

**Affiliates Include: Georgia Families & PeachCare for Kids**  
**August 2011 Quick Reference Guide**

<http://georgia.wellcare.com>

Important Telephone Numbers	
<b>Provider Services</b> (866) 231-1821 Eligibility verification, Provider Complaints, Translation Transportation Services and Utilization Mgmt.	<b>Personal Health Care Advisor</b> (800) 919-8807 Members may call this number to speak with a Health Advisor 24 hours a day, 7 days a week.
<b>TTY/TDD Services</b> (877) 247-6272	<b>Risk Management</b> WellCare Fraud, Waste and Abuse Hotline (866) 678-8355 Georgia Medicaid Program Integrity (800) 533-0686
<b>Case and Disease Management Referrals</b> (866) 635-7045	
<a href="#">How to Become a Registered Web User</a>	<a href="#">WellCare's Web Capabilities</a>
Claim Submissions	Claim Payment Disputes
<b>Provider Services</b> (866) 231-1821 Questions related to claim submissions  For EDI questions and assistance, please contact our EDI team who will help identify, test and correct any issues. <a href="mailto:EDI-Master@wellcare.com">EDI-Master@wellcare.com</a>  <b>Preferred EDI Partner</b> <b>EDI Payor ID</b> RelayHealth (McKesson)      14163      (877) 411-7271  <b>Encounter Data Submissions</b> 59354  WellCare will no longer accept handwritten or replicated claim forms after October 28, 2010. Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms.  Claim forms and guidelines may be found on our website at <a href="http://georgia.wellcare.com">http://georgia.wellcare.com</a> .  Mail paper claim submissions to:  WellCare Health Plans, Inc. Claims Department PO Box 31224 Tampa, FL 33631-3224	The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, 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 EOP. To initiate this process, please mail or fax the written claim payment dispute and documentation to:  WellCare Health Plans, Inc. <b>Fax (877) 277-1808</b> Attn: Georgia Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3370
	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 90 days of the date of denial on the EOP. Mail all disputes related to payment policy issues to:  WellCare Health Plans, Inc. <b>Fax (877) 277-1808</b> Payment Policy Disputes Department PO Box 31426 Tampa, FL 33631-3426
Appeals (Medical)	
Providers may seek an appeal through the Appeals department within 30 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification.  WellCare Health Plans, Inc. <b>Fax (866) 201-0657</b> Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368	
<a href="#">Filing an Authorization – Related Claim Appeal</a>	
Grievances	
Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent.  Mail or fax member grievances to:  WellCare Health Plans, Inc. <b>Fax (866) 388-1769</b> Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384	
<a href="#">Filing a Grievance – Members</a>	
<a href="#">Non-Medicare Member Appointment of Representative Statement</a>	

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### Pharmacy Services

Pharmacy Services (866) 269-5251  
Including after-hours and weekends (WHI)  
Group Number #726257

[Medication Appeals](#) Fax (888) 865-6531

Medication appeals may be initiated by calling Provider Services. Please note, all appeals filed verbally also require a signed, written appeal.

Mail medication appeals to:

WellCare Health Plan, Inc.  
Attn: Pharmacy Appeals Department  
PO Box 31398  
Tampa, FL 33631-3398

[Pharmacy Services Guide](#)

Drug Evaluation Review (DER) Fax (866) 455-6558

[DER requests](#) are required for:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a Prior Authorization (PA)
- Duplication of Therapy
- Prescriptions that exceed the FDA recommended daily or monthly quantity limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs that have an age edit (AL)
- Brand name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate

[Enteral Nutrition Supplement Form](#)

### Behavioral Health

[Magellan Behavioral Health](#) (800) 424-5412

- 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.**

For real-time authorization responses, submit your secure request online at [www.MagellanHealth.com/provider](http://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. Contact CareCore for all *authorization* related submission 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 also be submitted via the [CareCore Provider Web Portal](#) or [www.carecorenational.com](http://www.carecorenational.com)

[CareCore National FAQs for Providers](#)

[CareCore Job Aid for OB and MFM Providers](#) [CareCore Fact Sheet: Physician Time-Saving OB Ultrasound Pre-Authorization Program](#)

### Contracted Networks

Vision – Optometry and Ophthalmology (866) 522-5923

[Avesis](#)

- Effective June 1, 2011, Avesis will administer the eye medical benefits in addition to the routine eye care services benefits for members.
- Authorization requests and claims for Optometry and Ophthalmology services and procedures will be processed by Avesis. Facility (e.g., hospital or ambulatory surgery center) and anesthesia claims should still be submitted directly to WellCare for reimbursement.

[Avesis FAQs](#)

Dental (800) 516-9615

[DentaQuest](#)

Non-Emergency Transportation (NET)

North Region  
[Southeastrans](#) (866) 388-9844

Atlanta  
[Southeastrans](#) (404) 209-4000

East  
Logisticare (888) 224-7988

Southwest  
Southwest Georgia Regional Development Center (866) 443-0761

\*Transportation brokers are available weekdays (Monday – Friday) from 7 a.m. to 6 p.m. In most cases, you must call three (3) days in advance to schedule transportation.

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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 are denoted by a **P** symbol for easy identification. Requirements that have been edited for clarification only are denoted with a **ⓘ** symbol.

**All services rendered by non-participating providers and facilities require authorization.** Primary Care Physicians must refer members to participating specialists. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

CPT codes must be included on authorization requests and claim submissions. The No Auth Required CPT code list is available on our website in the Provider Resources area, under Forms and Documents.

**WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:**

- Inpatient admission notifications:** Submit unplanned Inpatient hospital admission, observation and post stabilization care notifications to the Plan by calling (866) 231-1821. Notifications must be received the next business day after admission. For telephone authorizations, clinical information must be submitted by the next business day in order to obtain an authorization.
- Urgent and time sensitive outpatient requests:** Requests for urgent and time sensitive outpatient services may be submitted via phone when warranted by the member's condition by calling: (866) 231-1821. Please include CPT and ICD-9 codes with your request.
- Standard authorization requests:** Submit requests online or via fax using the numbers listed below.
- OB Notifications:** Please fax notification of the first Obstetric visit to (877) 647-7475.

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

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
<b>P</b> = New or changed requirement <b>ⓘ</b> = Clarification of current requirement			
<b>DME Services Fax (877) 431-8859</b>			
All Durable Medical Equipment rentals	X		
Durable Medical Equipment purchases with billed charges greater than \$200	X		DME purchases with billed charges less than \$200 per item do not require authorization.
Hearing Aids and Devices	X		
Orthotics and Prosthetics	X		
<b>Home Health Services Fax (866) 886-4321</b>			
Home Health Care services	X		
<b>Inpatient Services Fax (877) 431-8860</b>			
Emergency Behavioral Health services		X	
Emergent Care services (23)*		X	
Emergency Transportation services		X	
Inpatient Hospital admissions (21)* <b>P</b>	X		Clinical updates required for continued length of stay. No authorization required for Evaluation and Management CPT codes.
Newborn deliveries		X	Notification required.
Observations	X		Clinical updates required for continued length of stay.
Rehabilitation Facility admissions	X		Clinical updates required for continued length of stay.
Skilled Nursing Facility admissions	X		Clinical updates required for continued length of stay.

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Outpatient Services Fax (866) 455-6487			
PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
<b>Ⓜ</b> = New or changed requirement <b>Ⓢ</b> = Clarification of current requirement			
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT scans (11 & 22)* <b>Ⓜ</b>	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2. No authorization required for the initial 3 OB ultrasounds: CPT code range 76801 – 76812
Ambulatory Surgery Center services (24)*		X	
Annual wellness exam		X	Including well woman exams
Cardiac and Pulmonary Rehabilitation services	X		
Court-ordered services	X		
Cytogenetic, Reproductive and Molecular Diagnostic Laboratory testing	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Diagnostic tests and procedures considered by the Health Plan to be part of a routine office visit		X	
Dialysis	X		
Domiciliary, Rest Home and Custodial Care Admissions	X		
Family Planning services		X	
Hearing Evaluations		X	
Hospice Care services	X		
Labor Checks		X	
Laboratory testing services (ALL)*		X	Routine diagnostic lab services ONLY
New Technology, Investigational or Experimental Procedures	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Nutritional Counseling	X		
Obstetric Global Care <b>Ⓢ</b>		X	<a href="#">Prenatal notification form required</a>
Ophthalmology services <b>Ⓜ</b>	X		Contact Avesis for authorization. See Contracted Networks on page 2.
Out-of-network services	X		
Outpatient Hospital Consultations (22)* <b>Ⓢ</b>	X		Office visits with hospital-based physicians and providers
Outpatient Hospital Procedures (22)*	X		
Pain Management services	X		
Primary Care Office visits and ALL procedures <b>Ⓜ</b>		X	Including Early and Periodic Screening Diagnostics Treatment Health Check (EPSDT)
Radiology Anesthesia		X	Applicable CPT code range: 01916 - 01936
Respiratory Therapy services	X		
Routine Radiology services (ALL)*		X	Including Non-Obstetric ultrasounds
Specialist Office visits (11)*	X		The initial office visit in CPT code ranges 99201 – 99205 and 99241 – 99245 does not require authorization.
Sterilizations		X	<a href="#">Informed Consent for Voluntary Sterilization Required</a>
Termination of Pregnancy	X		<a href="#">Certificate of Medical Necessity Required (DMA-311)</a>
Transition of Care services	X		
Urgent Care services (20)*		X	
Skilled Therapy Services Fax (877) 709-1698			
Occupational, Physical and Speech Therapy services	X		<a href="#">Refer to Clinical Coverage Guidelines</a>

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