

Florida Medicare Quick Reference Guide

September 2009

Web site: www.wellcare.com

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Mgmt TTY/TDD Case and Disease Management Referrals	(888) 888-9355 (877) 247-6272 (866) 635-7045	Personal Health Advisor Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week. Risk Management iCare (Fraud & Abuse Hotline)	(800) 919-8807 (866) 678-8355
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Pharmacy

Pharmacy Services Including After Hours / Weekends Coverage Determination Review Fax	(866) 653-0976 (866) 388-1767	Coverage Determination Review 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 • Drug that have a step edit and the first line therapy is inappropriate
Web-Based Information <ul style="list-style-type: none"> • Formulary • Coverage Determination Review forms • Participating pharmacies 	www.wellcare.com	

Claims

Claims Department	(888) 888-9355	Claim Appeals	(888) 888-9355
EDI Questions and Assistance	(800) 960-2530 x4096	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:	
EDI Partners	EDI Payer ID	Contact	
ACS EDI Gateway, Inc.	77004	(800) 987-6720	WellCare Health Plans, Inc. Attn: FL Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372
Avality	14163	(800) 282-4548	
Emdeon	14163	(800) 845-6592	
RelayHealth (McKesson)	14163	(800) 522-6562	
SSI Group	14163	(800) 880-3032	
ZirMed	14163	(877) 494-7633	
Encounter Data Submissions	59354		
Electronic Funds Transfers & Remittance Advice (EFT/ERA)			Claim Appeals Fax (813) 262-2802
Customer Service:	(888) 888-9355	www.payspanhealth.com	Providers may also fax written Claim Appeals and documentation to the number listed above, attention of FL Claim Appeals.
Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372			Note: There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Administrative Review section on this guide for instructions.

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. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax: (866) 388-1769

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
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Contracted Networks

Behavioral Health - Harmony Behavioral Health	(877) 712-5340	Home Health Care Services - CARECENTRIX	
Chiropractics - Chiro Alliance Corp.	(888) 888-9355	Urgent Requests	(888) 999-2422
Dental - Atlantic Dental (ADI)	(800) 964-7811	Standard Requests - Fax to:	(800) 218-4219
Durable Medical Equipment		Physical/Occupational/Speech Therapy	
ALL-MED	(800) 369-1416	American Therapy Administrators (POST1)	(888) 550-8800
- Fax submissions	(800) 722-4148	Vision*	
CARECENTRIX	(888) 999-2422	Premier Eye Care of Florida, Inc.	
- Fax submissions	(800) 218-4219	Ophthalmology	(800) 738-1889
WellCare	(800) 351-8777	Advantica	
Fitness	(888) 888-9355	Optometry	(866) 425-2323
Hearing Services - HearUSA	(800) 333-3389	*Vision benefits may vary from county to county.	
Podiatry - Podiatry Network of Florida	(888) 888-9355		

NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised September 28, 2009) PROV_PC_FL_MedicareQuickReferenceGuide_ORG_092809

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (888) 888-9355 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 patient'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. Specialists must coordinate all services with the member's PCP.

PCPs are required to obtain authorizations for all out-of-network requests:

- Requests for Point-of-Service benefits must be submitted and reviewed for authorization.
- Urgent or emergent services rendered in emergency rooms and urgent care centers (20 & 23) **do not** require authorization.

Ancillary – Fax: (877) 431- 8859

- occupational, physical and speech therapy (11 & 22)* (see Contracted Networks on page 1)
- respiratory therapy services

Home Health Care and Durable Medical Equipment –

FAX: (877) 431-8859

- home health care (11)* - see Contracted Networks on page 1
- all durable medical equipment purchases - see Contracted Networks on page 1
- all durable medical equipment rentals – see Contracted Networks on page 1

Inpatient – Fax: (877) 431-8860

- all inpatient hospital admissions and outpatient observations (21 & 22)*
- clinical updates for continued length-of-stay
- behavioral health or alcohol or substance abuse (see Behavioral Health under Contracted Networks on page 1)
- rehabilitation facility admission (61)*
- skilled nursing facility admission (31 & 32)*

Outpatient – Fax: (877) 892-8216

- alcohol or substance abuse and Behavioral Health (see Behavioral Health under Contracted Networks on page 1)
- all procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 – 45392
- ambulance transportation (non-emergent)
- cardiac and pulmonary rehabilitation programs
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- cosmetic procedures (ALL)*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- diagnostic laboratory services (22 & 24)*
- dialysis (first visit)
- domiciliary, rest home and custodial care services (32, 33)*
- hearing services (see Contracted Networks on page 1)
- hospice care services
- investigational and experimental procedures and treatments.
- pain management treatment (11, 22, 24)*
- PET, SPECT, MRA (ALL)*
- radiology services including CAT & MRI (22 & 24)*
- rehabilitation facility services (62)*
- skilled nursing facility services (31, 32)*

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

Laboratory

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

Radiology

- radiology services including CAT & MRI (11)* (*MRA, PET and SPECT* (ALL)* require authorizations)
- mammograms (ALL)*

Ultrasonography

- diagnostic ultrasounds

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	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	
33 - Custodial Care Facility	