



CONNECTICUT MEDICARE QUICK REFERENCE GUIDE
March 2011

Web Address: www.wellcare.com

Important Telephone Numbers		
Provider Services (866) 579-8006 Eligibility verification, Claims, Utilization Mgmt. and Provider Complaints	Personal Health Advisor (800) 919-8807 Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week.	
TTY/TDD (877) 247-6272	iCare (866) 364-1350 Hotline for suspected fraud and abuse	
Case and Disease Management Referrals (866) 635-7045		
How to Become a Registered Web User	How to Verify Eligibility	
Pharmacy Services		
Pharmacy Services (866) 653-0976 Including after-hours and weekends (WHI)	Coverage Determination Requests Fax (866) 388-1767 Submit Coverage Determination requests for: <ul style="list-style-type: none"> Drugs not listed on the Formulary Drugs listed on the Formulary with a prior authorization (PA) Duplication of therapy Prescriptions that exceed the FDA daily or monthly quantity limits Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office Drugs listed on the Formulary with a quantity limit (QL) Drugs that have a step edit (ST) and the first line therapy is inappropriate 	
Medication Appeals Fax (866) 388-1766 Medication appeals may also be filed verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal. Mail all medication appeals with supporting documentation to: WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department PO Box 31383 Tampa, FL 33631-3383	Coverage Determination Request Form Medical Injectables – No Authorization Required List	
Medication Appeal Request Form		
Claim Submissions	Claim Payment Disputes	
Claims Department (800) 278-5155 Including EDI questions and assistance WellCare will no longer accept handwritten or replicated claim forms after October 28, 2010 . Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms. Claim forms and guidelines may be found on our website at www.wellcare.com . Mail paper claim submissions to: WellCare Health Plans, Inc. Claims Department PO Box 31372 Tampa, FL 33631-3372	The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 90 days of the date on the EOP. Mail or fax all claim payment disputes with supporting documentation to: WellCare Health Plans, Inc. Fax (877) 277-1808 Attn: Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3370	
Electronic Claim Submission/Electronic Data Interchange (EDI) Services How to Check the Status of a Claim Online Registering for Electronic Funds Transfer (EFT)/Electronic Remittance Admittance (ERA) Services Tips on How to File Claims	<th style="background-color: #0056b3; color: white; text-align: center;">Claim Payment Policy Disputes</th> <p>The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 90 days of the date of denial on the EOP.</p> <p>Mail all disputes related to payment policy issues to:</p> <p>WellCare Health Plans, Inc. Fax (877) 277-1808 Payment Policy Disputes Department PO Box 31426 Tampa, FL 33631-3426</p>	Claim Payment Policy Disputes

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Appeals (Medical)

For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representative may be required. Providers may also seek an appeal through the Appeals department within 90 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.

Mail or fax medical appeals with supporting documentation to:

WellCare Health Plans, Inc. Fax (866) 201-0657
Attn: Appeals Department
PO Box 31368
Tampa, FL 33631-3368

[Filing an Authorization – Related Claims Appeal](#)

Grievances

Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent.

Mail or fax member grievances to:

WellCare Health Plans, Inc. Fax (866) 388-1769
Attn: Grievance Department
PO Box 31384
Tampa, FL 33631-3384

[Medicare Appointment of Representative Form](#)

Behavioral Health – Acute Care General Hospital Claims

[CompCare](#)

Customer Service and Authorizations (800) 458-6139
Authorization Request Submissions Fax (877) 436-3604

Radiology Prior Authorization

[CareCore National](#) is our in-network radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all *authorization* related submissions for services rendered in locations listed above.

Urgent Authorizations and Provider Services (888) 333-8641
Authorization Request Submissions Fax (866) 896-2152

Web submissions may also be submitted via the [CareCore Provider Web Portal](#) or www.carecorenational.com.

[CareCore National Frequently Asked Questions \(FAQs\) for Providers](#)

Contracted Networks

Dental (888) 468-2183

[Healthplex](#)

Transportation (877) 831-3148

[LogistiCare](#)

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Prior Authorization (PA) Requirements

This WellCare Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. There are changes to authorization requirements on the list. The authorization changes are denoted by a for easy identification. Requirements that have been edited for *clarification only* are denoted with an .

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.

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 (11, 50, 71 & 72)*. The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

Urgent Authorization Requests and Admission Notifications – Call (866) 579-8006 and follow the prompts.

- Notify the Plan of unplanned inpatient hospital admissions and observations within the next business day (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member's condition. Please add CPT and ICD-9 codes with your authorization request.

[How to Submit an Authorization Request Online](#)

NOTE: Place of service codes (POS)* are specified for some services.

***Place of Service Codes**

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

DME Services Fax (877) 431-8859

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
= New or changed requirement = Clarification of current requirement			
All Durable Medical Equipment rentals	X		Refer to Clinical Coverage Guidelines
Durable Medical Equipment purchases (Including Orthotics and Prosthetics)	X		DME purchases billed for less than \$500 do not require an authorization. Refer to Clinical Coverage Guidelines

Home Health Services Fax (866) 886-4321

Home health care services	X		
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Inpatient Services Fax (877) 844-8538

All inpatient hospital admissions (21)*	X		Clinical updates required for continued length of stay.
Air ambulance transportation (non-emergency and facility-to-facility transfers)	X		
Emergency room services (23)*		X	
Emergency transportation services		X	
Observations (22)*		X	Clinical updates required for continued length of stay.
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.
Skilled nursing facility admissions (31 & 32)*	X		Clinical updates required for continued length of stay.

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Outpatient Services		Fax (877) 892-8215	
PROCEDURES and SERVICES 🚫 = New or changed requirement ⓘ = Clarification of current requirement	Auth Required	No Auth Required	Comments
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans (11, 22 & 24)* 🚫	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Air ambulance transportation (non-emergency and facility-to-facility transfers)	X		
Ambulatory surgery center services (24)*		X	No Authorization is required except for those services listed as requiring authorization on this list.
Cardiac and pulmonary rehabilitation programs ⓘ	X		Refer to Clinical Coverage Guidelines
Cosmetic procedures (ALL)*	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		Refer to Clinical Coverage Guidelines
Diagnostic laboratory services (Routine) (11, 22 & 81) ⓘ		X	No authorization is required for routine lab services. Testing must be consistent with CLIA guidelines.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*		X	
Diagnostic ultrasounds		X	
Domiciliary, rest home & custodial services (32 & 33)*	X		
Hospice care services	X		
Investigational & experimental procedures and treatment	X		Experimental and Investigational Procedures and Devices Clinical Coverage Guideline
Mammograms (ALL)*		X	
Outpatient hospital services (22)*		X	No Authorization is required except for those services listed as requiring authorization on this list.
Outpatient hospital clinic services (22)*		X	Rev. codes 510 - 519
Pain Management treatment (24)*	X		
PCP office visits and treatment		X	
Physician services (31, 32 & 33)		X	Physicians may be participating or non-participating
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 - 01936
Rehabilitation facility services (62)*	X		
Respiratory therapy services	X		
Routine radiology services (11, 22 & 24)*		X	
Specialist office visits (11)*		X	PCP referral required
Urgent care services (20)*		X	
Skilled Therapy Services		Fax (877) 709-1698	
Occupational, Physical and Speech therapy services (11 & 22)*	X		Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits.

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