



**MISSOURI MEDICAID QUICK REFERENCE GUIDE
March 2011**

Harmony office hours: **Monday through Friday 8:00 am – 5:00 pm**
Web Address: www.harmonyhpm.com

Office Location

Harmony Health Plan/WellCare 133 South 11 th Street, Suite 200 St. Louis, MO 63102	Local telephone number Toll-free telephone number Fax number	(314) 444-7500 (877) 550-9756 (314) 444-7575
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Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Mgmt, Phone Translation and Interpreter Services	(866) 822-1340	Member Services Member Services Voicemail TTY/TDD	(866) 822-1340 (877) 630-2225 (877) 650-0952
Enrollment Line	(800) 348-6627	FTP Reporting IT Password Assistance	(800) 960-2350
Harmony FWA Hotline Hotline for suspected fraud, waste and abuse	(866) 678-8355	How to Become a Registered Web User Personal Health Advisor	(866) 762-9122

Pharmacy Services

Pharmacy services for all medications and pharmaceuticals administered on an outpatient basis should be billed to Missouri's MO HealthNet Fee-for-service program. Contact the MHD Pharmacy Help Desk at **(800) 392-8030** for additional assistance.

[Enteral Nutrition Request Form](#)

Claim Submissions

Claims Department (866) 822-1340
Including EDI questions and assistance

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 www.wellcare.com.

EDI Partners	EDI Payer ID	Contact
ACS EDI Gateway, Inc.	77004	(800) 987-6720
Availity	14163	(800) 282-4548
Emdeon	14163	(800) 845-6592
Legacy Consulting	14163	(888) 751-3271
RelayHealth (McKesson)	14163	(800) 522-6562
SSI Group	14163	(800) 880-3032
ZirMed	14163	(877) 494-7633

Encounter Data Submissions 59354

Mail medical claim submissions to:

Harmony Health Plan
Claims Department
PO Box 31372
Tampa, FL 33631-3372

[How to Check the Status of a Claim Online](#)

[Registering for EFT/ERA Services](#)

Claim Payment Disputes

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 90 days of the date on the EOP.

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

Harmony Health Plan
Attn: Claim Payment Disputes
PO Box 31370
Tampa, FL 33631-3370
Fax (877) 277-1808

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 Harmony in writing within 90 days of the date of denial on the EOP.

Mail all disputes related to payment policy issues to:

Harmony Health Plan
Payment Policy Disputes Department
PO Box 31426
Tampa, FL 33631-3426

Case and Disease Management

Notify Harmony's UM staff about members with acute or chronic conditions that would benefit from Case or Disease Management. Case Managers improve patient compliance and keep providers informed of overall health progress. Specific Disease Management programs exist for Asthma, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Disease (CHF), Coronary Artery Disease (CAD), Diabetes, HIV and Hypertension. For more information and/or enrollment in these programs, please call **(866) 593-2538**.

[Care Management Referral Form](#)

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting Harmony Provider Job Aids and forms when the Quick Reference Guide is viewed in an electronic format.

NOTE: This guide is not intended to be an all-inclusive list of covered services under Harmony Health Plan, but it substantially provides current referral and 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. *WCPC-MMD-001 Revised May 2011 Page 1 of 4*



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OB Notification – *Harmony Hugs*

Please report all confirmed pregnancies to Harmony's UM staff as soon as you become aware of them. Harmony offers a Case Management program for expectant members called "Harmony Hugs." *Hugs* referrals may be faxed to **(866) 480-0857**. Requests for OB Global Care should be faxed to **(877) 647-7475**.

The *Harmony Hugs* program includes:

- High-risk screening and Case Management
- Prenatal and infant care education

Appeals (Medical)

Providers may 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 documentation or late notification.

Mail or fax all medical appeals with supporting documentation to:

Harmony Health Plan Fax **(866) 201-0657**
 Attn: Appeals Department
 PO Box 31368
 Tampa, FL 33631-3368

[Non-Medicare Member Appeal Request Form](#)

Grievances

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.

Mail or fax member grievances to:

Harmony Health Plan Fax **(866) 388-1769**
 Attn: Grievance Department
 PO Box 31384
 Tampa, FL 33631-3384

[Non-Medicare Appointment of Representative Form](#)

Behavioral Health

[Magellan Behavioral Health](#) **(888) 684-2026**

- 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.**
- Disease Management programs are also available for Depression.

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 radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in locations 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.

[CareCore National Frequently Asked Questions \(FAQs\)](#)

Contracted Networks

Dental DentaQuest	(800) 436-5288	Transportation Medical Transport Management	(866) 745-6714
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Prior Authorization (PA) Requirements

This Harmony Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. There are changes to authorization requirements on this list. The authorization changes are denoted by a for easy identification. Requirements that have been edited for *clarification only* are denoted with an .

Notification only requirements apply to services rendered by **contracted, participating providers ONLY**. No authorization number is given by the Plan nor required for claims payment for contracted, participating providers. Out-of-network providers must obtain an authorization for these services.

Out-of-network providers must obtain authorization for all services except emergency care and urgent care services.

HARMONY'S PRIOR AUTHORIZATION (PA) LIST:

For questions regarding authorization requests or if you need to discuss a specific request, please contact our Utilization Management (UM) department Monday through Friday from 8:00 am to 5:00pm: Call (866) 822-1340.

- Physician and hospital providers may submit notifications and/or request authorizations.
- When generating an authorization request, please specify the reason for the request and the requested frequency of visits.

Notification only requirements: This applies only to services rendered by contracted, participating providers. No authorization number is given by the Plan or required for claims payment. Out-of-network providers must obtain authorization for these services.

PROCEDURES and SERVICES = New or changed requirement = Clarification of current requirement	Auth Required	No Auth Required	Comments
DME Services Fax (877) 431-8859			
Durable Medical Equipment rentals	X		Refer to Clinical Coverage Guidelines
Durable Medical Equipment purchases (Includes Orthotics and Prosthetics)	X		DME purchases billed for less than \$200 do not require authorization Refer to Clinical Coverage Guidelines
Home Health Services Fax (866) 886-4321			
Home health care services	X		
Inpatient Services Fax (877) 431-8860			
All inpatient hospital admissions	X		
Emergency behavioral health services		X	
Emergency room services		X	
Observations	X		
Rehabilitation facility admissions	X		
Skilled nursing facility admissions	X		
Outpatient Services Fax (888) 865-6530			
Adult day care	X		
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB ultrasounds, PET & SPECT scans (11, 22 & 24)*	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Air ambulance transportation (non-emergent)	X		
Ambulatory surgery center procedures	X		
Cardiac and Pulmonary Rehabilitation programs	X		Refer to Clinical Coverage Guidelines
Contact lenses	X		
Cosmetic surgery	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		Refer to Clinical Coverage Guidelines

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Outpatient Services		Fax (888) 865-6530	
PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
= New or changed requirement = Clarification of current requirement			
Diagnostic laboratory services (Routine)		X	Authorization is required for Cytogenetic, reproductive and molecular diagnostic testing.
Dental services	X		See Contracted Networks on page 2.
Dialysis		X	Notification of first visit is required
EKGs		X	
Enteral nutrition	X		See Pharmacy Services on page 1.
Health education programs	X		
Hearing services	X		
Hospice care services	X		
Immunizations		X	
Investigational & experimental procedures	X		Experimental and Investigational Procedures and Devices Clinical Coverage Guideline
Nutritional counseling	X		
OB Global Care	X		Fax Prenatal Notification forms to: (877) 647-7475
Obstetric ultrasounds	X		No authorization is required for the first three (3) OB ultrasounds (per pregnancy)
Oral surgery	X		
Out-of-network and non-contracted services	X		Authorization is required for all out-of-network physicians, hospitals, ancillary providers and outpatient facilities
Outpatient hospital surgical services	X		Non-surgical services and procedures performed at contracted hospitals do not require notification or authorization
Pain Management	X		
Personal Care Services		X	
PCP office visits and treatment		X	
Radiology Anesthesia		X	No authorization is required for CPT codes 01916 - 01936
Respiratory therapy services	X		
Routine Radiology services		X	
Specialist office visits		X	Specialist must be a participating provider
Sterilization procedures	X		Consent Form Required
Surgical procedures	X		Second opinion required for CPT code range: 66840 – 66920, 66983 - 66984
Termination of pregnancy	X		
Transplant care	X		Benefit limitations may apply
Vision tracking	X		CPT code 92065
Skilled Therapy Services		Fax (877) 709-1698	
Occupational therapy services	X		Refer to Clinical Coverage Guidelines No authorization required for the first 3 visits.
Physical therapy services	X		Refer to Clinical Coverage Guidelines No authorization required for the first 3 visits.
Speech therapy services	X		Refer to Clinical Coverage Guidelines No authorization required for the first 3 visits.

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