

NEW JERSEY MEDICARE QUICK REFERENCE GUIDE
March 2011



Web Address: 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. and Provider Complaints	(866) 687-8570	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	(877) 247-6272	iCare Hotline for suspected fraud and abuse	(866) 364-1350
Case and Disease Management Referrals	(866) 635-7045		

[How to Become a Registered Web User](#)

[How to Verify Eligibility](#)

Pharmacy Services

Pharmacy Services (866) 653-0976
 Including after-hours and weekends (WHI)

Medication Appeals Fax (866) 388-1766

Medication appeals may also be filed verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

Mail all medication appeals with supporting documentation to:

WellCare Health Plans, Inc.
 Attn: Pharmacy Appeals Department
 PO Box 31383
 Tampa, FL 33631-3383

[Medication Appeal Request Form](#)

Coverage Determination Requests Fax (866) 388-1767

Submit Coverage Determination requests for:

- 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

[Coverage Determination Request Form](#)

[Medical Injectables – No Authorization Required List](#)

Claim Submissions

Claims Department (866) 687-8570
 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](#)

Claim Payment Disputes

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. Fax (877) 277-1808
 Payment Policy Disputes Department
 PO Box 31426
 Tampa, FL 33631-3426

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare documents when viewed in an electronic format.



NEW JERSEY MEDICARE QUICK REFERENCE GUIDE March 2011

Web Address: www.wellcare.com

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](#)

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](#)

(877) 712-5340

- 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 Frequently Asked Questions \(FAQs\)](#)

Contracted Networks

Chiropractic (800) 409-9081
Triad

Vision (800) 879-6901
[Block Vision](#)

Transportation (866) 430-0578
[LogistiCare](#)

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare documents when viewed in an electronic format.



**NEW JERSEY 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. 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) 687-8570 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	

DME Services Fax (877) 431-8859

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
= New or changed requirement = Clarification of current requirement			
All Durable Medical Equipment rentals	X		Refer to Clinical Coverage Guidelines
Durable Medical Equipment purchases	X		Refer to Clinical Coverage Guidelines
Orthotics and Prosthetics	X		Refer to Clinical Coverage Guidelines

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.

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare documents when viewed in an electronic format.



**NEW JERSEY MEDICARE QUICK REFERENCE GUIDE
March 2011**

Web Address: www.wellcare.com

Outpatient Services		Fax (877) 892-8221	
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.
Ambulance transportation (non-emergent)	X		
Ambulatory surgery center procedures (24)*	X		Exception: No Authorization is required for CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45393
Cardiac and pulmonary rehabilitation programs	X		
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) (22 & 24) Ⓜ		X	No authorization is required for routine lab services performed by contracted vendors (LabCorp or Quest – 81)* or in POS 11. Testing must be consistent with CLIA guidelines.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*		X	
Diagnostic ultrasounds		X	
Domiciliary, rest home & custodial services (32 & 33)*	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 procedures (22)*	X		Exception: No Authorization is required for CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45392
Pain Management treatment (11, 22 & 24)*	X		
PCP office visits and treatment		X	
Rehabilitation facility services (62)*	X		
Respiratory therapy services	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 (11 & 22)*	X		Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits.

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare documents when viewed in an electronic format.