

PROVIDER Update

wellcare

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Avoid Payment Delays With Correct Claims Coding

New coding edits align with CMS and AMA guidelines

Effective as of December 2, 2022, Wellcare will apply new coding edits that cover the following areas:

- Bundled facility
- Drugs and biological
- Durable medical equipment
- Evaluation and management
- Frequency
- Incision and drainage
- Laboratory-pathology
- Modifiers
- Podiatry
- Vitamin D testing

The following chart summarizes related medical policies and provides a brief description.

Medical policy	Description
Durable medical equipment and supplies policy	Deny or limit certain equipment or procedures without required modifier.
Drug and biological policy (M-Z)	Deny or limit certain diagnosis codes or units per day.
Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCD) policy	Deny certain procedure if billed without a required modifier.
Modifier policy	Deny certain procedure if billed without a required modifier on the same day.

THIS UPDATE APPLIES TO MEDICARE PROVIDERS:

- Physicians
- Independent Practice Associations
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

866-999-3945

PROVIDER PORTAL

provider.wellcare.com/california

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- The Provider Manual
- Provider newsletters
- COVID-19, D-SNP and monkeypox (MPX) resources
- Provider bulletins
- Forms
- And more!

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Medical policy, con't.	Description, con't.
Podiatry	Deny certain procedure if billed more than once or without required modifier.
Laboratory-pathology policy	Deny certain procedures or test billed without required modifier or TIN.
Evaluation and management services policy	Deny service billed on the same date or more than one per day.
Incision and drainage (I & D)	Deny certain procedures when billed without a required diagnosis and the provider specialty is podiatry.
CMS coverage policies	Deny procedure without required DX or Family HX not on claim.
Frequency policy	Deny S5161 when billed by any provider more than once a month.
Bundled facility payment policy	Deny ambulance services when the date of service falls on the same date of service as subsequent inpatient care, and there is no hospital care reported.
Vitamin D testing	Deny 82306 (Vitamin D; 25 hydroxy) when billed without a requisite diagnosis code.

Additional information

If you have questions regarding the information contained in this update, contact 866-999-3945.