

# WINDSOR STERLING

## WindsorSterling “Quick Reference Guide”

<b>Provider Help Desk:</b>	<b>1-888-839-9052</b>
<b>Health Services:</b>	<b>1-888-904-8387</b>
<b>Behavioral Health:</b>	<b>1-888-904-8387</b>
<b>Rx Prior Auth Requests/Coverage Determinations</b>	<b>1-866-715-7519</b>
<b>Olympian HomeCare Network:</b>	<b>1-800-793-3684</b>
<b>EyeMed Routine Vision (Including Post-cataract glasses):</b>	<b>1-888-581-3648</b>
<b>TTY/TDD:</b>	<b>1-866-288-3133</b>
<b>WindsorSterling Website:</b>	<b><a href="http://www.windsorhealthplan.com">www.windsorhealthplan.com</a></b>

# WINDSOR STERLING

## Authorization Grid Effective 1/1/2012

<b>Procedures and Services</b>	<b>Comments</b>
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. <b>**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.</b>
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"> <li>• Physical</li> <li>• Occupational</li> <li>• Speech</li> <li>• Dietary</li> <li>• Audiology</li> </ul>	The initial evaluation for PT, OT and ST do not require an authorization. CMS Therapy Cap Limits Apply.
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 1-888-904-8387.**

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 1-888-839-9052.

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



### 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 WindsorSterling:

WindsorSterling  
P.O. Box 269003  
Plano, TX 75026-9003



### **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.windsorhealthplan.com](http://www.windsorhealthplan.com)

# WINDSOR STERLING

## 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.\*\**

# WINDSOR STERLING

## 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 WindsorSterling Health Plan Member

Each member will have a WindsorSterling card and has been instructed to present it at each visit. This should help you identify the patient as a WindsorSterling 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](http://www.windsorhealthplan.com)
2. Call Provider Help Desk at 1-888-839-9052 for eligibility and benefits information.

### Provider Directory

The Provider Directory is available on our Website: [www.windsorhealthplan.com](http://www.windsorhealthplan.com)

### Drug Formularies

WindsorSterling Drug Formulary can be accessed on our Website at [www.windsorhealthplan.com](http://www.windsorhealthplan.com)



## Claims Processing

### Filing Claims

1. The WindsorSterling EDI billing number is **67829**.
2. The WindsorSterling address for paper claims is as follows:  
**WindsorSterling**  
**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 Windsor Remittance Advice.
6. Corrected Claims: 180 days to submit corrected claim from date of original Windsor Remittance Advice.

### Claim Status

There are two ways to check claims status:

1. Log on to **[www.windsorhealthplan.com](http://www.windsorhealthplan.com)**
2. Call Provider Help Desk at 1-888-839-9052.



**WindsorSterling Plan Appeals and Claim Dispute  
Resolution of Contracted Providers**

Please visit our website at [www.windsorhealthplan.com](http://www.windsorhealthplan.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 WindsorSterling 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

WindsorSterling 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 WindsorSterling members:

- Call Provider Help Desk at 1-888-839-9052.
- 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 WindsorSterling Spanish translator.