

**Kentucky Medicaid**  
**QUICK REFERENCE GUIDE**  
**November 2011**



**Web Address:** [www.kentucky.wellcare.com](http://www.kentucky.wellcare.com)

**Important Telephone Numbers**

<b>Provider Services</b> Eligibility verification, Claims, Utilization Mgmt., Language Line and Provider Complaints	<b>(877) 389-9457</b>	<b>Nurse Advice Line</b> Members may call this number to speak to a Nurse 24 hours a day, 7 days a week.	<b>(800) 919-8807</b>
<b>TTY/TDD</b>	<b>(877) 247-6272</b>	<b>Risk Management</b> WellCare Fraud, Waste and Abuse Hotline Kentucky Division of Program Integrity	<b>(866) 678-8355</b> <b>(800) 372-2970</b>
<b>Case and Disease Management Referrals</b>	<b>(866) 635-7045</b>		

[Provider "How To" Guide](#)

[Provider Resource Guide](#)

**Claim Submissions**

**Claim Payment Appeals**

**Provider Services** **(877) 389-9457**  
 Questions related to claim submissions

For inquiries related to your electronic submissions to WellCare, please contact our EDI team at [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

The Claim Payment Appeals Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment appeals must be submitted in writing to WellCare within thirty (30) 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 appeals with supporting documentation to:

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

WellCare follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claims 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 at [http://kentucky.wellcare.com/Provider/Claims\\_Corner](http://kentucky.wellcare.com/Provider/Claims_Corner)

**Mail paper claim submissions to:**

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

**Claim Payment Policy Appeals**

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Appeals for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within thirty (30) calendar days of the date of denial on the EOP.

**Mail all appeals related to payment policy issues to:**

WellCare Health Plans, Inc. **Fax (877) 277-1808**  
 Payment Policy Appeals Department  
 PO Box 31426  
 Tampa, FL 33631-3426

**Appeals (Medical)**

Providers may seek an appeal through the Appeals department within thirty (30) calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification.

**Mail or fax medical appeals with supporting documentation to:**

WellCare Health Plans, Inc. **Fax (866) 201-0657**  
 Attn: Appeals Department  
 PO Box 436000  
 Louisville, KY40253

**Grievances**

Member grievances may be submitted in writing or by calling Customer Service within thirty (30) calendar days of the event causing dissatisfaction. 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. **Fax (866) 388-1769**  
 Attn: Grievance Department  
 PO Box 436000  
 Louisville, KY40253

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**Pharmacy Services**

**Pharmacy Services** (877) 389-9457  
 Including after-hours and weekends (CatalystRx)  
 Group Number 476257  
 BIN 603286  
 PCN 01410000

**Medication Appeals** (888) 865-6531  
 Mail all [medication appeal forms](#) with supporting documentation to:  
  
 WellCare Health Plans, Inc.  
 Attn: Pharmacy Appeals Department  
 PO Box 436000  
 Louisville, KY40253

Medication appeals may also be filed verbally by contacting Provider Services. 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 write WellCare explaining the medical justification.

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

**Drug Evaluation Review** Fax (855) 620-1868

Submit DER forms 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 daily or monthly quantity limit (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Brand name drugs when a generic exists
- Drugs that have a step edit (ST) and the first line therapy is inappropriate
- Drugs that have an age limit (AL)

Web-based information:

- Pharmacy Services overview
- Preferred Drug List (PDL)
- Drug Evaluation Review (DER) forms
- Injectable Infusion Prior Authorization request form
- Participating Pharmacies
- Pharmacy updates

[Medical Injectables – No Authorization Required List](#)

[Oral Enteral Nutrition Request Form](#)

[Injectable Infusion Form](#)

[Coverage Determination Request Form](#)

**Behavioral Health**

Urgent authorizations and Provider Services (855) 620-1861  
 Inpatient Hospitalization Clinical Submissions Fax (877) 338-3686

Outpatient Authorization Request Submissions Fax (877) 544-2007  
 Crisis Hotline (855) 661-6973

- Authorization for standard outpatient services is not required. For all other levels of care including Inpatient, Residential Treatment, Intensive Outpatient, ECT and Psychological testing contact WellCare for authorization.
- Emergency behavioral services do not require authorization. **Inpatient admission notification is required on the next business day following admission.**
- Inpatient concurrent review will be done telephonically. All other levels of care requiring authorization can be submitted online.

For real-time authorization responses, submit your secure request online. Please submit 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 radiology services vendor for all places of service (POS) except Inpatient or Observation settings. Contact CareCore for all *authorization* related submissions except for those places of service noted above.

Urgent Authorizations and Provider Services (888) 333-8641  
 Outpatient 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).

**Contracted Networks**

**Dental** (855) 806-5641  
[DentaQuest](#)

**Vision – Optometry & Ophthalmology** (855) 776-9466  
[Avesis](#)

**Transportation**

- Authorization requests for non-emergent air and land ambulance services (POS 41 & 42) should be submitted to WellCare.
- All other non-emergency transportation (bus, cab, van, etc.) is covered by Kentucky Fee-for-Service Medicaid.

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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 **P** symbol for easy identification. Requirements that have been edited for *clarification only* will be denoted with an **Ⓢ** 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.

WellCare supports the concept of the Primary Care Physician (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)\*. PCPs may use a prescription or referral form of their own, or use the "Request a Referral" link on the WellCare Provider Web Portal to produce a document that can be given to the member and/or faxed to the specialist. The reason for the referral and the name of the specialist must be documented in the medical record. **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 Plan is necessary.

Prior Authorization for EPSDT Diagnosis and Treatment Services and EPSDT Special Services: Except as otherwise noted by the Health Plan or in 907 KAR Chapter 1 or 3, an EPSDT diagnosis or treatment or an EPSDT special service which is not otherwise covered by the Kentucky Medicaid Program shall be covered subject to prior authorization if the requirements of subsections (1) and (2) of section 9 of 907 KAR 11:034 are met. Requests for services will be reviewed to determine medical necessity without regard to whether the screen was performed by a Kentucky Medicaid provider or a non-Medicaid provider.

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

**Urgent Authorization Requests and Admission Notifications – Call (877) 389-9457 and follow the prompts.**

- Notify the Plan of unplanned inpatient hospital admissions on the next business day (except normal maternity delivery admissions) following admission. Telephone authorizations must be followed by a fax submission of clinical information – on the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member's condition. Please add **CPT and ICD-9 codes** with your authorization request.

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

**\*Place of Service Codes**

11 – Office	50 – Federally Qualified Health Center	61 – Comprehensive Inpatient Rehabilitation Facility
12 – Home	51 – Inpatient Psychiatric Facility	62 – Comprehensive Outpatient Rehabilitation Facility
20 – Urgent Care Facility	52 – Psychiatric Facility – Partial Hospitalization	65 – End Stage Renal Disease Treatment Facility
21 – Inpatient Hospital	53 – Community Health Center	71 – Public Health Clinic
22 – Outpatient Hospital	55 – Residential Substance Abuse Treatment Facility	72 – Rural Health Clinic
23 – Emergency Room	56 – Psychiatric Residential Treatment Center	81 – Independent Laboratory
24 – Ambulatory Surgery Center	57 – Non-residential Substance Abuse Treatment Facility	

**PROCEDURES and SERVICES**

**P** = New or changed requirement  
**Ⓢ** = Clarification of current requirement

**Auth Required**

**No Auth Required**

**Comments**

**DME Services Authorization Request Form**

**Fax (877) 338-3713**

Durable Medical Equipment purchases	X		Purchases billed for less than \$500 do not require an authorization.
Durable Medical Equipment rentals	X		
Hearing Aids		X	Purchases billed for less than \$500 do not require an authorization.
Orthotics and Prosthetics	X		Purchases billed for less than \$500 do not require an authorization.

**Home Health Services Fax (877) 338-3660**

Home health care services	X		Including Hospice services in the home
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**Inpatient Services Authorization Request Form**

**Fax (877) 338-2996**

Emergency room services (23)*		X	
Emergency ambulance services		X	
Inpatient hospital admissions (21)*	X		Clinical updates required for continued length of stay.
Long Term Acute Care Hospital (LTACH) admissions	X		<a href="#">Long Term Acute Care Hospital: Criteria for Admission</a>
Newborn (normal) deliveries		X	Notification is requested the next business day following the delivery.

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PROCEDURES and SERVICES <b>P</b> = New or changed requirement <b>I</b> = Clarification of current requirement	Auth Required	No Auth Required	Comments
<b>Inpatient Services cont. Fax (877) 338-2996</b>			
NICU/Sick Baby admissions	X		Notification is required the next business day following the admission. Clinical updates required for continued length of stay.
Observations (22)*		X	Up to 24 hours only.
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.
<b><u>Outpatient Services Authorization Request Form</u> Fax (877) 431-0950</b>			
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, Obstetric Ultrasounds, PET & SPECT scans (ALL)*	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2. No authorization is required for the initial three OB ultrasounds.
Air & Land ambulance transportation (non-emergency and facility-to-facility transfers)	X		
Ambulatory surgery center services (24)*	X		
Bariatric surgical procedures	X		<a href="#">Bariatric Surgery Clinical Coverage Guideline</a>
Chiropractic services		X	Benefit limitations apply
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Diagnostic laboratory services (Routine) (11, 22 & 81)		X	No authorization is required for routine lab services. Testing must be consistent with CLIA guidelines.
Dialysis		X	Notification requested.
Elective Inpatient Surgical Procedures	X		
Hearing services		X	
Hospice care services	X		
Hysterectomy procedures		X	<a href="#">Consent form required for claims payment</a>
Investigational & experimental procedures and treatment	X		<a href="#">Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</a>
Outpatient hospital services (22)*	X		
Pain Management treatment (ALL)*	X		
Physician Primary Physician (PCP) & Specialist office visits		X	Includes diagnostic tests and procedures considered by the Plan to be routine office treatment
Potentially cosmetic procedures (ALL)*	X		
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 - 01936
Rehabilitation facility (CORF) services (62)*	X		
Respiratory care services	X		
Routine radiology services and Non-Obstetric ultrasounds (11, 22 & 24)*		X	
Sterilization services		X	<a href="#">Consent form required for claims payment</a>
Tobacco cessation		X	Benefit limitations apply
Urgent care services (20)*		X	
<b><u>Prenatal Notification Authorization Request Form</u> Fax (877) 338-3659</b>			
Obstetric Global Care		X	Prenatal Notification Form requested
<b><u>Skilled Therapy Services Authorization Request Form</u> Fax (855) 620-1871</b>			
Occupational, Physical and Speech therapy services (11 & 22)*	X		<a href="#">Refer to Clinical Coverage Guidelines</a>

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NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Approved 10/24/2011)