

GEORGIA MEDICAID BEHAVIORAL HEALTH QUICK REFERENCE GUIDE 2013

September

Programs Include: Georgia Families & PeachCare for Kids

Web address: <http://georgia.wellcare.com/provider/resources>

Provider Services 1-866-231-1821 Eligibility verification, Provider Complaints, Translation Transportation Services and Utilization Mgmt.	Nurse Advice Line 1-800-919-8807 Members may call this number to speak with a nurse 24 hours a day, 7 days a week.																
TTY/TDD Services 1-877-247-6272	Risk Management WellCare Fraud, Waste and Abuse Hotline 1-866-678-8355 Georgia Medicaid Program Integrity 1-800-533-0686																
Case and Disease Management Referrals 1-866-635-7045																	
Provider "How-To" Guide	Provider Resource Guide																
Provider Services 1-866-231-1821 Questions related to claim submissions For EDI questions and assistance, please contact our EDI team who will help identify, test and correct any issues. EDI-Master@wellcare.com <table border="0"> <tr> <td>Preferred EDI Partner</td> <td>EDI Payor ID</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163</td> </tr> <tr> <td>1-877-411-7271</td> <td></td> </tr> </table> Encounter Data Submissions 59354 WellCare follows the Centers for Medicare and 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 at http://georgia.wellcare.com/provider/claimsupdates . Mail paper claim submissions to: WellCare Health Plans, Inc. Claims Department PO Box 31224 Tampa, FL 33631-3224	Preferred EDI Partner	EDI Payor ID	RelayHealth (McKesson)	14163	1-877-411-7271		The Claim Payment Dispute process is designed to address claims when there is disagreement regarding reimbursement. 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 written claim payment dispute and documentation to: <table border="0"> <tr> <td>WellCare Health Plans, Inc.</td> <td>Fax</td> </tr> <tr> <td>1-877-277-1808</td> <td></td> </tr> <tr> <td>Attn: Georgia Claim Payment Disputes</td> <td></td> </tr> <tr> <td>PO Box 31370</td> <td></td> </tr> <tr> <td>Tampa, FL 33631-3370</td> <td></td> </tr> </table>	WellCare Health Plans, Inc.	Fax	1-877-277-1808		Attn: Georgia Claim Payment Disputes		PO Box 31370		Tampa, FL 33631-3370	
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Tampa, FL 33631-3370																	
	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 days of the date of denial on the EOP.																

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NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc., 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. The GA MMIS portal is the official source to verify member eligibility. (Effective January 1, 2013)

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Mail or fax all disputes related to payment policy issues to:

WellCare Health Plans, Inc. **Fax**
1-877-277-1808
 Payment Policy Disputes Department
 PO Box 31426
 Tampa, FL 33631-3426

Providers may seek an appeal through the Appeals department within 30 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification.

Mail or appeals to:

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

Member grievances may be filed verbally 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
 PO Box 31384
 Tampa, FL 33631-3384
[Non-Medicare Member Appointment of Representative Statement](#)

Pharmacy Services

1-866-269-5251

Including after-hours and weekends (Catamaran)

	Rx BIN	Rx PCN	Rx GRP
Georgia Medicaid	60328	0141000	726257
	6	0	
Georgia Family Planning	60328	0141000	736257
	6	0	

Exactus Pharmacy Solutions **1-866-458-9246**
exactus@wellcare.com **TTY 1-866-507-6135**
Fax

1-866-458-9245

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

Coverage Determination Requests

Fax 1-866-455-6558

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
- Drugs that have an age edit (AL)
- Brand name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line

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Web address: <http://georgia.wellcare.com/provider/resources>

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

WellCare Health Plan, Inc.
Attn: Pharmacy Appeals Department
PO Box 31398
Tampa, FL 33631-3398

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

PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, providers may write WellCare explaining the medical justification.

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

therapy is inappropriate

Web-based information:

<http://georgia.wellcare.com/provider/pharmacyservices>

- Pharmacy services overview
- WellCare of Georgia Preferred Drug List (PDL)
- Participating Pharmacies
- Pharmacy services forms

[Enteral Nutrition Supplement Form](#)

[Injectable Infusion Form](#)

Non-Emergency Transportation (NET)

Non-Emergency transportation is a benefit offered by Georgia Department of Community Health. Please click on the link above for information about the program including contact information for the transportation vendors.

PRIOR

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AUTHORIZATION LIST Georgia Medicaid Behavioral Health was integrated with WellCare of Georgia on January 1, 2013. 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 non-participating providers and facilities require authorization. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered. The searchable Authorization Look-up Tool is available on our website at: http://www.georgia.wellcare.com/auth_lookup .		
PROCEDURES and SERVICES □ = New or changed requirement = Clarification of current requirement	Authorization Required	No Authorization Required
INPATIENT SERVICES		
Acute Behavioral Health	X	
Alcohol and Substance Abuse admissions	X	
Elective Inpatient admissions	X	
Electroconvulsive Therapy (ECT)	X	
Emergency Behavioral Health or Medical Services		X
Emergency Transportation		X
Observation		X
Residential Treatment	X	
OUTPATIENT SERVICES		
Assertive Community Treatment (ACT)	X	
Biofeedback Training	X	
Electroconvulsive Therapy (ECT)	X	
Intensive Outpatient Program (IOP)	X	
Partial Hospitalization Program (PHP)	X	
Pharmacological Management		X
Psychotherapy (Outpatient) □	X	
Community mental health services 	X	
Psychological Testing	X	

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