

Connecticut Medicare Quick Reference Guide

January 2009

Web Address: www.wellcare.com

Important Telephone Numbers			
Provider Services Eligibility Verification, Claims, Utilization Mgmt	(866) 579-8006	Personal Health Advisor Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.	(800) 919-8807
TTY/TDD	(877) 247-6272	Case and Disease Management Referrals	(866) 635-7045
Pharmacy			
Pharmacy Services Including After Hours / Weekends (WHI)	(866) 653-0976	Drug Evaluation Review (DER) Fax Including Injectables and Infusions	(866) 388-1767
Claims			
Timely claims filing is 180 days from the date of service to primary payers.			
EDI Questions and Assistance	(866) 579-8066	Claims Department	(866) 579-8006
EDI Partners	EDI Payer ID	Contact	Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372
ACS EDI Gateway, Inc.	77004	(800) 987-6720	
Availity	14163	(800) 282-4548	
Emdeon	14163	(800) 845-6592	
RelayHealth (McKesson)	14163	(800) 522-6562	
SSI Group	14163	(800) 880-3032	
ZirMed	14163	(877) 494-7633	
Encounter Data Submissions	59354		
Electronic Funds Transfers & Remittance Advice (EFT/ERA)			
Customer Service	(866) 579-8006	www.payspanhealth.com	
Claim Appeals			
Claim Appeals <i>(including behavioral health services provided by acute care general hospitals)</i> To address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. Claim appeals must be submitted to WellCare, in writing, within 90 days of the date of denial on the EOB. Please mail written Claims Appeals and documentation to: WellCare Health Plans, Inc. Attn: CT Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372	(866) 579-8006	Claim Appeals Fax	(813) 262-2802
		Providers may also fax written Claim Appeals and documentation to the number listed above, attention of CT Claim Appeals. There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Appeals section on this guide for instructions.	
Appeals			
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 90 calendar days when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.			
Mail or fax an appeal with supporting clinical documentation to: WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657		Grievances may be initiated in writing or by a call to the Customer Service department. WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 (866) 579-8006 Fax: (866) 388-1769	
Provider Complaints & Grievances			
Provider complaints related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within 45 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to: WellCare Health Plans, Inc. Attn: Customer Service P.O. Box 31370 Tampa, FL 33631-3370 Fax (813) 262-2802			
Risk Management			
Trust Program (Fraud & Abuse Hotline)	(866) 678-8355		
Contracted Networks			
Behavioral Health <i>CompCare (Acute care general hospitals claims*)</i> Customer Service / Authorizations Fax number <i>*Submit all claims to WellCare (see Claims section above)</i>	(800) 458-6139 (877) 436-3604	Vision Care <i>Advantica</i> (Routine Vision Only) Dental <i>Healthplex</i> Transportation <i>Logisticare</i> (for Access Members)	(866) 579-8006 (888) 468-5184 (877) 831-3148

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Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 579-8006 and follow the prompts.

- To notify the Plan of unplanned inpatient hospital admissions and observations within the next business day (except normal maternity delivery admission). A telephone authorization must be followed by a fax submission of clinical information -- by the next business day.
- You may also call to request outpatient authorizations for urgent and time sensitive services when warranted by the patient's condition. Please include CPT and ICD-9 codes with your authorization request.

Authorization Required

Standard Authorization Requests

Fax your request to the numbers listed below. 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.

PCPs are required to obtain authorizations for all out-of-network requests:

- ❖ Requests for Point-of-Service (POS) benefits must be submitted and reviewed for authorization.
- ❖ Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)* *do not* require authorization.

Ancillary – Fax: (877) 431-8859

- occupational, physical and speech therapy - after initial three visits (11)*
- respiratory therapy services

Home Health Care and

Durable Medical Equipment – Fax: (877) 431-8859

- durable medical equipment purchases billed at or more than \$500 (includes orthotics and prosthetics)
- durable medical equipment rentals
- home health care

Inpatient – Fax: (877) 844-8538

- all inpatient hospital admissions (21)*
- clinical updates for continued length-of-stay
- behavioral health or alcohol or substance abuse (see Behavioral Health under Contracted Networks on page 1)
- rehabilitation facility admissions (61)*
- skilled nursing facility admissions (31 & 32)*

Outpatient – Fax: (877) 892-8215

- alcohol and substance abuse, behavioral health services, (see Behavioral Health under Contracted Networks on page 1)
- air ambulance transportation (non-emergency & facility-to-facility transfers)
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- cosmetic procedures (ALL)*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests not performed by vendor
- dialysis
- domiciliary, rest home and custodial services (32, 33)*
- hearing services
- hospice care services
- investigational and experimental procedures and treatments
- pain management treatment (24)*
- radiology - CAT, MRA, MRI, PET and SPECT (ALL)*
- rehabilitation facility services (62)*

No Authorization Required

Emergency and Urgent Care

- emergent transportation services
- urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)*

Laboratory

- laboratory tests (11, 22, 81)*
- lab tests consistent with CLIA certificates (11)*

Primary Care

- PCP office visits and treatment
- diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*

Specialists

- 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)*
- physician services, PAR or NON-PAR (31, 32, 33)*

Other Services

- services at outpatient hospital clinics (Rev. Codes 510-519)
- all services performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** those listed as requiring authorization.
- observation (22)*
- cardiac and pulmonary rehabilitation programs

Radiology

- basic radiology services (11, 22 & 24)* **excluding** CAT, MRA, MRI, PET and SPECT
- mammograms (ALL)*

Ultrasonography

- diagnostic ultrasounds

Referrals

WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility (Place of Service 11, 50, 71 & 72). The specialist must document the receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

* Place of Service Codes

11 - Office	50 - FQHC
20 - Urgent Care Facility	61 - Inpatient Rehab
21 - Inpatient Hospital	62 - Outpatient Rehab
22 - Outpatient Hospital	65 - ESRD
23 - Emergency Room	71 - Public Health Clinic
24 - Ambulatory Surgery Center	72 - Rural Health Clinic
31 - Skilled Nursing Facility	81 - Laboratory
32 - Nursing Facility	
33 - Custodial Care Facility	