

Important Telephone Numbers			
Provider Services Eligibility Verification, Claims, Utilization Mgmt., Language Line and Provider Complaints	(888) 888-9355	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, seven days a week.	(800) 581-9952
TTY/TDD	(877) 247-6272	Risk Management WellCare Fraud, Waste and Abuse Hotline	(866) 678-8355
Case and Disease Management Referrals	(866) 635-7045		

[Provider "How-To" Guide](#)

[Provider Resource Guide](#)

Claim Submissions	Claim Payment Appeals
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Provider Services **(888) 888-9355**
 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 Payor ID	
RelayHealth (McKesson)	14163	(877) 411-7271

WellCare follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claims 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 at:
www.wellcare.com/provider/resources

Mail paper claim submissions to:

WellCare Health Plans, Inc.
 Claims Department
 PO Box 31372
 Tampa, FL 33631-3372

The Claim Payment Appeals Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment appeals must be submitted in writing to WellCare within ninety calendar days of the date on the EOP.

Mail or fax all claim payment appeals with supporting documentation to:

WellCare Health Plans, Inc. Attn: Claim Payment Appeals PO Box 31370 Tampa, FL 33631-3370	Fax (877) 277-1808
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Claim Payment Policy Appeals

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Appeals for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within ninety calendar days of the date of denial on the EOP.

Mail all appeals related to payment policy issues to:

WellCare Health Plans, Inc. Payment Policy Appeals Department PO Box 31426 Tampa, FL 33631-3426	Fax (877) 277-1808
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Appeals

For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representation may be required. Providers may also seek an appeal through the Appeals department within ninety calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.

Mail or fax all medical benefit appeals with supporting documentation to:

WellCare Health Plans, Inc. Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368	Fax (866) 201-0657
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[Appointment of Representative Form](#)

Grievances

Member grievances may be filed verbally by contacting Customer Service or submitted in writing via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent. Additionally, 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.

Mail or fax member grievances to:

WellCare Health Plans, Inc. Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384	Fax (866) 388-1769
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Pharmacy Services

Pharmacy Services
 Including after-hours/Weekends (WHI) (866) 653-0976
Specialty Pharmacy Services (866) 458-9246
Medication Appeals Fax (866) 388-1766

Mail all [medication appeals](#) with supporting documentation to:

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

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

PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, providers may write WellCare explaining the medical justification.

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

Coverage Determination Requests Fax (866) 388-1767

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:

- Pharmacy services overview
- Preferred Drug List (PDL)
- Participating pharmacies

[Injectable Infusion Request Form](#)

[Medical Injectables – No Authorization Required List](#)

[Specialty Pharmacy Physician Referral Form](#)

Behavioral Health

Magellan Behavioral Health (877) 712-5340

- Contact Magellan for all Mental Health and Substance Abuse services including Inpatient hospitalization and Outpatient counseling.
- Inpatient admission notification is required within 24 hours.
- Authorization is not required for the first outpatient visit. Prior approval is required for continued services.

For real-time authorization responses, submit your secure request online at www.MagellanHealth.com/provider (select "Request Outpatient Authorization"). Complete your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

CareCore National Services

[CareCore National](#) is our in-network Advanced Radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in places of service listed above.

Urgent Authorizations and Provider Services (888) 333-8641
 Authorization Request Submissions Fax (866) 896-2152

Web submissions may also be submitted via the CareCore Provider Web Portal or www.carecorenational.com.

[CareCore National Provider FAQs](#)

Contracted Networks

Durable Medical Equipment

[CareCentrix](#) (888) 999-2422
 Fax Submissions (800) 218-4219

[ALL-MED](#) (800) 369-1416
 Fax Submissions Fax (800) 722-4148

Please contact Provider Services to verify geographic coverage areas.

Home Health Care Services

[CareCentrix](#) (888) 999-2422
 Fax Submissions Fax (800) 218-4219

Physical/Occupational/Speech Therapy Services (POS 11 only)

[American Therapy Administrators](#) (888) 550-8800
 Fax Submissions Fax (800) 980-2380

Dental

[DentaQuest](#) (877) 468-5581

Vision (Ophthalmology)

[Premier Eye Care of Florida, Inc.](#) (800) 738-1889

*Vision benefits vary. Please contact Provider Services to verify coverage.

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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 are denoted by a **Pa** symbol for easy identification. There were no authorization changes on this document. Requirements that have been edited for *clarification only* are denoted with a **i** symbol.

All services rendered by non-participating providers and facilities require authorization. Primary Care Physicians (PCPs) are required to obtain authorizations for all out-of-network requests. Specialists must coordinate all services with the member's PCP. Requests for Point-of-Service (POS) benefits must be submitted and reviewed for authorization.

WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered in an office, clinic or free-standing facility (11, 50, 71 & 72)*. **A written or faxed script to the specialist is required.** The reason for the referral and the name of the specialist must be documented in the medical record. **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.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

Urgent Authorization Requests and Admission Notifications – Call (888) 888-9355 and follow the prompts.

- Notify the Plan of unplanned Inpatient hospital admissions and Observations within by the next business day after admission (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member's condition. Please add **CPT and ICD-9 codes** with your authorization request.

NOTE: *Place of service codes (POS)* are specified for some services.*

***Place of Service Codes**

11 – Office	23 – Emergency Room	50 – FQHC	72 – Rural Health Clinic
12 – Home	24 – Ambulatory Surgery Center	61 – Inpatient Rehab	81 – Laboratory
20 – Urgent Care Facility	31 – Skilled Nursing Facility	62 – Outpatient Rehab	
21 – Inpatient Hospital	32 – Nursing Facility	65 – ESRD	
22 – Outpatient Hospital	33 – Custodial Care Facility	71 – Public Health Clinic	

PROCEDURES and SERVICES

Pa = New or changed requirement
i = Clarification of current requirement

Auth Required

No Auth Required

Comments

DME Services

Durable Medical Equipment rentals and purchases	X		See Contracted Networks on page 2.
Orthotics and Prosthetics	X		See Contracted Networks on page 2.

Home Health Services

Home Health Care services (12)*	X		See Contracted Networks on page 2.
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Inpatient Services Fax (877) 431-8860

Emergency Behavioral Health services		X	
Emergency Room services (23)*		X	
Emergency Transportation services		X	
Inpatient Hospital Admissions (21)*	X		Clinical updates required for continued length of stay.
Long Term Acute Care Hospital (LTACH) admissions i	X		Clinical updates required for continued length of stay.
Newborn (normal) deliveries i		X	Notification is requested the next business day following the delivery.
NICU/Sick Baby admissions i	X		Notification is required the next business day following the admission. Clinical updates required for continued length of stay.
Observations (22)*	X		Clinical updates required for continued length of stay.
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.
Skilled nursing facility admissions (31 & 32)*	X		Clinical updates required for continued length of stay.

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FLORIDA MEDICARE QUICK REFERENCE GUIDE
January 2012



Web Address: www.wellcare.com/provider/resources

PROCEDURES and SERVICES		Auth Required	No Auth Required	Comments
+ = New or changed requirement Ⓜ = Clarification of current requirement				
Outpatient Services		Fax (877) 892-8216		
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT scans (11, 22 & 24)*	X			Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Ambulance transportation (non-emergent)	X			
Ambulatory surgery center procedures (24)*	X			No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397 and 45300 - 45392
Cardiac and pulmonary rehabilitation programs	X			Refer to Clinical Coverage Guidelines
Cosmetic procedures (ALL)* Ⓜ	X			
Court-ordered services	X			
Cytogenetic, reproductive and molecular diagnostic laboratory testing (ALL)	X			Refer to Clinical Coverage Guidelines
Diagnostic laboratory services (Routine) (11, 22, 24 & 81)			X	Testing must be consistent with CLIA guidelines.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*			X	
Domiciliary, rest home & custodial services (32 & 33)*	X			
Hearing services	X			
Hospice care services	X			
Investigational & experimental procedures and treatment	X			Experimental and Investigational Procedures and Devices Clinical Coverage Guideline
Outpatient hospital procedures (22)*	X			No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397 and 45300 - 45392
Pain Management treatment (11, 22 & 24)*	X			
PCP office visits and treatment			X	
Radiology Anesthesia			X	No Authorization is required for CPT codes 01916 - 01936
Radiology services (Routine) (22 & 24)*	X			
Rehabilitation facility services (62)*	X			
Respiratory therapy services	X			
Skilled Nursing Facility services (31 & 32)*	X			
Specialist office visits (11)*			X	
Urgent care services (20)*			X	
Skilled Therapy Services		Fax (877) 709-1698		
Occupational, Physical and Speech therapy services (11 & 22)*	X			See Contracted Networks on page two in order to determine where your authorization request should be sent.

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