MISSOURI CARE QUICK REFERENCE GUIDE
December 2018

www.wellcare.com/Missouri/Providers/Medicaid

Important Telephone Numbers

Provider Services Eligibility verification, provider complaints, translation & transportation services and utilization management.	1-800-322-6027	Nurse Advice Line Members may call this number to speak with a nurse 24 hours a day, 7 days a week.	1-800-919-8807
Behavioral Health 24/7 Crisis Line	1-800-322-6027	TTY (Relay Missouri)	711
Disease Management Referrals	1-877-393-3090	Risk Management Fraud, Waste and Abuse Hotline	1-866-678-8355
Case Management Referrals	1-800-322-6027	CommUnity Assistance Line	1-866-775-2192

Claim Submission Inquiries

Submission Inquiries

Support from Provider Services 1-800-322-6027

For inquiries related to your electronic submissions to Missouri Care, please contact our EDI team at EDI-Master@wellcare.com

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process: PaySpan.com or call 1-877-331-7154. For more details on PaySpan®, please refer to your Provider Manual.

Clearinghouse Connectivity

Missouri Care has partnered with Change Healthcare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or, in some cases, your existing clearinghouse, billing service, or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change Healthcare to establish free connectivity to Missouri Care for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at 1-877-411-7271. All Clearinghouses, Practice Management Vendors or Billing Services may call Change Healthcare, formerly known as Relay Health, at 1-800-527-8133 for connectivity services.

ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions at no cost to you. To sign up go to: https://connect.relayhealth.com. For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Any questions regarding functionality of ConnectCenter should be directed to the Clearinghouse at 1-800-527-8133, opt 2.

- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.
- Only WellCare submissions are free of charge and please ensure you use vendor code 212750 when you register.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

Claim Type	Fee for Service	Encounter
Professional	1844	3211
Institutional	8551	4949

WELLCARE PAYER IDS – If your clearinghouse or billing system is not connected to Change HealthCare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-for-Service or Encounters).

Claim Type	Fee For Service	Encounter
Professional or Institutional	14163	59354

Paper Submission Guidelines:

Missouri Care follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claim submissions. Since Oct. 28, 2010, Missouri Care accepts only the original red claim form for claim and encounter submissions. Missouri Care does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website at: www.wellcare.com/Missouri/Providers/Medicaid/Claims

Mail paper claims to:

Missouri Care Claims Submission
P.O. Box 31224
Tampa, FL 33631-3224

Claim Payment Disputes

The claim payment dispute process is designed to address claims when there is disagreement regarding reimbursement. Claim payment disputes must be submitted to Missouri Care in writing within 365 days of the date of denial on the EOP. With regard to adjustment requests for contracted participating providers, the provider contract will always supersede this Policy and Procedure in the event of any conflict. Mail or fax the written claim payment dispute and documentation to:

Missouri Care Fax: 1-877-277-1808
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Claim payment disputes can also be submitted through the provider web portal: www.wellcare.com/Missouri/Providers/Medicaid

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 address with all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.

For your convenience, items on this QRG in bold, underlined fonts are hyperlinks to supporting Missouri Care Resource Guides 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 Missouri Care, 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. (Revised September 2018)

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Claims Payment Policy Disputes

The Claims Payment Policy Disputes Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to Missouri Care in writing within 365 days of the date of denial on the EOP. With regard to adjustment requests for contracted participating providers, the provider contract will always supersede this Policy and Procedure in the event of any conflict. Please provide all relevant documentation (please do not include image of Claim), which may include medical records, in order to facilitate the review.

Mail or fax all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

Missouri Care Fax: 1-877-277-1808
Claims Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426

Claims disputes can also be submitted through the provider web portal: www.wellcare.com/Missouri/Providers/Medicaid

Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:

By Mail (U.S. Postal Service)
OPTUM
P.O. Box 52846
Philadelphia, PA 19115

By Delivery Services (FedEx, UPS)
OPTUM
458 Pike Rd
Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

Missouri Care
CCR Pre-pay
P.O. Box 31394
Tampa, FL 33631-3394

Mail all disputes related to Explanation of Payment Codes RVLTX:

Missouri Care
CCR Post-pay
P.O. Box 31395
Tampa, FL 33631-3395

Recovery/Cost Containment Unit (CCU)

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

Missouri Care
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

If you do not agree with this proposed WellCare overpayment notification related to adjustments RVXX (Except RV059 which should refer to the Claim Payment Disputes section above), you may request an Administrative Review by submitting your request in writing within 30 days of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position. Your Administrative Review request should be sent to:

Missouri Care
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within 30 days of the date of WellCare's receipt of your request. If you do not object or render payment within such time period we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and WellCare.

Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228, or RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered. Your dispute should be sent to:

COTIVITI HEALTHCARE Fax: 1-203-202-6607
Attn: WellCare Clinical Chart Validation
Hillcrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422

Provider Identified Refund(s) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID and can be sent to:

Missouri Care
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

Note: For single claim checks, please use the Refund Check Informational Sheet to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the Refund Referral Grid and email all supporting documentation, including the grid, to OverpaymentRefunds@wellcare.com to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

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Appeals

Providers may seek an appeal through the Appeals Department within 90 calendar days of an adverse provider dispute determination or a claims denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMMNE, HRM16 and KYREC, however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals address with all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member specific information.

Missouri Care – Complaints, Grievances and Appeals (CGA)
4205 Philips Farm Road, Suite 100
Columbia, MO 65201
Fax: 1-877-851-2043

Grievances

Member grievances may be filed verbally by contacting Member Services 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:

Missouri Care – Complaints, Grievances and Appeals (CGA)
4205 Philips Farm Road, Suite 100
Columbia, MO 65201
Fax: 1-877-851-2043

WellCare Partners

eviCore fka 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, Physical and Occupational Therapy, 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 Lookup 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

HealthHelp®

HealthHelp is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: Radiation Therapy.

Contact HealthHelp for all authorization-related submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Member eligibility and authorization request materials may be accessed via the HealthHelp Portal. A searchable Authorization Lookup is also available online to check the status of your authorization request, and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services 1-888-210-3736

Contracted Networks

Dental Services – DentaQuest®	1-888-696-9533	Transportation – MTM Transportation	1-800-695-5791

Routine Vision and Optometry – March® Vision 1-844-616-2724
Facility (e.g., hospital or ambulatory surgery center) and anesthesia claims should still be submitted directly to Missouri Care for reimbursement.

Pharmacy Services

All pharmacy services are carved out to MO HealthNet except for medications billed as part of an inpatient admission or observation stay.

MO HealthNet Pharmacy Services: 1-800-392-8030 or 1-573-751-6527

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PRIOR AUTHORIZATION LIST:

Prior Authorization (PA) Requirements

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

All services rendered by nonparticipating providers and facilities require authorization with the exception of family planning education and counseling, in-office visits for family planning, childhood immunization administration, and emergency transportation and services. Primary care physicians (PCPs) 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.

Nonparticipating public health departments no longer require authorization for the following services – lead screening, TB screening, HIV screening, HIV/AIDS care coordination and family planning.

To avoid unnecessary claim payment issues, you must bill with the authorization number.

Urgent Authorization Requests and Admission Notifications – Call 1-800-322-6027 and follow the prompts.

- Notify the plan of unplanned inpatient hospital admissions **within one business day from treatment of emergency condition** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- Outpatient authorizations for urgent and time-sensitive services may be requested by phone when warranted by the member's condition. Please include **CPT and ICD-10 codes** with your authorization request. Standard authorization requests may be submitted online or by using the fax numbers listed below if you are unable to access the portal with your secure login at https://provider.wellcare.com/missouricare.
- Web submissions are faster, and if the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets Missouri Care's determination criteria at the time of the request. Missouri Care retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

Behavioral Health Services

MissouriCare Web Submission Portal

For Provider Services, Urgent Inpatient Hospitalization Authorizations and Pre-cert Review Phone: 1-800-322-6027
Behavioral Health Services Prior Authorization Fax 1-866-946-2052

Web-based information: www.wellcare.com/Missouri/Providers/Medicaid/Behavioral-Health

- Emergency behavioral health services do not require authorization. Inpatient admission authorization is required on the next business day following admission.
- All levels of care requiring authorization, including inpatient, must be submitted by fax.
- Authorization for standard outpatient (including in-home) services is not required. For all other levels of care including inpatient, residential treatment, intensive outpatient, ECT and psychological testing, contact Missouri Care for authorization.
- For more information on Authorization Requirements click here and select the "Prior Authorization Grid" PDF under **Helpful Documents**.

PROCEDURES and SERVICES	Authorization Required	Comments
Behavioral Health Services	See Comments	Please refer to the Prior Authorization Grid under **Helpful Documents** for authorization requirements. WellCare Web Submission Portal
Emergency Behavioral Health Services	No	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergent Care Services	No	
Emergency Transportation (including air, ground, facility to facility)	No	

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Inpatient Services

MissouriCare Web Submission Portal

Inpatient Authorization Requests Fax 1-866-946-2052

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Inpatient Hospital Admissions	Yes	Notification required within one business day of admission. Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	Refer to Clinical Coverage Guidelines
NICU/Sick Baby Admissions	Yes	Notification required within one business day following admission. Contact ProgenyHealth at fax 1-844-719-9022 to submit clinical updates for initial and continued length of stay.
Observation Stays – Maternity	No	When billed using Rev Code 769
Observation Stays – Nonmaternity	Yes	Notification is required within one business day of admission.
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.

Outpatient Services

MissouriCare Web Submission Portal

Outpatient Authorization Requests & Prenatal Notifications Fax 1-866-946-2052

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the Authorization Lookup Tool for prior authorization requirements.
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, Obstetric Ultrasounds, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 *No authorization required for the initial 3 OB ultrasounds:* Advanced Radiology Criteria Radiology Request Forms
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Durable Medical Equipment Purchases and Rentals	Yes – See Comments	All DME rentals will require authorization. DME purchase items reimbursed at OR below $500 per line item do NOT require authorization.
Hospice Care Services	Yes	
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Obstetric Global Services	Yes	

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PROCEDURES and SERVICES	Authorization Required	Comments
Orthotics and Prosthetics	Yes – See Comments	All DME rentals will require authorization. DME purchase items reimbursed at OR below $500 per line item do NOT require authorization.
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy	Yes – See Comments	Benefit is only extended to members under the age of 21 and/or pregnant women.

EXCEPTION FOR MEMBERS AFFILIATED WITH CMPCN

Children's Mercy Pediatric Care Network (CMPCN) is an integrated pediatric network operated by the Children's Mercy Hospital System. CMPCN provides delegated medical management services including care management, utilization management and disease management for Missouri Care members ages 0–20 in the following counties: Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair and Vernon. Please verify prior authorization requirements for CMPCN at **https://**www.cmics.org/pcn.