

Indiana Medicare Quick Reference Guide

March 2008

Web site: www.wellcare.com

Important Telephone Numbers			
Provider Services Eligibility Verification, Claims, Utilization Mgmt		(866) 424-4963	Personal Health Advisor Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.
TTY/TDD		(877) 247-6272	Case and Disease Management Referrals
			(800) 919-8807 (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
			(866) 424-4963
EDI Partners		EDI Payer ID	Contact
ACS EDI Gateway, Inc.	77004	(800) 987-6720	Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372
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) 424-4963	
		www.payspanhealth.com	
Claim Appeals			
Claim Appeals		(866) 424-4963	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:		Providers may also fax written Claim Appeals and documentation to the number listed above, attention of IN Claim Appeals.	
WellCare Health Plans, Inc. Attn: IN Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372		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:		Grievances may be initiated in writing or by a call to the Customer Service department.	
WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368		WellCare Health Plans, Inc. (866) 424-4963 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	
Fax: (866) 201-0657		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			
Risk Management			
Trust Program (Fraud & Abuse Hotline)		(866) 678-8355	
Contracted Networks			
Behavioral Health - Harmony Behavioral Health		(877) 712-5340	Fitness - Prism
			(877) 712-2778
Dental - First Continental Life		(866) 534-4107	

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 424-4963 and follow the prompts.

- To notify the Plan of unplanned inpatient hospital admissions and observations within the next business day of admission (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

NO 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 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 Care and Durable Medical Equipment

Fax: (877) 431-8859

- durable medical equipment purchases over \$200 (includes orthotics & prosthetics) - see Contracted Networks on page 1
- durable medical equipment rentals – see Contracted Networks on page 1
- 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: (888) 275-8211

- alcohol or substance abuse or Behavioral Health (see Behavioral Health under Contracted Networks on page 1)
- ambulance transportation (non-emergent)- exclude facility to facility trips
- chemotherapy (see Pharmacy Services on page 1 to call 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

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 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)*

Ancillary

- occupational, physical, speech therapy - first three visits

Laboratory

- laboratory tests consistent with CLIA guidelines
- laboratory tests by vendor (81)*

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	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	
33 - Custodial Care Facility	