

# Indiana Medicare Quick Reference Guide

## January 2011

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

### Important Telephone Numbers & Links

<b>Provider Services/Customer Service</b> (866) 424-4963 Eligibility verification, Claims, Utilization Mgmt <b>TTY/TDD</b> (877) 247-6272 <b>iCare</b> (Hotline for suspected fraud and abuse) (866) 364-1350 <ul style="list-style-type: none"> <li><a href="#">How to Become a Registered Web User</a></li> </ul>	<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>Case and Disease Management Referrals</b> (866) 634-7045 <ul style="list-style-type: none"> <li><a href="#">Provider Self-Service Options</a></li> </ul>
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### Pharmacy Services

<b>Pharmacy Services</b> Including After Hours / Weekends (WHI) (866) 653-0976  <b>Medication Appeals</b> 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.	<b>Coverage Determination Requests</b> Fax (866) 388-1767 Submit <a href="#">Coverage Determination Request Forms</a> 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>
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### Claims

<b>Claims Department</b> Including EDI Questions and Assistance (866) 424-4963  WellCare also has <a href="#">Provider Job Aids</a> available for many claims related services: <ul style="list-style-type: none"> <li><a href="#">Electronic Claim Submission/Electronic Data Interchange (EDI) Services</a></li> <li><a href="#">How to Check the Status of a Claim Online</a></li> <li><a href="#">Registering for EFT/ERA Services</a></li> <li><a href="#">Tips on How to File Claims</a></li> </ul> <b>Mail medical paper claim submissions to:</b> WellCare Health Plans, Inc. Claims Department PO Box 31372 Tampa, FL 33631-3372	<b>Claim Payment Disputes</b> 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 EOP. To initiate this process please mail or fax the claim payment dispute and documentation to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (877) 277-1808          Claims Department          P.O. Box 31372          Tampa, FL 33631-3372</p> <b>NOTE:</b> <i>There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please refer to the Appeals (Medical) and Grievances section of this guide for information.</i>
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### 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"> <li><a href="#">How to File an Authorization-Related Claims Appeal</a></li> </ul> Mail or fax medical benefit appeals with supporting documentation to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (866) 201-0657          Attn: Appeals Department          PO Box 31368          Tampa, FL 33631-3368</p>	Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. 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 process must be submitted within 45 calendar days of the event giving rise to the complaint. <ul style="list-style-type: none"> <li><a href="#">Medicare Appointment of Representative Form</a></li> <li><a href="#">Provider Complaint Form</a></li> </ul> Mail or fax member grievances and provider complaints to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (866) 388-1769          Attn: Grievance Department          PO Box 31384          Tampa, FL 33631-3384</p>
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### Behavioral Health

<b>Magellan Behavioral Health</b> (877) 712-5340 <ul style="list-style-type: none"> <li>Contact Magellan for <b>all</b> Mental Health and Substance Abuse services including Inpatient hospitalization <b>and</b> Outpatient counseling.</li> <li>Inpatient admission notification is required within 24 hours.</li> <li>Authorization is not required for the first outpatient visit. <b>Prior approval is required for continued services.</b></li> </ul>
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### Utilization Management (UM) Department – Authorizations

#### Urgent Authorization Requests and Admission Notifications

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

- 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 member's condition. Please include CPT and ICD-9 codes with your authorization request.

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

#### Authorization Required

**Standard Authorization Requests** may be submitted online via [www.wellcare.com](http://www.wellcare.com) or by fax. Please include CPT and ICD-9 codes with your authorization request.

**Note:** Place of Service codes are specified for some services.

**PCPs are required to obtain authorizations for out-of-network requests. Specialists must coordinate all services with the member's PCP. Requests for Point-of-Service benefits must be submitted and reviewed for authorization.**

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

- Durable medical equipment purchases over \$200 (includes orthotics & prosthetics)
- Durable medical equipment rentals

#### Home Health Care -- Fax (866) 886-4321

- Home health care

#### 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: (888) 275-8211

- Advanced radiology **including** CT, CTA, MRA, MRI, PET, SPECT, Nuclear Cardiology & Nuclear Medicine (11, 22 & 24)
- Air transportation in non-emergent situations
- Cosmetic procedures (ALL)\*
- Court-ordered services
- Cytogenetic, reproductive and molecular diagnostic testing
- 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)\*
- 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

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

- Occupational, physical, speech therapy after initial three visits (22)\*

Please visit [wellcare.com](http://wellcare.com) to check member eligibility, obtain "How To" Guides and forms, submit authorization requests and much more.

#### NO Authorization Required

##### Ancillary

- Occupational, physical or speech therapy services - *first three visits*

##### 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 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 performed by any participating provider
  - Laboratory tests performed by vendor (81)\*
- Excludes Cytogenetic, reproductive and molecular diagnostic testing

##### Radiology

- Mammograms (ALL)\*
- Routine radiology services (11 & 22)\*

##### 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	