Important Telephone Numbers

Provider Services  1-855-538-0454
Eligibility verification, Claims, Utilization Mgmt.,
Provider Complaints and Language Line

Nurse Advice Line  1-800-581-9952
Members may call this number to speak to a nurse
24 hours a day, 7 days a week.

TTY  1-877-247-6272

Risk Management  1-866-678-8355
WellCare’s Fraud, Waste and Abuse Hotline

Care Management Referrals  1-866-635-7045

Disease Management Referrals  1-877-393-3090

Claim Submissions

Provider Services  1-855-538-0454
Questions related to claim submissions
For inquiries related to your electronic submissions to WellCare, please contact
our EDI Team at EDI-Master@wellcare.com.

Preferred EDI Partner  EDI Payer ID
RelayHealth (McKesson)  14163  1-877-411-7271

Encounter Data Submissions  59354
WellCare follows the Centers for Medicare & 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:
www.wellcare.com/provider/claimsupdates

Mail paper claim submissions to:
WellCare Health Plans, Inc.
Att: Claims Department
PO Box 31372
Tampa, FL 33631-3372

The Claim Payment Dispute process is designed to address claims when there
is disagreement regarding reimbursement. Claim payment disputes must be
submitted in writing to WellCare within 90 calendar 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
Att: Claim Payment Disputes
PO Box 31370
Tampa, FL 33631-3370

Appellate (Medical)

For pre-service appeals, providers may file an appeal on the member’s behalf with the member’s consent within 60 calendar days of the notice of the organization
determination regarding the service. A signed appointment of representative may be required. Providers may also seek an appeal of a claim denial on their own
behalf through the Appeals Department within 90 calendar days of the date of the notice of the organization determination regarding the claim.

Mail or fax all medical benefit appeals with supporting documentation to:
WellCare Health Plans, Inc.  Fax 1-866-201-0657
Att: Appeals Department
PO Box 31368
Tampa, FL 33631-3368

Appointment of Representative Form

Grievances

Member grievances may be filed verbally by contacting Customer Service or submitted in writing via mail or fax. Providers may also file a grievance on behalf of the member with the member’s written consent. Grievances must be filed within 60 calendar days of the event giving rise to the complaint.

Mail or fax member grievances to:
WellCare Health Plans, Inc.  Fax 1-866-388-1769
Att: Grievance Department
PO Box 31384
Tampa, FL 33631-3384

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Pharmacy Services

**Pharmacy Services**

<table>
<thead>
<tr>
<th>Rx BIN</th>
<th>Rx PCN</th>
<th>Rx GRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>603286</td>
<td>MEDD</td>
<td>788257</td>
</tr>
</tbody>
</table>

**Exactus Pharmacy Solutions (Specialty)**

TTY: 1-855-516-5636
Fax: 1-866-458-9245

**CVS Caremark™ Mail Service**

Fax: 1-866-808-7471

Medication Appeals

Fax: 1-866-388-1766

Mail or fax **Request for Redetermination (medication appeal) form** with supporting documentation to:

WellCare Health Plans, Inc.
Attn: Pharmacy Appeals Department
PO Box 31383
Tampa, FL 33631-3383

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

**Formulary Inclusions**

To request consideration for inclusion of a drug to WellCare’s formulary, providers may submit a medical justification to WellCare in writing.

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

Coverage Determination Requests

Mail or fax a **Coverage Determination Request Form** with supporting documentation to:

Fax: 1-866-388-1767
Online: [Coverage Determination Request Form](#)
Mail: WellCare Health Plans
Attn: Pharmacy-Coverage Determinations
P.O. Box 31397
Tampa, FL 33631-3397

Submit a Coverage Determination Request Form for:

- 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

**Web-based information:** [www.wellcare.com/provider/pharmacyservices](http://www.wellcare.com/provider/pharmacyservices)

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**Behavioral Health Services**

**Urgent authorizations and Provider Services**

Fax: 1-866-896-2152

Web submissions may be submitted via the [CareCore Provider Web Portal](#). A searchable **Authorization Lookup and Eligibility Tool** is also available online.

- Emergency behavioral health services do not require authorization. **Inpatient admission notification is required on the next business day following admission.**
- Inpatient Concurrent Review is done by telephone or fax. Psychological testing requests are to be submitted via fax. All other levels of care requiring authorization, including outpatient services, can be submitted online.

**CareCore National Programs**

**CareCore National** is our in-network vendor for the following programs: Advanced Radiology, Cardiology, Lab Management, Pain Management, Physical and Occupational Therapy, Radiation Therapy Management and Sleep Diagnostics.

Contact CareCore for all **authorization**-related submissions for the services listed above rendered in Outpatient Places of Service. Please click on the hyperlinks above for a listing of the specific services and related criteria included in the CareCore programs.

**Urgent authorizations and Provider Services**

Fax: 1-866-896-2152

Web submissions may be submitted via the [CareCore Provider Web Portal](#). A searchable **Authorization Lookup and Eligibility Tool** is also available online.

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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 will be denoted with a symbol for easy identification. Requirements that have been edited for clarification only will be denoted with an symbol.

WellCare supports the concept of the Primary Care Physician (PCP) as the “medical home” for its members. PCPs may refer members to network specialists when consultations will be rendered in an office, clinic or free-standing facility (11, 50, 71 & 72). 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.

All services rendered by non-participating providers and facilities require authorization including requests to utilize the member’s Point-of-Service benefits. Specialists must coordinate all services with the member’s PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

WELLCARE’S PRIOR AUTHORIZATION (PA) LIST:

Authorization Requests and Admission Notifications: Call 1-855-538-0454 and follow the prompts.

- Notify us of all Inpatient Hospital admissions by the next business day (except for normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information. Outpatient authorizations for urgent and time-sensitive services may be submitted by phone when warranted by the member’s condition. Please include CPT and ICD-9 codes with your authorization request. Standard authorization requests may be submitted online or via fax using the numbers listed below.

Place-of-Service codes (POS) are specified for some services.

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>No Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 – Office</td>
<td>31 – Skilled Nursing Facility</td>
<td>65 – End Stage Renal Disease Treatment Facility</td>
<td></td>
</tr>
<tr>
<td>12 – Home</td>
<td>32 – Nursing Facility</td>
<td>71 – Public Health Clinic</td>
<td></td>
</tr>
<tr>
<td>20 – Urgent Care Facility</td>
<td>33 – Custodial Care Facility</td>
<td>72 – Rural Health Clinic</td>
<td></td>
</tr>
<tr>
<td>21 – Inpatient Hospital</td>
<td>49 – Independent Clinic</td>
<td>81 – Independent Laboratory</td>
<td></td>
</tr>
<tr>
<td>22 – Outpatient Hospital</td>
<td>50 – Federally Qualified Health Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 – Emergency Room</td>
<td>61 – Comprehensive Inpatient Rehabilitation Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 – Ambulatory Surgery Center</td>
<td>62 – Comprehensive Outpatient Rehabilitation Facility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Durable Medical Equipment (DME) Fax 1-877-431-8859

- 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 reimbursed at OR below $500 per line item do NOT require authorization.

Home Health Services Fax 1-866-886-4321

- Home Health Care Services (12)* X

Inpatient Services Fax 1-888-365-5706

- Elective Inpatient Procedures (21)* X Clinical updates required for continued length of stay.

- Electroconvulsive Therapy (ECT) X

- Emergency Behavioral Health Services

- Emergent Care Services (23)* X

- Emergency Transportation Services

- 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.

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<th>No Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observations (22)*</td>
<td>See Comments</td>
<td>See Comments</td>
<td>Observation services will not require authorization; however preplanned procedures will be subject to outpatient authorization requirements. Authorization Lookup Tool</td>
</tr>
<tr>
<td>Rehabilitation Facility Admissions</td>
<td>X</td>
<td></td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Skilled Nursing Facility Admissions</td>
<td>X</td>
<td></td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Fax 1-888-361-5684</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET &amp; SPECT Scans</td>
<td>X</td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal, Phone Number 1-888-333-8641 Advanced Radiology Program Criteria</td>
</tr>
<tr>
<td>Air or Land Ambulance Transportation (non-emergent)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgery Center Services (24)*</td>
<td>Please see Authorization Lookup Tool</td>
<td></td>
<td>Authorization Lookup Tool</td>
</tr>
</tbody>
</table>
| Behavioral Health Outpatient Services                                                  | See Comments           | See Comments              | • Some behavioral health outpatient services require prior authorization. Please refer to the Prior Authorization Grid
• Some services may require annual registration. Please refer to the BH Initial Service Request Form |
| Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests | X                      |                           | Contact CareCore National for authorization: CareCore Provider Web Portal, Phone Number 1-888-333-8641 Cardiology Program Criteria |
| Cosmetic Procedures (ALL)*                                                             | X                      |                           | Authorization Lookup Tool                                                 |
| Cytogenetic, Reproductive and Molecular Diagnostic Laboratory Testing (ALL)* Note: Some tests are handled by CareCore. Please refer to Lab Management section below as well | Please see Authorization Lookup Tool |                           | Refer to Clinical Coverage Guidelines                                      |
| Dialysis                                                                               | X                      |                           |                                                                          |
| Domiciliary, Rest Home & Custodial Services (32 & 33)*                                  | X                      |                           |                                                                          |
| Electroconvulsive Therapy (ECT)                                                        | X                      |                           |                                                                          |
| Hospice Care Services                                                                   | 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 CareCore National for authorization: CareCore Provider Web Portal, Phone Number 1-888-333-8641 Laboratory Management Program Criteria |
| Office Visits and Treatment (11)*                                                      | Please see Authorization Lookup Tool |                           | Authorization Lookup Tool                                                 |

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<th>No Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ophthalmology Procedures</strong></td>
<td>Authorization Lookup Tool</td>
<td></td>
<td>Authorization Lookup Tool</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Procedures (22)</strong></td>
<td>Authorization Lookup Tool</td>
<td></td>
<td>Authorization Lookup Tool</td>
</tr>
<tr>
<td><strong>Pain Management Treatment</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Partial Hospitalization Program (PHP)</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Pharmacological Management</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Physical and Occupational Therapy (including services rendered in POS 12)</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Psychological Testing</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Radiation Therapy Management</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Radiology Anesthesia</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>No authorization is required for CPT codes 01916–01933</td>
</tr>
<tr>
<td><strong>Radiology (Routine) Services (11, 22 &amp; 24)</strong></td>
<td><strong>X</strong></td>
<td>Includes diagnostic ultrasounds and mammograms</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory Therapy Services</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Sleep Diagnostics</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Urgent Care Services (20)</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Speech Therapy Services</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phone Number 1-888-333-8641</td>
</tr>
<tr>
<td><strong>Speech Therapy (11, 22 &amp; 62)</strong></td>
<td><strong>X</strong></td>
<td></td>
<td>Contact CareCore National for authorization: CareCore Provider Web Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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