

# Texas Medicare (Coordinated Care) Quick Reference Guide

## February 2008

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

### Important Telephone Numbers

<b>Provider Services</b> Eligibility Verification, Claims, Utilization Mgmt	(866) 687-8878	<b>Personal Health Advisor</b> Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.	(800) 919-8807
<b>Member Services</b>	(866) 687-8878		
<b>TTY/TDD</b>	(877) 247-6272	<b>Case and Disease Management Referrals</b>	(866) 635-7045

### Pharmacy

<b>Pharmacy Services</b> Including After Hours / Weekends (WHI)	(866) 653-0976	<b>Drug Evaluation Review (DER) Fax</b> Including Injectables and Infusions	(866) 388-1767
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### Claims

<b>EDI Questions and Assistance</b>	(800) 960-2530 x4096	<b>Claims Department</b>	(866) 687-8878
<b>EDI Partners</b>	<b>EDI Payer ID</b>	<b>Contact</b>	Mail medical paper claim submissions to:  WellCare Health Plans, Inc. Claims Department P.O. Box 31579 Tampa, FL 33631-3579
ACS EDI Gateway, Inc.	77004	(800) 987-6720	
Availity	14163	(800) 282-4548	
Emdeon (former WebMD®)	14163	(800) 845-6592	
RelayHealth (McKesson)	14163	(800) 522-6562	
SSI Group	14163	(800) 880-3032	
ZirMed	14163	(877) 494-7633	
<b>Encounter Data Submissions</b>	59354		
<b>Electronic Funds Transfers &amp; Remittance Advice (EFT/ERA)</b>			
Customer Service	(866) 687-8878		
	<a href="http://www.payspanhealth.com">www.payspanhealth.com</a>		

### Claim Appeals

<b>Claim Appeals</b>	(866) 687-8878	<b>Claim Appeals Fax</b>	(813) 262-2802
<p>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:</p> <p>WellCare Health Plans, Inc. Attn: TX Claim Appeals P.O. Box 31579 Tampa, FL 33631-3579</p>		<p>Providers may also fax written Claim Appeals and documentation to the number listed above, attention of TX Claim Appeals.</p> <p>There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Appeals section on this guide for instructions.</p>	

### 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.

<p>Mail or fax an appeal with supporting clinical documentation to:</p> <p>WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368</p> <p>Fax: (866) 201-0657</p>	<p>Grievances may be initiated in writing or by a call to the Customer Service department.</p> <p>WellCare Health Plans, Inc. (866) 687-8878 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384</p> <p>Fax: (866) 388-1769</p>
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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

<b>Trust Program</b> (Fraud & Abuse Hotline)	(866) 678-8355
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### Contracted Networks

<b>Behavioral Health - Harmony Behavioral Health</b>	(877) 712-5340	<b>Laboratory</b>	
		Quest	(888) 277-8772
		CPL (Clinical Pathology Laboratories)	(800) 595-1275

**Utilization Management (UM) Department – Authorizations**

**Urgent Authorization Requests**

Call **866-687-8878** and follow the prompts.

- You may call to request outpatient (11 & 24)\* 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 care services rendered in emergency rooms and urgent care centers (20 & 23)\* **do not** require authorization
- renal dialysis **does not** require authorization

**Inpatient Notification – Fax: (877) 431-8860**

**Ancillary – Fax: (877) 431-8859**

- occupational, physical and speech therapy (11 & 22) \*
- respiratory therapy services

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

- home health care
- durable medical equipment purchases over \$200 (includes orthotics and prosthetics) – see Contracted Networks on page 1
- durable medical equipment rentals – see Contracted Networks on page 1

**Outpatient – Fax: (877) 894-2034**

- ambulance transportation (non-emergent)
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- cosmetic procedures & other elective procedures (ALL) – **See Authorization Required CPT Code List posted on [wellcare.com](http://wellcare.com)**
- court-ordered services
- cytogenetic, reproductive, molecular tests
- domiciliary, rest home and custodial care admissions (32 & 33)\*
- investigational and experimental procedures and treatment
- pain management treatment (11, 22, 24)\*
- radiology - CAT, MRA, MRI, PET, and SPECT (unless performed as part of an inpatient hospitalization)(21)\*

**NO AUTHORIZATION REQUIRED**

**Hospital-Based and Other Specialized Services**

- all procedures performed in an outpatient hospital or ambulatory surgery setting except for cosmetic and other elective procedures (22 & 24)\*
- all inpatient hospital admissions and outpatient observations (21 & 22)\* – see **notification** information
- Behavioral Health and alcohol or substance abuse admissions or services
- cardiac and pulmonary rehabilitation programs
- rehabilitation facility admissions or services (61 & 62)\*
- skilled nursing facility admissions or services (31 & 32)\*
- dialysis – see **notification** information (on 1<sup>st</sup> visit only)
- hospice care services

**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 (22, 24 & 81)\*

**Radiology**

- all radiology services (11 & 22)\* **except** CAT, MRA, MRI, PET and SPECT
- Mammograms (ALL)\*

**Ultrasonography**

- diagnostic ultrasounds

**Definitions**

**Notification:** WellCare requests to be notified of all inpatient hospital admissions and observations. WellCare also requests to be notified of the first outpatient dialysis visit. Notification allows for timely and effective discharge planning and the identification of cases appropriate for case management. Notification forms are available on [wellcare.com](http://wellcare.com).

Completed inpatient/observation notification forms are faxed to (877) 431-8860. Completed Outpatient (dialysis) notification forms are faxed to (877) 894-2034.

**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, hospital or free-standing facility (POS 11, 50, 21, 71 & 72) without a referral authorization. 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 (POS)**

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	