



NEW YORK MANAGED LONG TERM CARE
January 2012

Advocate and Advocate Complete

Web Address: www.wellcare.com/provider/resources

Office Location

New York City
 110 5th Avenue, Third Floor
 New York, NY 10011
 Phone (800) 215-1531 or (212) 463-6100
 Fax (888) 812-5862

Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Mgmt. (Inpatient only), Language Line and Provider Complaints	(866) 661-1232	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	(800) 919-8807
Utilization Management Authorizations and Care Managers	(800) 405-7551	Risk Management New York Medicaid Fraud Hotline	(877) 873-7283
TTY/TDD	(877) 247-6272	WellCare's Fraud, Waste and Abuse Hotline	(866) 678-8355

Provider "How-To" Guide

Provider Resource Guide

Claim Submissions

Claim Payment Disputes

Claims Department **(866) 661-1232**
 Questions related to claim submissions

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.

For inquiries related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

Mail or fax all claim payment disputes with supporting documentation to:

Preferred EDI Partner **EDI Payor ID**
 RelayHealth (McKesson) 14163 **(877) 411-7271**

WellCare Health Plans, Inc. **Fax (877) 277-1808**
 Attn: Claim Payment Disputes
 PO Box 31370
 Tampa, FL 33631-3370

WellCare follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claim submissions. Since October 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. WellCare does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website:
www.wellcare.com/provider/resources

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 paper claim submissions to:

WellCare Health Plans, Inc.
 Claims Department
 PO Box 31372
 Tampa, FL 33631-3372

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

Appeals (Medical)

Providers may file an appeal on behalf of the member with the member's written consent. Providers may also seek an appeal through the Appeals department within 90 calendar days of a 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

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

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format.



Advocate and Advocate Complete

NEW YORK MANAGED LONG TERM CARE
January 2012

Web Address: www.wellcare.com/provider/resources

Pharmacy Services

Pharmacy Services (877) 647-7473
Including after-hours and weekends (WHI)

Specialty Pharmacy (866) 458-9246
wsp@wellcare.com TTY (866) 507-6135

Medication Appeals Fax (866) 388-1766

Mail all [medication appeal forms](#) with supporting documentation to:

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

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

PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, providers may submit a medical justification to WellCare in writing.

WellCare Health Plans, Clinical Pharmacy Department
Director of Formulary Services
Pharmacy & Therapeutics Committee
PO Box 31577
Tampa, FL 33631-3577

Coverage Determination Requests Fax (866) 388-1767

Submit a [Coverage Determination Request Form](#) 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](#)

[Mail Order Pharmacy Prescription Form](#)

[Specialty Pharmacy Physician Referral Form](#)

Behavioral Health

[Magellan Behavioral Health](#) (800) 241-1103

- Authorization is not required for the first outpatient visit. **Prior approval is required for continued services.**
- Contact Magellan for **all** Mental Health and Substance Abuse services including Inpatient hospitalization **and** Outpatient counseling.
- Inpatient admission notification is required within 24 hours.

For real-time authorization responses, submit your secure request online at www.MagellanHealth.com/provider (select "Request Outpatient Authorization"). Complete your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

Radiology Prior Authorization

[CareCore National](#) is our in-network Advanced Radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in the locations listed above.

For claim submissions:

Submit all POS 11 claims directly to CareCore
Submit all POS 22 & 24 claims directly to WellCare

Urgent Authorizations and Provider Services (888) 333-8641
Authorization Request Submissions Fax (866) 896-2152

Web submissions may be submitted via the [CareCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online.

Contracted Networks

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

Dental (800) 468-9868
[Healthplex, Inc.](#)

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format.



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. Authorization changes are denoted by a **Pa** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an **i** symbol. There were no changes to the authorization requirements on this list.

Participating providers are required to obtain authorizations for all out-of-network requests. Specialists must coordinate all services with the member's PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

Admission Notifications – Call (866) 661-1232 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.
- To request an Outpatient authorization or speak to a Care Manager, please call (800) 405-7551. Please have **CPT and ICD-9 codes** available for your authorization request.

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
Pa = New or changed requirement i = Clarification of current requirement			
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page two.
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		Refer to Clinical Coverage Guidelines
Dental Services (Healthplex, Inc.)		X	
Diagnosis and treatment of sexually transmitted/communicable diseases		X	
Diagnostic laboratory services (Routine) (11, 22, 24 & 81)		X	Lab testing must be performed by LabCorp, Quest or other entities specifically contracted to perform lab services.
Emergency Behavioral Health services		X	
Emergency Room services		X	
Emergency Transportation		X	
Family Planning and Reproductive Health services		X	Sterilization Consent Form Required
Hearing services		X	
Immunizations (as medically indicated)		X	Does not include immunizations required for travel and/or employment.
Mammograms		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Optometry services (Block Vision)		X	
Outpatient OB/Gyn services		X	
PCP office visits and treatment		X	Includes preventative medicine services
Podiatry		X	
Radiology services (Routine)		X	See Radiology Prior Authorization on page 2 for claim submission information.
Urgent care services		X	

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format.



Advocate and Advocate Complete

Web Address: www.wellcare.com/provider/resources

NEW YORK MANAGED LONG TERM CARE
January 2012

Procedures and Services	Covered by Advocate	Covered by Advocate Complete
Adult Day Health	Yes	Yes
Ambulance services (non-emergent)	No	Yes
Care Management	Yes	Yes
Chiropractic services	No	Yes
Dentistry	Yes	Yes
Diagnostic and lab services	No	Yes
Durable Medical Equipment (DME) – <u>Includes</u> medical and surgical supplies	Yes	Yes
Hearing services	Yes	Yes
Home-Delivered or Congregate Meals	Yes	Yes
Home Care services – <u>Includes</u> Nursing, Home Health Aide (HHA) or Personal Care Services, Physical Therapy, Occupational Therapy, Speech Therapy and Medical Social services	Yes	Yes
Hospice	No	Yes
Inpatient Hospital care	No	Yes
Inpatient Behavioral Health care	No	Yes
Nutrition and Nutritional Supplements	Yes	Yes
Orthotics and Prosthetics	Yes	Yes
Outpatient Behavioral Health care	No	Yes
Outpatient Services – Includes Surgical Services	No	Yes
Outpatient Substance Abuse services	No	Yes
Part B & D Prescription Coverage	No	Yes
Personal Emergency Response System (PERS)	Yes	Yes
Physical Therapy, Occupational Therapy, Speech Pathology or other therapies provided in a setting other than a home	Yes	Yes
Podiatry	Yes	Yes
Primary Care Physician (PCP) office visits	No	Yes
Private Duty Nursing	Yes	Yes
Respiratory Therapy	Yes	Yes
Skilled Nursing Facility services	Yes	Yes
Social and/or Environmental Supports – <u>Includes</u> Housekeeping and Chore Services	Yes	Yes
Social Day Care	Yes	Yes
Specialist visits	No	Yes
Transportation (non-emergent)	Yes	Yes
Vision	Yes	Yes
Worldwide Emergency Coverage	No	Yes
Urgent Care	No	Yes

For your convenience, items on this QRG in [bold, underlined](#) fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide and forms when the Quick Reference Guide is viewed in an electronic format.