

**Medicaid, Family Health & Child Health Plus Quick Reference Guide  
March 2011**

Web site: [www.wellcare.com](http://www.wellcare.com) E-mail: [nypr@wellcare.com](mailto:nypr@wellcare.com)

Important Telephone Numbers			
<b>Provider Services</b> Eligibility verification, Claims, Translation Services and Utilization Management (800) 288-5441	<b>Marketing and Enrollment</b> (800) 288-5441 iCare (866) 364-1350		
TTY/TDD (877) 247-6272	<a href="#">How to Become a Registered Web User</a>		
Claim Submissions			
<b>Claims Department</b> Including EDI questions and assistance (800) 288-5441  WellCare will no longer accept handwritten or replicated claim forms after <b>October 28, 2010</b> . Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms.  Claim forms and guidelines may be found on our website at <a href="http://www.wellcare.com">www.wellcare.com</a> .  <b>Mail paper claim submissions to:</b>  WellCare Health Plans, Inc. Claims Department PO Box 31372 Tampa, FL 33631-3372  <a href="#">Electronic Claim Submission/Electronic Data Interchange (EDI) Services</a> <a href="#">How to Check the Status of a Claim</a> <a href="#">Registering for EFT/ERA Services</a>	<th style="background-color: #0056b3; color: white; text-align: center;">Claim Payment Disputes</th> <p>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.</p> <p>Mail or fax all claim payment disputes to:</p> <p style="text-align: right;">WellCare Health Plans, Inc.      Fax (877) 277-1808                      Attn: New York Claim Payment Disputes                      PO Box 31370                      Tampa, FL 33631-3370</p> <th style="background-color: #0056b3; color: white; text-align: center;">Claim Payment Policy Disputes</th> <p>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.</p> <p>Mail all disputes related payment policy issues to:</p> <p style="text-align: right;">WellCare Health Plans, Inc.      Fax (877) 277-1808                      Payment Policy Disputes Department                      PO Box 31426                      Tampa, FL 33631-3426</p>	Claim Payment Disputes	Claim Payment Policy Disputes
Appeals (Medical)			
<p>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.</p> <p>Mail or fax all medical appeals with supporting documentation to:</p> <p style="text-align: right;">WellCare Health Plans, Inc.      Fax (866) 201-0657                      Attn: Appeals Department                      PO Box 31368                      Tampa, FL 33631-3368</p>	<th style="background-color: #0056b3; color: white; text-align: center;">Grievances</th> <p>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.</p> <p>Mail or fax all member grievances to:</p> <p style="text-align: right;">WellCare Health Plans, Inc.      Fax (866) 388-1769                      Attn: Grievance Department                      PO Box 31384                      Tampa, FL 33631-3384</p> <p><a href="#">Non-Medicare Appointment of Representative Form</a></p>	Grievances	
Provider Complaints			
<p>Additionally, provider complaints related to any administrative issues such as WellCare's policies and procedures or authorization/referral processes must be submitted within 45 calendar days of the event giving rise to the complaint.</p> <p>Mail or fax all provider complaints to:</p> <p style="text-align: right;">WellCare Health Plans, Inc.      Fax (866) 388-1769                      Attn: Grievance Department                      PO Box 31384                      Tampa, FL 33631-3384</p>			

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

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**Pharmacy Services**

Pharmacy Services (877) 647-7473  
Including after-hours and weekends (WHI)  
Group number 856257

Medication Appeals Fax (888) 865-6531

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

Mail medication appeals to:

WellCare Health Plan, Inc.  
Attn: Pharmacy Appeals Department  
PO Box 31398  
Tampa, FL 33631-3398

[Medication Appeal Request Form](#)

Drug Evaluation Review (DER) Fax (866) 388-1517

DER requests are required for:

- 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

[Injectable Infusion Request Form](#)

[Enteral Nutrition Request Form](#)

[Synagis Order Form](#)

[Medical Injectables – No Authorization Required List](#)

**Behavioral Health**

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

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

For real-time authorization responses, submit your secure request online at [www.MagellanHealth.com/provider](http://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 radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in 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 also be submitted via the [CareCore Provider Web Portal](#) or [www.carecorenational.com](http://www.carecorenational.com).

[CareCore National Guide for WellCare of New York Providers](#)

[CareCore National Frequently Asked Questions \(FAQs\)](#)

[CareCore National Frequently Asked Questions \(FAQs\) – Applicable Only to Services Rendered in POS 11](#)

**Contracted Networks**

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

Transportation (866) 417-0292  
[LogistiCare](#)



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

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**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. There are changes to authorization requirements on the list. The authorization changes are denoted by a  for easy identification. Requirements that have been edited for *clarification only* are denoted with an .

Participating providers are required to obtain authorizations for all out-of-network services except emergency services and out-of-area renal dialysis.

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 receipt of a request for a consultation.** The reason for the referral and the name of the specialist must be documented in the medical record. No communication with the Plan is necessary.

**WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:**

**URGENT Authorization Requests and Admission Notifications – Call (800) 288-5441 and follow the prompts.**

- Notify the Plan of unplanned inpatient hospital admissions and observation stays within 24 hours of rendering care. Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member's condition. Please add CPT and ICD-9 codes with your authorization request.



**How to Submit an Authorization Request Online**

**NOTE:** Place of service codes (POS)\* are specified for some services.

**\*Place of Service Codes**

11 – Office	23 – Emergency Room	50 – FOHC	72 – Rural Health Clinic
12 – Home	24 – Ambulatory Surgery Center	61 – Inpatient Rehab	81 – Laboratory
20 – Urgent Care Facility	31 – Skilled Nursing Facility	62 – Outpatient Rehab	
21 – Inpatient Hospital	32 – Nursing Facility	65 – ESRD	
22 – Outpatient Hospital	33 – Custodial Care Facility	71 – Public Health Clinic	

**DME Services Fax (877) 431-8859**

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
 = New or changed requirement  = Clarification of current requirement			

All Durable Medical Equipment purchases and rentals (Including Orthotics and Prosthetics)	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
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**Home Health Services Fax (866) 886-4321**

Home health care services	X		
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**Inpatient Services Fax (877) 431-8860**

All inpatient hospital admissions (21)*	X		Clinical updates required for continued length of stay.
Emergency behavioral health services		X	
Emergency room services (23)*		X	
Emergency transportation services		X	
Neonatal emergency ambulance transportation services to RPCC		X	
Newborn deliveries		X	Notification required
Observations (22)*	X		Clinical updates required for continued length of stay.
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.
Skilled nursing facility admissions (31 & 32)*	X		Clinical updates required for continued length of stay.

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Outpatient Services		Fax (800) 246-7983	
PROCEDURES and SERVICES  = New or changed requirement  = Clarification of current requirement	Auth Required	No Auth Required	Comments
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT scans (11, 22 & 24)* 	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Ambulance transportation (non-emergent)	X		
Ambulette transportation (non-emergent) 		X	See Contracted Networks (LogistiCare) section on page 2.
Ambulatory surgery center services (24)*	X		Authorization required except as otherwise noted
Cardiac and pulmonary rehabilitation programs	X		
Cosmetic procedures (ALL)*	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic lab testing	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
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.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*		X	Refer to Radiology Prior Authorization on page 2 for Radiology claim submission information.
Dialysis (65)*		X	
Family planning services		X	
Hospice care services	X		
Investigational & experimental procedures and treatment	X		<a href="#">Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</a>
Mammograms (11, 22 & 24)*		X	See Radiology Prior Authorization on page 2 for claim submission information.
Non-Obstetric Diagnostic ultrasounds		X	See Radiology Prior Authorization on page 2 for claim submission information
OB/GYN office visits and treatment (11)*		X	
Obstetric ultrasounds 	X		Up to 3 per pregnancy without authorization. See Radiology Prior Authorization on page 2.
Outpatient hospital services (22)*	X		Authorization required except as otherwise noted
PCP office visits and treatment		X	Includes periodic health check-ups.
Radiology Anesthesia		X	No authorization is required for CPT codes 01916 – 01936
Respiratory therapy services	X		
Routine radiology services (11, 22 & 24)*		X	See Radiology Prior Authorization on page 2 for claim submission information
Specialist office visits (11)*		X	PCP referral required
Sterilization procedures (11, 22 & 24)*	X		<a href="#">Sterilization Consent Form</a>
Urgent care services (20)*		X	
<b>Prenatal Notifications</b>		<b>Fax (877) 647-7475</b>	
<a href="#">Prenatal notifications</a>		X	Notification is required within 30 days of first prenatal visit.
<b>Skilled Therapy Services</b>		<b>Fax (877) 709-1698</b>	
Occupational, Physical and Speech therapy services (11 & 22)*	X		<a href="#">Refer to Clinical Coverage Guidelines</a> No authorization required for the first 3 visits.

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