

FL Medicare Quick Reference Guide

August 2008

Web site: www.wellcare.com

Important Telephone Numbers			
Provider Services Eligibility Verification, Claims, Utilization Mgmt	(888) 888-9355	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			
EDI Questions and Assistance	(800) 960-2530 x4096	Claims Department	(888) 888-9355
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 (former WebMD®)	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	(888) 888-9355		
	www.payspanhealth.com		
Claim Appeals			
Claim Appeals	(888) 888-9355	Claim Appeals Fax	(813) 262-2802
The Claims Appeal process is designed 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. To initiate this process, please mail written Claims Appeals and documentation to: WellCare Health Plans, Inc. Attn: FL Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372		Providers may also fax written Claim Appeals and documentation to the number listed above, attention of FL Claim Appeals. There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Administrative Review 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	(888) 888-9355 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 31384 Tampa, FL 33631-3384			
	Fax (813) 262-2802		
Risk Management			
Trust Program (Fraud & Abuse Hotline)			(866) 678-8355
Contracted Networks			
Behavioral Health - Harmony Behavioral Health	(877) 712-5340	Home Health Care Services – ATENDA	
Chiropractics - Chiro Alliance Corp.	(888) 888-9355	Urgent Requests	(888) 914-2201
Dental - Atlantic Dental (ADI)	(800) 964-7811	Standard Requests – Fax to:	(888) 914-2202
Durable Medical Equipment (view county listing)		Physical/Occupational/Speech Therapy	
ALL-MED	(800) 369-1416	American Therapy Administrators (POS11)	(888) 550-8800
- Fax submissions	(800) 722-4148	Vision*	
ATENDA	(888) 914-2201	Premier Eye Care of Florida, Inc.	
- Fax submissions	(888) 914-2202	Ophthalmology	(800) 738-1889
WellCare	(800) 351-8777	Advantica	
Fitness – Healthways	(877) 438-0417	Optometry	(866) 425-2323
Hearing Services – HearUSA	(800) 333-3389		
		*Vision benefits may vary from county to county.	

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests for Admission Notifications

Call (800) 351-8777 and follow the prompts.

Notify the Plan of unplanned inpatient hospital admissions 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.

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. (see referral area below)

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

- Requests for Point-of-Service (POS) benefits require authorization **except** for urgent or emergent services rendered in emergency rooms and urgent care centers (20 & 23)*.

Ancillary – Fax: (877) 431- 8859

- occupational, physical and speech therapy (22)*
- occupational, physical and speech therapy (11)* (see Contracted Networks on page 1)

Home Health Care and Durable Medical Equipment

- home health care services (12)* - see Contracted Networks on page 1
- all durable medical equipment purchases costing \$500 or more, including orthotics & prosthetics - see Contracted Networks on page 1
- all durable medical equipment rentals – see Contracted Networks on page 1

Inpatient – Fax: (877) 431-8860

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

Outpatient – Fax: (877) 892-8216

- chemotherapy (see Pharmacy Services on page 1)
- cosmetic procedures (ALL)
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- investigational and experimental procedures and treatments
- hearing services (see Contracted Networks on page 1)
- radiology – **only** MRA, PET and SPECT (ALL)*
- rehabilitation facility services (62)*
- skilled nursing facility services (31, 32)*

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

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

Services:

- all services performed in an outpatient hospital or ambulatory surgery setting (22 & 24)* **excluding** those items listed as requiring authorization
- observation stays (22)*
- all transportation services
- cardiac and pulmonary rehabilitation programs
- dialysis
- DME purchases less than \$500
- hospice care services
- laboratory tests by an in-network provider **excluding** cytogenetic, reproductive or molecular tests
- pain management treatment
- respiratory therapy services

Specialists

- office visits and treatment with PCP referral
- All office (POS 11) diagnostic tests and procedures **except** cosmetic procedures, MRA, PET and SPECT.

Radiology

- all radiology services **except** MRA, PET and SPECT
- mammograms (ALL)*

Ultrasonography

- diagnostic ultrasounds
- OB 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 (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	33 – Custodial Care Facility
12 - Home	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	