

**LEE PHYSICIAN HOSPITAL ORGANIZATION: QUICK REFERENCE GUIDE Effective January 1, 2019**

EFFECTIVE DATE*	CONTRACTED PLAN	PHYSICIAN REIMBURSEMENT	BENEFITS & CLAIM INFORMATION	CO-PAY/CO-INSURANCE	LAB SPECIFICATIONS	XRAY SPECIFICATION	CLAIMS PYMT/ TIMELY FILING TIMEFRAMES
1/1/2002	<b>WEBTPA</b> <i>TPA for Lee Memorial Health System Employees</i>  (AKA LEE HEALTH PLAN)	115% of 2009 Medicare Allowable Locality 3  (default for codes not on 2009 Medicare fee schedule - 80% of billed charges.) <b>Immunizations: 115% of 2017 Medicare Allowable (eff. November 1, 2017)</b>	Benefits/eligibility phone number: (888) 632-3235 www.webtpa.com Claims Mailing Address: P.O. Box 99906, Grapevine, TX 76099 payor ID 75261	Annual Deductible: \$350/\$1050 single/family  Co-Pays: \$25 for Primary Care \$60 for Specialist No copay for Wellness Exam (Limit 1 per year for Employee and Spouse if covered by plan)	<b>Labs</b> - Lab work must be done at LMHS Labs. If lab work is drawn in physician's office, it must be sent to a LMHS Lab for testing. (Refer to the Lab Services section of the Lee/Webtpa Plan Specifications for any exceptions, Stat Labs, etc.)	<b>X-rays</b> - plain xrays, sonograms, ultrasounds, echocardiograms, and dexascans can be done in the physician office and will be reimbursed if billed under the physician's tax id number. Plain x-rays have \$50 copay. <b>PLEASE NOTE: MRIs, CTs, PET scans, Nuclear Studies, and mammograms must be done at LMHS. Call Central Scheduling at (239) 343-1999 to make appointment. Fax: (239) 343-4035.</b>	<b>Payment</b> -30 working days from receipt of a clean claim.  <b>Filing</b> – 90 days from Date of Service
7/1/1995	<b>HEALTHSMART PREFERRED NETWORK</b>  National Multipayor Network	85% of Billed Charges	Refer to Patients ID card	Refer to Patients ID card	<b>Labs</b> - Quest or LabCorp	<b>X-rays</b> done in the physician office will be reimbursed if billed under the physician's tax id number. Otherwise may be done at Lee Memorial Health System	<b>Payment</b> - 45 days from receipt of a clean claim. <b>Filing</b> – NA
5/1/1997	<b>WELLCARE (STAYWELL) MEDICAID HMO</b>  <b>STAYWELL HEALTHY KIDS</b>	100% of Medicaid Fee Schedule  110% of prevailing Medicare Locality 3 (immunizations paid at Title XXI rates)	Refer to Patients ID card  Refer to Patients ID card	Refer to Patients ID card  Refer to Patients ID card	<b>Labs</b> – for pre-op only, may use LMHS Outpatient Labs or for all other Labs, <b>Quest</b>	<b>X-rays</b> done in the physician office will be reimbursed if billed under the physician's tax id number. Otherwise may be done at Lee Memorial Health System— <b>Imaging requires prior Authorization from CareCore National LLC</b>	<b>Payment</b> - 30 working days from receipt of a clean claim <b>Filing</b> – 60 days from Date of Service
1/15/2001	<b>NPPN (National Preferred Provider Network) – PPO</b>  National Multipayor Network	85% of Billed Charges	Benefits/eligibility phone: Refer to Patient's ID card  Customer Service: (800) 557-1656	Refer to Patient's ID card	<b>Labs</b> – In office if office has own lab facility, or <b>Ameripath</b> or <b>LMHS Outpatient Labs</b> or <b>Quest</b> or <b>LabCorp</b>	<b>X-rays</b> done in the physician office will be reimbursed if billed under the physician's tax id number. Otherwise may be done at Lee Memorial Health System	<b>Payment</b> - 30 days from receipt of a clean claim  <b>Filing</b> – NA.

**Workers' Compensation Plans\* (for those physicians on the Work Comp Panel)**

**Choice Medical Management and Heritage Summit - 100% State of Florida work comp fee schedule**

\*Except where noted