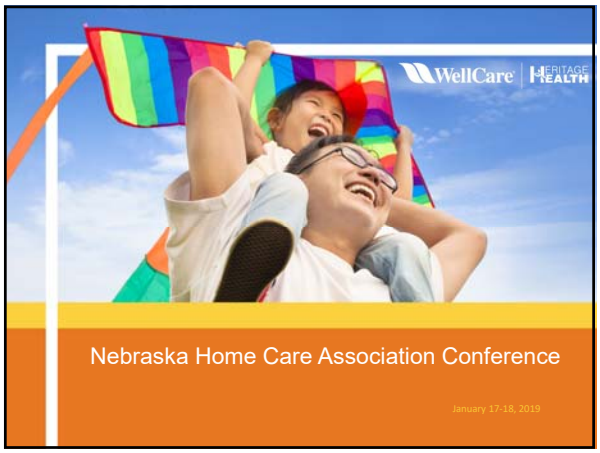


1

Prior Authorization

- Required for elective or non-emergency services
- Medical supplies and equipment
  - For **rented** and **purchased** medical supplies and equipment, only those costing more than $750 need approval
- Some medical tests done by your PCP or provider
- Cardiac programs
- Home health care
- Therapies (physical, occupational, speech)
- Inpatient, surgical procedures, certain behavioral health outpatient services, and residential behavioral health services.

2

2

How to Determine Authorization Requirements

- Refer to the Quick Reference Guide
  - www.wellcare.com/Nebraska/Providers/Medicaid
- Refer to Authorization Lookup Tool
  - https://www.wellcare.com/Nebraska/Providers/Authorization-Lookup

3

3

Home Health Codes

- *All codes listed on the Nebraska Medicaid Home Health Fee Schedule require a prior*
- G codes
  - 1 Unit = 15 minutes
  - Reimbursed per diem
- S codes
  - 1 Unit = 1 hour
  - Reimbursed per hour

4

4

NE Medicaid Home Health Billing Instructions

46. Units of Service **Required**

Units of service must be reported as defined in the procedure code description. Units must be whole numbers. No decimals or fractions permitted, nor can they be added together for a full 15 minute unit.

Procedure codes G0151 – G0156 are paid as per diem rates and only one claim line can be billed per day. Report the number of 15-minute units actually provided using the following table as an example:

Units	Time	Units	Time
1	1 – 15 minutes	5	61 – 75 minutes
2	16 – 30 minutes	6	76 – 90 minutes
3	31 – 45 minutes	7	91 – 105 minutes
4	46 – 60 minutes	8	106 – 120 minutes, etc

5

5

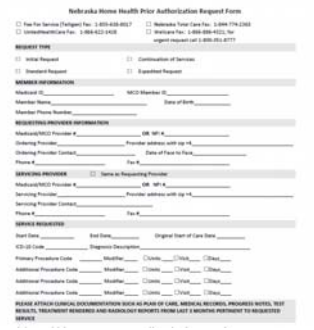
Links to Authorization Forms

- https://www.wellcare.com/Nebraska/Providers/Medicaid/Forms

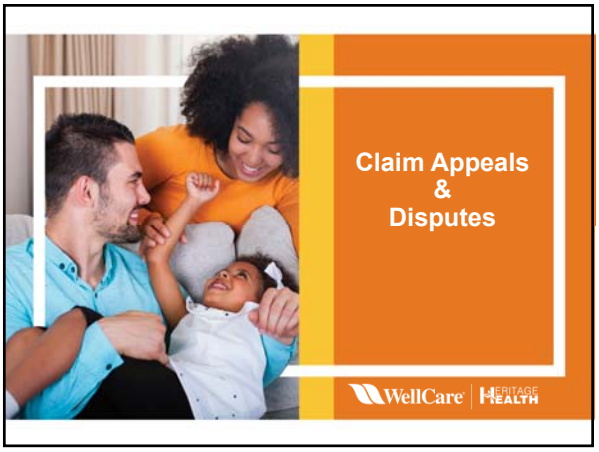
6

6

HH Prior Auth Request Form



7



8

Claim 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 days of the date on the EOP.
- **Please contact customer service at 855-599-3811 if you have claims related questions**
- 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
Fax 1-877-277-1808

If you dispute your claim and the denial is upheld and you still don't agree, please reach out to your Provider Relations Representative.

9

9

Claims Payment Policy Disputes

- 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 90 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.
Claims Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426
Fax 1-877-277-1808

10

10

Appeals (Medical)

- A member, member representative, or a Provider on behalf of a member with the member's written consent, may file an appeal through the "Member Appeals" process within 60 calendar days of the date of the adverse benefit determination.
  - Appointment of Representative form must be signed by member
- Providers who are not appealing on behalf of a member, but are seeking to appeal a denied claim, may appeal through the Appeals Department within 90 calendar days of the EOP related to the claims denial.
- Examples of requests that will be reviewed through the appeals process are ***initial requests denied 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
  - Mail or fax medical appeals with supporting documentation to:

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

11

11

What Does PR Need to Facilitate a Review of Your Claims?

- Provider NPI
- Member ID
- Date of Service
- Wellcare Claim Number
- Amount Billed
- Tax ID
- Description of Issue

12

12

Resources

https://www.wellcare.com/Nebraska/Providers/Medicaid

- Links to downloadable forms
- Resource guides related to claims, authorizations, EFT and how to contact us
- Provider Manuals
- Clinical Practice and Clinical Coverage Guidelines
- Provider & Pharmacy lookup
- Quick Reference Guides that provide contact information for specific departments and authorization information.

13

13

Provider Relations Contact List

Eric Dragseth, Provider Relations Representative
Eric.Dragseth@wellcare.com Ph: 402.384.3040

Michelle Hartman, Behavioral Health Provider Relations Rep/Tribal Liaison
Michelle.Hartman@wellcare.com Ph: 813.539.0103

Kami Hudson, Sr. Provider Relations Representative
Kami.Hudson@wellcare.com Ph: 308.227.8301

Angi Tran, Provider Relations Representative
Angela.Tran@wellcare.com Ph: 402.384.3077

Jessica Wykert, Network Management Specialist
Jessica.Wykert@wellcare.com Ph: 402.350.4230

14

14

15