

Office Locations

New York City 11 W. 19 th St., 2 nd Floor New York, NY 10011 Fax: (212) 337-5195	Mid Hudson Valley One Civic Center Plaza, Suite 107 Poughkeepsie, NY 12601 Fax: (845) 471-0539	Capital District 2 E-Comm - 324 Broadway Albany, NY 12207 Fax: (518) 463-5070	Western Region 39 State St., 1 st Floor Rochester, NY 14614 Fax: (813) 675-3021
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Important Telephone Numbers

Customer Service Medicaid TTY/TDD	(800) 288-5441 (877) 247-6272	Marketing and Enrollment	(800) 288-5441
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Pharmacy Services (Family Health Plus and Child Health Plus)

Pharmacy Services (877) 647-7473 Drug Evaluation Review (DER) Fax (866) 388-1517 Pharmacy After Hours/Weekends (WHI) (877) 647-7473 Group Number 856257 Injectable and Infusion Fax (866) 825-2884 Web-Based Information www.wellcare.com <ul style="list-style-type: none"> • Drug Evaluation Review (DER) forms • participating pharmacies • pharmacy services overview • pharmacy updates • Preferred Drug List (PDL) 	Authorization Required <ul style="list-style-type: none"> • brand name requests when a generic exists • dosing that exceeds FDA daily or monthly quantity maximum • drugs not listed on the Preferred Drug List (PDL) • drug with a step edit and the first line therapy is inappropriate • duplication of drug therapy • most self-injectable and infusion drugs • prescriptions that exceed \$1,000/prescription (some exceptions apply) and/or plan limitations • some drugs on the PDL require a DER
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Claims

EDI Questions and Assistance (800) 960-2530 x4096 EDI Payer ID Availity, SSI, & Emdeon (former WebMD®) 14163 ACS EDI 77004 Encounter Data Submissions 59354 EDI Contacts ACS EDI Gateway, Inc. (800) 987-6720 Availity (800) 282-4548 Emdeon (former WebMD®) (800) 845-6592 SSI Group (800) 880-3032	Claims Department (800) 288-5441 Paper Claims Address <i>To ensure timely and accurate processing please mail claims to:</i> WellCare Health Plans, Inc. Claims Department, New York Region P.O. Box 31372 Tampa, FL 33631-3372
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Risk Management

Trust Program Hotline (report suspected fraud and/or abuse)	(866) 678-8355
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Member Appeals and Grievances

A provider may file an appeal or grievance (A or G) on behalf of the member with the member's written consent.	
Mail or fax a provider-supported member A or G with the supporting clinical documentation to: WellCare Health Plans, Inc. Fax: (866) 201-0657 Attn: Appeals and Grievances P.O. Box 31368 Tampa, FL 33631-3368	Appeals and Grievances may also be initiated by a call to the Customer Service department. Please note that a verbal A or G requires a written and signed follow-up submission. Customer Service (800) 288-5441

Provider Inquires

A provider may file an inquiry regarding administrative issues such as WellCare's policies and procedures by submitting the written inquiry to: WellCare Health Plans, Inc. Attn: VP Network Management 11 W. 19 th St., 2 nd Floor New York, NY 10011
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Contracted Networks

Behavioral Health Harmony Behavioral Health (800) 241-1103 Dental Healthplex (800) 468-9868 (Family Health Plus and Child Health Plus only) Medicaid does not apply.	Laboratory LabCorp (800) 788-9091 NYC (800) 631-5250 Upstate Vision Block Vision (800) 879-6901
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Utilization Management (UM) Department - Authorizations

AUTHORIZATION REQUIRED

STANDARD Authorization Requests

Fax your request to the numbers listed below. Note that Place of Service codes (POS) are specified for some services. Please include CPT and ICD-9 codes with your authorization request.

☞ **Out-of-network services** (ALL POS), fax to appropriate numbers below **except** emergency services and out-of-area renal dialysis

Ancillary Services – Fax: (877) 431- 8859

- occupational, physical and speech therapy (POS 11 & 22) (No authorization required for the first three visits; Authorization required for additional services)
- respiratory therapy services

Durable Medical Equipment – Fax: (877) 431- 8859

- includes orthotics and prosthetics

Inpatient Services – Fax: (877) 431-8860

- all inpatient hospital admissions and outpatient observations (POS 21 & 22)
- clinical updates for continued length-of-stay
- inpatient mental health and alcohol or substance abuse (see Behavioral Health under Contracted Networks on page 1)
- newborn delivery
- rehabilitation facility admissions (POS 61 & 62)
- skilled nursing facility admissions (POS 31 & 32)

Outpatient Services – Fax: (800) 246-7983

- all services performed in an outpatient hospital or ambulatory surgery setting (POS 22 & 24), except as otherwise noted in this Quick Reference Guide
- ambulance/ambulette transportation (non-emergent)
- cardiac and pulmonary rehabilitation programs
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- cosmetic procedures (ALL POS)
- court-ordered services
- diagnostic laboratory services (POS 22 & 24)
- home health care
- hospice care services
- investigational and experimental procedures and treatments
- outpatient alcohol and substance abuse (see Behavioral Health under Contracted Networks on page 1)
- sterilization procedures (POS 11, 22 & 24)

NOTIFICATION REQUIRED

Prenatal Notifications – Fax: (877) 647-7475

- submit notification of pregnancy within 30 days of first prenatal visit

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

- emergent transportation services
- urgent or emergent care services rendered in emergency rooms and urgent care centers (POS 20 & 23)

Primary Care

- PCP office visits and treatment including periodic health check-ups
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11) (No Authorization Required CPT Code List posted on wellcare.com)

Specialists

- office visits and treatment with PCP referral (POS 11)
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11) (No Authorization Required CPT Code List posted on wellcare.com)

Obstetrics and Gynecology

- office visits and treatment (POS 11)
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11) (No Authorization Required CPT Code List posted on wellcare.com)

Laboratory

- laboratory tests by LabCorp (POS 81)
- genetic testing by LabCorp (POS 11, 22, 24, 50)

Radiology

- radiology services at POS 11 & 22, including CT, MRI, MRA, PET and SPECT scans
- mammograms (ALL POS), including non-participating Medicaid providers

Ultrasonography

- diagnostic ultrasounds (POS 11 & 22)
- OB ultrasounds (POS 11 & 22)

Other

- family planning services
- dialysis (POS 65)

REFERRALS

Network PCPs may refer members to a network specialist or other network provider when services will be rendered at an office or free-standing facility (POS 11, 50, 65, 71 & 72). **A written or faxed script to the specialist is required. The specialist must document the receipt of a request for a consultation. No communication with the Plan is necessary.** The medical record must document the reason for the referral and the name of the specialist.

URGENT Authorization Requests and Admission Notifications

Call **(800) 288-5441** and follow prompts.

- Notify the Plan of unplanned inpatient hospital admissions and observation stays within 24 hours of rendering care. A telephone authorization must be followed by a fax submission of clinical information -- by the next business day.
- Call to request outpatient authorizations for *urgent* and *time sensitive* services when warranted by the patient's condition. Please add CPT and ICD-9 codes with your authorization request.

Place of Service (POS): 11-Office, 20-Urgent Care Facility, 21-Inpatient Hosp, 22-Outpatient Hosp, 23-ER, 24-Amb Surg Center, 31-SNF, 32-Nursing Facility, 50-FQHC, 61-Inpatient Rehab, 62-Outpatient Rehab, 65-ESRD, 71-Public HC, 72-Rural HC, 81-Lab

NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. WPCP-NMD-CHP-FHP-001 (revised May 10, 2007)