

# Illinois Medicare Quick Reference Guide

## February 2008

Web Address: [www.wellcare.com](http://www.wellcare.com)

Important Telephone Numbers															
<b>Provider Services</b> Eligibility Verification, Claims, Utilization Mgmt  <b>Chicago Provider Office</b> <b>Southern Illinois Provider Office</b> TTY/TDD	(866) 334-6876  (312) 630-2025 (618) 236-8050 (877) 247-6272														
<b>Personal Health Advisor</b> Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.	(800) 919-8807														
Pharmacy															
<b>Pharmacy Services</b> Including After Hours / Weekends (WHI)	(866) 653-0976														
Claims															
<b>EDI Questions and Assistance</b> (800) 960-2530 x4096  <b>EDI Partners</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>EDI Payer ID</i></th> <th style="text-align: left;"><i>Contact</i></th> </tr> </thead> <tbody> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004 (800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163 (800) 282-4548</td> </tr> <tr> <td>Emdeon (former WebMD®)</td> <td>14163 (800) 845-6592</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163 (800) 522-6562</td> </tr> <tr> <td>SSI Group</td> <td>14163 (800) 880-3032</td> </tr> <tr> <td>ZirMed</td> <td>14163 (877) 494-7633</td> </tr> </tbody> </table> <b>Encounter Data Submissions</b> 59354  <b>Electronic Funds Transfers &amp; Remittance Advice (EFT/ERA)</b> Customer Service (866) 334-6876  <a href="http://www.payspanhealth.com">www.payspanhealth.com</a>	<i>EDI Payer ID</i>	<i>Contact</i>	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	<b>Claims Department</b> (866) 334-6876  Mail medical paper claim submissions to:  WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372
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Claim Appeals															
<b>Claim Appeals</b> (866) 334-6876  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: IL Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372	<b>Claim Appeals Fax</b> (813) 262-2802  Providers may also fax written Claim Appeals and documentation to the number listed above, attention of IL Claim Appeals.  There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Appeals 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. (866) 334-6876 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384  Fax: (866) 388-1769														
Provider Complaints & Grievances															
<b>Provider Complaints</b> 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															
Risk Management															
<b>Trust Program (Fraud &amp; Abuse Hotline)</b>	(866) 678-8355														
Contracted Networks															
<b>Behavioral Health - Harmony Behavioral Health</b> (877) 712-5340	To reach our other contracted ancillary service providers, please contact the Provider Hotline at (866) 334-6876.														

**UTILIZATION MANAGEMENT (UM) DEPARTMENT – AUTHORIZATIONS**

**Urgent Authorization Requests and Admission Notifications**

Call (866) 334-6876 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, especially for urgent and time sensitive services when warranted by the patient'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 required to obtain authorizations for all out-of-network requests:**

- Requests for Point-of-Service benefits must be submitted and reviewed for authorization
- 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, speech therapy after initial three visits (22)\*

**Home Health and Durable Medical Equipment –**

**Fax: (877) 431- 8859**

- durable medical equipment purchases over \$200 (includes orthotics & prosthetics)
- durable medical equipment rentals
- home health care

**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) 899-2044**

- alcohol or substance abuse or Behavioral Health (see Behavioral Health under Contracted Networks on page 1)
- air ambulance in non-emergent situations
- chemotherapy (see Pharmacy Services on page 1 for authorization) (22)\*
- cosmetic procedures (ALL)\*
- court-ordered services
- dialysis (first visit)
- domiciliary, rest home and custodial care services (32 & 33)\*
- hearing services
- hospice care services
- investigational and experimental procedures and treatment
- pain management treatment (22)\*
- radiology - CAT, MRA, MRI, PET and SPECT (22)\*
- rehabilitation facility services (62)\*
- skilled nursing facility services (31 & 32)\*
- surgical procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)\*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 – 45393

**NO AUTHORIZATION REQUIRED**

**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)\*

**Participating 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)\*

**Ancillary**

- occupational, physical, speech therapy - first three visits

**Laboratory**

- laboratory tests consistent with CLIA guidelines
- laboratory tests by vendor (81)\*
- laboratory tests by any participating provider

**Radiology**

- all radiology services **except** CAT, MRA, MRI, PET and SPECT (22)\*
- 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**

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