

New York Medicaid Quick Reference Guide

January 2010

Child Health Plus / Medicaid / Family Health Plus
 Web site: www.wellcare.com | E-mail: nypr@wellcare.com

Office Locations

New York City 110 Fifth Avenue, 3 rd Floor New York, New York 10011 Fax: (212) 337-5197	Mid Hudson Valley One Civic Center Plaza, Suite 107 Poughkeepsie, NY 12601 Fax: (813) 283-5292 or (813) 675-2895	Capital District 2 E-Comm - 324 Broadway Albany, NY 12207 Fax: (813) 283-5292 or (813) 675-2895	Western Region 39 State Street, 1 st Floor Rochester, NY 14614 Fax: (585) 328-1422
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Important Telephone Numbers

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

Pharmacy Services Drug Evaluation Review (DER) Fax Pharmacy After Hours/Weekends (WHI) Group Number 856257 Injectable and Infusion Fax Web-Based Information <ul style="list-style-type: none"> Drug Evaluation Review (DER) forms Participating pharmacies Pharmacy services overview Pharmacy updates 	(877) 647-7473 (866) 388-1517 (877) 647-7473 (866) 388-1517 www.wellcare.com	Drug Evaluation Review (DER) required for: <ul style="list-style-type: none"> Brand name drugs when a generic exists Prescriptions that exceed the FDA daily or monthly quantity limit Duplication of therapy Most self-injectable and infusion medication Medication Appeals Fax: 1-888-865-6531 WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department P.O. Box 31398 Tampa, FL 33631-3398 Medication appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.
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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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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 110 Fifth Avenue, 3rd Floor • New York, New York 10011
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Member Medical Benefit Appeals and Grievances

A provider may file a medical benefit 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

CareCore National (Radiology Vendor)

CareCore National is our in-network radiology services provider for all places of service (POS) except: 21, 22, 23 & 24. Contact CareCore for all <i>authorization</i> and <i>claims</i> related submissions for services rendered at locations other than those listed above.	Telephone (<i>urgent authorizations & Provider Services</i>) (888) 333-8641 Fax (866) 896-2152 Web Address www.carecorenational.com Electronic Claim Submissions Emdeon or MCNet – Payor #14188 Mailing Paper Claims PO Box 758, Lake Katrine, NY 12449
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Other Contracted Networks

Behavioral Health <i>Harmony Behavioral Health</i> (800) 241-1103	Laboratory <i>LabCorp</i> (800) 788-9091 <i>Quest Diagnostics</i> (888) 277-8772
Dental <i>Healthplex</i> (800) 468-9868 <i>(Family Health Plus and Child Health Plus members only)</i>	Vision <i>Block Vision</i> (800) 879-6901

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 (11 & 22)* (No authorization required for the first three visits; additional visits require authorization)
- 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 (61 & 62)*
- Skilled nursing facility admissions (31 & 32)*

Outpatient Services – Fax: (800) 246-7983

- All services performed in an outpatient hospital or Ambulatory surgery setting (22 & 24)*, except as otherwise noted in this Quick Reference Guide
- Ambulance/ambulette transportation (non-emergent)
- Cardiac and pulmonary rehabilitation programs
- cosmetic procedures (ALL POS)
- Court-ordered services
- Cytogenetic, reproductive, molecular laboratory tests not performed by vendor (LabCorp or Quest Diagnostics)
- Diagnostic laboratory services 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)
- Advanced radiology: CT, MRI, MRA, PET and SPECT scans (22)*
- Sterilization procedures (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

No Authorization Required CPT code list available on wellcare.com

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 including periodic health check-ups
- Certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11 – *please submit radiology claims to CareCore*)*

Specialists

- Office visits and treatment with PCP referral (11)*
- Certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11 – *please submit radiology claims to CareCore*)*

Obstetrics and Gynecology

- Office visits and treatment (11)*
- Certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*

Laboratory

- Laboratory tests by LabCorp or Quest (81)*
- Genetic testing by LabCorp or Quest (11, 22, 24, 50)*

Radiology

- Routine radiology (21, 22, 23 & 24)*
- Mammograms (21, 22, 23 & 24)*,

Ultrasonography

- Diagnostic ultrasounds (21, 22, 23 & 24)*
- OB ultrasounds (21, 22, 23 & 24)*

Other

- Family planning services
- Dialysis (POS 65)

CareCore National is our in-network radiology services provider for all places of service (POS) except: 21, 22, 23 & 24 – see page 1 for details

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