

Office Location

New York City
 110 Fifth Avenue, Third Floor • New York, New York 10011
Phone: (800) 215-1531 or (212) 463-6100 • **Fax:** (888) 812-5862

Important Telephone Numbers

| | | | |
|----------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|----------------|
| WellCare Customer Service Monday – Friday, 8am-9pm Eastern | (866) 661-1232 TTY/TDD: (877) 247-6272 | CareGuide Authorizations* | (800) 405-7551 |
| WellCare Claims/Authorization | (866) 661-1232 | CareGuide Care Managers | (800) 405-7551 |
| WellCare EDI | (800) 960-2530, ext. 4096 | Behavioral Health (Harmony) | (800) 241-1103 |
| WellCare Fraud, Waste and Abuse | (866) 678-8355 (SIU Hotline) | Dental (Healthplex) | (800) 468-9868 |
| WellCare Pharmacy Services | (877) 647-7473 | Hearing (HEARx) | (800) 731-3277 |
| WellCare Drug Evaluation Review (DER) | (866) 388-1767 (Fax) | Laboratory (LabCorp) | (800) 788-9091 |
| WellCare Risk Management | (813) 290-6200, ext. 1412 | Laboratory (Quest Diagnostic) | (888) 277-8772 |
| | | Optometry (Block Vision) | (800) 879-6901 |
| | | Pharmacy After Hours/Weekends (WHI) | (877) 647-7473 |
| | | Radiology (CareCore National) | (888) 333-8641 |

*CareGuide is responsible for claims/authorizations of home and community based services.

Advocate

Covered Services

Advocate Complete

- Adult day health care
- Care management
- Dentistry
- Durable medical equipment and medical/surgical supplies
- Hearing services
- Home-delivered or congregate meals
- Home care services – nursing, home health aide (HHA) or personal care services, physical therapy, occupational therapy, speech pathology, medical social services
- Nutrition and nutritional supplements
- Personal emergency response system (PERS)
- Physical therapy, occupational therapy, speech pathology, or other therapies provided in a setting other than a home
- Podiatry
- Private duty nursing
- Prosthetics and orthotics
- Respiratory therapy
- Skilled nursing facility
- Social/environmental supports (e.g., housekeeping and chore services)
- Social day care
- Transportation – non-emergent
- Vision

- Adult day health care
- Ambulance
- Care management
- Chiropractic services
- Dentistry
- Diagnostic and lab services
- Durable medical equipment and medical/surgical supplies
- Hearing services
- Home-delivered or congregate meals
- Home care services – nursing, home health aide (HHA) or personal care services, physical therapy, occupational therapy, speech pathology, medical social services
- Hospice
- Inpatient hospital care
- Inpatient mental health care
- Non-emergent transportation
- Nutrition and nutritional supplements
- Outpatient mental health care
- Outpatient services/surgery
- Outpatient substance abuse care
- Part B & D prescription coverage
- Personal emergency response system (PERS)
- Physical therapy, occupational therapy, speech pathology, or other therapies provided in a setting other than a home
- Podiatry
- Primary care doctor visits
- Private duty nursing
- Prosthetics and orthotics
- Respiratory therapy
- Skilled nursing facility
- Social/environmental supports (e.g., housekeeping and chore services)
- Social day care
- Specialist visits
- Transportation – emergent and non-emergent
- Vision
- Worldwide emergency coverage/urgent care

| No Referral or Authorization Required | | | | | | | | | | | | | | | | | | | | |
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| <ul style="list-style-type: none"> • Emergent transportation services • Emergent care services • PCP office visits, including preventive medicine services • Immunizations (as medically indicated), except those required for employment or travel • Outpatient OB/GYN services • Mammograms | <ul style="list-style-type: none"> • Family planning and reproductive health services <ul style="list-style-type: none"> – Sterilization requires a properly executed consent form • Diagnosis and treatment of sexually transmitted/communicable diseases • Podiatry • Lab services • Diagnostic radiology services at contracted freestanding facilities (except CAT, MRA, MRI, PET and SPECT, at all POS) • Dentistry | | | | | | | | | | | | | | | | | | | |
| Authorization/Claims Specific to CareGuide | | | | | | | | | | | | | | | | | | | | |
| Claims for the services listed below and rendered to Advocate and Advocate Complete members should be submitted directly to CareGuide. | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Adult/social day health care • Home-delivered or congregate meals • Home care services <ul style="list-style-type: none"> – Nursing – Physical, Occupational, Speech and Respiratory Therapy – Social work – Nutrition – Personal Care/Home Health Aide Services | <ul style="list-style-type: none"> • Personal emergency response system (PERS) • Social/environmental support (e.g., housekeeping and chore services) | | | | | | | | | | | | | | | | | | | |
| WellCare | Claims Submission | CareGuide | | | | | | | | | | | | | | | | | | |
| Claims may be submitted in one of the following formats: <ul style="list-style-type: none"> • Electronic claims submission (EDI) • CMS 1500 Form • UB04 Form | Claims may be submitted in one of the following formats: <ul style="list-style-type: none"> • Electronic claims submission (EDI) • CMS 1500 Form • UB04 Form • Invoice (non-professional services) <ul style="list-style-type: none"> – CareGuide will provide an invoice to the provider of service at the time services are authorized | | | | | | | | | | | | | | | | | | | |
| Claims Department | | | | | | | | | | | | | | | | | | | | |
| WellCare WellCare EDI Assistance CareGuide | (866) 661-1232 (800) 960-2530 (800) 405-7551 | | | | | | | | | | | | | | | | | | | |
| WellCare | Mailing Paper Claims | CareGuide | | | | | | | | | | | | | | | | | | |
| To ensure timely and accurate processing, mail UB04 (FCFA 1450) and CMS 1500 claim forms to: Note—claims should not be submitted using correction fluid | | | | | | | | | | | | | | | | | | | | |
| WellCare of New York Attn: Claims Department P.O. Box 31372 Tampa, FL 33632 | CareGuide Attn: Claims Department P.O. Box 8340 Coral Springs, FL 33075 | | | | | | | | | | | | | | | | | | | |
| WellCare | Electronic Claims Submission (EDI) | CareGuide | | | | | | | | | | | | | | | | | | |
| Claims submitted to WellCare for payment should: <ul style="list-style-type: none"> • Include all necessary, complete, correct, and compliant data, including current CPT and ICD-9 codes with 4th and 5th digits. • Claims must contain the National Provider Identifier (NPI) for all primary and secondary provider fields on all electronic and paper claims (UB-04 and CMS 1500) submissions. • Claims must contain the Federal Tax ID (Employer Identification Number or Social Security number) for the provider of service or supplier. • Be submitted within six months of date of service. | CareGuide's electronic claims submission guidelines are as follows: <ul style="list-style-type: none"> • Insert clearing house name • Insert telephone number • Insert payer ID Providers must bill CareGuide under HIPAA-approved billing standards. Use the billing codes outlined in the provider contract with WellCare of New York. | | | | | | | | | | | | | | | | | | | |
| WellCare Payer IDs: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Availity</td> <td style="width: 20%;">14163</td> <td style="width: 50%;">(800) 282-4548</td> </tr> <tr> <td>Emdeon</td> <td>14163</td> <td>(800) 845-6592</td> </tr> <tr> <td>SSI Group</td> <td>14163</td> <td>(800) 880-3032</td> </tr> <tr> <td>ACS EDI Gateway</td> <td>77004</td> <td>(800) 987-6720</td> </tr> <tr> <td>RelayHealth</td> <td>14163</td> <td>(800) 522-6562</td> </tr> <tr> <td>ZirMed</td> <td>14163</td> <td>(877) 494-7633</td> </tr> </table> | Availity | 14163 | (800) 282-4548 | Emdeon | 14163 | (800) 845-6592 | SSI Group | 14163 | (800) 880-3032 | ACS EDI Gateway | 77004 | (800) 987-6720 | RelayHealth | 14163 | (800) 522-6562 | ZirMed | 14163 | (877) 494-7633 | CareGuide Payer ID: 16147 Visit the CareGuide Web site at: www.careguide.com to find EDI clearinghouse and payer ID information. Once on the site, go to the "Client Services" tab, then "Provider Center." Contact your practice management system vendor or Emdeon Customer Service at (800) 845-6592. | |
| Availity | 14163 | (800) 282-4548 | | | | | | | | | | | | | | | | | | |
| Emdeon | 14163 | (800) 845-6592 | | | | | | | | | | | | | | | | | | |
| SSI Group | 14163 | (800) 880-3032 | | | | | | | | | | | | | | | | | | |
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