

# Texas Medicare (Coordinated Care) Quick Reference Guide

## January 2010

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> TTY/TDD	(866) 687-8878 (877) 247-6272	<b>Case and Disease Management Referrals</b>	(866) 635-7045

### Pharmacy

Pharmacy Services Including After Hours / Weekends (WHI) Coverage Determination Request Fax Web-Based Information • Pharmacy updates • Formulary • Coverage Determination Request forms • Participating pharmacies	(866) 653-0976  (866) 388-1767 <a href="http://www.wellcare.com">www.wellcare.com</a>	Medication Appeals WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department P.O. Box 31383 Tampa, FL 33631-3383  Medication appeals may also be called into Customer Service using the appropriate telephone number from above.	Fax: 1-866-388-1766
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### Claims

<b>EDI Questions and Assistance</b> <b>EDI Partners</b> ACS EDI Gateway, Inc. Availity Emdeon RelayHealth (McKesson) SSI Group ZirMed <b>Encounter Data Submissions</b> <b>Electronic Funds Transfers &amp; Remittance Advice (EFT/ERA)</b> Customer Service	(800) 960-2530 x4096 <b>EDI Payer ID Contact</b> 77004 (800) 987-6720 14163 (800) 282-4548 14163 (800) 845-6592 14163 (800) 522-6562 14163 (800) 880-3032 14163 (877) 494-7633 59354 (866) 687-8878 <a href="http://www.payspanhealth.com">www.payspanhealth.com</a>	<b>Claims Department</b> Mail medical paper claim submissions to:  WellCare Health Plans, Inc. Claims Department P.O. Box 31579 Tampa, FL 33631-3579  <b>Timely claims filing is 180 days from the date of service to primary payers.</b>	(866) 687-8878
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### Claim Appeals

<b>Claim Appeals</b> 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: TX Claim Appeals P.O. Box 31579 Tampa, FL 33631-3579	(866) 687-8878	<b>Claim Appeals Fax</b> Providers may also fax written Claim Appeals and documentation to the number listed above, attention of TX Claim Appeals.  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.	(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. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	(866) 687-8878  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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### 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> <b>Dental - First Continental Life</b> <b>Home Health, DME - CareCentrix</b> <b>Vision - Advantica</b>	(877) 712-5340 (866) 582-3598 (888) 999-2422 (866) 687-8878	<b>Laboratory</b> <i>Quest</i> <i>CPL (Clinical Pathology Laboratories)</i> <i>LabCorp</i>	(888) 277-8772 (800) 595-1275 (866) 687-8878
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**Utilization Management (UM) Department – Authorizations**

Standard Authorization Requests for Services Requiring Authorization

Sign in to [www.wellcare.com](http://www.wellcare.com) or you may 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.

**AUTHORIZATION REQUIRED**

**Urgent Authorization Requests:** For services

requiring prior authorizations (as noted below)  
Call (866) 687-8878 and follow the prompts.

- You may call to request outpatient authorization for urgent and time sensitive services when warranted by the patient's condition. Please include CPT and ICD-9 codes with your authorization request.

**PCPs are required to obtain authorizations for all out-of-network requests including requests to utilize the Point-of-Service benefit.**

**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 (11 & 12)\*
- Durable medical equipment purchases billed at \$500 or more (includes orthotics and prosthetics)
- All durable medical equipment rentals

**Outpatient – Fax: (877) 894-2034**

- Cosmetic procedures & other elective procedures (ALL) – Court-ordered services
- Cytogenetic, reproductive, molecular tests
- Domiciliary, rest home and custodial care admissions (32 & 33)\*
- Investigational and experimental procedures and treatment
- Advanced radiology services - CAT, MRA, MRI, PET, and SPECT (unless performed as part of an inpatient hospitalization)(21)\*

**NO AUTHORIZATION REQUIRED**

**No Authorization Required CPT code list available on [wellcare.com](http://wellcare.com)**

**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 (see page 1 Behavioral Health 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**

- Ambulance transportation
- 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 (11)\*
- Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)\*
- Pain management treatment (11, 22, 24)\*

**Laboratory**

- Laboratory tests consistent with CLIA guidelines (11)\*
- Laboratory tests (22, 24 & 81)\*

**Radiology**

- Routine radiology services (11 & 22)\*
- 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:** Members have the ability to self refer to in-network specialists. Because PCPs coordinate all of the member's health care needs, the Plan strongly recommends that members consult with their PCP regarding any specialty 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 (POS)**

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