



(866) 231-1821 TTY/TDD (877) 247-6272

**QUICK REFERENCE GUIDE  
GEORGIA FAMILIES  
March 2009**

Dial one number to reach the **Customer Service, Utilization Management, and Claims departments** as well as the **Provider Hotline.**

**Important Telephone Numbers**

<b>Provider Hotline/Customer Service</b> Language services including on-site verbal interpretation in the provider's office are available for those with limited English skills.	(866) 231-1821	<b>Personal Health Advisor</b> Members may call this number to speak with a health advisor.	(800) 919-8807 24 hours a day, 7 days a week
		<b>Case and Disease Management</b> Providers may call this toll-free number for case and disease management referrals.	(866) 635-7045

**Pharmacy**

<b>Pharmacy Services</b> Drug Evaluation Review Fax Number Pharmacy After Hours/Weekends (WHI) Group Number 726257 For areas with no 24-hour pharmacies, members can call WHI <b>Web-Based Information</b>	(866) 269-5251 (866) 455-6558 (866) 269-5251  (800) 207-2568  <a href="http://georgia.wellcare.com">http://georgia.wellcare.com</a> in the Providers area under Resources	<b>Drug Evaluation Review (DER) required for:</b>	<ul style="list-style-type: none"> <li>• Drugs not listed on the Preferred Drug List (PDL)</li> <li>• Drugs listed on the PDL with a Prior Authorization</li> <li>• Duplication of therapy</li> <li>• Prescriptions that exceed the FDA daily or monthly quantity limits</li> <li>• Most self-injectable and infusion drugs</li> <li>• Drugs that have an age edit</li> <li>• Brand name drugs when a generic exists</li> <li>• Drugs that have a step edit and the first-line therapy is inappropriate</li> </ul>
<ul style="list-style-type: none"> <li>• Pharmacy Services Overview</li> <li>• Preferred Drug List (PDL)</li> <li>• Drug Evaluation Review (DER) Forms</li> <li>• Participating Pharmacies</li> <li>• Pharmacy Updates</li> </ul>			

**Administrative Reviews (Appeals) & Grievances**

A provider may file an appeal on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals Department 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 by a call to the Customer Service department. WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa Florida 33631 Fax: (866) 388-1769

**Risk Management**

<b>Trust Program - Fraud &amp; Abuse Hotline</b> Georgia Medicaid Integrity Hotline – <i>Report Fraud &amp; Abuse</i>	(866) 678-8355 (800) 533-0686 or (404) 463-7590
--------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

**Provider Complaints**

<b>Provider Complaints</b> Related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within 30 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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Claims**

<b>Claims Department</b> Mail medical paper claim submissions to: WellCare Health Plans, Inc. Attn: GA Claims Department P.O. Box 31224 Tampa, FL 33631-3224	(866) 231-1821	<b>EDI Questions and Assistance</b> <i>EDI Partners</i>	(800) 960-2530 x4096
		ACS EDI Gateway, Inc.	77004 (800) 987-6720
		Availity	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
		<i>Encounter Data Submissions</i>	59354

**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, non-covered codes, etc. Claim appeals must be submitted to WellCare, in writing, within 30 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: GA Claim Appeals P.O. Box 31224 Tampa, FL 33631-3224	(866) 231-1821	<b>Claim Appeals Fax</b> Providers may also fax written Claim Appeals and documentation to the number listed above, attention of <b>GA Claim Appeals.</b>  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.	(813) 262-2802
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------

**Utilization Management**

**URGENT REQUESTS AND ADMISSION NOTIFICATIONS - Call (866) 231-1821 and follow the prompts.**

- To notify the Plan of unplanned inpatient hospital admissions, observation stays, and post stabilization care within 24 hours of admission. A telephone authorization must be followed up by submission of clinical information -- on the next business day to obtain authorization.
- 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.

**STANDARD AUTHORIZATION REQUESTS**

Fax your request to the numbers listed below. Note that Place of Service codes (POS) are specified for some services. Please include CPT and ICD-9 codes with your authorization request.

- **All services by non-participating providers require authorization (ALL)\* - fax to appropriate numbers below.**

**Ancillary Services Request Form - Fax: (877) 431- 8859**

- All durable medical equipment rentals
- Durable medical equipment purchases equal to or greater than \$200
- Hearing aids and devices
- Home Health Care Services
- Occupational, Physical and Speech Therapy
- Respiratory Therapy services
- Transition of Care

**Inpatient Authorization Form – Fax: (877) 431-8860**

- All planned hospital admissions
- Clinical updates for medical review by nurses
- Newborn deliveries by the next business day
- Transition of Care

**Outpatient Authorization Form – Fax: (866) 455-6487**

- All subsequent specialist visits
- All diagnostic services performed at non-participating facilities
- Cardiac/Pulmonary Rehabilitation programs
- Court-ordered services
- Dialysis
- Domiciliary, rest home and custodial care admissions
- Hospice care services
- Laboratory Tests - Cytogenetic, Reproductive, Molecular
- MRI, CAT, PET scans and other advanced radiology services
- New technology and experimental procedures
- Nutritional counseling
- OB ultrasounds two (2) per pregnancy without authorization; CPT 76801 or 76805 for routine pregnancies as appropriate)
- Pain Management Program
- Rehabilitation facility admissions
- Skilled nursing facility admissions
- Transition of care

**Prenatal Notification Form – Fax: (877) 647-7475**

- Submit notification of expectant mothers within 30 days of first prenatal visit.

*Note: CPT code must be included with authorization request and claim submission. A complete list of approved CPT Codes not requiring an authorization is available on our website <http://georgia.wellcare.com> in the Provider Resources area, under Forms and Documents. For a copy, [click here](#).*

**NO AUTHORIZATION REQUIRED**

**Emergency/Urgent Care**

- Emergency transportation services
- Urgent or emergent care services (20 &, 23)\*

**Primary Care**

- Primary care provider office visits and minor procedures, including Early and Periodic Screening Diagnostics Treatment Health Check (EPSDT)
- Certain diagnostic tests and procedures that are considered by the health plan to be routinely part of an office visit.

**Maternity/OB**

- Annual wellness exam, including pap-smear
- Labor checks
- Normal deliveries (notification required)
- OB Ultrasounds, up to two for routine pregnancies

**Specialists**

- Referrals for an initial consultation by participating specialists for the following CPT codes: 99201- 99205, 99241- 99245
- \*Certain diagnostic tests and procedures that are considered by the health plan to be routinely part of an office visit.

**Laboratory**

- Routine Laboratory tests (ALL)\* **excluding** reproductive, molecular and cytogenetic testing

**Radiology**

- Basic radiology (ALL)\*
- Diagnostic ultrasounds

**Other**

- All services performed in an ambulatory surgery setting
- Family Planning Services
- Hearing evaluations

*Note: Failure to obtain the required prior approval/pre-certification from WellCare will result in a denied claim. This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.*

**Contracted Networks**

For authorizations and customer service related to services provided by contracted networks, please contact the following:

<b>Behavioral Health</b>	<i>Magellan Health</i>	<b>(800) 424-5412</b> (Including Inpatient/Outpatient Mental Health Alcohol/Substance abuse)
<b>Dental</b>	<i>Doral</i>	<b>(800) 516-9615</b>
<b>Vision</b>	<i>Avesis</i>	<b>(866) 522-5923</b> (Routine vision checks, glasses and contacts)

**Place of Service Codes (POS)\***

11 - Office	50 - FOHC
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	