

Georgia Medicare Quick Reference Guide

January 2010

Web site: www.wellcare.com

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Mgmt	(866) 334-7730	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
Member Services	(866) 334-7730		
TTY/TDD	(877) 247-6272		
Private Fee For Service (PFFS)	(866) 235-2770	Case and Disease Management Referrals	(866) 635-7045

Pharmacy

Pharmacy Services Including After Hours / Weekends (WHI)	(866) 653-0976	Medication Appeals WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department P.O. Box 31383 Tampa, FL 33631-3383	Fax: 1-866-388-1766
Coverage Determination Request Fax	(866) 388-1767		
Web-Based Information	www.wellcare.com		
<ul style="list-style-type: none"> Pharmacy updates Formulary Coverage Determination Request forms Participating pharmacies 		Medication appeals may also be called into Customer Service using the appropriate telephone number from above.	

Claims

EDI Questions and Assistance	(800) 960-2530 x4096	Claims Department	(800) 278-5155
EDI Partners	EDI Payer ID	Contact	
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	(866) 334-7730		
	www.payspanhealth.com		
		Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31224 Tampa, FL 33631-3224	
		Timely claims filing is 180 days from the date of service to primary payers.	

Claim Reconsideration Requests

Claim Reconsideration Requests	(866) 334-7730	Claim Reconsideration Fax	(813) 262-2802
This process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, non-covered codes, etc. Claim reconsideration requests 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: GA Claims Department P.O. Box 31224 • Tampa, FL 33631-3224		Providers may also fax written Claim and documentation to the number listed above, attention of GA Claim Reconsideration . There is a separate and distinct process available for medical necessity/authorization related claim denials. Please reference the Administrative Review section on this guide for instructions.	

Medical Benefit Appeals

A provider may file an administrative review request or grievance on behalf of the member with the member's written consent. A provider may also seek an administrative review request 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 a medical benefit administrative review request 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 phone to the Service department. WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	(866) 334-7730 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
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Risk Management

Trust Program (Fraud & Abuse Hotline)	(866) 678-8355
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Contracted Networks

Behavioral Health - Harmony Behavioral Health	(877) 712-5340	Laboratory - LabCorp	(888) 522-2677
Dental - Doral Dental	(800) 516-9615	Quest	(800) 767-7525
		Vision	(866) 334-7730

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 January 2010) WCPC-WRE-006 Page 1 of 2

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 334-7730 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 member'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 requested to obtain authorization for all out-of-network requests:

- 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 (11 & 22)*
- Respiratory therapy services

Home Health Care and Durable Medical Equipment –

Fax: (877) 431-8859

- Home health care (11 & 12)*
- all durable medical equipment purchases
- All orthotics & prosthetics
- All durable medical equipment rentals

Inpatient – Fax: (877) 431-8860

- All inpatient hospital admissions and outpatient observations (21 & 22)*
- 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) 892-8213

- Alcohol or substance abuse and Behavioral Health (see Behavioral Health under Contracted Networks on page 1)
- All procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 - 45392
- Ambulance transportation (non-emergent)
- Cardiac and pulmonary rehabilitation programs
- Cosmetic procedures (ALL)*
- Court-ordered services
- Cytogenetic, reproductive, molecular laboratory tests (ALL)*
- Dialysis (first visit)
- Domiciliary, rest home and custodial care services (32, 33)*
- Hearing services (see Contracted Networks on page 1)
- Hospice care services
- Investigational and experimental procedures and treatment
- Pain management treatment (11, 22, 24)*
- Advanced radiology – **including** CAT, MRA, MRI, PET and SPECT (ALL)*
- Rehabilitation facility services (62)*
- Skilled nursing facility services (31 & 32)*

NO AUTHORIZATION REQUIRED

No Authorization Required CPT code list available on wellcare.com

Emergency and Urgent Care

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

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)*

Laboratory

- Laboratory tests consistent with CLIA guidelines (11, 22, 24)* **excluding** cytogenetic, reproductive and molecular testing
- Laboratory tests by vendor (*Quest Diagnostics* - 81)*

Radiology

- Routine 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 (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**

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|--------------------------------|------------------------------|
| 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 | |