



## CareCore National Guide for WellCare of New York Providers

### Applicable to Western New York Counties AND Downstate & Upstate

CareCore National manages **outpatient radiology services, outpatient hospital and ambulatory surgery centers** at WellCare participating sites supporting all of the Plan’s products in the state of New York. This guide is a quick guide of the services provided along with some general guidelines.

#### Services Requiring Authorization

- |  |                                      |
|--|--------------------------------------|
| Magnetic Resonance Image (MRI)           | Magnetic Resonance Angiography (MRA) |
| Positron-Emission Tomography (PET)       | Computerized Axial Tomography (CT)   |
| Nuclear Medicine                         | Nuclear Cardiology                   |
| OB Ultrasounds (4 <sup>th</sup> or more) |                                      |

#### How to Obtain Authorization for Outpatient Radiology Services

1. Web: [www.carecorenational.com](http://www.carecorenational.com), 2. Telephone: 1-888-333-8641, or
3. Fax: 1-866-896-2152

#### Service Areas and Places of Service

##### Western New York (Erie, Onondaga, Monroe & Wayne Counties)

- Provider office or free-standing diagnostic imaging facility (POS 11)
- Outpatient Hospital (POS 22)
- Ambulatory Surgery (POS 24)
- **Note that all claims should be submitted directly to WellCare.**

##### All other New York service areas - Downstate & Upstate (Bronx, Queens, Kings, New York, Nassau, Albany, Dutchess, Orange, Rockland, Schenectady, Ulster & Westchester Counties)

- Outpatient Hospital (POS 22) AND
- Ambulatory Surgery (POS 24)
- Note that CareCore is already managing radiology services for Downstate & Upstate: Outpatient diagnostic imaging performed in a provider’s office or free-standing diagnostic imaging facility (POS 11).
- **Note also that all POS 11 claims should be submitted directly to CareCore and all POS 22 & 24 claims should be submitted directly to WellCare.**

#### Authorization Request Response Times

<b>Standard Requests</b>	CCN will make a service determination within 2 business days and no later than 14 days of receipt of all necessary information.
<b>Urgent Requests</b>	Notify the CareCore National agent that the test is <b>URGENT</b> and demonstrate the clinical urgency. If all the necessary information is available at the time of the call and the request meets medically necessary criteria, approval may be granted within 3 hours.
<b>After-Hours Urgent Requests</b>	The test can be performed on an urgent basis, and then the referring provider can secure the prior authorization up to two (2) business days following the procedure by providing clinical indication for the test – including the reason it was deemed urgent.
<b>Emergency</b>	Imaging studies ordered through an emergency room treatment visit, while in an observation unit or during an inpatient stay, do <b>not</b> require a prior authorization.

- **Prior Authorizations are valid for 45 days from the date of the approval.**

#### How to Check the Status of Your Authorization Request

1. Using the Web at [www.carecorenational.com](http://www.carecorenational.com) or
2. By calling CareCore National at 1-888-333-8641.

#### Contact Information

##### CareCore National

Phone: 1-888-333-8641

Fax: 1-866-896-2152

##### Business Hours

7am-7pm, Mon-Fri

##### Web Address

[www.carecorenational.com](http://www.carecorenational.com)

##### WellCare of New York, Inc.

Medicare Plans Phone:

1-800-278-5155

Medicaid Plans Phone:

1-800-288-5441

##### Business Hours

8am-9pm, Mon-Fri

##### Web Address

[www.wellcare.com](http://www.wellcare.com)

#### Claim Submissions

##### WellCare of New York, Inc.

Please refer to the WellCare of New York Medicaid and Medicare Quick Reference Guide

##### CareCore National

Electronic Submissions:

Emdeon – Payor ID # 14188 or MCNet

Paper Submissions:

Please use CMS-1500 forms and send to:

CareCore National

P. O. Box 758

Lake Katrine, NY 12449

Note to provider office staff:

Members **will not** hold a CareCore National ID card or any designation thereof. WellCare of New York members will receive these services by presenting their WellCare ID card.

The physician who orders the imaging study should request the authorization. When obtaining authorization for services, CareCore will need the following information:

1. Patient Information:

- Health Plan Name
- Patient's WellCare Health Plans ID Number
- Patient Name
- Date of Birth

2. Medical Identifiers:

- Ordering physicians name, WellCare physician ID number, fax number, and telephone number
- Facility to which the patient is being referred and its address, fax number, and telephone number
- The contact person at the ordering physician's office

3. Clinical Information:

- The examination(s) being requested, with the CPT code(s)
- The diagnosis or "rule out" with the ICD-9 code(s)
- The patient's symptoms, listed in detail, with severity and duration. Any treatments that have been tried, including dosage and duration for drugs, and dates for other therapies.
- Any other information that the physician believes will help in evaluating the request, including but not limited to prior diagnostic tests, consultation reports, lab results, etc.

Dates of prior imaging studies performed.

**The CareCore prior authorization number must be submitted on all advanced radiology claims for those procedures provided in detail on the CPT Code file/attachment.**

## ***Claims Submission and Places of Service***

Claims Submission for Imaging Services applicable to:

***Western New York*** –  
Place of Service 11, 22 and 24  
***Applicable Counties*** –  
Erie, Monroe, Onondaga & Wayne

***New York (Downstate)*** –  
Place of Service 22 and 24  
***Applicable Counties*** –  
Bronx, Queens, King, Nassau and New York

***New York (Upstate)*** –  
Place of Service 22 and 24  
***Applicable Counties*** –  
Albany, Dutchess, Orange, Rockland, Schenectady, Ulster and Westchester.

**Please note that for Downstate and Upstate NY, claims for Place of Service 11 must be submitted directly to CareCore.**

**All other claims MUST be submitted directly to WellCare:**

*Electronically:*

Please refer to the WellCare New York Medicaid & Medicare Quick Reference Guides.

*Paper Claims Address:*

WellCare Health Plans, Inc.  
Claims Department,  
New York Region  
P.O. Box 31372  
Tampa, FL 33631-3372