

KENTUCKY HEALTH INSURANCE EXCHANGE QUICK REFERENCE GUIDE

September 2016

Web address: www.wellcare.com/Kentucky/Providers/Health-Insurance-Marketplace

Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Mgmt., Language Line and Provider Complaints	1-866-536-2275	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-844-590-0720
TTY	1-855-582-6171	Risk Management WellCare Fraud, Waste and Abuse Hotline	1-866-678-8355
Care Management Referrals	1-866-635-7045	Disease Management Referrals	1-877-393-3090
Provider Resource Guide		CommUnity Assistance Line	1-866-775-2192

Claim Submissions

Provider Services **1-866-536-2275**
Questions related to claim submissions

Electronic Funds Transfer & Electronic Remittance Advice:
Register online using the simplified, enhanced provider registration process.
PaySpan.com

WellCare has partnered with RelayHealth as our preferred EDI Clearinghouse. You may connect directly to RelayHealth or in some cases your existing clearinghouse, billing service or trading partner may maintain existing reciprocal agreements with RelayHealth. We encourage you to contact your claims vendor and determine if they have connectivity to RelayHealth. If not, you may want to consider contacting RelayHealth to establish free connectivity to WellCare for your EDI transactions. If you have any questions regarding submission of EDI transactions directly through RelayHealth, Providers may call **866-855-4723** For inquires related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

WellCare Payer IDs

14163 For Fee For Service or 59354 For Encounters

RelayHealth CPIDs

	Professional	Institutional
Fee For Service	1844	8551
Encounter	3211	4949

WellCare follows the Centers for Medicare & 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/Kentucky/Providers/Health-Insurance-Marketplace

Mail paper claim submissions to:

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

Claim Payment Disputes

The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes and noncovered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 90 calendar days of the date on the EOP.

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

WellCare Health Plans, Inc.
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Note: Any appeals related to claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC, however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity this is in question should be sent to the Appeals PO Box with all substantiating information like a summary of the appeal, relevant medical records and member specific information.

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 calendar days of the date of denial on the EOP. Please provide all relevant documentation, which may include medical records, in order to facilitate the review.

Mail all disputes related to payment policy issues to:

WellCare Health Plans, Inc.
Attn: Claim Payment Disputes
P.O. Box 31426
Tampa, FL 33631-3426

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 90 calendar days of the date of the notice of the organization determination for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC, however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity this is in question should be sent to the Appeals PO Box with all substantiating information like a summary of the appeal, relevant medical records and member specific information.

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

WellCare Health Plans, Inc. **Fax 1-866-201-0657**
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

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Grievances

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

Mail or fax member grievances to:

WellCare Health Plans, Inc. **Fax 1-866-388-1769**
 Attn: Grievance Department
 P.O. Box 31384
 Tampa, FL 33631-3384

Email: operationalgrievance@wellcare.com

Pharmacy Services

Pharmacy Services **1-866-536-2275**
 Including after-hours and weekends (CVS/Caremark)

Rx BIN **Rx PCN** **Rx GRP**
 004336 ADV WCHIXKY

Exactus Pharmacy Solutions Specialty Pharmacy **1-866-458-9246**
exactus@wellcare.com **TTY 1-855-516-5636**
Fax 1-866-458-9245

Medication Appeals **Fax 1-888-865-6531**

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

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

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

Formulary Inclusions

To request consideration for addition of a drug to WellCare's formulary, providers may submit a medical justification to WellCare in writing to:

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

Coverage Determination Requests **Fax 1-866-485-8515**

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

- Drugs not listed on the Preferred Drug List
- Drugs listed on the Preferred Drug List with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly dosing limits
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs listed on the Preferred Drug List exceeding the quantity limit (QL)

Web-Based Information: www.wellcare.com/Kentucky/Providers/Health-Insurance-Marketplace/Pharmacy-Tools

- [Pharmacy Services overview](#)
- [WellCare Formulary](#)
- [Authorization Lookup Tool](#)
- [Participating pharmacies](#)
- [Pharmacy Services forms](#)

Mail Service Pharmacy:

[CVS Caremark Mail Service Pharmacy](#) **1-866-808-7471**
TTY 1-866-236-1069
Fax 1-866-892-8194

Behavioral Health

Urgent authorizations and Provider Services **1-866-536-2275**

Outpatient Authorization Request Submissions **Fax 1-888-822-8210**

Crisis Line **1-800-411-6485**

Inpatient Hospitalization Clinical Submissions **Fax 1-855-657-8491**

- Emergency Behavioral Health services do not require authorization. Inpatient admission notification is required on the next business day following admission.
- Inpatient Concurrent review is done telephonically or via fax. Psychological Testing requests are to be submitted via fax. All other levels of care requiring authorization including outpatient services can be submitted online.

eviCore CareCore National

[eviCore](#) is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: [Advanced Radiology](#), [Cardiology](#), [Lab Management](#), [Pain Management Program](#), [Physical and Occupational Therapy](#), [Radiation Therapy Management](#) and [Sleep Diagnostics](#).

Contact eviCore for all **authorization** related submissions for the services listed above rendered in outpatient places of service (including the home setting). Please click on the hyperlinks above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are faster and if the procedure requested meets clinical criteria, the Web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the [eviCore Provider Web Portal](#). A searchable [Authorization Look-up and Eligibility Tool](#) is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services **1-888-333-8641**

Contracted Networks

Vision - Avesis **1-855-704-0432**

Dental - Avesis **1-855-704-0432**

Audiology - Premier Eye Care **1-844-235-2455**

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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 **Pa** symbol for easy identification. Requirements that have been edited for clarification only are denoted with an **ⓘ**.

WellCare supports the concept of the PCP as the “medical home” for its members. PCPs may refer members to network specialists when consultations 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 Plan is necessary. No referral is needed for OB/GYN and/or Emergency Services.

PaAll services rendered by non-participating providers and facilities require authorization. Specialists must coordinate all services with the member’s PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

WELLCARE’S PRIOR AUTHORIZATION (PA) LIST:

Urgent Authorization Requests and Admission Notifications Call 1 866 536 2275 and follow the prompts.

- Notify the Plan of unplanned Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- 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 10 codes** with your authorization request. Standard authorization requests may be submitted online or via fax using the numbers listed below.

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

*Place of Service Codes

11 – Office	32 – Nursing Facility	56 – Psychiatric Residential Treatment Center
12 – Home	33 – Custodial Care Facility	57 – Non-Residential Substance Abuse Treatment Facility
20 – Urgent Care Facility	49 – Independent Clinic	61 – Comprehensive Inpatient Rehabilitation Facility
21 – Inpatient Hospital	50 – Federally Qualified Health Center	62 – Comprehensive Outpatient Rehabilitation Facility
22 – Outpatient Hospital	51 – Inpatient Psychiatric Facility	65 – End Stage Renal Disease Treatment Facility
23 – Emergency Room	52 – Psychiatric Facility – Partial Hospitalization	71 – Public Health Clinic
24 – Ambulatory Surgery Center	53 – Community Mental Health Center	72 – Rural Health Clinic
31 – Skilled Nursing Facility	55 – Residential Substance Abuse Treatment Facility	81 – Independent Laboratory

PROCEDURES and SERVICES

- Pa** = New or changed requirement
ⓘ = Clarification of current requirement

Authorization Required

No Authorization Required

Comments

Durable Medical Equipment (DME) Fax 1-877-431-8859

PROCEDURES and SERVICES	Authorization Required	No Authorization Required	Comments
Durable Medical Equipment purchases and rentals	See Comments		All DME rentals require authorization. DME purchase items reimbursed at OR below \$250 per line item do NOT require authorization.
Orthotics and Prosthetics	See Comments		Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Home Services Fax 1-855-550-8849			
Home Health Care services	X		
ⓘ Physical and Occupational Therapy (including services rendered in POS 12)*	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Physician Home Visits	X		
Inpatient Services Fax 1-877-277-1814			
Elective Inpatient procedures (21)*	X		Clinical updates required for continued length of stay.
Electroconvulsive Therapy (ECT)	X		
Emergency Behavioral health services		X	
Emergency Room services (23)*		X	
Emergency Transportation (Ambulance) services		X	
Inpatient Admissions	X		Clinical updates required for continued length of stay.
Long Term Acute Care Hospital (LTACH) admissions	X		Clinical updates required for continued length of stay.

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Maternity and Newborn Care	X		
Observations (22)*	X		
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.
Skilled nursing facility admissions (31 & 32)*	X		Clinical updates required for continued length of stay.
Outpatient Services Fax 1-855-550-8975			
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Advanced Radiology Program Criteria Radiology Request Forms
Air or Land Ambulance Transportation (non-emergent)	X		
P Ambulatory Surgery Center procedures (24)*	Please see Authorization Lookup Tool		
Autism Spectrum Disorders	Refer to the Authorization Lookup Tool		
Behavioral Health Outpatient Services	Refer to the Authorization Lookup Tool		
Cancer clinical trials	Refer to the Authorization Lookup Tool		
Cardiac Rehabilitation	X		
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac procedures and Echo Stress Tests	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Congenital Defects and Birth Abnormalities	Refer to the Authorization Lookup Tool		
Cosmetic procedures (ALL)*	X		Treatment strictly for Cosmetic purposes is not a covered benefit
Cytogenetic, reproductive, advanced and molecular diagnostic laboratory testing <i>Note: Some tests are handled by eviCore please refer to Lab Management section below as well</i>	Refer to the Authorization Lookup Tool		
Dental services related to accident or Injury	Refer to the Authorization Lookup Tool		
Diabetic Equipment, Education and Supplies	See Comments		Please refer to the DME requirements grid above as well as the Authorization Lookup Tool to determine appropriate authorization requirements for these services.
Diagnostic services	Refer to the Authorization Lookup Tool		Certain diagnostic services may require authorization. Please refer to the Authorization Look-up Tool to determine specific CPT code level requirements.

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Dialysis		X	
Electroconvulsive Therapy (ECT)	X		
Endometriosis and Endometritis services	Refer to the Authorization Lookup Tool		
Hospice care services		X	
Investigational & experimental procedures and treatment	X		Refer to Clinical Coverage Guidelines
Laboratory (Routine) services (11, 22 & 81)		X	Testing must be consistent with CLIA guidelines.
Laboratory Management (Certain Molecular and Genetic Tests)	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Laboratory Management Program Criteria Molecular and Genetic Testing Quick Reference Guide
Mammograms		X	
Maternity and Newborn Care	Refer to the Authorization Lookup Tool		Certain services may require authorization. Please refer to the Authorization Look-up Tool to determine specific CPT code level requirements.
P Office visits and treatment (11)*	Refer to the Authorization Lookup Tool		
P Outpatient Hospital procedures and services (22)*	Refer to the Authorization Lookup Tool		
Pain Management treatment	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Partial Hospitalization Program (PHP)	X		
Pharmacological Management		X	
Physical and Occupational Therapy (including services rendered in POS 12)*	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Physician Home Visits	X		
Preventative Care Services		X	
Psychological Testing	X		
Pulmonary Rehabilitation	X		
Radiation Therapy Management	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Radiation Therapy Management Program Criteria Radiation Therapy Worksheets

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Radiology (Routine) services (11, 22 & 24)*		X	
📄 Reconstructive Services	Refer to the Authorization Lookup Tool		
Sleep Diagnostics	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Sterilization		X	
Telehealth Consultation Services	X		
Temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder	Refer to the Authorization Lookup Tool		
Transplant Services	X		
Urgent care services (20)*		X	
Speech Therapy Services Fax 1-855-550-8849			
Speech Therapy (11, 22 & 62)*	X		
Transplant Services Fax 1-813-283-5320			
Transplant Services (ALL)*	X		Please submit clinical records for prior authorization for all transplant phases.

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