



**OHIO MEDICARE QUICK REFERENCE GUIDE**  
**April 2011**

**Web Address:** [www.wellcare.com](http://www.wellcare.com)

**Important Telephone Numbers**

|   |                       |  |                       |
|---|-----------------------|--|-----------------------|
| <b>Provider Services</b><br>Eligibility verification, Claims, Utilization Mgmt. and Provider Complaints | <b>(866) 687-8815</b> | <b>Personal Health Advisor</b><br>Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week. | <b>(800) 919-8807</b> |
| <b>TTY/TDD</b>  | <b>(877) 247-6272</b> | <b>iCare</b><br>Hotline for suspected fraud and abuse  | <b>(866) 364-1350</b> |
| <b>Case and Disease Management Referrals</b>  | <b>(866) 635-7045</b> |  |                       |

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

[Web Access for Providers](#)

**Claim Submissions**

**Claim Payment Disputes**

**Claims Department** (866) 687-8815  
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.

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.

Claim forms and guidelines may be found on our website at [www.wellcare.com](http://www.wellcare.com).

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

**Mail paper claim submissions to:**

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

WellCare Health Plans, Inc.  
Claims Department  
PO Box 31224  
Tampa, FL 33631-3224

**Claim Payment Policy Disputes**

[Electronic Claim Submission/Electronic Data Interchange \(EDI\) Services](#)

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.

[How to Check the Status of a Claim Online](#)

Mail all disputes related to payment policy issues to:

[Registering for EFT/ERA Services](#)

WellCare Health Plans, Inc.  
Payment Policy Disputes Department  
PO Box 31426  
Tampa, FL 33631-3426

[Tips on How to File Claims](#)

**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) 951-7719

- 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 places of service listed above.

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 Frequently Asked Questions \(FAQs\) for Providers](#)

## Contracted Networks

Dental (877) 468-5581

[DentaQuest](#)



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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 .

For in-network requests, the PCP or treating physician is required to request the 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:**

- Inpatient admission notifications:** Submit unplanned Inpatient hospital admission and observation notifications to the Plan by calling (866) 687-8815. Inpatient hospital admission and observation notification is requested by the next business day. Clinical information can be faxed to the Inpatient Services fax number listed below.
- Urgent and time sensitive outpatient requests:** Requests for urgent and time sensitive outpatient services may be submitted via phone when warranted by the member's condition by calling: (866) 687-8815. Please include CPT and ICD-9 codes with your authorization request.
- Standard authorizations requests:** Submit requests online or via fax using the numbers listed below.



[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<br> = Clarification of current requirement |               |                  |   |
| All Durable Medical Equipment rentals  | X             |                  | <a href="#">Refer to Clinical Coverage Guidelines</a>                           |
| Durable Medical Equipment purchases (Including Orthotics and Prosthetics)  | X             |                  | DME purchases billed for less than \$200 per item do not require authorization. |

**Home Health Services Fax (866) 886-4321**

|                           |   |  |  |
|---------------------------|---|--|--|
| Home health care services | X |  |  |
|---------------------------|---|--|--|





**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 stays up to 48 hours (21 & 22)*  |   | X | Notification is required regardless of the 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 (877) 851-2048 |  |
|---|---------------|--------------------|--|
| PROCEDURES and SERVICES<br> = New or changed requirement<br> = 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             |                    | Excludes facility-to-facility trips  |
| Ambulatory surgery center procedures (24)*  | X             |                    | No Authorization is required for CPT code ranges 43200 – 43258, 44360 -44397, 45300 – 45392  |
| Cardiac and pulmonary rehabilitation programs   | X             |                    | <a href="#">Refer to Clinical Coverage Guidelines</a>  |
| Cosmetic procedures (ALL)*  | X             |                    |  |
| Court-ordered services  | X             |                    |  |
| Cytogenetic, reproductive and molecular diagnostic laboratory testing   | X             |                    | <a href="#">Refer to Clinical Coverage Guidelines</a>  |
| Dermatology procedures (POS 11 only)   | X             |                    | <b>Exceptions:</b> No Authorization is required for CPT code ranges: 1400 – 14061, 14350, 15100, 15120 – 15121, 15200, 15240 – 15261, 15576, 15630, 15731, 15740, 15760, 17000 – 17004, 17312, 17315, 21235, 41105 |
| Diagnostic tests and procedures considered by the Plan to be part of a routine office visit (11)*   |               | X                  |  |
| Diagnostic ultrasounds (11)*  |               | X                  |  |
| Domiciliary, rest home & custodial services (32 & 33)*  | X             |                    |  |
| Hospice care services   | X             |                    |  |
| Investigational & experimental procedures and treatment   | X             |                    | <a href="#">Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</a>  |
| Mammograms (ALL)*   |               | X                  |  |
| Outpatient hospital surgical procedures (22)*   | X             |                    | No Authorization is required for CPT code range: 43200 – 43258, 44360 – 44397, 45300 - 45392   |
| Pain Management treatment (11, 22 & 24)*  | X             |                    |  |
| PCP office visits and treatment   |               | X                  |  |
| Radiology Anesthesia  |               | X                  | Applicable CPT code range: 01916 - 01936   |
| Rehabilitation facility services (62)*  | X             |                    |  |
| Respiratory therapy services  | X             |                    |  |
| Routine laboratory services (11 & Quest Diagnostics or LabCorp – 81)*   |               | X                  | Laboratory tests must be consistent with CLIA guidelines   |
| Routine radiology services (11 & 22)*   |               | X                  |  |
| 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             |                    | <a href="#">Refer to Clinical Coverage Guidelines</a>  |

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