

**New York - Catholic Health Systems of Erie County
Medicare Quick Reference Guide
January 2008**

Web Address: www.wellcare.com

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	Buffalo 255 Delaware Ave., Suite 101 Buffalo, NY 14202 Fax: (716) 846-7908
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Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Mgmt TTY/TDD NY Managed Long Term Care (Advocate and Advocate Complete)	(800) 278-5155 (877) 247-6272 (800) 215-1531	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
		Case and Disease Management Referrals	(866) 635-7045

Pharmacy

Pharmacy Services Including After Hours / Weekends (WHI)	(866) 653-0976	Drug Evaluation Review (DER) Fax Including Injectables and Infusions	(866) 388-1767
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Claims

EDI Questions and Assistance	(800) 960-2530 x4096	Claims Department	(800) 278-5155
EDI Partners	EDI Payer ID	Contact	Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372
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		
Electronic Funds Transfers & Remittance Advice (EFT/ERA) Customer Service		(800) 278-5155 www.payspanhealth.com	

Claim Appeals

Claim Appeals For claim denials related to issues of untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. within 90 days of denial notice. Mail appeals to: WellCare Health Plans, Inc. Attn: NY Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372	(800) 278-5155	Claim Appeals Fax	(813) 262-2802
		Please reference the section below for instructions regarding the process for medical necessity/authorization-related claim denials.	

Member Appeals and Grievances

A provider may file an appeal or grievance on behalf of the member with the member's written consent.			
Mail or fax an appeal with supporting clinical documentation to: WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Fax: (866) 201-0657	Grievances may be initiated in writing or by a call to the Customer Service department. WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	(800) 278-5155 Fax: (866) 388-1769

Provider Inquiries

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. 19th St., 2 nd Floor New York, New York 10011	
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Risk Management

Trust Program (Fraud & Abuse Hotline) (866) 678-8355

Contracted Networks

Behavioral Health <i>Harmony Behavioral Health</i>	(800) 241-1103	Laboratory <i>LabCorp</i>	
Chiropractic <i>Triad</i>	(800) 409-9081	NYC	(800) 788-9091
Dental <i>Healthplex</i>	(800) 468-9868	Upstate	(800) 631-5250
		Vision <i>Block Vision</i>	(800) 879-6901

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (800) 278-5155 and follow the prompts to request outpatient and planned inpatient admission authorizations for urgent and time sensitive services when warranted by the patient'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 (OON) requests, regardless of the place of service:

- Requests for Point-of-Service (Out-of-Network) benefits must be submitted and reviewed for authorization.
- Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)* **DO NOT** require authorization.

Ancillary – Fax: (877) 431- 8859

- cardiac & pulmonary rehabilitation programs – after initial 3 visits
- occupational, physical and speech therapy – after initial 3 visits (11 & 22)*
- respiratory therapy services

Home Health Care and Durable Medical Equipment –

Fax: (877) 431- 8859

- home health care
- all durable medical equipment purchases > \$200 - including orthotics and prosthetics
- all durable medical equipment rentals

Inpatient – Fax: (877) 431-8860

- hospital admissions for cochlear implant, cosmetic, bariatric, vagal nerve stimulation, investigational or experimental procedures & treatments (21 & 22)* - see CPT code list
- clinical updates for all continued length-of-stay requests
- behavioral health and alcohol or substance abuse (see Behavioral Health under Contracted Networks on page 1)
- hospice services
- rehabilitation facility admissions (61)*
- skilled nursing facility admissions (31 & 32)*

Outpatient – Fax: (877) 892-8214

- alcohol and substance abuse or behavioral health services (see Behavioral Health Contracted Networks on page 1)
- ambulance/ambulette transportation (non-emergent)
- chemotherapy drugs - including injectibles and non-formulary (see Pharmacy Services on page 1 to call for authorization)
- cochlear implants (ALL)* - see CPT code list
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests not performed by a designated vendor (LabCorp) or hospitals
- diagnostic laboratory services not performed in designated hospitals (22 & 24)* or by a designated vendor (LabCorp) (11)*
- domiciliary, rest home and custodial services (32,33)*
- hospice care services
- investigational & experimental procedures & treatments (ALL)*
- radiology - CAT, MRA, MRI, PET and SPECT (ALL)*
- rehabilitation facility services (62)*
- skilled nursing facility services (31, 32)*

NO AUTHORIZATION REQUIRED

Hospital based and Other Specialized Services

- inpatient hospital admissions and outpatient observations excluding cosmetic, bariatric, cochlear implant, vagal nerve stimulation or investigational or experimental procedures & treatments
- dialysis – 1st visit notification requested – Outpatient Notification form available on wellcare.com. Fax to (877) 892-8214
- hearing services
- pain management
- services performed in outpatient hospitals or ambulatory surgery settings excluding those listed above.

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)* as defined on the No Authorization Required CPT Code List posted on wellcare.com

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)* as defined on the No Authorization Required CPT Code List posted on wellcare.com

Ancillary

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

Laboratory

- laboratory tests by vendor (LabCorp - 81)* or designated hospitals (21, 22)*

Radiology

- 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
20 - Urgent Care Facility	50 - FQHC
21 - Inpatient Hospital	61 – Inpatient Rehab
22 - Outpatient Hospital	62 – Outpatient Rehab
23 - Emergency Room	65 - ESRD
24 - Ambulatory Surgery Center	71 – Public Health Clinic
31 - Skilled Nursing Facility	72 – Rural Health Clinic
32 - Nursing Facility	81 – Laboratory