# Quick Reference Guide

**VNSNY Choice Medicare**  
**VNSNY Choice SelectHealth**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>HOURS OF OPERATION</th>
<th>CONTACT INFO</th>
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</thead>
<tbody>
<tr>
<td><strong>Provider Services</strong></td>
<td>Mon. – Fri. 8 a.m. - 8 p.m.</td>
<td>Tel: 1-866-783-0222</td>
</tr>
<tr>
<td><strong>Medical Management</strong></td>
<td>Mon. – Fri. 8 a.m. - 5 p.m.</td>
<td>Tel: 1-866-783-0222</td>
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<tr>
<td><strong>Behavioral Health Services</strong></td>
<td>Medicare: 24 hours/7 days a week</td>
<td>Tel: 1-866-783-0222</td>
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<td></td>
<td>SelectHealth: Mon. – Fri. 8 a.m. - 5 p.m.</td>
<td>Tel: 1-866-602-6957</td>
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<tr>
<td><strong>Pharmacy Services</strong></td>
<td>24 hours/7 days a week</td>
<td>Medicare Tel: 1-866-783-0222</td>
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<tr>
<td>(For Medicare)</td>
<td></td>
<td>SelectHealth Tel: 1-877-588-4842</td>
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<tr>
<td>CVS Caremark</td>
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<tr>
<td><strong>Pharmacy Services</strong></td>
<td>All SelectHealth drugs are administered through our Pharmacy Benefits Manager, CVS Caremark.</td>
<td>Medicare Tel: 1-888-468-5175</td>
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<tr>
<td>(For SelectHealth)</td>
<td></td>
<td>SelectHealth Tel: 1-800-468-9868</td>
</tr>
<tr>
<td>CVS Caremark</td>
<td></td>
<td><em>(Dentists only call 1-888-468-2183)</em></td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>Mon. - Fri. 8 a.m. - 6 p.m.</td>
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<td>Healthplex</td>
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<tr>
<td><strong>Eligibility</strong></td>
<td>Verify Eligibility of all VNSNY Choice Members by calling Provider Services, or</td>
<td>Medicare Tel: 1-888-468-5175</td>
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<tr>
<td></td>
<td>Access our website: <a href="http://www.vnsnychoice.org">www.vnsnychoice.org</a> (click on: “For Providers”)</td>
<td>SelectHealth Tel: 1-800-468-9868</td>
</tr>
<tr>
<td></td>
<td>On the EMEVS system, VNSNY Choice SelectHealth’s plan code is “VS”</td>
<td><em>(Dentists only call 1-888-468-2183)</em></td>
</tr>
</tbody>
</table>
All Claims must be received within 90 days of the date of service (or the timeframe in your agreement). If VNSNY CHOICE is not primary, submit the claim within 90 days of the date on the Explanation of Benefits or Explanation of Payment (EOB/EOP). Please use your NPI and Tax ID on all claims. Call Provider Services for any questions regarding claim status.

**Mail Paper Claims to:**
VNSNY CHOICE Claims
P.O. Box 4498
Scranton, PA 18505

**Electronic Submissions:**
Use VNSNY CHOICE payer ID
#77073

**Mail Covered Part D vaccine claims to:**
Caremark Medicare Vaccine Processing
PO Box 52193
Phoenix, AZ 85072-2193

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### Services Requiring Prior Authorization for Medicare

The following timeframe standards apply to all services requiring prior authorization:

- **Elective Services** - 14 days prior to the scheduled elective service. If contact cannot be made 14 days prior to the scheduled service, it should be made as soon as medically possible prior to the scheduled service.

- **Urgent Services** – Anytime prior to urgent services being rendered. If contact cannot be made prior to an urgent service, then contact must occur within one business day of the service.

- **Emergent Services** - Notification within one business day of emergent services.

**Contact Medical Management to obtain prior authorization for the following service categories:** *(for a more detailed list of services that require prior authorization please see the Provider Manual.)*

- All Inpatient Admissions
- Organ Transplants and Transplant Evaluations
- Reconstructive procedures that may be considered cosmetic
- Selected DME
- Oxygen
- Wheelchairs/Power Wheelchairs
- MRI, MRA, PET scans & NST
- Certain Part B Drugs
- Sleep Disorders
- All Home Health Care
- Rehabilitative Therapies
- Pain Management
- Dental Services that are considered medical in nature
- All Out of Network Referrals
- Experimental/Investigational Services
- Medical Nutritional Therapy
- Radiation Therapy
- Nuclear Medicine
### Services

#### Requirements Prior Authorization for SelectHealth
- Prior authorization is required for all elective admissions, outpatient surgery, and outpatient treatment and testing if the services are being provided in a facility not participating (out-of-network provider) with VNSNY CHOICE SelectHealth.
- Health care services provided for an emergency condition should not be delayed in order to obtain prior authorization.
- Elective admissions must be pre-authorized at least five (5) days prior to the scheduled admission date when such notification is possible without delaying the member’s care.
- Prior authorization is not required for services in a medical or behavioral health emergency. However, if the member is hospitalized, then notification is required once the member has stabilized.

#### The following procedures require prior authorization:
- Elective non-participating hospital admissions, including mental health admissions
- Referral to non-participating providers
- The following surgeries: Bariatric surgery, Breast Cancer surgery, Hysterectomy, Surgery which may be considered Cosmetic, Experimental/Investigational procedures, Clinical Trials, Hearing Implants, Rare Disease treatments, Gender Reassignment surgery, Sleep Apnea study (IP only), Sterilization Reversal and all Transplants.
- Speech, occupational and physical therapies 20 visits per discipline per calendar year. No authorization is required for in-network providers
- Home health and visiting nurse services
- Durable medical equipment over $250.00
- All rentals of durable medical equipment (including projected duration of need for rental)
- Traction or other orthopedic appliances in the home
- Ambulance, ambulette and livery transportation in non-emergency situations
- Outpatient mental health / substance abuse after 20 visits per calendar year to a participating mental health provider

### Admissions

#### for Medicare
To obtain pre-authorization or authorization for all admissions, contact Medical Management within the following timeframes:
- **Elective Admission** — 14 days prior to a scheduled elective admission. If contact cannot be made 14 days prior to the admission, it should be made as soon as medically possible prior to the scheduled service.
- **Urgent Admission** — Any time prior to the urgent admission. If contact cannot be made prior to an urgent admission, then contact must occur within one business day of the admission.
- **Emergent Admission** — Notification within one business day of the emergent admission.

#### for SelectHealth
- **Elective Admissions** — Notifications prior to admission.
- **Urgent or Emergent Admissions** — Notification/Authorization of all urgent/emergent admissions is required once the patient has stabilized but before the patient is discharged. If notification is received after the patient has been discharged, the admission will be reviewed retrospectively.
### Pharmacy Services
All Medicare Part D drugs are administered through our Pharmacy Benefits Manager, CVS Caremark.
- Certain Part D drugs require prior authorization.
- Access our Website or contact Provider Services for a list of these drugs.

**Medicare Part B drugs may be obtained directly from CVS Caremark Specialty Pharmacy or you may provide these drugs from your office inventory.**
- Contact CVS Caremark Pharmacy to order the required Medicare Part B drugs.
- CVS Caremark Specialty Pharmacy will perform any needed prior authorization.
- CVS Caremark Specialty Pharmacy will ship the drug(s) to your office.
- CVS Caremark Specialty Pharmacy will bill VNSNY CHOICE Medicare directly for the drug.
- If you want to provide the drug yourself:
  - Certain Part B drugs require prior authorization
  - Please contact Medical Management for the appropriate authorization.

For a list of drugs requiring prior authorization, access our website or contact Provider Services.

### Care Coordination
Call VNSNY CHOICE Medical Management for assistance with:
- Locating/contacting a member
- Referrals to Care Management Programs or assistance with supportive/social services.

### Laboratory Services
Any laboratory services that are not performed in the provider office must be referred to a participating laboratory or labs in participating hospitals.

**Participating Medicare labs include:**
- Acupath, Apex (in home lab draws only),
- Bayside, Bio-Chem, Bio-Reference,
- Empire City, Enzo, LabCorp, Lenco,
- Lincoln, Modern Diagnostics, Quest
- Diagnostics, Sherman Abrams, Shiel (in home lab draws and onsite), and Xeron.

**Participating SelectHealth labs include:**
- Acupath, Bendiner-Schlesinger, Bio-Reference, Bostwick, Empire City, and LabCorp.

### If you have questions...
Please call Provider Services and ask to speak to an Account Manager in the Provider Relations Department.

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**A word about VNSNY CHOICE Managed Long Term Care....**

VNSNY CHOICE Managed Long Term Care (MLTC) benefits do not include medical coverage for physician and hospital services; covered services are mainly community-based home care services. Members of VNSNY CHOICE MLTC all have Medicaid and may have other primary coverage such as Traditional Medicare or a Medicare Advantage plan such as VNSNY CHOICE Medicare. The rules and billing procedures for those plans apply to MLTC members.

Providers wishing to contact the Care Manager for a VNSNY CHOICE MLTC member should call 888-867-6555 or 212-609-1800 and select the appropriate Regional Office.