

New Jersey Medicare Quick Reference Guide

January 2010

Web site: www.wellcare.com

Office Location

33 Washington Street • First Floor, Suite G
Newark, NJ 07102

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Mgmt, Behavioral Health	(866) 687-8570 (877) 247-6272	Personal Health Advisor Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.	(800) 919-8807
TTY/TDD		Case and Disease Management Referrals	(866) 635-7045

Pharmacy

Pharmacy Services Including After Hours / Weekends (WHI)	(866) 653-0976	Medication Appeals	Fax: 1-866-388-1766
Coverage Determination Request Fax	(866) 388-1767	WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department	
Web-Based Information • Pharmacy updates • Formulary • Coverage Determination Request forms • Participating pharmacies	www.wellcare.com	P.O. Box 31383 Tampa, FL 33631-3383	
		Medication appeals may also be called into Customer Service using the appropriate telephone number from above.	

Claims

EDI Questions and Assistance Fax for inquiries only	(800) 960-2530 x4096 (813) 675-2988	Claims Department	(866) 687-8570
EDI Partners	EDI Payer ID Contact	Mail medical paper claim submissions to: WellCare Health Plans of New Jersey, Inc. Claims Department P.O. Box 31412 Tampa, FL 33631-3412	
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	Timely claims filing is 180 days from the date of service to primary payers.	
Electronic Funds Transfers & Remittance Advice (EFT/ERA) Customer Service	(866) 687-8570 www.payspanhealth.com		

Claim Appeals

Claim Appeals For claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non- covered codes, etc., mail to:	(866) 687-8570	Claim Appeals Fax	(813) 262-2802
WellCare Health Plans of New Jersey, Inc. Attn: NJ Claim Appeals P.O. Box 31412 Tampa, FL 33631-3412		Please reference the section below for instructions regarding the process for medical necessity/authorization-related claim denials.	

Medical Benefit 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 for a claim denial within 90 calendar days.

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 of New Jersey, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	WellCare Health Plans of New Jersey, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384
Fax: (866) 201-0657	(866) 687-8570 Fax: (866) 388-1769

Provider Inquiries

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 of New Jersey, 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

Chiropractic Triad	(800) 409-9081	Laboratory LabCorp	(800) 788-9091
Dental Healthplex	(800) 468-9868	Quest Diagnostics	(888) 277-8772
		Vision Block Vision	(800) 879-6901

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 687-8570 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 member'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

- 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 –after initial three visits (11 & 22)*
- Respiratory therapy services

Home Health Care and Durable Medical Equipment

Fax: (877) 431-8859

- Durable medical equipment purchases
- Durable medical equipment rentals
- Orthotics and Prosthetics
- Home health care (12)*

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 on page 1)
- Rehabilitation facility admissions (61)*
- Skilled nursing facility admissions (31 & 32)*

Outpatient – Fax: (877) 892-8221

- Alcohol and substance abuse, behavioral health services, (see Behavioral Health on 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
- Cosmetic procedures (ALL)*
- Court-ordered services
- Cytogenetic, reproductive, molecular laboratory tests not performed by vendor (LabCorp or Quest Diagnostics)
- Diagnostic laboratory services (22 & 24)*
- Dialysis (first visit)
- Domiciliary, rest home and custodial care admissions (32,33)*
- Hearing services
- Hospice care services
- Investigational and experimental procedures and treatment
- Pain management treatment (11, 22, 24)*
- Advanced radiology - CAT, MRA, MRI, PET,SPECT (ALL)* and Nuclear Diagnostics including Cardiovascular studies (ALL)*
- Rehabilitation facility services (62)*
- Skilled nursing facility services (31 & 32)*

NO AUTHORIZATION REQUIRED

No Authorization Required CPT code list available on wellcare.com

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)*

Ancillary

- Occupational, physical, speech therapy, first 3 visits (11 & 22)*

Laboratory

- Laboratory tests by vendor (LabCorp or Quest Diagnostics - 81)*
- Lab tests consistent with CLIA guidelines (11)*

Radiology

- Routine radiology services (11 & 22)* excluding 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	33 – Custodial Care Facility
12 – Home	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	