

Ohio Medicare Quick Reference Guide

January 2010

Web site: www.wellcare.com

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Mgmt TTY/TDD	(866) 687-8815 (877) 247-6272	Personal Health Advisor Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week. Case and Disease Management Referrals	(800) 919-8807 (866) 635-7045
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Pharmacy

Pharmacy Services Including After Hours / Weekends Coverage Determination Request Fax Web-Based Information <ul style="list-style-type: none"> Pharmacy updates Formulary Coverage Determination Request forms Participating pharmacies Medication Appeals WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department P.O. Box 31383 Tampa, FL 33631-3383	(866) 653-0976 (866) 388-1767 www.wellcare.com Fax: 1-866-388-1766	Coverage Determination Request required for: <ul style="list-style-type: none"> Drugs not listed on the Formulary Drugs listed on the Formulary with a prior authorization Duplication of therapy Prescriptions that exceed the FDA daily or monthly quantity limit Most self-injectable and infusion drugs Drugs listed on the Formulary with a quantity limit Drugs that have a step edit and the first line therapy is inappropriate Medication appeals may also be called into Provider Services at (866) 687-8815.
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Claims

EDI Questions and Assistance EDI Partners ACS EDI Gateway, Inc. Availity Emdeon (former WebMD®) RelayHealth (McKesson) SSI Group ZirMed Encounter Data Submissions Electronic Funds Transfers & Remittance Advice (EFT/ERA) Customer Services	(800) 960-2530 x4096 EDI Payer ID 77004 14163 14163 14163 14163 14163 59354 Contact (800) 987-6720 (800) 282-4548 (800) 845-6592 (800) 522-6562 (800) 880-3032 (877) 494-7633 (866) 687-8815 www.payspanhealth.com	Claims Department Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31224 Tampa, FL 33631-3224 Timely claims filing is 180 days from the date of service to primary payers.	(866) 687-8815
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Claim Appeals

Claim Appeals The Claims Appeal process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. Claim appeals must be submitted to WellCare, in writing, within 90 days of the date of denial on the EOB. To initiate this process, please mail written Claims Appeals and documentation to: WellCare Health Plans, Inc. Attn: OH Claim Appeals P.O. Box 31224 Tampa, FL 33631-3224	(866) 687-8815	Claim Appeals Fax Providers may also fax written Claim Appeals and documentation to the number listed above, attention of OH Claim Appeals. There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Medical Benefit Appeals section below for instructions.	(813) 262-2802
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Medical Benefit Appeals

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals Department within 90 calendar days when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.

Mail or fax an appeal with supporting clinical documentation to: WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657	Grievances may be initiated in writing or by a call to the Customer Service department. WellCare Health Plans, Inc. (866) 687-8815 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax: (866) 388-1769
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Provider Complaints & Grievances

Provider Complaints Related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within 45 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to: WellCare Health Plans, Inc. Attn: Customer Service P.O. Box 31370 Tampa, FL 33631-3370 Fax (813) 262-2802

Risk Management

Trust Program (Fraud & Abuse Hotline)	(866) 678-8355
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UTILIZATION MANAGEMENT (UM) DEPARTMENT – AUTHORIZATIONS

Urgent Authorization Requests and Admission Notifications

Call (866) 687-8815 and follow the prompts.

- To notify the Plan of unplanned inpatient hospital admissions and observations within the next business day (except normal maternity delivery admission). A telephone authorization must be followed by a fax submission of clinical information -- by the next business day.
- You may also call to request outpatient authorizations for urgent and time sensitive services when warranted by the member's condition. Please include CPT and ICD-9 codes with your authorization request.

AUTHORIZATION REQUIRED

Standard Authorization Requests

Fax your request to the numbers listed below. Note that *Place of Service codes are specified for some services. Please include CPT and ICD-9 codes with your authorization request. **For in-network requests (see information listed below), the PCP or treating physician is required to request the authorization.**

Ancillary – Fax: (877) 431-8859

- Occupational, physical and speech therapy (11 & 22)*

Home Health Care and Durable Medical Equipment – Fax: (877) 431-8859

- Home health care (11 & 12)*
- Durable medical equipment purchases billed at \$200 or more per item (includes orthotics & prosthetics)
- Durable medical equipment rentals

Inpatient – Fax: (877) 431-8860

- All inpatient hospital admissions
- Clinical updates for continued length-of-stay
- Inpatient mental health and alcohol or substance abuse
- Rehabilitation facility admission (61)*
- Skilled nursing facility admission (31 & 32)*

Outpatient – Fax: (877) 851-2048

- Alcohol or substance abuse or Behavioral Health
- Ambulance transportation (non-emergent) – exclude facility to facility trips
- Cardiac and pulmonary rehabilitation programs
- Cosmetic procedures (ALL)*
- Court-ordered services
- Cytogenetic, reproductive, molecular laboratory tests
- Dialysis (first visit)
- Domiciliary, rest home and custodial care admissions (32,33)*
- Hospice care services
- Investigational and experimental procedures and treatment
- Pain management treatment (11, 22, 24)*
- Advanced radiology **including** PET and SPECT (ALL)*
- Rehabilitation facility services (62)*
- Skilled nursing facility services (31 & 32)*
- Surgical procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 – 45392

NO AUTHORIZATION REQUIRED

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

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 (11)*

Observation Stays

- All observation stays up to 48 hours (21 & 22)*

Laboratory

- Laboratory tests consistent with CLIA guidelines (11)*
- Laboratory tests by vendor (*Quest Diagnostics* - 81)*

Radiology

- Routine radiology services (11 & 22)* **except** PET and SPECT
- Mammograms (ALL)*

Ultrasonography

- Diagnostic ultrasounds (11)*

REFERRALS

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 the receipt of the request for a consultation and the reason for the referral in the medical record. **No communication with the Plan is necessary.**

*** PLACE OF SERVICE CODES**

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