

Important Telephone Numbers

Customer Service HealthEase HealthEase Kids Staywell Staywell Kids TTY/TDD	(800) 278-0656 (800) 278-8178 (866) 334-7927 (866) 698-5437 (877) 247-6272	Personal Health Advisor Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week. Risk Management Trust Program (report suspected fraud & abuse) AHCA Provider/Subscriber Assistance Panel	(800) 919-8807 (866) 678-8355 (888) 419-3456
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Pharmacy Services

Pharmacy Services Coverage Determination Request Fax Pharmacy After Hours/Weekends (WHI) Group Numbers 806257 Staywell 816257 Staywell Kids 826257 HealthEase/ HealthEase Kids Web-Based Information <ul style="list-style-type: none"> pharmacy updates Preferred Drug List (PDL) Drug Evaluation Review (DER) forms participating pharmacies 	(877) 647-7473 (866) 825-2884 (877) 647-7473 www.wellcare.com	Authorization Required <ul style="list-style-type: none"> drugs not listed on the Preferred Drug List (PDL) some drugs on PDL require a Coverage Determination Request duplication of drug therapy dosing that exceeds the FDA daily or monthly quantity maximum most self-injectable and infusion drugs brand name requests when a generic exists drug that has a step edit and the first line therapy is inappropriate prescriptions that exceed \$1,000/prescription (some exceptions apply) and/or plan limitations
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Claims

Claims Department EDI Questions and Assistance EDI Partners <table border="1"> <thead> <tr> <th>EDI Partner</th> <th>EDI Payer ID</th> <th>Contact</th> </tr> </thead> <tbody> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004</td> <td>(800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163</td> <td>(800) 282-4548</td> </tr> <tr> <td>Emdeon (former WebMD®)</td> <td>14163</td> <td>(800) 845-6592</td> </tr> <tr> <td>SSI Group</td> <td>14163</td> <td>(800) 880-3032</td> </tr> <tr> <td>ZirMed</td> <td>14163</td> <td>(877) 494-7633</td> </tr> </tbody> </table> Encounter Data Submissions 59354 Mail medical paper claim submissions to: WellCare Health Plans, Inc. Claims Department, Florida Region P.O. Box 31372 Tampa, FL 33631-3372	EDI Partner	EDI Payer ID	Contact	ACS EDI Gateway, Inc.	77004	(800) 987-6720	Availity	14163	(800) 282-4548	Emdeon (former WebMD®)	14163	(800) 845-6592	SSI Group	14163	(800) 880-3032	ZirMed	14163	(877) 494-7633	Customer Service (800) 960-2530 x4096 Claims Appeals The Claims Appeal process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. Claim appeals must be submitted to WellCare, in writing, within 90 days of the date of denial on the EOB. To initiate this process, please mail written Claims Appeals and documentation to: WellCare Health Plans, Inc. Attn: FL Claim Appeals Claims Department, Florida Region P.O. Box 31372 Tampa, FL 33631-3372 Claim Appeals Fax (877) 297-3112 Providers may also fax written Claim Appeals and documentation to the number listed above, attention of FL Claim Appeals. Note: There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Provider Complaints section of this guide for instructions.
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Member Appeals

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals Department within 90 calendar days when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.	
Mail or fax all member appeals with supporting documentation to: WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657	Appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.

Provider Complaints & Grievances

Provider complaints related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within 45 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to:	WellCare Health Plans, Inc. Fax: (866) 388-1769 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384
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Contracted Networks

Behavioral Health - Harmony Behavioral Health Chiropractics - Chiro Alliance Corp. Dental - Atlantic Dental (ADI) Durable Medical Equipment (view county listing) ALL-MED (800) 369-1416 - Fax submissions (800) 722-4148 ATENDA (888) 914-2201 - Fax submissions (888) 914-2202 WellCare (800) 351-8777 Hearing Services - HearUSA (800) 333-3389	Home Health Care Services - ATENDA Urgent Requests (888) 914-2201 Standard Requests - Fax to: (888) 914-2202 Physical/Occupational/Speech Therapy American Therapy Administrators (POS11) (888) 550-8800 Vision* Premier Eye Care (PCPs call for authorizations) (800) 738-1889 Ophthalmology Advantica (Customer Service) (866) 468-0450 Optometry *Vision benefits may vary from county to county.
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This guide does NOT apply to the following: WellCare Choice Medicare members, medical groups/IPA delegated for utilization management (required to follow the specific medical group/IPA referral and authorization requirements) or services covered under a specific network arrangement.

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.

Utilization Management (UM) Department - Authorizations

Urgent Authorization Requests and Admission Notifications

Call (800) 351-8777 and follow the 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 Requests – Fax: (877) 431- 8859

- occupational, physical and speech therapy (POS 22)
- occupational, physical and speech therapy (POS 11) (see Contracted Networks on page 1)
- respiratory therapy services

Home Health Care and Durable Medical Equipment

- see Contracted Networks on page 1

Inpatient Authorizations – Fax: (877) 431-8860

- all inpatient hospital admissions and outpatient observations (POS 21 & 22)
- clinical updates for continued length-of-stay
- newborn deliveries by the next business day

Outpatient Authorizations – Fax: (800) 935-5752

- all procedures performed in an outpatient hospital or ambulatory surgery setting (POS 22 & 24), except CPT ranges 43200 – 43258, 44360 – 44397, 45300 - 45392
- ambulance transportation (non-emergent)
- cardiac and pulmonary rehabilitation programs
- chemotherapy (see Pharmacy Services on page 1 to call for authorization)
- cosmetic procedures (POS 11)
- court-ordered services
- diagnostic laboratory services (POS 22 & 24)
- dialysis
- domiciliary, rest home and custodial care admissions
- hospice care services
- investigational and experimental procedures and treatment
- laboratory tests - cytogenetic, reproductive, molecular
- nutritional counseling
- pain management treatment (POS 11, 22, 24)
- MRA, PET & SPECT (ALL POS)
- Radiology services (POS 22 & 24)
- rehabilitation facility admissions (POS 61 & 62)
- skilled nursing facility admissions (POS 31 & 32)
- sterilization procedures (POS 11, 22 & 24)

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 Health Check
- certain diagnostic tests and procedures considered by the plan to be routinely part of an office visit (POS 11)

Specialists

- 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)

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)

Laboratory

- laboratory tests consistent with CLIA guidelines (POS 11)
- laboratory tests by vendor (Quest - POS 81)

Radiology

- radiology services (POS 11) excluding MRA, PET & SPECT

Ultrasonography

- diagnostic ultrasounds (POS 11)
- OB ultrasounds (POS 11)

Other

- family planning services
- health department services (vaccines, sexually transmitted diseases, rabies) (POS 71)

Referrals

Network PCPs may refer members to a network specialist or other network provider when services will be rendered at an office, clinic or free-standing facility (POS 11, 50, 71 & 72). **A written or faxed script to the specialist is required. The specialist must document the 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. Specialists may not refer members directly to other specialists.

Place of Service Codes (POS)

11 - Office	50 - FQHC
20 - Urgent Care Facility	61 - Inpatient Rehab
21 - Inpatient Hospital	62 - Outpatient Rehab
22 - Outpatient Hospital	65 - ESRD
23 - Emergency Room	71 - Public Health Clinic
24 - Ambulatory Surgery Center	72 - Rural Health Clinic
31 - Skilled Nursing Facility	81 - Laboratory
32 - Nursing Facility	

Notification Required

Prenatal Notifications – Fax: (877) 647-7475

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