Managed Long Term Care (MLTC, Fidelis Care at Home (FCAH) and Medicaid Advantage Plus (MAP)) provide MLTC services to members who are at least eighteen (18) years of age, have Medicaid, and receive, or are eligible to receive, Medicare (both Medicare and Medicaid coverage required for MAP). Each member must be assessed by a Care Manager to be capable, at the time of enrollment, of remaining in their home and community without jeopardizing his or her safety or the safety of others. Members can continue to use their Medicare and/or Medicaid cards for non-covered services while in FCAH or MAP, and can continue to use or select their own primary care provider while in FCAH.

### Fidelis Care Contact Information

<table>
<thead>
<tr>
<th>Provider Call Center</th>
<th>Member Services</th>
<th>1-888-FIDELIS (1-888-343-3547), and follow the prompts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorizations / Clinical Issues</strong></td>
<td>Medicaid PCS/CDPAS Authorization</td>
<td></td>
</tr>
<tr>
<td>DentaQuest</td>
<td>1-800-341-8478</td>
<td></td>
</tr>
<tr>
<td>Davis Vision</td>
<td>1-800-773-2847</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>1-888-FIDELIS (1-888-343-3547), and follow the prompts</td>
<td></td>
</tr>
</tbody>
</table>

### COVERED SERVICES

Below is the list of covered services under both the FCAH and MAP programs. The care must be “medically necessary” as determined by the member’s physician and Care Manager.

- Care Management
- Nursing
- Physical therapy
- Speech pathology
- Adult day health care
- Durable medical equipment and oxygen
- Enteral and parenteral supplements
- Personal emergency response system
- Audiology/hearing aids (includes batteries)
- Podiatry
- Optometry/eyeglasses
- Home-delivered or congregate meals
- Respiratory therapy
- Social and environmental supports
- Home health care
- Social and environmental supports
- Home health care
- Non-emergency transportation
- Dentistry
- Social day care
- Nutrition
- Medical social services
- Personal care aides
- Medical and surgical supplies
- Prosthetics and orthotics
- Non-emergency transportation
- Nutrition

### VERIFYING MEMBER ELIGIBILITY

*These suggestions are not a guarantee of coverage*

Check the member’s ID card and log on to Fidelis Care’s Provider Access Online through https://providers.fideliscare.org or contact the Fidelis Care Provider Call Center and use the automated eligibility tool at 1-888-FIDELIS (1-888-343-3547), and follow the prompts.

### AUTHORIZATIONS

Fidelis Care Service Coordinators coordinate and manage each member’s overall care, including care by PCP, specialty, ancillary, and tertiary providers.

- Providers can email treatment referrals, which Fidelis Care may use as a basis for authorizing services. Requests should be emailed to: mltcauthreq@fideliscare.org or fax 716-803-8727.

- When referring for covered services, ensure that the provider is subcontracted and participating in the Fidelis Care network. Participation can be verified by visiting - http://www.fideliscare.org/apps/providersearch/.

- Members can choose any participating hospital or specialist they wish; however, please contact the member’s Service Coordinator at 1-888-FIDELIS (1-888-343-3547), and follow the prompts, to notify of any referrals. This will help the Service Coordinator properly coordinate services. Service Coordinators may also assist members in obtaining non-covered services or those covered by Medicaid or Medicare, and will help arrange transportation for members.

- **When transportation is needed for a member, providers must request a separate authorization for Transportation. This includes Adult Social Day Care.**
## Claim Submission Options

**Electronic Claims**
- Fidelis Care Payer ID - 11315 – For more information visit fideliscare.org

**Paper Claims**
- Fidelis Care Corporate Claims Department
  - P.O. Box 1707
  - Amherst, NY 14226

- Diagnosis codes must be correct and submitted to the appropriate digit pursuant to current coding guidelines.
- To ensure prompt and appropriate payment, submit the correct Revenue Code for services when billing on a UB04 claim form.
- All claims must be submitted electronically within ninety (90) days from the date of service.

## SERVICES INCLUDE THE FOLLOWING

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Previous HCPCS Code</th>
<th>Previous Service Billing Units</th>
<th>New HCPCS Code</th>
<th>New Service Billing Units</th>
<th>Contract Note Regarding Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Assistance (PCA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level I (housekeeping)</td>
<td>T1019</td>
<td>Per 15 mins</td>
<td>S5130U1</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Level II</td>
<td>T1019TG</td>
<td>Per 15 mins</td>
<td>T1019U1</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Level II Mutual Case (multiple)</td>
<td>T1020</td>
<td>Hourly Code</td>
<td>T1019U1</td>
<td>Per 15 mins</td>
<td>Code and unit change</td>
</tr>
<tr>
<td>Level II Shared Aide (up to two)</td>
<td>T1020TF</td>
<td>Hourly Code</td>
<td>T1019U2</td>
<td>Per 15 mins</td>
<td>Code and unit change</td>
</tr>
<tr>
<td>Level II-Hard to Serve</td>
<td>T1020TG</td>
<td>Hourly Code</td>
<td>T1019U4</td>
<td>Per 15 mins</td>
<td>Code and unit change</td>
</tr>
<tr>
<td>Live In Level II</td>
<td>T1022</td>
<td>Per Diem*</td>
<td>T1020</td>
<td>Per Diem</td>
<td>Code change only</td>
</tr>
<tr>
<td>Live In Level II Mutual Case (multiple)</td>
<td>T1022TT</td>
<td>Per Diem*</td>
<td>T1020U2</td>
<td>Per Diem</td>
<td>Code change only</td>
</tr>
<tr>
<td>Live In Level II - Two Client Hard to Serve</td>
<td>T1022TG</td>
<td>Per Diem</td>
<td>T1020U5</td>
<td>Per Diem</td>
<td>Code change only</td>
</tr>
<tr>
<td>Home Health Aid Services</td>
<td>S9122</td>
<td>Hourly Code</td>
<td>S9122</td>
<td>Hourly Code</td>
<td>No code or rate change</td>
</tr>
<tr>
<td>Consumer Directed Personal Aid Services (CDPAS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer Direct 1 Client</td>
<td>T1019U1</td>
<td>Per 15 mins</td>
<td>T1019U6</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Consumer Direct 2 Client</td>
<td>T1019U2</td>
<td>Per 15 mins</td>
<td>T1019U7</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Consumer Direct 1 Client Enhanced</td>
<td>T1019U3</td>
<td>Per 15 mins</td>
<td>T1019U8</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Consumer Direct 2 Client Enhanced</td>
<td>T1019U4</td>
<td>Per 15 mins</td>
<td>T1019U9</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Consumer Direct Live In 1 Client</td>
<td>T1020U1</td>
<td>Per Diem*</td>
<td>T1020U6</td>
<td>Per Diem</td>
<td>Code change only</td>
</tr>
<tr>
<td>Consumer Direct Live In 2 Client</td>
<td>T1020U2</td>
<td>Per Diem*</td>
<td>T1020U7</td>
<td>Per Diem</td>
<td>Code change only</td>
</tr>
<tr>
<td>Nursing Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Assessment including PRI &amp; Intense cases</td>
<td>T1001</td>
<td>Per Visit</td>
<td>T1001</td>
<td>Per Visit</td>
<td>No code or rate change</td>
</tr>
<tr>
<td>UAS Assessment</td>
<td>T1001TG</td>
<td>Per Diem*</td>
<td>T2024</td>
<td>Per Visit</td>
<td>Code change only</td>
</tr>
<tr>
<td>UAS Reassessment</td>
<td>T1001TF</td>
<td>Per Diem*</td>
<td>T2024</td>
<td>Per Visit</td>
<td>Code change only</td>
</tr>
<tr>
<td>Private Duty (LPN)- 15 Min</td>
<td>T1000</td>
<td>Per 15 mins</td>
<td>T1003</td>
<td>Per 15 mins</td>
<td>Code change only</td>
</tr>
</tbody>
</table>
Nursing Care in Home (LPN) | T1031  | Per Diem | T1031  | Per Diem | No code or rate change  
---|---|---|---|---|---  
LPN- Hourly | S9124  | Hourly Code | S9124  | Hourly Code | No code or rate change  
Private Duty Nursing (RN)- 15 Min | T1000TG  | Per 15 mins | T1002  | Per 15 mins | Code change only  
Nursing Care by RN in Home (including Med Prepour) | T1030  | Per Diem* | T1030  | Per Diem* | No code or rate change  
Nursing Care by RN (including Med Prepour)- Hourly | S9123  | Hourly Code | S9123  | Hourly Code | No code or rate change  

- Units must be appropriate for the service/code being performed. Time units must be calculated correctly for proper reimbursement. Failure to code such services correctly may result in claim denials.
- For personal care services, units must be reported as full units only. Partial hours of service must be rounded to the nearest whole hour (Examples: a service that required 3 hours and 30 minutes = 4 units; a service that required 3 hours and 25 minutes = 3 units; a service that required 15 minutes = 1 unit). For detailed information, please refer to the EMEDNY website at [https://www.emedny.org/ProviderManuals/PersonalCare/PDFS/PersonalCare_Billing_Guidelines UB04.pdf](https://www.emedny.org/ProviderManuals/PersonalCare/PDFS/PersonalCare_Billing_Guidelines UB04.pdf)
- Split shift billing, for a given date of services, should be submitted on one claim form, as one combined line with combined units, in order to prevent duplicate claim denials.
- For mutual cases (non split-shifts and non live-ins), the assessment nurse will calculate ADL services for each member and IADL services for the household. IADLs for mutual case members will be shared hours. Failure to follow the detailed authorization may result in improper claims processing.
- Participating providers may not, under any circumstance, bill a Fidelis Care Member for any covered services except for applicable copayments, deductibles, or coinsurances.
- For claim status please visit Provider Access Online at [https://providers.fideliscare.org](https://providers.fideliscare.org) or call the Provider Call Center at 1-888-FIDELIS (1-888-343-3547), and follow the prompts, for claims over thirty-five (35) days.
- Remittance Advice can be obtained by logging onto Provider Access Online and are also available through a HIPAA mandated 835 Electronic Remittance Advice.

**APPEALS AND REQUESTS FOR ADMINISTRATIVE REVIEWS**

**Standard Appeals**

Appeals for FCAH and MAP must be received within sixty (60) days of the adverse determination and should be mailed to:  
**Attn: Member Services, Fidelis Care, 95-25 Queens Boulevard, 7th Floor, Rego Park, NY 11374**

**Requests for Administrative Review of Previously Processed Claim**

Requests for claim reconsiderations must be submitted within sixty (60) calendar days of the date of the remittance advice and should be mailed to: **Attn: Claims Reconsideration, Fidelis Care, 480 CrossPoint Parkway, Getzville, NY 14068**

**DEMOGRAPHIC CHANGES**

Please fax or mail data maintenance changes to the Provider Relations Department in your area at least thirty (30) days in advance. Failure to submit a change request in a timely manner may result in claim denials.

**ADDITIONAL RESOURCES**

Please visit the Fidelis Care website [fideliscare.org](http://fideliscare.org) for a complete copy of the Fidelis Care Provider Manual, educational resources, announcements, and other helpful tools.