



# Welcome

Longevity Health Plan of Michigan

# Statement of Medicare Benefits

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Longevity Health Plan is a Medicare Advantage Institutional Special Needs Plan designed to improve the care for the residents living in one of our contracted Nursing Facilities. Our Members are all institutionalized Medicare beneficiaries who live in a Nursing Home for 90 days or longer.



# Michigan

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## Benefits at \$0 copay

- **Eye Care**
  - Routine exam + up to \$175 for contact lenses or eyeglasses every two years
- **Hearing Services**
  - Routine exam, evaluation + up to \$1,300 for hearing aids every two years
- **Foot Care**
  - 2 routine podiatry visits per year



# Transportation Services

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- 12 one-way trips to approved locations
- No Authorization is required





# Billing Information

Because your care matters.  
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# Prior Authorization Contact

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## Notification of Inpatient and Observation Admissions Contact

Longevity Health Plan requires providers to notify the plan of inpatient and observation admission by calling 1-888-312-8825

**Including Admissions following outpatient procedures or observation status-notification And**

- **Observation Status**

**Expedited** requests will be determined within 72 hours or as soon as the member's health requires, **Routine** requests will be process within 14 calendar days.

# Services Requiring Authorization\*

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- Inpatient Hospital/ Inpatient Psych/ Elective
- Acute Inpatient Rehab or LTAC Facility
- Psych-Partial Hospitalization
- Outpatient Diagnostic Services (outside Physician or SNF)
- Radiology Services (MRI, MRA, CT, CTA, Pet, Nuclear Medicine)
- Durable Medical Equipment
- Comprehensive Dental
- Out of Network Providers
- Home Health Services/ Palliative Care
- Dialysis
- Cardiac Rehabilitation
- Ambulatory Surgery Center
- Mental Health Specialty Services
- Outpatient Substance Abuse
- Genetic Testing/ Screening Labs
- Prosthetics/ Medical Supplies
- Medicare Part B Drugs (Initial Chemo only)
- Hearing Aids

*\*Skilled days, PT/OT/ST evals and treatment require communication and coordination with LHP NP*

# Authorization Contact Information

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## Authorizations can be requested via:

- EZNet Provider Portal
- Faxing the Plan UM Department
- 1-888-313-3581
- Calling Plan UM Department
- 1-888-312-8825



# Part A and Part B Encounter Billing

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## Part A

- **Skilled Days-** should reflect PDPM billing for Medicare FFS
- **Other-** Blood products, wheelchair cushions, vaccines, Drugs more than \$200 per dose per day, Level 1 and 2 bed surfaces, some radiology and lab services provided in building

## Part B

- **Services provided above and beyond therapy cap-**
  - Semi annual therapy screenings-PT, OT, ST (as appropriate)
  - Medically Necessary, PCP/NP ordered- e.g. Enteral feedings, specialty beds, blood transfusions, IV Pumps, wound vacs, blood glucose point of service checks

# Bill Above Part A Cap Payment Codes\*

| HCPCS or CPT Code (or Range of codes)  | Service   |
|--|---|
| L5050-L7405 but there are exclusion within that list note: Revenue code 0274   | Artificial Limbs or Components*   |
| P9010-P9072 in combination with Revenue code 038X  | Blood or blood products   |
| High Cost Drugs  | Drugs that cost \$200 per day or multiple drugs at a cost of \$500 per day combined. Payment shall be based on AWP minus 20%. |
| (E0185,E0188-E0189,E0497-E0199) (E0277,E0193,E0371-E0373)  | Level 1 and 2 Bed surfaces  |
| P2028-P2038, P3000-P3001, P7001, P9010-P9615, Q011-Q0115, Q0091, 80000-89999, 0001M-0010M, 0042T, 0111T, Revenue codes 030X and 031X             | Laboratory Services*  |
| 7000-79999 and many medicine and Category III codes, revenue codes 032X-035X and 040X  | Radiology Services*   |
| K0669, K0108, Revenue Code 029X  | Wheelchair cushions   |
| 90476-90477, 90581, 90585-90586, 90630, 90632-90634, 90636, 9020-90621, 90625, 90647-90670, 90675-906723, 90644, 90732-90749 , Revenue code 077X | Vaccines  |

\* HCPCs and CPT codes are updated annually, use current approved codes

# Additional Bill Above Part B Cap Codes\*

| SERVICE CATEGORY   | PAYMENT METHOD                |
|--|-------------------------------|
| Blood Glucose Monitoring<br>(Revenue Code 0300 and CPT Code 82962)   | Per Unit via CMS Fee Schedule |
| Enteral Services (Revenue Code 0229 and HCPC Code B4149- B4157)  | Per Diem                      |
| Infusion Services (Revenue Code 0260)  | Per Diem                      |
| Pre-Therapy Evaluation — Physical Therapy (Revenue Code 0424)  | Per Evaluation                |
| Pre-Therapy Evaluation — Occupational Therapy (Revenue Code 0434)  | Per Evaluation                |
| Pre-Therapy Evaluation — Speech Therapy (Revenue Code 0444)  | Per Evaluation                |
| Semi-Annual Physical, Occupational and Speech Therapy Screening (Revenue Code 0920 and CPT Code 99368)<br><br>Skilled Nursing Facility shall provide two (2) therapy screenings per calendar year to each Member. Any therapy screenings provided in excess of two (2) per calendar year will not be reimbursed and Plan retains the right to recover any amounts paid for therapy screenings in excess of two (2) per calendar year per Member. Skilled Nursing Facility shall not bill the Member for any therapy screening services that are denied for payment due to Skilled Nursing Facility's failure to comply with the above. | Per Evaluation                |
| Supplies: Ostomy, Tracheostomy or Wound Care<br>(Revenue Code 0270, 0272, 0274, 0623, and HCPC Code A4361- A4434, A4623, A4625, A4626, A4629, A5051-A5093, A5120- A5200, A6000-A6550, A7501-A7509, A7520-A7522, A7524-A7527)<br><br>Skilled Nursing Facility shall bill Payer for ostomy, tracheostomy, or wound care supplies only. Payer retains the right to recover any amounts paid for supplies that were not used for ostomy, tracheostomy, or wound care services for a Member.  | Per Unit via CMS Fee Schedule |
| All Other Covered Outpatient Services<br><br>Service categories not specified above in Table 1 or in Table 2 for which a Revenue Code and CPT/HCPC code are required to be billed in accordance with CMS billing guidelines.   | Per Unit via CMS Fee Schedule |

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# Longevity Claims Submissions

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- **Longevity Health Plan follows all Medicare guidelines in regard to timely filing requirement (12 months from date of service)**
  - Cannot bill future dates of service
  - Bill Longevity Health Plan as you would bill Medicare in 30 day increments
- **Acceptable claim forms:**
  - CMS 1500 for Professional Claims
  - UB04 for Facility Claims
- **Claims can be submitted via paper, EZNet or EDI**
  - EDI Payer ID: LMI01
- **Paper Claims Mailing Address:**
  - Longevity Health Plan
  - PO Box 908
  - Addison, TX 75001-0908

# Claims/Provider Services Contact Information

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- **Claims Contact**

Phone: 1-888-312-8825

- **Provider Services Contact**

Phone: 1-888-312-8825

Thank you



**LONGEVITY**  
HEALTH PLAN