



Important Telephone Numbers	Corporate Office
<p>Provider Relations: Toll-Free: (888) 796-0946</p> <p>Provider Relations Fax Numbers: Local: (813) 506-6236 Toll-Free: (888) 313-0332</p> <p>If unavailable, please contact (813) 506-6040</p> <p>Member Services: (800) 401-2740 Utilization Management: (888) 796-0947 TTY/TDD: (800) 955-8771</p>	<p>Phone: (813) 506-6000 (800) 401-2740</p> <p>Fax: (813) 506-6151</p> <p>Address: Freedom Health 5403 N. Church Ave. Tampa, FL 33614</p>

Provider Web Portal
<p>* 24 hour access to eligibility and claim status * Contact customer service via e-mail * For help with the use of the portal, you may contact Provider Relations @ (813) 506-6040 * For technical assistance please call our Help Desk @ (813) 506-6030 * Website: www.freedomhealth.com</p>

Pharmacy	
<p>Pharmacy Services (800) 401-2740 Spectral Solutions (888) 407-9977 Assured RX (mail-order) (888) 987-9977 Assured RX Fax (727) 451-6821</p> <p>Web-Based Information * Formulary * Coverage Determination Request Forms</p>	<p>Authorization Required</p> <ul style="list-style-type: none"> • Drugs not listed on the Formulary • Some drugs on the Formulary require a Coverage Determination Request • Duplication of drug therapy • Dosing that exceeds the FDA daily or monthly quantity maximum • Most self-injectable and infusion drugs • Brand name requests when a generic exists • Drug that has a step edit and the first line therapy is inappropriate • Prescriptions that exceed \$ 1,000/prescription (some exceptions apply) and/or plan limitations

Claims	
<p>Claims Department (800) 401-2740</p> <p>Submit Medical Paper Claims to: Freedom Health Claims Department P.O. Box 151348 Tampa, FL 33684</p>	<p>EDI Information: Payor ID: 41212 Clearinghouse - EMDEON</p> <p>Claim Appeals Please send to the address below for claim denials regarding untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. Claims must be submitted to Freedom Health within 90 days of date of denial from EOB.</p> <p style="text-align: right;">Freedom Health Claims department P.O. Box 151348 Tampa, FL 33684</p>

Appeals & Grievances	
<p>A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals department within 60 calendar days when a claim is denied for lack of prior authorization, the service exceeds authorization has insufficient supporting documentation or late notification.</p>	<p>Mail an appeal or grievance with supporting clinical documentation to:</p> <p style="text-align: right;">Freedom Health Appeals & Grievances P.O. BOX 152727 Tampa, FL 33684</p>

Provider Complaints & Grievances
<p>Provider complaints related to any administrative issue such as Freedom Health's policies and procedures or authorization/referral process must be submitted within 45 calendar days from the date of the occurrence. Please submit your complaint in writing by mail or fax to:</p> <p style="text-align: center;">Provider Relations P.O. Box 151257 Tampa, FL 33684 Fax: 813-506-6151</p>

Contracted Networks	
<p>Behavioral Health- CompCare (800) 458-6139 Contact CompCare directly for all member Behavioral Health Services such as: Hospital Services, PHP, Observation, Substance Abuse and Behavioral Health Counseling.</p>	<p>Chiropractics- Chiro Alliance (727) 319-6199 Dental- MCNA (800) 494-6262 Hearing Services- HearX (800) 333-3389 Ophthalmology- Advantica Eye Care (866) 425-2323 Optometry- Advantica Eye Care (866) 425-2323 Laboratory Services: Quest (Clinical) (800) 282-6613 FreePath (Biopsies/Excisions) (866) 414-7546 Podiatry- Podiatry Network of Florida (877) 616-6116</p>

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

Utilization Management (UM) Department- Authorizations

Urgent Authorization Requests

Urgent Authorization Requests - Medicare allows up to 14 days to make a decision regarding a request for a service. The only exception is an expedited request. A request can only be expedited if it is felt that waiting up to 14 days for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy. If this is the case, please call the UM Department and make a request for an expedited review.

AUTHORIZATION REQUIRED	NO AUTHORIZATION REQUIRED
<p>Standard Authorization Requests</p> <p>Note that Place of Service codes are specified for some services. Please include CPT and ICD-9 codes with your authorization request. Specialists must coordinate all services with the member's PCP. Please refer to the Pre-Certification Form for fax number.</p> <p>PCPs are required to obtain authorizations for all out-of-network requests:</p> <ul style="list-style-type: none"> • Requests for Point-of-Service benefits must be submitted and reviewed for authorization. <p>Ancillary-</p> <ul style="list-style-type: none"> • Occupational, physical and speech therapy, after initial evaluation (11 & 22)* • Respiratory therapy services <p>Home Health Care and Durable Medical Equipment-</p> <ul style="list-style-type: none"> • Home health care (12)*- see Contracted Networks on page 1 • All durable medical equipment purchases >\$500 • All durable medical equipment rentals • All orthotics/prosthetics <p>Inpatient-</p> <ul style="list-style-type: none"> • All inpatient hospital admissions and outpatient observations (21 & 22)* • All services being performed in POS 21 and 22 • Behavioral health or alcohol or substance abuse (see Behavioral Health under Contracted Networks on page 1) • Acute Rehabilitation facility admission (61)* • Skilled nursing facility admission (31)* <p>Outpatient-</p> <ul style="list-style-type: none"> • Alcohol or substance abuse and Behavioral Health (see Behavioral Health under Contracted Networks on page 1) • All procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, except CPT ranges 43200-43258, 44360-44397, 45300- 45392) • Ambulance transportation (non-emergent) • Cardiac and pulmonary rehabilitation programs • Chemotherapy / Radiation Therapy • Cosmetic procedures (ALL)* • Court-ordered services • Cytogenetic, reproductive, molecular laboratory tests (81)* • Diagnostic laboratory services other than Quest (22, 81)* • Dialysis • Domiciliary, rest home and custodial care services (32, 33)* • Hearing services (See Contracted Networks on page 1) • Hospice care services • Investigational and experimental procedures and treatments • Pain management treatment (11, 22, 24)* • PET, SPECT, MRA, MRCP, ERCP, Pill Endoscopy, Virtual Endoscopy and Nuclear Medicine(excludes POS 11,24). • Radiology services MRI (11, 22 & 24)* • Rehabilitation facility services (62)* • Custodial or long term care facilities (part B services) (32,33)* • Clinical Trials • Hyperbaric Oxygen Treatments • Implantable pump/ devices/stimulators • Pharmaceutical injections/infusions • Cardiac Catheterization and angiograms (ALL) • Sleep Studies (ALL) 	<p>Emergency and Urgent Care</p> <ul style="list-style-type: none"> • Emergent transportation services • Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23) <p>Primary Care</p> <ul style="list-style-type: none"> • PCP office visits and treatment • Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)* <p>Specialists</p> <ul style="list-style-type: none"> • Office visits and treatment with PCP referral (11)* • Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)* <p>Laboratory</p> <ul style="list-style-type: none"> • Laboratory tests consistent with CLIA guidelines (11)* • Laboratory tests by vendor (Quest-81)* <p>Radiology</p> <ul style="list-style-type: none"> • Radiology services including x-rays and CT scans • Mammograms (11)* <p>Ultrasonography</p>
DIRECT ACCESS	
<p>Direct Access Services when rendered by participating providers: podiatry through Podiatry Network of Florida, behavioral health through CompCare, chiropractic services through Chiro Alliance, ophthalmologists and optometrists through Advantica, well woman and dermatology visits. (First 5 office visits in a calendar year covered, including minor, non-invasive procedures. All other procedures require PCP referral).</p>	
REFERRALS	
<p>* Refer to the Provider Manual, otherwise contact your local Provider Relations Representative.</p>	
PLACE OF SERVICE CODES *	
<ul style="list-style-type: none"> 11- Office 12- Patient's Home 20- Urgent Care Facility 21- Inpatient Hospital 22- Outpatient Hospital 23- Emergency Room 24- Ambulatory Surgery Center 31- Skilled Nursing Facility 33- Nursing Home 	<ul style="list-style-type: none"> 50- FQHC 61- Inpatient Rehab 62- Outpatient Rehab 65- ESRD 71- Public Health Clinic 72- Rural Health Clinic 81- Laboratory

Revised
10/6/09

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