

NEBRASKA MEDICAID QUICK REFERENCE GUIDE

January 2017



Web Address: www.wellcare.com/Nebraska/Providers/Medicaid

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Management and Provider Complaints	1-855-599-3811	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, seven days a week.	1-800-919-8807
TTY	1-877-247-6272	Risk Management WellCare's Fraud, Waste and Abuse Hotline	1-866-678-8355
Care Management	1-866-635-7045	CommUnity Assistance Line	1-866-775-2192
Disease Management	1-877-393-3090	Provider Resource Guide	

Claim Submissions

Provider Services **1-855-599-3811**

Questions related to claim submissions

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process: www.payspanhealth.com. For more details on PaySpan refer to your [Provider Manual](#).

For inquires related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.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 Relay Health. If not, you may want to consider contacting RelayHealth to establish free connectivity to WellCare for your EDI transactions.

Providers can contact Ability Network, a RelayHealth partner to establish free connectivity to WellCare for their EDI transactions by calling 1-866-855-4723 or PCS Support at 1-877-411-7271. All Clearinghouses, Practice Management Vendors, or Billing Services may call Relay Health at 1-888-743-8735 for help with EDI transactions.

MCKESSON/RELAYHEALTH 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 McKesson/RelayHealth 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

WellCare follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claim submissions. Since Oct. 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:

Mail paper claim submissions to:

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

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 30 days of the date on the EOP.

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

WellCare Health Plans, Inc. **Fax 1-877-277-1808**
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Note: Any appeals related to a 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 that 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.

Claims 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 CEXXX, IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 30 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. **Fax 1-877-277-1808**
Claims Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426

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Appeals (Medical)

Providers may file an appeal on behalf of the member with the member's written consent through the member appeals process. 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. 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 that 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 medical 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

Grievances

Member grievances may be filed orally by contacting Customer Service 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:

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

Pharmacy Services

Pharmacy Services 1-855-599-3811

Including after-hours and weekends

Rx BIN 004336 Rx PCN MCAIDADV Rx GRP RX8896

Exactus™ Pharmacy Solutions 1-888-246-6953
exactus@wellcare.com TTY 1-855-516-5636
 Fax 1-866-458-9245

Medication Appeals Fax 1-888-865-6531

Mail [medication appeals 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 orally by contacting Provider Services. Please note that all appeals filed orally also require a signed, written appeal.

PDL Inclusions

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

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

Coverage Determination Requests Fax 1-877-276-9630

Submit a [Coverage Determination Request Form](#) 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 limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Brand-name drugs when an equivalent 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:

www.wellcare.com/Wellcare/Nebraska/Providers/Medicaid/Pharmacy

- [Pharmacy Services Overview](#)
- [Preferred Drug List](#)
- [Authorization Lookup Tool](#)
- [Participating Pharmacies](#)
- [Pharmacy Services Forms](#)

Behavioral Health

Urgent Authorizations and Provider Services 1-855-599-3811 Outpatient Authorization Request Submissions Fax 1-855-279-3683
 Crisis Line 1-800-378-8013 Inpatient Hospitalization Clinical Submissions Fax 1-877-849-5071

- Emergency behavioral services do not require authorization. **Inpatient admission notification is required on the next business day following admission.**
- Inpatient concurrent review and psychological testing are done telephonically or via fax. All other levels of care requiring authorization, including outpatient services, can be submitted online.

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eviCore

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](#), [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 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**

Contracted Networks

Vision – Avesis **1-844-232-3122**

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 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 services provided in a tribal facility, federally qualified health center, or rural health clinic. Primary care providers (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.

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)*. **A written or faxed script to the specialist is required.** 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. Specialists may not refer members directly to other specialists.

WELLCARE S PRIOR AUTHORIZATION (PA) LIST:

Urgent Authorization Requests and Admission Notifications 1 855 599 3811 and follow the prompts.

- Notify the plan of unplanned inpatient hospital admissions within the next business day of admission (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.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets WellCare’s determination criteria at the time of the request. WellCare 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.

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

***Place of Service Codes**

05 – Indian Health Service (Free-standing Facility)	21 – Inpatient Hospital	53 – Community Mental Health Center
06 – Indian Health Service (Provider-based Facility)	22 – Outpatient Hospital	55 – Residential Substance Abuse Treatment Facility
07 – Tribal 638 (Free-standing Facility)	23 – Emergency Room	56 – Psychiatric Residential Treatment Center
08 – Tribal 638 (Provider-based Facility)	24 – Ambulatory Surgery Center	57 – Non-Residential Substance Abuse Treatment Facility
11 – Office	31 – Skilled Nursing Facility	61 – Comprehensive Inpatient Rehabilitation Facility
12 – Home	32 – Nursing Facility	62 – Comprehensive Outpatient Rehabilitation Facility
20 – Urgent Care Facility	33 – Custodial Care Facility	65 – End Stage Renal Disease Treatment Facility
	49 – Independent Clinic	71 – Public Health Clinic
	50 – Federally Qualified Health Center	72 – Rural Health Clinic
	51 – Inpatient Psychiatric Facility	81 – Independent Laboratory
	52 – Psychiatric Facility – Partial Hospitalization	

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PROCEDURES and SERVICES 📄 = New or changed requirement ⓘ = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
DME Services: Fax: 1-877-431-8859			
Inpatient Discharge Planning Requests 1-855-591-7136			
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 at OR below \$500 per line item do NOT require authorization
Home Health Services: Fax: 1-866-886-4321			
Inpatient Discharge Planning Requests 1-855-591-7136			
Home and Community Based Services	X		
Home Health Care Services (12)*	X		Includes skilled therapy services in a home setting
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
Inpatient Services Fax: 1-877-431-8860			
Inpatient Discharge Planning Requests 1-855-591-7136			
Elective Inpatient Procedures	X		Clinical updates required for continued length of stay.
Electroconvulsive Therapy (ECT)	X		
Emergency Behavioral Health Services		X	
Emergent Care Services (23)*		X	
Emergency Transportation 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.
Observations (22)*		X	**Preplanned procedures will be subject to authorization requirements for outpatient hospital settings. Please refer to the Authorization Lookup Tool Clinical updates required for continued length of stay.
Rehabilitation Facility Admissions	X		Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	X		Clinical updates required for continued length of stay.
Outpatient Services: Fax: 1-855-292-0240			
Inpatient Discharge Planning Requests 1-855-591-7136			
Abortions	X		
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 (nonemergent)	X		

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Ambulatory Surgery Center Services (24)*	Please refer to the Authorization Lookup Tool		
Behavioral Health Outpatient Services	See Comments	See Comments	Some behavioral health outpatient services require prior authorization. Please refer to the Authorization Lookup Tool
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
Cosmetic Procedures (ALL)*	X		
Cytogenetic, Reproductive and Molecular Diagnostic Laboratory Testing (ALL)* <i>Note: Some tests are handled by eviCore. Please refer to Lab Management section below as well.</i>	Please refer to the Authorization Lookup Tool		Refer to Clinical Coverage Guidelines
Dialysis and End Stage Renal Disease Services		X	
Domiciliary, Rest Home & Custodial Services (32 & 33)*	X		
Electroconvulsive Therapy (ECT)	X		
Hospice Care Services		X	
Intensive Outpatient Program (IOP)	X		
Investigational & Experimental Procedures and Treatment	X		Refer to Clinical Coverage Guidelines
Laboratory (Routine) Testing (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 WellCare Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide
Office Visits and Treatment (11)*	Please refer to the Authorization Lookup Tool		Authorization Lookup Tool
Outpatient Hospital Procedures and Services (22)*	Please refer to the Authorization Lookup Tool		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	

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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
Psychological Testing	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
Radiology Anesthesia		X	
Radiology (Routine) Services (11, 22 & 24)*		X	Includes diagnostic (non OB) ultrasounds and mammograms
Respiratory Therapy Services		X	
Sleep Diagnostics	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Tribal facility services		X	
Urgent Care Services (20)*		X	
Prenatal Notifications 1-877-647-7475			
Obstetric Global Services		X	Prenatal Notification Form
Speech Therapy Services Fax: 1-877-709-1698 Inpatient Discharge Planning Requests 1-855-591-7136			
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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