

Florida Medicare Quick Reference Guide

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Web site: www.wellcare.com

Important Telephone Numbers & Links			
Provider Services/Customer Service Eligibility Verification, Claims, Utilization Mgmt TTY/TDD	(888) 888-9355	Personal Health Advisor Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week. iCare (Hotline for suspected fraud and abuse)	(800) 919-8807 (866) 364-1350
Case and Disease Management Referrals	(877) 247-6272 (866) 635-7045		
	<ul style="list-style-type: none"> How to Become a Registered Web User 		<ul style="list-style-type: none"> Provider Self-Service Options
Pharmacy Services			
Pharmacy Services Including After Hours / Weekends (WHI)	(866) 653-0976	Coverage Determination Requests	Fax (866) 388-1767
Medication Appeals WellCare Health Plans, Inc. Attn: Pharmacy Appeals Department PO Box 31383 Tampa, FL 33631-3383	Fax (866) 388-1766	Submit a Coverage Determination Request Form for:	
Medication appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.		<ul style="list-style-type: none"> Drugs not listed on the Formulary Drugs listed on the Formulary with a prior authorization (PA) Duplication of therapy Prescriptions that exceed the FDA daily or monthly quantity limits Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office Drugs listed on the Formulary with a quantity limit (QL) Drugs that have a step edit (ST) and the first line therapy is inappropriate 	
Claims			
Claims Department Including EDI Questions and Assistance	(888) 888-9355	Claim Payment Disputes The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, 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. Mail or fax the dispute and supporting documentation to:	
WellCare also has Provider Job Aids available for many claims related services:		WellCare Health Plans, Inc. Fax (877) 277-1808 Attn: FL Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3372	
	<ul style="list-style-type: none"> Electronic Claim Submission/Electronic Data Interchange (EDI) Services How to Check the Status of a Claim Online Registering for Electronic Funds Transfer (EFT)/Electronic Remittance Admittance (ERA) Services 		
Appeals (Medical) and Grievances			
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 a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.		Member grievances may be filed verbally by contacting Customer Service or submitted in writing via fax or mail: Providers may also file a grievance on behalf of the member with the member's written consent. Additionally, provider complaints related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within 45 calendar days of the event giving rise to the complaint.	
	<ul style="list-style-type: none"> Medicare Appointment of Representative Form 	<ul style="list-style-type: none"> Provider Complaint Form 	
Mail or fax all medical benefit appeals with supporting documentation to:	WellCare Health Plans, Inc. Fax (866) 201-0657 Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368	Mail or fax all member grievances to:	WellCare Health Plans, Inc. Fax (866) 388-1769 Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384
Behavioral Health			
Magellan Behavioral Health	(877) 712-5340		
	<ul style="list-style-type: none"> Contact Magellan for <u>all</u> Mental Health and Substance Abuse services including Inpatient hospital <u>and</u> 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. 		
Radiology Prior Authorization			
CareCore National is our in-network Advanced Radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all <i>authorization</i> related submissions for services rendered in locations listed above.		Telephone (<i>urgent authorizations & Provider Services</i>) Fax CareCore National Provider FAQs	(888) 333-8641 (866) 896-2152
Contracted Networks - Utilization Review			
Dental <i>DentaQuest</i>	(877) 468-5581	Home Health Care Services <i>CareCentrix</i>	
Durable Medical Equipment		Urgent Requests	(888) 999-2422
<i>ALL-MED</i>	(800) 369-1416	Standard Requests	(800) 218-4219
- Fax submissions	(800) 722-4148	Physical/Occupational/Speech Therapy Services (POS 11 only)	
<i>CareCentrix</i>	(888) 999-2422	American Therapy Administrators	(888) 550-8800
- Fax submissions	(800) 218-4219	- Fax submissions	(800) 980-2380
<i>WellCare</i>	(888) 888-9355	Vision (Ophthalmology)*	
		Premier Eye Care of Florida, Inc.	(800) 738-1889
		*Vision benefits may vary from county to county.	

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (888) 888-9355 and follow the prompts.

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

Standard Authorization Requests may be submitted online via www.wellcare.com or by fax. Please include ICD-9 and CPT codes with your authorization request.

- o [How to Submit an Authorization Request Online](#)

AUTHORIZATION REQUIRED

PCPs are required to obtain authorizations for all out-of-network requests. Specialists must coordinate all services with the member's PCP. Requests for Point-of-Service benefits must be submitted and reviewed for authorization.

Note: Place of Service codes are specified for some services.

Durable Medical Equipment -- Fax: (877) 431-8859

- All Durable Medical Equipment purchases - See *Contracted Networks*
- All Durable Medical Equipment rentals - See *Contracted Networks*
- All Orthotics and Prosthetics

Home Health Care - Fax: (866) 886-4321

- Home health care (12)* - See *Contracted Networks*

Inpatient - Fax: (877) 431-8860

- All inpatient hospital admissions and outpatient observations (21 & 22)*
- Clinical updates for continued length-of-stay
- Rehabilitation facility admission (61)*
- Skilled nursing facility admission (31 & 32)*

Outpatient - Fax: (877) 892-8216

- Advanced Radiology **including** CT, CTA, MRA, MRI, PET, SPECT, Nuclear Cardiology and Nuclear Medicine (11, 22 & 24)*
– See *Radiology Prior Authorization on page 1*
- All procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 - 45392
- Ambulance transportation (non-emergent)
- Cardiac and pulmonary rehabilitation programs
- Court-ordered services
- Cytogenetic, reproductive, molecular diagnostic laboratory testing
- Diagnostic laboratory services (22 & 24)*
- Domiciliary, rest home and custodial care services (32, 33)*
- Hearing services
- Hospice care services
- Investigational and experimental procedures and treatments.
- Pain management treatment (11, 22, 24)*
- Mammograms (22, 24)*
- Rehabilitation facility services (62)*
- Respiratory therapy services
- Skilled nursing facility services (31, 32)*

Skilled Therapy Services - Fax: (877) 709-1698

- Occupational, physical and speech therapy (11 & 22)*
– See *Contracted Networks*

Please visit [wellcare.com](http://www.wellcare.com) to check member eligibility, obtain "How To" Guides and forms, submit authorization requests and much more.

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

- Emergency behavioral health services
- Emergent transportation services
- Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)*

Primary Care

- Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*
- PCP office visits and treatment

Specialists

- Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*
- Office visits and treatment with PCP referral (11)*

Laboratory

- Laboratory tests consistent with CLIA guidelines (11)*
- Laboratory tests by vendor (*Quest Diagnostics* - 81)*

– Excludes cytogenetic, reproductive and molecular diagnostic lab testing

Radiology

- Mammograms (11)*
- Routine radiology services (11)*
- Radiology Sedation services – CPT codes 01916 - 01936

Ultrasonography

- Diagnostic ultrasounds (11)*

REFERRALS

WellCare supports the concept of the 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)*. The specialist must document the receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

*** PLACE OF SERVICE CODES**

11 - Office	33 -Custodial Care Facility
12 - Home	50 - FQHC
20 - Urgent Care Facility	61 - Inpatient Rehab
21 - Inpatient Hospital	62 - Outpatient Rehab
22 - Outpatient Hospital	65 - ESRD
23 - Emergency Room	71 - Public Health Clinic
24 - Ambulatory Surgery Center	72 - Rural Health Clinic
31 - Skilled Nursing Facility	81 - Laboratory
32 - Nursing Facility	