

Louisiana Medicare Quick Reference Guide

February 2008

Web site: www.wellcare.com

Important Telephone Numbers			
Provider Services Eligibility Verification, Claims, Utilization Mgmt		(866) 804-5926	TTY/TDD (877) 247-6272
		Case and Disease Management Referrals (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 <i>EDI Partners</i>		(800) 960-2530 x4096	Claims Department (866) 804-5926
	<i>EDI Payer ID</i>	<i>Contact</i>	Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372
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	
Encounter Data Submissions	59354		
Electronic Funds Transfers & Remittance Advice (EFT/ERA) Customer Service		(866) 804-5926 www.payspanhealth.com	
Claim Appeals			
Claim Appeals 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: LA Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372		(866) 804-5926	Claim Appeals Fax (813) 262-2802 Providers may also fax written Claim Appeals and documentation to the number listed above, attention of LA 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. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384
			(866) 804-5926 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	
Dental - Starmount Dental		(888) 729-5433	
Vision - Advantica Eyewear		(866) 354-2020	

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 804-5926 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 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 and speech therapy (11 & 22)* (see Contracted Networks on page 1)
- respiratory therapy services

Home Health Care and Durable Medical Equipment

Fax (877) 431-8859

- home health care
- all durable medical equipment purchases > \$200 - including orthotics and prosthetics
- all durable medical equipment rentals – see Contracted Networks on page 1

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 admission (61)*
- skilled nursing facility admission (31 & 32) *

Outpatient – Fax: (866) 455-6488

- alcohol or substance abuse and Behavioral Health (see Behavioral Health under Contracted Networks page 1)
- all procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 - 45392
- ambulance transportation (non-emergent)
- cardiac and pulmonary rehabilitation programs
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- cosmetic procedures (ALL)*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- diagnostic laboratory services (24)*
- dialysis (first visit)
- domiciliary, rest home and custodial care services (32, 33)*
- hearing services (see Contracted Networks on page 1)
- hospice care services
- investigational and experimental procedures and treatment
- pain management treatment (11, 22, 24)*
- radiology - CAT, MRA, MRI, PET and SPECT (ALL)*
- radiology services (24)*
- rehabilitation facility services (62)*
- skilled nursing facility services (31 & 32)*

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)*

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)*

Laboratory

- laboratory tests consistent with CLIA guidelines (11, 22)*
- laboratory tests by vendor (*Quest Diagnostics* - 81)*

Radiology

- all radiology services (11, 22)* **except** CAT , MRA, MRI, PET and SPECT
- 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 | |