

MISSOURI MEDICARE QUICK REFERENCE GUIDE
March 2011



Web Address: www.wellcare.com

| Important Telephone Numbers | |
|---|---|
| Provider Services (866) 687-8994 Eligibility verification, Claims, Utilization Mgmt and Provider Complaints | Personal Health Advisor (800) 919-8807 Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week. |
| Case and Disease Management Referrals (866) 635-7045 TTY/TDD (877) 247-6272 | iCare (866) 364-1350 Hotline for suspected fraud and abuse |
| How to Become a Registered Web User | Web Access for Providers |
| Pharmacy Services | |
| Pharmacy Services (866) 653-0976 Including After Hours / Weekends (WHI) | Coverage Determination Requests Fax (866) 388-1767 |
| Medication Appeals Fax (866) 388-1766 Medication appeals may be filed verbally by contacting Provider Services. Please note, all appeals filed verbally also require a signed, written appeal. Mail medication appeals with supporting documentation to : WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department PO Box 31383 Tampa, FL 33631-3383 | Coverage Determinations required for: <ul style="list-style-type: none"> • Drugs not listed on the Formulary • Drugs listed on the Formulary with a prior authorization (PA) • Duplication of therapy • Prescriptions that exceed the FDA daily or monthly quantity limits • Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office • Drugs listed on the Formulary with a quantity limit (QL) • Drugs that have a step edit (ST) and the first line therapy is inappropriate |
| Medication Appeal Request Form | Coverage Determination Request Form Medical Injectables – No Authorization Required List |
| Claim Submissions | Claim Payment Disputes |
| Claims Department (866) 687-8994 Including EDI questions and assistance WellCare will no longer accept handwritten or replicated claim forms after October 28, 2010 . 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 www.wellcare.com . Mail paper claim submissions to: WellCare Health Plans, Inc. Claims Department PO Box 31372 Tampa, FL 33631-3372 Electronic Claim Submission/Electronic Data Interchange (EDI) Services How to Check the Status of a Claim Online Registering for EFT/ERA Services Tips on How to File Claims | 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: WellCare Health Plans, Inc. Fax (877) 277-1808 Attn: Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3370 |
| Claim Payment Policy Disputes | 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. Mail all disputes related to payment policy issues to: WellCare Health Plans, Inc. Payment Policy Disputes Department PO Box 31426 Tampa, FL 33631-3426 |

Appeals (Medical)

For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representative 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.

Mail or fax medical appeals with supporting documentation to:

WellCare Health Plans, Inc. Fax (866) 201-0657
Attn: Appeals Department
PO Box 31368
Tampa, FL 33631-3368

[Filing an Authorization – Related Claims Appeal](#)

[Medicare Appointment of Representative Form](#)

Grievances

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.

Mail or fax member grievances to:

WellCare Health Plans, Inc. Fax (866) 388-1769
Attn: Grievance Department
PO Box 31384
Tampa, FL 33631-3384

[Medicare Appointment of Representative Form](#)

Behavioral Health

[Magellan Behavioral Health](#)

(888) 684-2026

- Contact Magellan for **all** Mental Health and Substance Abuse services including Inpatient hospitalization **and** Outpatient counseling.
- Inpatient admission notification is required within 24 hours.
- Authorization is not required for the first outpatient visit. **Prior approval is required for continued services.**

Radiology Prior Authorization

CareCore National is our in-network radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all *authorization* related submissions for services rendered in locations listed above.

Urgent Authorizations and Provider Services (888) 333-8641
Authorization Request Submissions Fax (866) 896-2152

Web submissions may also be submitted via the [CareCore Provider Web Portal](#) or www.carecorenational.com.

[CareCore National FAQs for Providers](#)

Contracted Networks

Dental (877) 468-5581
[DentaQuest](#)

Transportation (888) 332-8216
Medical Transportation Management

MISSOURI MEDICARE QUICK REFERENCE GUIDE
March 2011



Web Address: www.wellcare.com

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) 687-8994 and follow the prompts.

- Notify the Plan of unplanned inpatient hospital admissions and observations 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 | | | |
| DME Services | | Fax (877) 431-8859 | |
| All Durable Medical Equipment rentals | X | | Refer to Clinical Coverage Guidelines |
| Durable Medical Equipment purchases (Includes Orthotics and Prosthetics) | X | | DME purchases billed at less than \$200 do not require authorization |
| Home Health Services | | Fax (866) 886-4321 | |
| Home health care services | X | | |
| Inpatient Services | | Fax (877) 431-8860 | |
| 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. |

MISSOURI MEDICARE QUICK REFERENCE GUIDE
March 2011



Web Address: www.wellcare.com

| Outpatient Services | | Fax (877) 899-2033 | |
|--|---------------|--------------------|--|
| PROCEDURES and SERVICES | Auth Required | No Auth Required | Comments |
| = New or changed requirement = Clarification of current requirement | | | |
| 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 - 45392 |
| Cosmetic procedures (ALL)* | X | | |
| Court-ordered services | X | | |
| Cytogenetic, reproductive and molecular diagnostic laboratory testing | X | | Refer to Clinical Coverage Guidelines |
| 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 (ALL)* | | X | |
| Domiciliary, rest home & custodial services (32 & 32)* | X | | |
| Hearing services | X | | |
| Hospice care services | X | | |
| Investigational & experimental procedures and treatment | X | | Experimental and Investigational Procedures and Devices Clinical Coverage Guideline |
| 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 | | Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits. |