



TEXAS MEDICARE QUICK REFERENCE GUIDE
January 2012

Web address: www.wellcare.com/provider/resources

Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Mgmt., Language Line and Provider Complaints	(866) 687-8878	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	(800) 581-9952
TTY/TDD	(877) 247-6272	Risk Management WellCare Fraud, Waste and Abuse Hotline	(866) 678-8355
Case and Disease Management Referrals	(866) 635-7045		

Provider "How To" Guide

Provider Resource Guide

Claim Submissions

Claim Payment Disputes

Provider Services **(866) 687-8878**
 Questions related to claim submissions

For inquiries related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within ninety calendar days of the date on the EOP.

Preferred EDI Partner **EDI Payor ID**
 RelayHealth (McKesson) 14163 **(877) 411-7271**

Mail or fax all claim payment disputes with supporting documentation to:

WellCare Health Plans, Inc. **Fax (877) 277-1808**
 Attn: Claim Payment Disputes
 PO Box 31370
 Tampa, FL 33631-3370

WellCare follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claim submissions. Since October 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. WellCare does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website:
www.wellcare.com/provider/resources

Claim Payment Policy Disputes

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within ninety calendar days of the date of denial on the EOP.

Mail paper claim submissions to:

Mail all disputes related to payment policy issues to:

WellCare Health Plans, Inc.
 Claims Department
 PO Box 31372
 Tampa, FL 33631-3372

WellCare Health Plans, Inc. **Fax (877) 277-1808**
 Attn: Claim Payment Disputes
 PO Box 31370
 Tampa, FL 33631-3370

Appeals (Medical)

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 ninety calendar days of a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.

Mail or fax all medical benefit appeals with supporting documentation to:

WellCare Health Plans, Inc. **Fax (866) 201-0657**
 Attn: Appeals Department
 PO Box 31368
 Tampa, FL 33631-3368

Appointment of Representative Form

Grievances

Member grievances may be filed verbally by contacting Customer Service or submitted in writing 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 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.

Mail or fax member grievances to:

WellCare Health Plans, Inc. **Fax (866) 388-1769**
 Attn: Grievance Department
 PO Box 31384
 Tampa, FL 33631-3384

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Pharmacy Services

Pharmacy Services Fax (866) 653-0976
 Including after-hours and weekends (WHI)

Specialty Pharmacy (866) 458-9246
wsp@wellcare.com TTY (866) 507-6135

Medication Appeals Fax (866) 388-1766

Mail all [medication appeal forms](#) with supporting documentation to:

WellCare Health Plans, Inc.
 Attn: Pharmacy Appeals Department
 PO Box 31383
 Tampa, FL 33631-3383

Medication appeals may also be filed verbally by contacting Provider Service. Please note that all appeals filed verbally also require a signed, written appeal.

PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, providers may submit a medical justification to WellCare in writing.

WellCare Health Plans, Clinical Pharmacy Department
 Director of Formulary Services
 Pharmacy & Therapeutics Committee
 PO Box 31577
 Tampa, FL 33631-3577

Coverage Determination Requests Fax (866) 388-1767

Submit a [Coverage Determination Request Form](#) for:

- 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

Web-Based Information:

- Pharmacy Services Overview
- Pharmacy Updates
- Preferred Drug List (PDL)
- Drug Evaluation Review Forms
- Participating Pharmacies

[Mail Order Pharmacy Prescription Form](#)

[Injectable Infusion Prescription Order Form](#)

[Specialty Pharmacy Physician Referral Form](#)

Behavioral Health

Magellan Behavioral Health (877) 712-5340

- Authorization is not required for the initial outpatient visit. Prior approval is required for continued services.
- Contact Magellan for **all** Mental Health and Substance Abuse services including Inpatient hospitalization **and** Outpatient counseling.
- Inpatient admission notification is required within twenty-four (24) hours.

For real-time authorization responses, submit your secure request online at www.MagellanHealth.com/provider (select "Request Outpatient Authorization"). Complete your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

Radiology Prior Authorization

[CareCore National](#) is our in-network Advanced Radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in the places of service listed above.

Urgent Authorizations and Provider Services (888) 333-8641
 Authorization Request Submissions Fax (866) 896-2152

Web submissions may be submitted via the [CareCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online.

Contracted Networks



Dental
 Liberty Dental Plan (888) 704-9838

Transportation
 LogistiCare
 Reservations (866) 814-6476
 Ride Assist (866) 814-6478

Members must call at least two days in advance for routine trips and may call same day for urgent care. Benefit limitations apply. Please contact Provider Services for additional information.

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Prior Authorization (PA) Requirements

This WellCare Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes will be denoted with a  symbol for easy identification. Requirements that have been edited for clarification only will be denoted with an  symbol. There were no changes to the authorization requirements on this list.

All services rendered by non-participating providers and facilities require authorization. Primary Care Physicians (PCPs) must refer members to participating specialists. PCPs are required to obtain authorizations for all non-participating requests including requests to utilize Point-of-Service benefits. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

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 in an office, clinic or free-standing facility (11, 50, 71 & 72). The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Health Plan is necessary.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

Urgent Authorization Requests and Admission Notifications – Call (866) 687-8878 and follow the prompts.

- Notify the Health 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.


NOTE: Place of service codes (POS)* are specified for some services.

***Place of Service Codes**

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

PROCEDURES and SERVICES

 = New or changed requirement



 = Clarification of current requirement

Auth Required

No Auth Required

Comments

Durable Medical Equipment (DME) Fax (877) 431-8859

	Auth Required	No Auth Required	Comments
Durable Medical Equipment Purchases 	X		Purchases billed for less than \$500 per line item do not require authorization.
Durable Medical Equipment Rentals	X		
Orthotics & Prosthetics 	X		Purchases billed for less than \$500 per line item do not require authorization.

Home Health Services Fax (866) 886-4321

	Auth Required	No Auth Required	Comments
Home Health Care services (12)*	X		



Inpatient Notification Fax (877) 431-8860

	Auth Required	No Auth Required	Comments
Emergency Behavioral Health services		X	
Emergency Care services (23)*		X	
Emergency transportation services		X	
Inpatient Hospital admissions		X	
Observations		X	
Rehabilitation Facility admissions (61 & 62)*		X	
Skilled Nursing Facility admissions (31 & 32)*		X	

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	= New or changed requirement			
	= Clarification of current requirement			
Outpatient Services		Fax (877) 894-2034		
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans (11, 22 & 24)	X			Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Ambulance transportation			X	
Ambulatory Surgery Center procedures and services			X	Authorization is required for elective or any potentially cosmetic procedures.
Cardiac and Pulmonary Rehabilitation programs			X	
Cosmetic and other elective procedures (ALL)	X			
Court-ordered services	X			
Cytogenetic, Reproductive and Molecular Diagnostic laboratory testing (ALL)*	X			Refer to Clinical Coverage Guidelines for criteria.
Diagnostic ultrasounds			X	
Hospice care services			X	
Investigational and experimental procedures and treatment	X			
Laboratory testing (Routine) (11, 22, 24 & 81)*			X	Testing must be consistent with CLIA guidelines. Authorization is required for Cytogenetic, Reproductive and Molecular Diagnostic testing.
Mammograms (ALL)*			X	
Outpatient Hospital services and procedures			X	Authorization is required for elective or any potentially cosmetic procedures.
Pain Management treatment (11, 22 & 24)*			X	
Primary Care Physician (PCP) office visits and treatment			X	Includes diagnostic tests and procedures considered by the Plan to be routinely part of an office visit
Radiology Anesthesia services			X	Includes CPT codes 01916 - 01936
Radiology services (Routine) (11, 22 & 24)*			X	Does not include Advanced Radiology services.
Rehabilitation Facility services (61 & 62)*			X	
Respiratory therapy services	X			
Skilled Nursing Facility services (31 & 32)*			X	
Specialist office visits and treatment			X	Includes diagnostic tests and procedures considered by the Plan to be routinely part of an office visit
Urgent care services (20)*			X	
Skilled Therapy Services		Fax (877) 709-1698		
Occupational, Physical and Speech therapy (ALL)	X			Refer to Clinical Coverage Guidelines for criteria.

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