



Windsor Medicare Extra “Quick Reference Guide”

Provider Help Desk:	1-866-270-5223, Option 1
Health Services:	1-866-270-5223, Option 2
Outpatient Radiological Services (NIA): NIA Website:	1-800-642-2798 www.RadMD.com
Behavioral Health:	1-866-270-5223, Options 2, 4
Rx Prior Auth Requests/Coverage Determinations	1-866-715-7519
Olympian HomeCare Network:	1-800-793-3684
Transportation:	1-866-420-6187
EyeMed Routine Vision (Including Post-cataract glasses):	1-888-581-3648
TTY/TDD:	1-866-288-3133
Windsor Medicare Extra Website:	www.windsorhealthplan.com

Reference Laboratories: Labcorp, Quest Diagnostics, The Lab of Pathology, Woodbury Clinical Lab, AEL of Memphis, NWA Pathology Association, Dianon, Pinnacle Pathology Associates, Pathology Lab of AR, Physicians Med Lab, Skin Pathology, US Labs, AmeriPath and Gamma Healthcare. Physician offices may perform laboratory services for which they are CLIA certified and contracted to provide.

Authorization Grid Effective 1/1/2012

Procedures and Services	Comments
Out-of-network Services	All
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	Includes all Acute, Behavioral Health, rehabilitation, LTAC and Skilled Nursing. Prior authorization is required for all elective, pre-arranged and direct inpatient admissions. The hospital must notify Windsor within 24 hours or the next business day of all admissions. Windsor may require updates of the patient's medical information weekly or more frequently, dependent upon the patient's condition. **REMINDER: Windsor DOES NOT REQUIRE the 3-day qualifying hospital stay in order for a member to be admitted into a nursing home/Skilled Nursing Facility.
Laser Therapies	In office
PET Scans, SPECT, MRA, MRI, CT, CT Ultra Fast, CT Angiography and Cardiac Nuclear Imaging Studies	See Outpatient Radiological Services
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 	The initial evaluation for PT, OT and ST do not require an authorization.
Nutritional Therapy Meal Delivery	See Nutritional Therapy Meal Delivery explanation
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 HomeCare Network 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 Windsor to supply DME, and has provided Windsor 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 Windsor Health Plan, Inc. at 1-866-270-5223, Option 2.**

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 1-866-270-5223 Option 1.

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

Outpatient Radiological Services

- Prior Authorization for services listed in the CPT Matrix below and performed in an outpatient setting must be obtained by contacting National Imaging Associates (NIA).
- Providers can request prior authorization for these services via the NIA website www.RadMD.com or by calling the NIA toll-free-number 1-800-642-2798
- Prior authorization for any radiological service which requires authorization and not listed below must be obtained by calling the Health Services Department 866-270-5223, Option 2 or by submitting a completed Windsor Medicare Extra Authorization Request Form.
- Additional reference material regarding the Windsor Health Plan and NIA partnership can be found by visiting www.RadMD.com or contacting the Windsor Health Plan Provider Help Desk at 866-270-5223, Option 1.

Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133
72141	MRI Cervical Spine	72141, 72142, 72156
72146	MRI Thoracic Spine	72146, 72147, 72157
72148	MRI Lumbar Spine	72148, 72149, 72158
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191
72192	CT Pelvis	72192, 72193, 72194
72196	MRI Pelvis	72195, 72196, 72197
72198	MRA Pelvis	72198
73200	CT Upper Extremity	73200, 73201, 73202
73206	CT Angiography, Upper Extremity	73206
73220	MRI Upper Extremity, other than Joint	73218, 73219, 73220
73221	MRI Upper Extremity Joint	73221, 73222, 73223
73225	MRA Upper Extremity	73225
73700	CT Lower Extremity	73700, 73701, 73702
73706	CT Angiography, Lower Extremity	73706
73720	MRI Lower Extremity, other than Joint	73718, 73719, 73720, 73721, 73722, 73723

Authorized CPT Code	Description	Allowable Billed Groupings
73721	MRI Lower Extremity Joint	73721, 73722, 73723, 73718, 73719, 73720
73721	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723
73725	MRA Lower Extremity	73725
74150	CT Abdomen	74150, 74160, 74170
74174	CT Angiography, Abdomen and Pelvis	74174
74175	CT Angiography, Abdomen	74175
74176	CT Abdomen and Pelvis Combination	74176, 74177, 74178
74181	MRI Abdomen	74181, 74182, 74183, S8037
74185	MRA Abdomen	74185
74261 ³	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74261, 74262
74263 ³	Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74263
75557	MRI Heart	75557, 75559, 75561, 75563, +75565
75571 ⁴	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092
75572	CT Heart	75572
75573	CT Heart congenital studies, non-coronary arteries	75573
75574	CTA coronary arteries (CCTA)	75574
75635	CT Angiography, Abdominal Arteries	75635
76380	Follow Up, Limited or Localized CT	76380, 70486, 70487, 70488
76390	MR Spectroscopy	76390
77058	MRI Breast	77058, 77059
77084	MRI Bone Marrow	77084
78205	Liver SPECT Imaging	78205, 78206
78451	Myocardial Perfusion Imaging – Nuclear Cardiology	78451, 78452, 78469, 78499
78459	PET Scan, Heart	78459, 78491, 78492
78607	Brain SPECT Imaging	78607
78608	PET Scan, Brain	78608, 78609
78647	Cerebrospinal Fluid Flow Imaging (SPECT)	78647
78710	Kidney SPECT Imaging	78710
78813 ^{1, 2}	PET Scan	78811, 78812, 78813, 78814, 78815, 78816
78816 ^{1, 2}	PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization.	78811, 78812, 78813, 78814, 78815, 78816
G0219	PET imaging whole body, melanoma for non-covered indications	G0219
G0235	PET imaging, any site, not otherwise specified	G0235
G0252 ⁵	PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer	G0252
S8037	MR Cholangiopancreatography	S8037, 74181, 74182, 74183
0042T	Cerebral Perfusion Analysis CT	0042T
0159T	CAD Breast MRI for Lesion Detection	0159T



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 WME:

Windsor Medicare Extra
P.O. Box 269025
Plano, TX 75026-9025



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: 1-866-270-5223 Option 2
- Hours of Operation: Monday – Friday, 7 a.m. – 6 p.m. Central Time
- Fax Number: 615-782-7842
- 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.windsorhealthplan.com.

Nutritional Therapy Meal Delivery

Nutritional Therapy:

Purpose: To address malnutrition and nutritional compromise related to medical treatment and acute illness for which adequate nutrition is an important component of the optimum treatment plan.

Benefit Design:

One meal daily for up to 100 days, which is the yearly limit.

This treatment will require **Prior Authorization** with following criteria:

1. Prescribed by physician for up to 30 day intervals:
AND
2. One of the following:
 - Patient hospitalized for 7 or more days discharged to home and meals are ordered within 3 days of discharge to home
 - Patient had major surgical procedure and meals are ordered within 3 days of return home
 - Patient has burns or skin breakdown or wound and BMI < 20 and receiving home health services
 - Patient has BMI < 20 and recent documented weight loss of 10 lb or more over the last 3 months and has completed evaluation by physician for medical and psychiatric causes of weight loss and physician feels that trial of nutritional therapy is appropriate clinical diagnosis of malnutrition by history and physical findings with BMI < 20 and supporting labs such as reduced albumin or pre-albumin in the absence of conditions affecting protein balance such as liver disease or nephrotic syndrome
3. Authorizations of additional treatment beyond 30 days require documentation of re-evaluation by prescribing physician to assure continued medical necessity.

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.



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

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



Identification of a Windsor Medicare Extra Member

Each Windsor Member will have a Windsor Medicare Extra card and has been instructed to present it at each visit. This should help you identify the patient as a Windsor 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 Windsor Member:

1. Log on to www.windsorhealthplan.com
2. Call Provider Help Desk at 866-270-5223 and **select option 1**. Then **press 1** for eligibility and benefits information.

Provider Directory

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

Drug Formularies

Windsor Medicare Extra Drug Formulary can be accessed on our Website at www.windsorhealthplan.com.



Claims Processing

Filing Claims

1. The Windsor Medicare Extra EDI Vendor Number is **62153**
2. The Windsor Medicare Extra address for paper claims is as follows:
WHP Medicare
P.O. Box 269025
Plano, TX 75026-9025
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 Windsor Explanation of Payment.
6. Corrected Claims: 180 days to submit corrected claim from date of original Windsor Explanation of Payment.

Claim Status

There are two ways to check claims status:

1. Log on to www.windsorhealthplan.com
2. Call Provider Help Desk at 1-866-270-5223 **Option 1**.



**Windsor Medicare Extra Appeals and Claim Dispute
Resolution of Contracted Providers**

Please visit our website at <http://www.windsorhealthplan.com/provider/appeals.html> 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 Windsor Medicare Extra 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:

Windsor Health Plan, Inc.
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:

Windsor Health Plan, Inc.
Attn: Claim Dispute Resolution Department
7100 Commerce Way, Suite 285
Brentwood, TN 37027
Fax: (615) 782-7823



Interpreter Services - Language Line

Windsor Medicare Extra 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 Windsor Medicare Extra members:

- Call Provider Help Desk at 1-866-270-5223.
- 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.

Please Note: Spanish interpretation requests will be relayed internally to the internal Windsor Medicare Extra Spanish translator.