



**NEW YORK MEDICARE QUICK REFERENCE GUIDE
March 2011**

Web Address: www.wellcare.com

Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Mgmt. and Provider Complaints	(800) 278-5155	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
TTY/TDD	(877) 247-6272	iCare Hotline for suspected fraud and abuse	(866) 364-1350
Case and Disease Management Referrals	(866) 635-7045		

[How to Become a Registered Web User](#)

[How to Verify Eligibility](#)

Claim Submissions

Claim Payment Disputes

Claims Department (800) 278-5155
Including EDI questions and assistance

WellCare will no longer accept handwritten or replicated claim forms after **October 28, 2010**. 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 www.wellcare.com.

Mail paper claim submissions to:

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

[Electronic Claim Submission/Electronic Data Interchange \(EDI\) Services](#)
[How to Check the Status of a Claim](#)
[Registering for EFT/ERA Services](#)
[Tips on How to File Claims](#)

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.

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

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

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 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)

For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representative may be required. Providers may also seek an appeal through the Appeals department within 90 calendar days of a claims 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

[Filing an Authorization-Related Claims Appeal](#)

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

[Medicare Appointment of Representative Form](#)

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Pharmacy Services

Pharmacy Services (866) 653-0976
Including after-hours and weekends (WHI)

Medication Appeals Fax (866) 388-1766

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

Mail all medication appeals with supporting documentation to:

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

[Medication Appeal Request Form](#)

Coverage Determination Requests Fax (866) 388-1767

Submit Coverage Determination requests 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](#)

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 (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.

Western New York (Erie, Onondaga, Monroe & Wayne counties):

- Submit all claims directly to WellCare

All other New York service areas – Downstate & Upstate:

- Submit all POS 11 claims directly to CareCore
- Submit all POS 22 and 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.

[CareCore National Guide for WellCare of New York Providers](#)
[CareCore National Frequently Asked Questions \(FAQs\)](#)

Contracted Networks

Chiropractic Triad (800) 409-9081	Dental Healthplex, Inc. (800) 468-9868
Vision Block Vision (800) 879-6901	Transportation LogistiCare (866) 430-0568

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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 requests. Requests to utilize members' Point-of-Service benefits must be submitted and reviewed for authorization.

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 receipt of the request for a consultation and the reason for the referral 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) 278-5155 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.
- 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 – FQHC	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 rentals	X		Refer to Clinical Coverage Guidelines
Durable Medical Equipment purchases	X		Refer to Clinical Coverage Guidelines
Orthotics and Prosthetics	X		Refer to Clinical Coverage Guidelines

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	
Observations (22)*	X		
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, 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		Exception: No Authorization is required for CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45393
Cardiac and pulmonary rehabilitation programs	X		Refer to Clinical Coverage Guidelines
Cosmetic procedures (ALL)*	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		Refer to Clinical Coverage Guidelines
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 claim submission information.
Diagnostic ultrasounds (11, 22 & 24)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Domiciliary, rest home & custodial services (32 & 33)*	X		
Hearing services	X		
Hospice care services	X		
Investigational & experimental procedures and treatment	X		Experimental and Investigational Procedures and Devices Clinical Coverage Guideline
Mammograms (11, 22 & 24)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Obstetric ultrasounds (11, 22 & 24)*		X	Refer to Radiology Prior Authorization on page 2 for claim submission information.
Outpatient hospital services (22)*	X		Exception: No Authorization is required for CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45392
Pain Management treatment (11, 22 & 24)*	X		
PCP office visits and treatment		X	
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 - 01936
Rehabilitation facility services (62)*	X		
Respiratory therapy services	X		
Routine radiology services (11, 22 & 24)*		X	See Radiology Prior Authorization on page 2 for claim submission information.
Skilled nursing facility services (31 & 32)*	X		
Specialist office visits (11)*		X	PCP referral required
Urgent care services (20)*		X	
Skilled Therapy Services		Fax (877) 709-1698	
Occupational, Physical and Speech therapy services (11 & 22)*	X		Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits.

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