

Office Location

North Haven
127 Washington Ave., 4th Floor
North Haven, CT
06473

Important Telephone Numbers

Provider Hotline		Marketing and Enrollment	(800) 925-3606
Medicaid TTY/TDD	(800) 925-3606 (877) 247-6272	Nurse HelpLine	(888) 810-4452
Behavioral Health <i>Connecticut Behavioral Health Partnership (CT BHP)</i>	(800) 541-3647	Members may call this number to speak with a health advisor, 24 hours a day, seven days a week.	

Pharmacy Services

Pharmacy Services	(877) 647-7473	Authorization Required <ul style="list-style-type: none"> • brand name requests when a generic exists • drug that has a step edit and the first line therapy is inappropriate • dosing that exceeds FDA daily or monthly quantity maximum • drugs not listed on the Preferred Drug List (PDL) • duplication of drug therapy • most self-injectable and infusion drugs • prescriptions that exceed \$1,000/prescription (some exceptions apply) and/or plan limitations • some PDL drugs which require a DER
Drug Evaluation Review (DER) Fax	(866) 388-1517	
Pharmacy After Hours/Weekends (WHI) Group Number 866257	(877) 647-7473	
Web-Based Information <ul style="list-style-type: none"> • Drug Evaluation Review (DER) forms • participating pharmacies • pharmacy services overview • pharmacy updates • Preferred Drug List (PDL) 	www.wellcare.com	

Claims

Claims Department	(800) 925-3606	EDI Questions and Assistance	(800) 960-2530 x4096
Paper Claims Address		EDI Payer ID	
<i>To ensure timely and accurate processing please mail paper claims to:</i>		Availity, SSI, & Emdeon (WebMD®)	14163
WellCare Health Plans, Inc.		ACS EDI	77004
P.O. Box 31372		Encounters	59354
Tampa, FL 33631-3372		EDI Contacts	
		ACS EDI Gateway, Inc.	(800) 987-6720
		Availity	(800) 282-4548
		Emdeon (WebMD®)	(800) 845-6592
		SSI Group	(800) 880-3032

Risk Management

Trust Program Hotline (report suspected fraud & abuse) (866) 678-8355

Member Appeals & Grievances

A provider may file a grievance or appeal on behalf of the member with the member's written consent.	
Mail or fax all member appeals with supporting documentation to: WellCare Health Plans, Inc. Fax: (866) 201-0657 Attn: Appeals and Grievances P.O. Box 31368 Tampa, FL 33631-3368	Appeals and Grievances may also be called into Customer Service. Please note that all appeals filed verbally also require a signed, written appeal. (800) 925-3606

Provider Complaints

A provider may file a written complaint in reference to a claim denial or any other administrative issue such as WellCare's policies and procedures or authorization/referral process. Submit your complaint in writing, within 90 calendar days of the event giving rise to the complaint, via mail or fax to:	
WellCare Health Plans, Inc. Attn: Provider Complaints P.O. Box 25576 Tampa, FL 33622-5576	Fax: (866) 388-1769

Contracted Networks

Dental		Husky A Transportation (Non-Emergent)*	
<i>BeneCare</i>	<i>until 10/31/2007</i>	<i>Logisticare</i>	(877) 831-3147
<i>Healthplex</i>	<i>effective 11/1/07</i>	*(Non-emergent transportation is not covered for HUSKY B)	
Vision			
<i>OptiCare</i>	(800) 286-2020		

Utilization Management (UM) Department - Authorizations

URGENT Authorization Requests and Admission Notifications

Call (800) 925-3606 and follow prompts.

- To notify the Plan of unplanned inpatient hospital admissions and observations within 24 hours of admission (except normal maternity delivery admission). A telephone authorization must be followed by a fax submission of clinical information -- by the next business day.
- You may also call to request outpatient authorizations for urgent and time sensitive services when warranted by the patient's condition. Please add CPT and ICD-9 codes with your authorization request.

AUTHORIZATION REQUIRED

STANDARD Authorization Requests

Fax your request to the numbers listed below. Note that Place of Service codes (POS) are specified for some services. Please include CPT and ICD-9 codes with your authorization request.

☞ **Out-of-network services** (ALL POS), fax to appropriate numbers below **except** emergency services and out-of-area renal dialysis

Ancillary Services – Fax: (877) 431- 8859

- occupational, physical and speech therapy (after initial evaluation)
- respiratory therapy services (POS 11 & 22)

Durable Medical Equipment – Fax: (877) 431-8859

- durable medical equipment, over \$150 (includes orthotics and prosthetics)
- hearing aids and devices

Inpatient Services – Fax: (877) 431-8860

- all inpatient hospital admissions and outpatient observations (POS 21 & 22)
- clinical updates for continued length-of-stay
- rehabilitation facility admissions (POS 61 & 62)
- skilled nursing facility admissions (POS 31 & 32)

Outpatient Services – Fax: (203) 239-0016

- all cosmetic procedures (All POS)
- ambulance transportation (non-emergent)
- cardiac and pulmonary rehabilitation programs
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- chiropractic services (after initial evaluation)
- dialysis (POS 65)
- home health care
- hospice services
- hyperbaric oxygen therapy
- nutritional counseling
- OB ultrasounds (greater than two per pregnancy)
- pain management treatment (POS 11, 22, 24)
- PET, SPECT, CAT, MRA & MRI (POS 11 & 22)
- podiatry services (after initial evaluation)
- specialty laboratory services – cytogenetic, reproductive, molecular
- weight management programs

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

- emergent transportation services
- urgent or emergent care services rendered in emergency rooms and urgent care centers (POS 20 & 23)

Primary Care

- PCP office visits and treatment including Early and Periodic Screening, Diagnostics and Treatment (EPSDT)
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11) (No Authorization Required CPT Code List posted on wellcare.com)

Specialists

- office visits and treatment with PCP referral (POS 11)
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11) (No Authorization Required CPT Code List posted on wellcare.com)

Obstetrics and Gynecology

- office visits and treatment (POS 11)
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11) (No Authorization Required CPT Code List posted on wellcare.com)
- two routine ultrasounds (POS 11 & 22)

Laboratory

- laboratory tests at POS 11, 22, 81
- routine lab tests consistent with CLIA certificates

Radiology

- radiology services in participating provider offices, hospitals, free-standing facilities or clinics (POS 11, 22, 24) **except MRIs, PET Scans, MRAs, CAT and SPECT**

Ultrasonography

- diagnostic ultrasounds (POS 11 & 22)

Other

- family planning services
- hearing evaluations

REFERRALS

Network PCPs may refer members to a network specialist or other network provider when services will be rendered at an office or clinic (POS 11, 50, 65, 71 & 72). **A written or faxed script to the specialist is required. The specialist must document receipt of a request for a consultation. No communication with the Plan is necessary.** The medical record must document the reason for the referral and the name of the specialist.

NOTIFICATION REQUIRED

Prenatal Notifications – Fax: (877) 647-7475

- submit notification of pregnancy within 30 days of first prenatal visit

Place of Service (POS): 11-Office, 20-Urgent Care Facility, 21-Inpatient Hosp, 22-Outpatient Hosp, 23-ER, 24-Amb Surg Center, 31-SNF, 32-Nursing Facility, 50-FQHC, 61-Inpatient Rehab, 62-Outpatient Rehab, 65-ESRD, 71-Public HC, 72-Rural HC, 81-Lab

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. WPCP-CMD-003 (revised May 10, 2007)