- Coverage of a Part D drug that is not listed on the Formulary (NFE)
- Drugs listed on the Formulary with a Prior Authorization (PA)
- An override exception to a Quantity Limit a drug listed on the Formulary has (QL)
- Drugs on the Formulary with a Step Therapy and the first line drug(s) is inappropriate (ST)
- Drugs on the Formulary in a higher cost-sharing tier that are being requested to a lower cost-sharing tier (TE)

(800) 311-7517 Phone / (866) 632-7946 Fax

Online Form www.chooseultimate.com/Members/forms



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Medication Appeals

Please send appeals related to our coverage of prescription drugs to:

NPS

Attn: Coverage Determinations Department

P.O. Box 407

Boys Town, NE 68010

Laboratory Services

LabCorp	888-LABCORP (888-522-2677) Press option 1, then either option 1 for routine lab work, or option 2 for drug screening. www.labcorp.com/wps/portal/findalab
Quest Diagnostics	866-MYQUEST (866-697-8378) Press option 2, then 1 www.questdiagnostics.com
Access Health Care Physicians	(352)-688-8116 Draw Stations www.AccessHealthcareLLC.net



Access Healthcare Draw Station Locations

County	Address	Hours of Operation
Citrus	401 N. Central Avenue, Inverness, FL 34453 (352) 419-6526	7:30 am - 4:30 pm M - F
	92 West Cypress Blvd., Homosassa, FL 34446 (352) 765-4737	7:30 am - 4:30 pm M - F
Hernando <i>For all Hernando County Locations, Please Call:</i> (352) 666-6724	14690 Spring Hill Drive, Suite 300, Spring Hill, FL 34609	7:30 am to 12:00 pm M - F
	7271 Spring Hill Drive, Suite B, Spring Hill, FL 34606	7:30 am to 12:00 pm M - F
	11373 Cortez Blvd, Suite 302, Brooksville, FL 34613	8:00 am to 3:00 pm M - F
	920 W. Jefferson St, Brooksville, FL 34601	7:30 am to 4:30 pm M - F
	1194 Mariner Blvd, Spring Hill, FL 34609	7:30 am to 4:30 pm M - F
Pasco	5537 Gulf Drive, New Port Richey, FL 34652 (727) 849-2600	7:30 am - 4:30 pm M - F
	13911 Lakeshore Blvd., Ste 107, Hudson, FL 34667 (727) 862-0569	7:30 am - 4:30 pm M - F

NO APPOINTMENT IS NECESSARY.

Patients may stop in at the draw station located closest to their home or workplace.



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Other Contracted Networks

Vision	Dental	Hearing	Behavioral Health and Substance Abuse
<p>iCare administers our vision benefit.</p> <p>(800) 210-5511</p>	<p>Liberty Dental administers our dental benefit.</p> <p>(800) 340-8869</p>	<p>Nations Hearing administers our hearing benefit.</p> <p>(800) 313-2763</p>	<p>We have arranged with PsychCare/Beacon Health Options to provide the behavioral health services included in our benefit plans. A referral is not required from the PCP or from Ultimate Health Plans. Members may call (800) 627-1259 to access these services.</p>

Gym Membership and Locations

SilverSneakers® helps older adults take greater control of their health by encouraging physical activity and offering social events through a fitness center membership to any participating location across the country. To find locations:
TivityHealth - SilverSneakers® (866) 584-7389 Online at www.silversneakers.com

Over-the-Counter (OTC) Benefit

Ultimate Health Plans OTC Help Line (855) 422-0039
 Members have a quarterly OTC benefit in the amount of \$100, which allows them to order OTC products, such as bandages, cold and allergy medicines, pain relievers, non-prescription medications, and some vitamins. Although a letter of medical necessity is not required for “Dual Purpose” OTC Medications and Products, Ultimate Health Plans encourages Members to have appropriate conversations with their physicians to have him/her orally recommend the OTC item for a specific diagnosable condition prior to purchase. Members may place an order via telephone or by mail. A printable OTC Catalog and order form are posted in the Forms & Documents section of Ultimate’s website, www.chooseultimate.com.

Referrals

Physician Referrals - The Primary Care Provider (PCP) is the Members “Medical Home.” PCPs may refer members to plan participating Specialists, clinics and free-standing facilities by writing or faxing a script to the Specialist (**except for Pain Management which requires Prior Authorization**). The Specialist must document receipt of this request and the reason for the referral (No additional communication with the plan is needed). The Specialist must coordinate with the PCP for any additional services that will require prior authorization. **Referrals by a Specialist to another Specialist are not permitted.**

Member Self-Referrals - Members may “self-refer”, meaning no documented referral from the PCP is necessary, for the following services:

- Routine women’s health care, which includes breast exams, screening mammograms, Pap tests, and pelvic exams.
- Behavioral Health/Substance Abuse
- Chiropractor
- Dermatologist – See list of minor procedures and testing allowed during visit (*limit 5 visits per year without authorization*)
- Dialysis when member is temporarily out-of-area
- Flu shots, Hepatitis B and pneumonia vaccinations
- Emergent/Urgently needed care
- Optometry
- Podiatrist



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Case Management

Toll-Free: **(855) 337-6868** Local: **(352) 277-5307** Fax: **(352) 277-5309**

Authorizations*

Urgent Authorization Requests and Admission Notifications:
(352) 835-7151 or **855-ULT-FLOR** (855-858-3567)

All Other Non-Urgent Requests Fax: **(352) 515-5975**

PLACE OF SERVICE CODES*

Note: Place of service codes are specific for some services.
 Please complete the Authorization Request Form in its entirety to prevent a delay in approval.

11 - Office	12 - Home	19 - Off Campus-Outpatient Hospital
20 - Urgent Care Facility	21 - Inpatient Hospital	22 - On Campus-Outpatient Hospital
23 - Emergency Room	24 - Ambulatory Surgery Center	31 - Skilled Nursing Facility
32 - Nursing Facility	49 - Independent	61 - Comprehensive Inpatient Rehabilitation Facility
62 - Comprehensive Outpatient Rehabilitation Facility	65 - End Stage Renal Disease Clinic Treatment Facility	81 - Independent Laboratory

NOTIFICATION REQUIRED

- | | |
|--|---|
| <ul style="list-style-type: none"> • Unplanned Hospitalizations (21) *
<i>by next business day with clinical information</i> • Emergency Room Services (23) * • Hospice Care Services | <ul style="list-style-type: none"> • Observations (22) *
<i>by next business day with clinical information</i> • Urgent Care Services (20) * • Dialysis (65) |
|--|---|

OUT-OF-NETWORK AUTHORIZATION REQUESTS

Out-of-network services require prior authorization. Emergency care, urgently needed care when our network is not available, or dialysis out of the service area, do not require prior authorization and are always covered at the in-network benefit level, even when obtained from out-of-network providers.

STANDARD AUTHORIZATIONS

Procedures and Services	Authorization Required	No Authorization Required	Comments
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INPATIENT SERVICES

Elective Inpatient Admissions (21) *	x		Clinical updates required for continued length of stay
Skilled Nursing Admissions (31 & 32) *	x		Clinical updates required for continued length of stay
Rehabilitation Facility Admissions (61) *	x		Clinical updates required for continued length of stay.
Long- Term Acute Care Hospital (LTACH) Admission	x		Clinical updates required for continued length of stay.



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Procedures and Services	Authorization Required	No Authorization Required	Comments
OUTPATIENT SERVICES / HOME HEALTH/DME/LABORATORY			
Disposable Medical Supplies	x		Ostomy, urological, incontinence supplies.
Home Health and Drug Infusion (12)*	x		<ul style="list-style-type: none"> Evaluation and first 3 visits DO NOT require authorization. PCP authorization required thereafter. Antibiotics with HH are not subject to the 20% coinsurance (\$0 copay). G0179 and G0180 DO NOT require prior authorization.
Emergency Room Services (23) *		x	Notification Only – No authorization required.
Pain Management Services	x		All services, including office visit codes
Emergency Transportation Services		x	
Non-Emergency Transportation Services	x		
Emergency Behavioral Health and Substance Abuse Services		x	PsychCare/Beacon Health Options See Contracted Networks Phone: 800-627-1259 to access these services.
Observations (22) *	x		Clinical updates required for continued length of stay.
Ambulatory Surgery Center Procedures (24) *	x		A referral or prior authorization is required for some services. Please contact the plan for more information.
Wound Care/Wound Care Centers	x		A referral or prior authorization is required for some services. Please contact the plan for more information.
Disposable Medical Supplies	x		Ostomy, urological, and incontinence supplies
BiPAP/CPAP Machines, Nebulizers	x		
DME Non-Standard equipment (11, 12) *	x		Such as custom or motorized wheelchair/scooter, special mattresses, insulin pumps, overnight pulse oximetry and bone growth stimulators.
DME Standard equipment (11, 12) *	x		DME greater than \$300 (billed amount) per line item require authorization.
Orthotics and Prosthetics	x		Excluding basic stabilizing splints and casts applied in an office.
Laboratory (Routine) Testing (11, 22, & 81) *		x	*Lab services performed in POS 81 should be directed to Access Labs, Quest or LabCorp.



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NOTE: *This guide is not intended to be an all-inclusive list of covered services by Ultimate Health Plans, but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations, and exclusions as described in the applicable plan coverage guidelines.

Member Grievance Overview

A grievance may be filed by a Member, on the Member's behalf by an authorized representative or by a Provider with the Member's written consent. Member grievances may be filed verbally by contacting the **Member Services Department** at **888-657-4170** or in writing, within 60 calendar days of the date of the incident, or when the member was made aware of the incident.

Fax to: (800) 313-2798
Mail to: **Ultimate Health Plans, Inc.**
Attn: Grievances & Appeals
P.O. Box 6560
Spring Hill, FL 34611

Provider Communication with Patients (Affirmative Statement)

Ultimate Health Plans' Providers and Practitioners may freely communicate with patients about treatment options available to them, including medication treatment options, regardless of benefit coverage limitations.

Ultimate Health Plans' Commitment to Quality Care

Ultimate Health Plans assures providers and practitioners that all decisions about how we cover Members' health care are based on appropriateness of care and service and existence of coverage. We NEVER compensate or reward doctors or anyone else for making decisions that could result in denying care to our Members. We do not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood, or on the perceived likelihood, that the practitioner or staff member supports, or tends to support, denial of benefits. Denials are based on medical necessity, benefit coverage or contract provisions. We do not provide incentives to any individual or entity to deny, limit, or discontinue Medically Necessary services to any Member. Ultimate Health Plans works to prevent inappropriate decision-making by regularly monitoring all medical claims and requests for care. We are committed to providing our Members with superior access to quality care.

NO AUTHORIZATION REQUIRED FOR THE FOLLOWING PROCEDURES

The following services **DO NOT** require Prior Authorization when rendered by a participating provider or a free standing diagnostic center (POS11).

Office Visits	Dermatology First 5 Visits Thereafter, PCP Authorization is Required	Pulmonary
New 99201-99205 Established 99211-99215	Drain Skin Abscess 10060-10061 Excision-Debridement 11000-11044, 97597, 97598 Biopsy Skin Lesion 11100-11101 Shaving Dermal Lesion 11300-11313 Excision Benign Lesions 11400-11403, 11420-11423, 11440-11446, 11450, 11470 Excision Malignant Lesions 11600-11606, 11620-11626, 11642-11646 Layer Closures-Intermediate 12031-12036, 12045-12047, 12051-12057 Destroy Lesions 17000-17004, 17106-17108, 17110-17111 Chemical Cauterization 17250 Destroy Malignant Lesions 17260-17266, 17270-17276, 17280-17286	PFT 94010, 94011-94016, 94150 Bronchodilation 94060 Bronchospasm 94070 Breathing Capacity 94200 Expired Gas Collection 94250 Plethysmography 94726 Gas Dilution or Washout 94727 Airway Resistance 94728 Respiratory Flow Volume Loop 94375 Breathing Response to CO2 94400 Breathing Response to Hypoxia 94450 HAST 94452 HAST w/ Altitude Simulation 94453 Intrapulmonary Surfactant 94610 Pulmonary Stress Testing 94618, 94621 Pressurized and Non Inhalation 94640 Continuous Inhalation Treatment 94644 Additional Hours 94645 CPAP Initiation & Management 94660 CNP Initiation & Management 94662 Manipulation Chest Wall 94667 Oxygen Uptake Expired Gas 94680-94690 Membrane Diffusion Capacity/PFT 94728, 94729 Pulmonary Compliance Study 94750 Multiple Determinations 94761 Carbon Dioxide Expired Gas 94770
Allergy	Fracture Care	Registered Dietician First 2 Visits Thereafter, PCP Authorization is Required
Scratch Test 95004, 95017, 95018, 95012 Intradermal Test 95024, 95027 Intradermal Test w/ Allergenic Extracts 95028 Patch or Application Test 95044 Photo Patch Test 95052 Ophthalmic Membrane Test 95060 Nasal Membrane Test 95065, 95070, 95071, 95115, 95117, 95144, 95145 Allergen Immunotherapy 95115-95180	Plaster Arm Shoulder 29058, 29065, 29075, 29085, 29086 Splinting & Strapping Torso/Upper Ext 29105, 29125, 29126, 29130, 29131, 29200, 29240, 29260, 29280 Ankle/Foot/Leg/Toes 29505, 29515, 29520, 29530, 29540, 29550, 29580, 29581 Casting Services 29700, 29705, 29710, 29720, 29730, 29740, 29750; Q4010 Re-Casting Supplies 29065, 29075, 29105, 29125, 29425, 29505, 29515	Nutrition Therapy Services 97802 - 97804 Nutrition Therapy Reassessment G0270, G0271
Audiology/Otolaryngology (ENT)	Gynecology	Therapy Services Evaluation and First 3 Visits Thereafter, PCP Authorization Is Required
Binocular Microscopy 92504 Otolaryngologic Exam 92507-92508 Laryngeal Endoscopy 31505, 31575 Nasal Endoscopy 31231 Control of Epistaxis 30901 Drainage External Ear 69000-69005 Removal Impacted Ear Wax 69210 Nasopharyngoscopy 92511 Nasal Function Study 92512 Facial Nerve Function 92516 Laryngeal Functions Study 92520 Vestibular Evaluation 92540-92548 Tympanometry and Reflex 92550 Audiometry: Air 92552 Audiometry: Air, Bone 92553 Speech Audiometry 92555-92556 Comp. Hearing Test 92557 Acoustic Reflex Testing 92568 Auditory Evoked Response 92561-92565, 92567-92568, 92570-92572, 92575-92577, 92579, 92582, 92583, 92585, 92587, 92588, 92596, 92608, 92613, 92615, 92617, 92621, 92627	Vaginal Irrigation 57150 Insertion of Uterine Tandem 57155 Insertion of Vaginal Radiation 57156 Fitting and Insertion of Pessary 57160 Diaphragm or Cervical Cap Fitting 57170 Dilation and Curettage 58120 Introduction of Any Hemostatic Agent 57180 Colposcopy and/or w/Biopsy 57452-57461 Endometrial Biopsy 58100, 58110	PT; OT; ST; LT Initial Evaluations
Cardiovascular	Injections	Ultrasound
Temporary Transcutaneous Pacing 92953 Cardio Assist Method Internal 92970 Thrombolysis Coronary Intravenous 92977 EKG 93000 EKG with Tracing Only 93005 Interpretation and Report Only 93010 Stress Test 93015-93018 , nuclear 78452 Provocation Test Coronary Vasospasm 93024 Rhythm Strips 93040-93042 Holter Monitor 93224-93227 External Mobile Cardiovascular Telemetry 93228 Event Monitor Recording 93270 Event Monitor Physician Review 93272, 93278 Monitoring Cardiovascular Devices 93279-93289, 93291-93298, 93306-93308, 93313, 93316, 93325, 93352, 93463, 93563-93568, 93701, 93750, 93784, 93786, 93788, 93790, 93797, 93798, 94726, 94750 Infusion, normal saline solution J7050 Injections: dipyrindamole J1245 , aminophyllin J0280 , regadenoson J2785 Technetium tc-99m tetrofosmin A9500-A9504	Inject Tendon 20550-20553 Drain/Inject Joint 20600-20611 Penicillin G Benzathine 100,000 units J0561 Ceftriaxone Sodium 250 mg J0696 Betamethasone Acetate 3mg J0702 Methylprednisolone 20mg, 40mg J1020, J1030 Methylprednisolone 80mg J1040 Dexamethasone Acetate 1mg J1094 Dipyridamole 10mg J1245 Triamcinolone Acetonide 10mg J3301 Dexamethasone sodium phosphate 1 mg J1100	Breast 76641-76642 AAA Screening 76706 Pelvic 76856-76857 Arterial Extremity 93922-93931 Carotid 93880 Venous Doppler 93970-93971 Routine Ultrasounds 76536, 76604, 76700-76705, 76770-76776, 76800, 76881-76882 Abdominal Aortic Ultrasound 93978
	Podiatry	Urology
	Drainage of Hematoma/Fluid 10140 Tear or Cutting Lesion(s) 11055-11057 Nail Debridement(s) 11719-11721 Removal of Nail Plate 11730 Removal of Nail Plate, add-on 11732 Drain Blood from Under Nail 11740 Removal of Nail Bed 11750 Removal of Foreign Body 20520 Trim Nails G0127	Cath Insert 51701 Bladder Scan 51798
	Laboratory / X-Ray / Diagnostics	Additional Preventative Services & Screening
Routine Diagnostics Labs in Location 11/81 (consistent with CLIA guidelines) Head, Face, Eyes 70030-70260 Neck/Soft Tissue 70360 Chest 71045-71048 Ribs, Sternum 71100-71130 Spine 72020-72120 Pelvis 72170-72190 Upper Extremities 73000-73140	Abdomen 74018-74022 Swallow Study 74230 Barium Enema 74270-74280 Upper GI 74240-74249 Air Contrast Enema 74283 IVP 74400-74410 Urography 74420 Urography Antegrade 74425 Cystography 74430	Seasonal Vaccines and Administration Diabetes Self-Management Training G0108, G0109 Screening Pap Tests G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001; Q0091 Screening Pelvic Examination G0101 Bone Mass Measurement 76977 Single Energy X-Ray absorptiometry (SEXA) G0130 Colorectal Cancer Screening G0104-G0106, G0120, G0121, G0328 (Including POS 24) Prostate Screening G0102, G0103
		Urethrocytography 74450 VUCG 74455 Bone Eval / Survey 77074-77076 DEXA 77080-77085 Screening Mammography G0202, G0204, G0206 Mammogram 77065-77067 EEG 95819 Drug Screen G0480-G0483