



**ILLINOIS MEDICARE QUICK REFERENCE GUIDE**  
**March 2011**

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

Important Telephone Numbers		
<b>Provider Services</b> (866) 334-6876 Eligibility verification, Claims, Utilization Mgmt. and Provider Complaints	<b>Personal Health Advisor</b> (800) 919-8807 Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week.	
<b>TTY/TDD</b> (877) 247-6272	<b>iCare</b> (866) 364-1350 Hotline for suspected fraud and abuse	
<b>Case and Disease Management Referrals</b> (866) 635-7045	<a href="#">How to Verify Eligibility</a>	
<a href="#">How to Become a Registered Web User</a>	<a href="#">Web Access for Providers</a>	
<a href="#">Provider Self-Service Options</a>	<a href="#">Web Access for Providers</a>	
Pharmacy Services		
<b>Pharmacy Services</b> (866) 653-0976 Including After Hours / Weekends (WHI)	<b>Coverage Determination Requests</b> Fax (866) 388-1767 Submit Coverage Determination requests for: <ul style="list-style-type: none"> <li>Drugs not listed on the Formulary</li> <li>Drugs listed on the Formulary with a prior authorization (PA)</li> <li>Duplication of therapy</li> <li>Prescriptions that exceed the FDA daily or monthly quantity limits</li> <li>Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office</li> <li>Drugs listed on the Formulary with a quantity limit (QL)</li> <li>Drugs that have a step edit (ST) and the first line therapy is inappropriate</li> </ul>	
<b>Medication Appeals</b> Fax (866) 388-1766  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: <p style="margin-left: 40px;">WellCare Health Plans, Inc.            Attn: Pharmacy Appeals Department            PO Box 31383            Tampa, FL 33631-3383</p>	<a href="#">Coverage Determination Request Form</a> <a href="#">Medical Injectables – No Authorization Required List</a>	
<a href="#">Medication Appeal Request Form</a>	<a href="#">Coverage Determination Request Form</a> <a href="#">Medical Injectables – No Authorization Required List</a>	
Claim Submissions	Claim Payment Disputes	
<b>Claims Department</b> (866) 334-6876 Including EDI questions and assistance  WellCare will no longer accept handwritten or replicated claim forms after <b>October 28, 2010</b> . Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms.  Claim forms and guidelines may be found on our website at <a href="http://www.wellcare.com">www.wellcare.com</a> .  <b>Mail paper claim submissions to:</b> <p style="margin-left: 40px;">WellCare Health Plans, Inc.            Claims Department            PO Box 31372            Tampa, FL 33631-3372</p>	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: <p style="margin-left: 40px;">WellCare Health Plans, Inc. Fax (877) 277-1808            Attn: Claim Payment Disputes            PO Box 31370            Tampa, FL 33631-3370</p>	
<a href="#">Electronic Claim Submission/Electronic Data Interchange (EDI) Services</a> <a href="#">How to Check the Status of a Claim</a> <a href="#">Registering for EFT/ERA Services</a> <a href="#">Tips on How to File Claims</a>	<th style="background-color: #0056b3; color: white; text-align: center;">Claim Payment Policy Disputes</th> <p>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.</p> Mail all disputes related to payment policy issues to: <p style="margin-left: 40px;">WellCare Health Plan            Payment Policy Disputes Department            PO Box 31426            Tampa, FL 33631-3426</p>	Claim Payment Policy Disputes







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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. There are changes to authorization requirements on the list. The authorization changes are denoted by a  for easy identification. Requirements that have been edited for *clarification only* are denoted with an .

**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. Specialists must coordinate all services with the member's PCP.**

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 receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

**WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:**

**Urgent Authorization Requests and Admission Notifications – Call (866) 334-6876 and follow the prompts.**



- Notify the Plan of unplanned inpatient hospital admissions and observation stays within the next business day (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.





**How to Submit an Authorization Request Online**

**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	

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
 = New or changed requirement  = Clarification of current requirement			
<b>DME Services Fax (877) 431-8859</b>			
All Durable Medical Equipment rentals	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Durable Medical Equipment purchases (Includes Orthotics and Prosthetics)	X		DME purchases billed for less than \$200 do not require authorization.
<b>Home Health Services Fax (866) 886-4321</b>			
Home health care services	X		
<b>Inpatient Services Fax (877) 431-8860</b>			
All inpatient hospital admissions (21)*	X		Clinical updates required for continued length of stay.
Emergency behavioral health services		X	
Emergency room services (23)*		X	
Emergency transportation services		X	
Observations (22)*	X		
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.

Outpatient Services		Fax (877) 899-2044	
PROCEDURES and SERVICES  = New or changed requirement  = Clarification of current requirement	Auth Required	No Auth Required	Comments
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans (11, 22 & 24)* 	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Air ambulance transportation (non-emergent)	X		
Ambulatory surgery center surgical procedures (24)*	X		No Authorization is required for CPT code range: 43200 – 43258, 44360 – 44397, 45300 - 45393
Cosmetic procedures (ALL)*	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing 	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Diagnostic laboratory services (Routine)		X	Lab testing must be consistent with CLIA guidelines. Authorization is required for Cytogenetic, reproductive and molecular diagnostic testing.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*		X	
Diagnostic ultrasounds		X	
Domiciliary, rest home & custodial services (32 & 32)*	X		
Hearing services	X		
Hospice care services	X		
Investigational & experimental procedures and treatment	X		<a href="#">Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</a>
Mammograms (ALL)*		X	
Outpatient hospital surgical procedures (22)*	X		No Authorization is required for CPT code range: 43200 – 43258, 44360 – 44397, 45300 - 45392
Pain Management treatment (22)*	X		
PCP office visits and treatment		X	
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 - 01936
Rehabilitation facility services (62)*	X		
Routine radiology services (11 & 22)*		X	
Skilled nursing facility services (31 & 32)*	X		
Specialist office visits and treatment (11)*		X	PCP referral required
Urgent care services (20)*		X	
Skilled Therapy Services		Fax (877) 709-1698	
Occupational, Physical and Speech therapy services (22)*	X		<a href="#">Refer to Clinical Coverage Guidelines</a> No authorization is required for the first 3 visits.