

Georgia Medicare Quick Reference Guide

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Web address: www.wellcare.com

Important Telephone Numbers & Links	
Provider Services (866) 334-7730 Eligibility verification, Claims, Utilization Management, TTY/TDD and Language Line Contracted Dental Network (800) 516-9615 DentaQuest <ul style="list-style-type: none"> • How to Become a Registered Web User 	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. iCare (Hotline for suspected fraud and abuse) (866) 364-1350 Case and Disease Management Referrals (800) 919-8807 <ul style="list-style-type: none"> • Provider Self-Service Options
Pharmacy Services	
Pharmacy Services (866) 653-0976 Including After Hours / Weekends (WHI) Medication Appeals Fax (866) 388-1766 WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department PO Box 31383 Tampa, FL 33631-3383 Medication appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.	Coverage Determination Requests Fax (866) 388-1767 Submit Coverage Determination Request Forms 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
Claims	
Claims Department (800) 278-5155 WellCare also has Provider Job Aids available for many claims related services: <ul style="list-style-type: none"> • Electronic Claim Submission/Electronic Data Interchange (EDI) Services • How to Check the Status of a Claim Online • Registering for EFT/ERA Services • Tips on How to File Claims Mail medical paper claim submissions to: WellCare Health Plans, Inc. Attn: Georgia Claims Department PO Box 31224 Tampa, FL 33631-3224	Claim Payment Disputes The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted to WellCare in writing within 90 days of the date of denial on the EOB. To initiate this process, please mail or fax the written claims payment dispute and documentation to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (877) 277-1808 Attn: Georgia Claim Payment Disputes P.O. Box 31370 Tampa, FL 33631-3224</p> <p><i>NOTE: There is a separate and distinct appeals process available for medical necessity/authorization related claims denials. Please refer to the Appeals (Medical) and Grievances section of this guide for instructions.</i></p>
Appeals (Medical) and Grievances	
For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representation 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. <ul style="list-style-type: none"> • How to File an Authorization-Related Claims Appeal • Medicare Appointment of Representative Form Mail or fax all medical benefit appeals with supporting documentation to: WellCare Health Plans, Inc. Fax (866) 201-0657 Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Member grievances may be filed verbally by contacting Customer Service or via mail or fax. Providers may also file a grievance on behalf of the member with the member's written consent. Additionally, provider complaints related to any administrative issues such as WellCare's policies and procedures or authorization/referral processes must be submitted in writing within 45 calendar days of the event giving rise to the complaint. <ul style="list-style-type: none"> • Provider Complaint Form Mail or fax member grievances and provider complaints to: WellCare Health Plans, Inc. Fax (866) 388-1769 Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384
Radiology Prior Authorization	
CareCore National is our in-network Advanced Radiology services vendor for places of service (POS): 11 & 22. Contact CareCore for all <i>authorization</i> related submissions for services rendered in locations listed above. <ul style="list-style-type: none"> • CareCore National FAQs for Providers 	
Telephone (urgent authorizations & Provider Services) (888) 333-8641 Fax (866) 896-2152	
Behavioral Health	
Magellan Behavioral Health (877) 712-5340 <ul style="list-style-type: none"> • Contact Magellan for <u>all</u> Mental Health and Substance Abuse services including Inpatient hospitalization <u>and</u> 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. 	

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 334-7730 and follow the prompts.

- Notify the Plan of unplanned inpatient hospital admissions and observations by 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.

Standard Authorization Requests may be submitted online via www.wellcare.com or by fax. Please include CPT and ICD-9 codes with your authorization request.

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

AUTHORIZATION REQUIRED

PCPs are required to obtain authorizations for all out-of-network requests. Specialists must coordinate all services with the member's PCP.

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

- All durable medical equipment purchases & rentals
- All orthotics & prosthetics

Home Health Care – Fax (866) 886-4321

- Home health care (11 & 12)*

Inpatient – Fax: (877) 431-8860

- All inpatient hospital admissions and outpatient observations (21 & 22)*
- Clinical updates for continued length-of-stay
- Rehabilitation facility admissions (61)*
- Skilled nursing facility admissions (31 & 32)*

Outpatient – Fax: (877) 892-8213

- Advanced Radiology **including** CT, CTA, MRA, MRI, PET, SPECT, Nuclear Cardiology and Nuclear Medicine (11 & 22)* - *see Radiology Prior Authorization on page 1*
- All procedures performed in an outpatient hospital or ambulatory surgery setting (22)*, **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 diagnostic lab testing (ALL)*
- Dialysis (first visit)
- Domiciliary, rest home and custodial care services (32, 33)*
- Hospice care services
- Investigational and experimental procedures and treatment
- Pain management treatment (11, 22, 24)*
- Rehabilitation facility services (62)*
- Respiratory therapy services
- Skilled nursing facility services (31 & 32)*

Skilled Therapy Services – Fax: (877) 709-1698

- Occupational, physical and speech therapy (11 & 22)*

Please visit wellcare.com to check member eligibility, obtain "How To" Guides and forms, submit authorization requests and much more.

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

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

Primary Care

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

Specialists

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

Laboratory

- Laboratory tests consistent with CLIA guidelines (11, 22, 24)*
- Laboratory tests by vendor (*Quest Diagnostics - 81*)*
 – *Excluding Cytogenetic, reproductive and molecular diagnostic testing*

Radiology

- Mammograms (ALL)*
- Radiology Sedation services – *CPT codes 01916 - 01936*
- Routine radiology services (11, 22, 24)*

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**

11 - Office	33 - Custodial Care Facility
12 - Home	50 - FOHC
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	