



Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Management, Language Line and Provider Complaints	1-800-504-2766	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-800-919-8807
TTY	1-877-650-0952	Member Services	1-800-608-8158
Disease Management Referrals Specific Disease Management Programs exist for asthma, CHF and diabetes	1-877-393-3090	Risk Management Harmony’s Fraud, Waste and Abuse Hotline Illinois Health Care Bureau Hotline	1-866-678-8355 1-877-305-5145
Case Management Referrals	1-866-635-7045	CommUnity Assistance Line	1-866-775-2192
Behavioral Health Crisis Line	1-855-591-7135	LTSS services	1-866-407-9292

Claim Submission Inquiries

Submission Inquiries

Provider Services **1-800-504-2766**

For inquiries related to your electronic submissions to Harmony, please contact our EDI team at EDI-Master@wellcare.com.

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process: PaySpan.com or call **1-877-331-7154**. For more details on PaySpan®, please refer to your [Provider Manual](#).

Clearinghouse Connectivity Setup & Connection Support:

Harmony has partnered with Change Healthcare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or, in some cases, your existing clearinghouse, billing service, or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change HealthCare to establish free connectivity to Harmony for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at **1-877-411-7271**. All Clearinghouses, Practice Management Vendors, or Billing Services may call Change Healthcare, formerly known as RelayHealth, at **1-800-527-8133** for connectivity services.

ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions **at no cost to you**. To sign up go to: <https://connect.relayhealth.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at **1-877-411-7271**. Any questions regarding functionality of ConnectCenter should be directed to the Clearinghouse at **1-800-527-8133, opt 2**.

- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.
- Only Harmony submissions are free of charge and please ensure you use vendor code 212750 when you register.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

Claim Type	Fee-for-Service	Encounter
Professional	1844	3211
Institutional	8551	4949

HARMONY PAYER IDs If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-for-Service or Encounters):

Claim Type	Fee-for-Service	Encounter
Professional or Institutional	14163	59354

Paper Submission Guidelines:

Harmony follows the Centers for Medicare & Medicaid Services’ (CMS) guidelines for paper claim submissions. Since Oct. 28, 2010, Harmony accepts only the original “red claim” form for claims and encounters submissions. **Harmony no longer accepts handwritten, faxed or replicated claim forms.**

Claim forms and guidelines may be found on our website: www.wellcare.com/Illinois/Providers/Medicaid/Claims

Mail paper claim submissions to:

Harmony Health Plan, Inc.
Attn: Claims Department
P.O. Box 31372
Tampa, FL 33631-3372

Claim Payment Disputes

The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes and non-covered codes, etc. Claim payment disputes must be submitted in writing to Harmony within **90** days of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:

Harmony Health Plan, Inc. Fax **1-877-277-1808**
Attn: Claim Payment Disputes Dept.
P.O. Box 31370
Tampa, FL 33631-3370

Note: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member specific information.

Claim Payment Policy Disputes

The Claim Payment Policy Disputes Department has created a mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to Harmony in writing within **90** days of the date of denial on the EOP. Please provide all relevant documentation (please do not include image of Claim), which may include medical records, in order to facilitate the review.

Mail or fax all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

Harmony Health Plan, Inc. Fax **1-877-277-1808**

Attn: Claims Payment Policy Disputes

P.O. Box 31426

Tampa, FL 33631-3426

Mail all medical records and first-level disputes related to Explanation of Payment Codes beginning with CPIXX:

By Mail (U.S. Postal Service)

OPTUM

P.O. Box 52846

Philadelphia, PA 19115

By Delivery Services (FedEx, UPS)

OPTUM

458 Pike Rd

Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

Harmony Health Plan, Inc.

CCR Pre-pay

P.O. Box 31394

Tampa, FL 33631-3394

Mail all disputes related to Explanation of Payment Codes RVLTX:

Harmony Health Plan, Inc.

CCR Post-pay

P.O. Box 31395

Tampa, FL 33631-3395

Recovery/Cost Containment Unit (CCU)

Refund(s) in response to a Harmony overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and be sent to:

Harmony Health Plan, Inc. Attn: CCU Recovery

P.O. Box 31584

Tampa, FL 33631-3584

If you do not agree with this proposed Harmony overpayment notification related to adjustments **RVXX (Except RV059 which should refer to the Claim Payment Disputes section above)**, you may request an Administrative Review by submitting your request in writing within 30 days of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position. Your Administrative Review request should be sent to:

Harmony Health Plan, Inc.

Attn: CCU Recovery

P.O. Box 31658

Tampa, FL 33631-3658

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within 30 days of the date of Harmony's receipt of your request. If you do not object or render payment within such time period we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and Harmony.

Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228, or RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date of service(s), reason(s) why the denial should be reversed, and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered. Your dispute should be sent to:

COTIVITI HEALTHCARE

Fax: 1-203-202-6607

Attn: WellCare Clinical Chart Validation

Hillcrest III Building

731 Arbor Way, Suite 150

Blue Bell, PA 19422

Provider Identified Refund(s) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and Harmony Claim ID and can be sent to:

Harmony Health Plan, Inc.

Attn: CCU Recovery

P.O. Box 31584

Tampa, FL 33631-3584

Note: For single claim checks, please use the [Refund Check Informational Sheet](#) to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the [Refund Referral Grid](#) and email all supporting documentation, including the grid, to OverpaymentRefunds@wellcare.com to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

For your convenience, items on this QRG in **bold, underlined** fonts are links to supporting Harmony Provider Job Aids, Resource Guides and Forms when the **Quick Reference Guide** is viewed in an electronic format. NOTE: This guide is not intended to be an all-inclusive list of covered services under Harmony Health Plan, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised October 2018)

Appeals (Medical)

Providers may file an appeal on behalf of the member with his or her consent. Providers may also seek an appeal through the Appeals Department within 90 days of a claims denial for lack of a prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16 and KYREC; however, this is not an all-encompassing list of Appeal codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.

Expedited appeals may be initiated verbally by contacting Provider Services or submitted by mail or fax. These submissions must show that “expedited processing” is needed and include the reason(s) expedited processing has been requested. The documentation must demonstrate that not applying the expedited review process could seriously jeopardize the member’s life, health or ability to regain maximum function.

Mail or fax all medical appeals with supporting documentation to:

Harmony Health Plan, Inc. Fax 1-866-201-0657
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Grievances

Member grievances may be filed verbally by contacting Member Services or submitted by mail or fax. Providers may also file a grievance on behalf of the member with his or her written consent. Expedited grievances may be requested verbally by contacting Provider Services or submitted by mail or fax. These submissions must indicate that “expedited processing” is needed and include the reason(s) that expedited processing has been requested. The documentation must demonstrate that not applying the expedited review process could seriously jeopardize the member’s life, health or ability to regain maximum function.

Mail or fax all member grievances to:

Harmony Health Plan, Inc. Fax 1-866-388-1769
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

WellCare Partners

eviCore, fka CareCore National

[eviCore](#) is our in-network vendor for the following programs. View clinical criteria through the corresponding program links: [Advanced Radiology](#), [Cardiology](#), [Lab Management](#), [Pain Management](#), [Physical and Occupational Therapy](#), and [Sleep Diagnostics](#)

Contact eviCore for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting). **Providers should continue to submit authorization requests to the IPA for members in the MSG IPA groups.** Please click on the links above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are fast and convenient. If the procedure requested meets clinical criteria, the web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted on the [eviCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services 1-888-333-8641

HealthHelp®

[HealthHelp](#) is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: [Radiation Therapy](#) and [Medical Oncology](#).

Contact HealthHelp for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Member eligibility and authorization request materials may be accessed via the [HealthHelp Portal](#). A searchable [Authorization Lookup](#) is also available online to check the status of your authorization request, and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services 1-888-210-3736

Contracted Networks

Dental: Liberty Dental	1-888-352-7924	Transportation: Medical Transportation Management	1-877-248-1338
Vision: Premier Eye Care	1-855-865-9723		

Harmony Hugs Program

The program includes high-risk screening, care management, prenatal and infant education, and gift incentives for keeping prenatal appointments. Please fax referrals to 1-866-480-0857



Pharmacy Services

Pharmacy Services 1-800-608-8158

Including after-hours and weekends (CVS/Caremark™)

Rx BIN 004336 **Rx PCN** MCAIDADV **Rx GRP** RX8891

Exactus™ Pharmacy Solutions 1-866-458-9246

exactus@wellcare.com TTY 1-855-516-5636

Fax 1-866-458-9245

Fax 1-888-865-6531

Medication Appeals

Mail medication appeal forms with supporting documentation to:

Harmony Health Plans, Inc.

Attn: Pharmacy Appeals Department

P.O. Box 31398

Tampa, FL 33631-3398

Medication appeals may also be initiated verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

PDL Inclusions

To request consideration for inclusion of a drug to Harmony’s PDL, you may submit a medical justification to Harmony in writing at:

Harmony Health Plan, Inc., Clinical Pharmacy Department

Director of Formulary Services

Pharmacy and Therapeutics Committee

P.O. Box 31577

Tampa, FL 33631-3577

Coverage Determination Requests

Fax 1-888-481-9753

Submit a [Coverage Determination Request Form](#) for:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician’s office
- Drugs that have an age limit (AL)
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Multi-ingredient compounds exceeding \$300.00 cost (PA)

HealthHelp will manage Medical Oncology Services.

Please see below for HealthHelp Contact Information.

Web-based information: www.wellcare.com/Illinois/Providers/Medicaid/Pharmacy

- Pharmacy Services Overview
- [Harmony Health Plan PDL](#)
- Participating Pharmacies
- [Pharmacy Services Forms](#)
- [Authorization Lookup Tool](#)

Mail Service Pharmacy:

[CVS/Caremark™ Mail Service](#)

1-866-808-7471

TTY 1-866-236-1069

Fax 1-800-378-0323

For Home Infusion/Enteral services:

Once Authorization Approval is obtained through WellCare, Please contact our preferred provider, **Coram**, to initiate Services:

Phone: 1-800-423-1411 or Fax 1-866-462-6726

HARMONY’S PRIOR AUTHORIZATION LIST:

Prior Authorization (PA) Requirements

This Harmony prior authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a **P** symbol for easy identification. Requirements that have been edited for clarification only are denoted with a **Ⓢ** symbol.

All out-of-network and non-contracted services (physician, hospital, ancillary, and outpatient) require an authorization. Failure to obtain the required prior approval/pre-certification from Harmony will result in a denied claim. **If you are a provider in Cook or Kane counties and part of an IPA contract, your referral and/or authorization process may be different. Please contact your IPA for clarification.**

Urgent Authorization Requests and Admission Notifications – Call 1-800-504-2766

- Notify the plan of unplanned inpatient hospital admissions and observations **by the next business day following admission** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information – **by the next business day**.
- Outpatient authorizations for urgent and time-sensitive services may be requested by phone when warranted by the member’s condition. Please include **CPT and ICD-10 codes** with your authorization request. Standard authorization requests may be submitted **online** or via fax using the numbers listed below if you are unable to access the portal with your secure login at <https://provider.wellcare.com>.
- **Web submissions** are faster, and if the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets Harmony’s determination criteria at the time of the request. Harmony retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

Behavioral Health Services

Harmony Web Submission Portal

Outpatient Authorization Request Submissions Fax **1-855-713-0595**

Inpatient Hospitalization Clinical Only (not Authorization) Submissions Fax **1-855-713-0594**

Web-based information: www.wellcare.com/Illinois/Providers/Medicaid/Behavioral-Health

Urgent/Inpatient Authorizations and Provider Services

1-800-504-2766

- Please call the number above to obtain precertification for Inpatient behavioral health services.
- Inpatient concurrent review is done by telephone or fax. Psychological testing requests are to be submitted via fax. All other levels of care requiring authorization (including outpatient services) may be submitted online.
- For more information on Authorization Requirements click [here](#) and select the 3 “Covered Services Authorization Guidelines” PDFs under **Behavioral Health Forms**.

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Behavioral Services	See Comments	Please refer to the 3 Covered Services Authorization Guidelines under Behavioral Health Forms for authorization requirements. Harmony Web Submission Portal

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ILLINOIS MEDICAID QUICK REFERENCE GUIDE

November 2018

Web: www.wellcare.com/Illinois/Providers/Medicaid Harmony Office Hours: Monday–Friday 8 a.m.–5 p.m.



Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Room Services	No	
Emergency Transportation	No	
Urgent Care Services	No	

Inpatient Services

Harmony Web Submission Portal

Inpatient Authorization Requests and Clinical Documentation Fax 1-877-431-8860

Inpatient Discharge Planning Requests Fax 1-855-591-7136

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Inpatient Admissions	Yes	Clinical updates required for continued length of stay.
NICU/Sick Baby Admissions	Yes	Notification is required by the next business day following admission. Contact ProgenyHealth at fax # 1-855-850-3118 to submit clinical updates for initial and continued length of stay.
Non-contracted(nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Observations	See Comments	<p>ⓘ Elective procedures that convert to an Observation stay are subject to Outpatient authorization requirements.</p> <p>Authorization Lookup Tool</p> <p>Services performed during a non-elective Observation stay, such as Advanced Radiology or Cardiology, do not require authorization. Clinical updates required for continued length of stay.</p>
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.

LTSS/Waiver Services

Harmony Web Submission Portal

Email HarmonyCMLTSS@ilshealth.com

Authorization Requests Fax 1-630-368-0602

Authorization Requests Phone 1-866-407-9292

PROCEDURES and SERVICES	Authorization Required	Comments
LTSS/Waiver Services	Yes	

Outpatient Services

Harmony Web Submission Portal

Durable Medical Equipment (DME) Requests Fax 1-877-431-8859

Home Health Service Requests Fax 1-866-886-4321

Inpatient Discharge Planning Requests Fax 1-855-591-7136

Outpatient Authorization Requests Fax 1-866-867-9953

Speech Therapy Requests Fax 1-877-709-1698

Transplant Services Fax 1-813-283-5320

Pharmacy Medical Requests Fax 1-888-850-8240

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the Authorization Lookup Tool for prior authorization requirements. Harmony Web Submission Portal
Advanced Radiology Services CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 No authorization is required for the first 3 OB ultrasounds. Advanced Radiology Program Criteria Radiology Request Forms

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ILLINOIS MEDICAID QUICK REFERENCE GUIDE

November 2018

Web: www.wellcare.com/Illinois/Providers/Medicaid Harmony Office Hours: Monday–Friday 8 a.m.–5 p.m.



PROCEDURES and SERVICES	Authorization Required	Comments
Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Dialysis	No	
Durable Medical Equipment Purchases and Rentals	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Home Infusion/Enteral Services	Yes	Once Authorization Approval is obtained through WellCare, Please contact our preferred provider, Coram, to initiate Services: Phone: 1-800-423-1411 or Fax 1-866-462-6726
Hospice Care Services	No	
Investigational & Experimental Procedures and Treatment	Yes	See Clinical Coverage Guidelines Harmony Web Submission Portal
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Harmony Lab Management Criteria Molecular and Genetic Testing QRG
Medical Oncology Services	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Medical Oncology Program Services
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy	Yes	
Sterilization Procedures	No	Sterilization Consent Form
Termination of Pregnancy	No	Abortion Payment Application Form
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

Prenatal Notifications

[Harmony Web Submission Portal](#)

Prenatal Notification Forms Fax 1-877-647-7475

PROCEDURES and SERVICES	Authorization Required	Comments
Obstetric Global Care	No	Prenatal Notification Form

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