

Texas Medicare (Coordinated Care) Quick Reference Guide

January 2011

Web site: www.wellcare.com

Important Telephone Numbers & Links

Provider Services/Customer Service Eligibility Verification, Claims, Utilization Mgmt and Language Line TTY/TDD Case and Disease Management Referrals	(866) 687-8878 (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 (Hotline for suspected fraud and abuse) Dental Liberty Dental Plan	(800) 919-8807 (866) 364-1350 (888) 704-9838
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- [How to Become a Registered Web User](#)
- [Provider Self Service Options](#)

Pharmacy Services

Pharmacy Services Including After Hours / Weekends (WHI) Medication Appeals WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department PO Box 31383 Tampa, FL 33631-3383 Medication appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.	(866) 653-0976 Fax (866) 388-1766	Coverage Determination Requests Fax (866) 388-1767 Submit Coverage Determination Request Forms for: <ul style="list-style-type: none"> • 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
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Claims

Claims Department Including EDI Questions and Assistance WellCare also has Provider Job Aids available for many claims related services: <ul style="list-style-type: none"> • Electronic Claim Submission/Electronic Data Interchange (EDI) Services • How to Check the Status of a Claim Online • Registering for Electronic Funds Transfer (EFT)/Electronic Remittance Admittance (ERA) Services • Tips on How to File Claims 	(866) 687-8878	Claim Payment Disputes The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted to WellCare in writing within 90 days of the date of denial on the EOB. Mail or fax the claim payment dispute and supporting documentation to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (877) 277-1808 Attn: Texas Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3579</p>
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Appeals (Medical) and Grievances

For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representation 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. <ul style="list-style-type: none"> • How to File an Authorization-Related Claims Appeal Mail or fax medical benefit appeals with supporting documentation to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (866) 201-0657 Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368</p>	Member grievances may be filed verbally by contacting Customer Service or submitted via mail or fax. Providers may also file a grievance on behalf of the member with the member's written consent. Additionally, provider complaints related to any administrative issues 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. <ul style="list-style-type: none"> • Medicare Appointment of Representative Form • Provider Complaint Form Mail or fax the member grievance and supporting documentation to: <p style="text-align: right;">WellCare Health Plans, Inc. Fax (866) 388-1769 Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384</p>
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Radiology Prior Authorization

CareCore National is our in-network radiology vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all *authorization* related submissions for services rendered in locations listed above.

Telephone (*urgent authorizations & Provider Services*) (888) 333-8641
 Fax (866) 896-2152
 Web Address www.carecorenational.com

Behavioral Health

Magellan Behavioral Health (877) 712-5340 <ul style="list-style-type: none"> • 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.
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Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (866) 687-8878 and follow the prompts.

- Notify the Plan of all inpatient hospital admissions and observations. Fax the completed [Inpatient/Observation Notification Form](#) to (877) 431-8860.
- Outpatient authorizations for urgent and time sensitive services may be submitted by phone when warranted by the member's condition. Please include CPT and ICD-9 codes with your authorization request.

Standard Authorization Requests may be submitted online via wellcare.com or by fax.

- [How to Submit an Authorization Request Online](#)

AUTHORIZATION REQUIRED

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

NOTE: Place of Service codes are specified for some services.

Durable Medical Equipment – Fax: (877) 431-8859

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

Home Health Care – Fax (866) 886-4321

- Home health care (12)*

Inpatient Notification – Fax: (877) 431-8860

Outpatient – Fax: (877) 894-2034

- Advanced radiology **including** CT, CTA, MRA, MRI, PET, SPECT, Nuclear Cardiology and Nuclear Medicine (11, 22 & 24)* – see *Radiology Prior Authorization on page 1*
- Cosmetic procedures & other elective procedures (ALL)
- Court-ordered services
- Cytogenetic, reproductive, molecular diagnostic laboratory testing
- Domiciliary, rest home and custodial care admissions (32 & 33)*
- Investigational and experimental procedures and treatment
- Respiratory therapy services

Skilled Therapy Services -- Fax: (877) 709-1698

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

Please visit wellcare.com to check member eligibility, obtain "How to Guides" and forms, submit authorization requests and much more.

* 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

NO AUTHORIZATION REQUIRED

Hospital-Based and Other Specialized Services

- All inpatient hospital admissions and outpatient observations (21 & 22)* – see *Notification information*
- All procedures performed in an outpatient hospital or ambulatory surgery setting except for cosmetic and other elective procedures (22 & 24)*
- Cardiac and pulmonary rehabilitation programs
- Hospice care services
- Rehabilitation facility admissions or services (61 & 62)*
- Skilled nursing facility admissions or services (31 & 32)*

Emergency and Urgent Care

- Emergency behavioral health services
- Emergent transportation services
- Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)*

Primary Care

- Ambulance transportation
- Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*
- PCP office visits and treatment

Specialists

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

Laboratory

- Laboratory tests consistent with CLIA guidelines (11)*
 - Laboratory tests (22, 24 & 81)*
- Excluding cytogenetic, reproductive and molecular diagnostic laboratory testing

Radiology

- Mammograms (ALL)*
- Radiology Sedation services – CPT codes 01916 - 01936
- Routine radiology services only (11, 22 & 24)*

Ultrasonography

- Diagnostic ultrasounds

Definitions

Notification: WellCare requests to be notified of all inpatient hospital admissions and observations. Notification allows for timely and effective discharge planning and the identification of cases appropriate for Case Management.

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.