

Florida Medicaid Quick Reference Guide
August 2011



Web address: www.wellcare.com

Important Telephone Numbers

| | |
|--|---|
| Provider Services Eligibility verification, Claims, Utilization Mgmt., Provider Complaints, Language Line and Dental Services HealthEase (800) 278-0656 HealthEase Healthy Kids (800) 278-8178 Staywell (866) 334-7927 Staywell Healthy Kids (866) 698-5437 | 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 | Risk Management WellCare's Fraud, Waste and Abuse Hotline (866) 678-8355 Florida Medicaid Program Integrity Hotline (888) 419-3456 |
| | Case and Disease Management Referrals (866) 635-7045 |

[How to Become a Registered Web User](#)

[How to Check Member Eligibility](#)

Claim Submissions

Claim Payment Disputes

Provider Services
 Questions related to claim submissions

HealthEase (800) 278-0656
 HealthEase Healthy Kids (800) 278-8178
 Staywell (866) 334-7927
 Staywell Healthy Kids (866) 698-5437

For EDI questions and assistance, please contact our EDI team who will help identify, test and correct any issues. EDI-Master@wellcare.com

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

Preferred EDI Partner **EDI Payor ID**
 RelayHealth (McKesson) 14163 (877) 411-7271

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.

Mail paper claim submissions to:

WellCare Health Plans, Inc.
 Claims Department
 PO Box 31372
 Tampa, FL 33631-3372

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.

Mail all disputes related to payment policy issues to:

WellCare Health Plans, Inc. Fax (877) 277-1808
 Payment Policy Disputes Department
 PO Box 31426
 Tampa, FL 33631-3426

Appeals (Medical)

Providers may file an appeal on behalf of the member with the member's written consent. 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

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

[Non-Medicare Member Appointment of Representative Form](#)

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Pharmacy Services

Pharmacy Services (877) 647-7473
 Including after-hours and weekends (WHI)
 Group Numbers
 806257 Staywell
 816257 Staywell Healthy Kids
 826257 HealthEase/HealthEase Healthy Kids

Medication Appeals Fax (888) 865-6531

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 31398
 Tampa, FL 33631-3398

Coverage Determination Requests Fax (866) 825-2884

Submit [Coverage Determination Review requests](#) 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 limit (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Brand name drugs when a generic exists
- Drugs that have a step edit (ST) and the first line therapy is inappropriate
- Drugs that have an age limit (AL)

[Medical Injectables – No Authorization Required List](#)

Behavioral Health

Magellan Behavioral Health (877) 712-5340

- Contact Magellan for all Mental Health and Substance Abuse services including Inpatient hospitalization and Outpatient counseling.
- Inpatient admission notification is required within 24 hours.
- Authorization is not required for the first outpatient visit. Prior approval is required for continued services.

For real-time authorization responses, submit your secure request online at www.MagellanHealth.com/provider (select "Request Outpatient Authorization"). Complete your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

Radiology Prior Authorization

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

Contracted Networks

Durable Medical Equipment

Please review the [Home Health Care, DME and Medical Supplies Reference Guide](#) to determine which vendor provides services in the member's county.

[CareCentrix](#)
 Urgent Authorizations and Provider Services (888) 999-2422
 Authorization Requests Submissions Fax (800) 218-4219

[ALL-MED SERVICES of Florida, Inc.](#)
 Urgent Authorizations and Provider Services (800) 369-1416
 Authorization Request Submissions (800) 722-4148

Vision Services

Benefits may vary from county to county. Contact Provider Services for additional information.

Ophthalmology – Premier Eye Care
 Authorizations and Provider Services (800) 738-1889

Optometry – Advantica
 Customer Service (866) 468-0450

***Skilled Therapy Services (OT/PT/ST) -- ATA**
 Urgent Authorizations and Provider Services (888) 550-8800
 Authorization Request Submissions Fax (800) 980-2380

Home Health Care Services
[CareCentrix](#)
 Urgent Authorizations and Provider Services (888) 999-2422
 Authorization Requests Submissions Fax (800) 218-4219

*POS 11 only

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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. Authorization changes are denoted by a symbol for easy identification. There were no authorization changes on this document. Requirements that have been edited for *clarification only* are denoted with a symbol.

All services rendered by non-participating providers and facilities require authorization. Primary Care Physicians must refer members to participating specialists. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

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)*. **A written or faxed script to the specialist is required.** The reason for the referral and the name of the specialist must be documented in the medical record. **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. Specialists may not refer members directly to other specialists.

This guide does NOT apply to the following: Medical groups or IPAs delegated for Utilization Management (providers must follow the specific medical group or IPA referral and authorization requirements) or other services covered under a specific network arrangement.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

Urgent Authorization Requests and Admission Notifications – Call (800) 351-8777 and follow the prompts.

- Notify the Plan of unplanned Inpatient hospital admissions and Observations within **twenty-four (24) hours** of 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 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.

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 | | | |

| | | | |
|---|---|--|------------------------------------|
| Durable Medical Equipment rentals and purchases | X | | See Contracted Networks on page 2. |
| Orthotics and Prosthetics | X | | |

Home Health Services Fax (866) 886-4321

| | | | |
|---------------------------------|---|--|------------------------------------|
| Home Health Care services (12)* | X | | See Contracted Networks on page 2. |
|---------------------------------|---|--|------------------------------------|

Inpatient Services Fax (877) 431-8860

| | | | |
|--|---|---|---|
| Emergency Behavioral Health services | | X | |
| Emergency Room services (23)* | | X | |
| Emergency Transportation services | | X | |
| Inpatient Hospital Admissions (21)* | X | | Clinical updates required for continued length of stay. |
| Newborn Deliveries | X | | Notification is required by the next business day. |
| 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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NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, 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 July 2011) Page 3 of 4

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| Outpatient Services | | Fax (800) 935-5752 | |
|--|---------------|--------------------|--|
| PROCEDURES and SERVICES | Auth Required | No Auth Required | Comments |
| = New or changed requirement = Clarification of current requirement | | | |
| Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT scans (11, 22 & 24)* | X | | Contact CareCore National for authorization. See Radiology Prior Authorization on page 2. No authorization is required for the initial three OB ultrasounds. |
| Ambulance transportation (non-emergent) | X | | |
| Ambulatory surgery center procedures (24)* | X | | No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397 and 45300 - 45392 |
| 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) (22 & 24) | X | | Laboratory services performed in POS 11 and 81 (Quest) do not require an authorization. Testing must be consistent with CLIA guidelines. |
| Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)* | | X | |
| Domiciliary, rest home & custodial services (32 & 33)* | X | | |
| Family planning services | | X | |
| Health Department services (71)* | | X | Includes vaccines, treatment for sexually transmitted diseases and rabies. |
| Hospice care services | X | | |
| Investigational & experimental procedures and treatment | X | | Experimental and Investigational Procedures and Devices Clinical Coverage Guideline |
| Nutritional counseling | X | | |
| Obstetric Global Care | | X | Prenatal notification form must be submitted within 30 days of the first prenatal visit. |
| Outpatient hospital procedures (22)* | X | | No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397 and 45300 - 45392 |
| Pain Management treatment (11, 22 & 24)* | X | | |
| PCP office visits and treatment | | X | Includes Health Check services |
| Radiology Anesthesia | | X | No Authorization is required for CPT codes 01916 - 01936 |
| Radiology services (Routine) (22 & 24)* | X | | No Authorization is required for routine radiology services (including non-Obstetric diagnostic ultrasounds) performed in POS 11 |
| Rehabilitation facility services (62)* | X | | |
| Respiratory therapy services | X | | |
| Specialist office visits (11)* | | X | |
| Sterilization procedures | | X | Sterilization consent form 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 |

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