

### Important Telephone Numbers

<b>Provider Services</b> Eligibility Verification, Claims, Utilization Mgmt	(866) 530-9489	<b>Personal Health Advisor</b> Members may call this number to speak to a health advisor, 24 hours a day, 7 days a week.	(800) 919-8807
<b>Member Services</b>	(866) 530-9489		
<b>TTY/TDD</b>	(877) 247-6272		
<b>Private Fee For Service (PFFS)</b>	(866) 235-2770	<b>Case and Disease Management Referrals</b>	(866) 635-7045

### Pharmacy

<b>Pharmacy Services</b> Including After Hours / Weekends (WHI)	(866) 653-0976	<b>Drug Evaluation Review (DER) Fax</b> Including Injectables and Infusions	(866) 388-1767
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### Claims

<b>EDI Questions and Assistance</b>	(800) 960-2530 x4096	<b>Claims Department</b>	(866) 530-9489
<b>EDI Partners</b>	<b>EDI Payer ID</b>	<b>Contact</b>	
ACS EDI Gateway, Inc.	77004	(800) 987-6720	
Availity	14163	(800) 282-4548	
Emdeon (former WebMD®)	14163	(800) 845-6592	
RelayHealth (McKesson)	14163	(800) 522-6562	
SSI Group	14163	(800) 880-3032	
ZirMed	14163	(877) 494-7633	
<b>Encounter Data Submissions</b>	59354		
<b>Electronic Funds Transfers &amp; Remittance Advice (EFT/ERA)</b>			
Customer Service	(866) 530-9489		
	<a href="http://www.payspanhealth.com">www.payspanhealth.com</a>		

Mail medical paper claim submissions to:

WellCare Health Plans, Inc.  
Claims Department  
P.O. Box 31224  
Tampa, FL 33631-3224

### Claim Reconsideration Requests

<b>Claim Reconsideration Requests</b>	(866) 530-9489	<b>Claim Reconsideration Fax</b>	(813) 262-2802
<p>This process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, non-covered codes, etc. Claim reconsideration requests 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:</p> <p>WellCare Health Plans, Inc. Attn: GA Claims Department P.O. Box 31224 Tampa, FL 33631-3224</p>		<p>Providers may also fax written Claim and documentation to the number listed above, attention of <b>GA Claim Reconsideration</b>.</p> <p>There is a separate and distinct process available for medical necessity/authorization related claim denials. Please reference the Administrative Review section on this guide for instructions.</p>	

### Administrative Review (Appeals)

<p>A provider may file an administrative review request or grievance on behalf of the member with the member's written consent. A provider may also seek an administrative review request 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.</p>			
<p>Mail or fax an administrative review request with supporting clinical documentation to:</p> <p>WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368</p>		<p>Grievances may be initiated in writing or by a call to the Customer Service department.</p> <p>WellCare Health Plans, Inc. (866) 530-9489 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax: (866) 388-1769</p>	

### Provider Complaints & Grievances

<b>Provider Complaints</b>
<p>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:</p> <p>WellCare Health Plans, Inc. Attn: Customer Service P.O. Box 31370 Tampa, FL 33631-3370 Fax (813) 262-2802</p>

### Risk Management

<b>Trust Program (Fraud &amp; Abuse Hotline)</b>	(866) 678-8355
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### Contracted Networks

<b>Behavioral Health</b> <i>Harmony Behavioral Health</i>	(877) 712-5340	<b>Laboratory</b> <i>LabCorp</i>	(888) 522-2677
		<i>Quest</i>	(800) 767-7525
<b>Dental</b> <i>Doral Dental</i>	(800) 516-9615	<b>Vision</b>	(866) 530-9489

**Preferred Provider Organization (PPO) Out-of-Network Requests**

Referrals & authorizations are not required when the member elects to use Out-of-Network benefits. Member co-insurance payments will likely be higher when using Out-of-Network providers and services.

Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)\* **DO NOT** require authorization.

**Utilization Management (UM) Department – PPO In-Network Authorizations**

**Urgent Authorization Requests and Admission Notifications – IN-NETWORK**

Call (866) 530-9489 and follow the prompts.

- To notify the Plan of unplanned inpatient hospital admissions and observations within the next business day (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 include CPT and ICD-9 codes with your authorization request.

**AUTHORIZATION REQUIRED – IN NETWORK**

**Standard Authorization Requests**

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

The physician is required to request authorization for all in-network requests.

- Urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)\* **DO NOT** require authorization.

**Ancillary – Fax: (877) 431-8859**

- occupational, physical and speech therapy (11 & 22)\*
- respiratory therapy services

**Home Health Care and Durable Medical Equipment – Fax: (877) 431-8859**

- home health care
- durable medical equipment purchases over \$200 (includes orthotics & prosthetics)
- durable medical equipment rentals

**Inpatient – Fax: (877) 431-8860**

- all inpatient hospital admissions and outpatient observations (21 & 22)\*
- clinical updates for continued length-of-stay
- behavioral health and alcohol or substance abuse (see Behavioral Health under Contracted Networks on page 1)
- rehabilitation facility admission (61)\*
- skilled nursing facility admission (31 & 32)\*

**Outpatient – Fax: (877) 892-8213**

- alcohol or substance abuse or Behavioral Health - see Contracted Networks on page 1
- all procedures performed in an outpatient hospital or ambulatory surgery setting (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 (ALL)\*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- dialysis (first visit)
- domiciliary, rest home and custodial care admissions (32,33)\*
- hearing services (see Contracted Networks on page 1)
- hospice care services
- investigational and experimental procedures and treatment
- pain management treatment (11, 22, 24)
- radiology - CAT, MRA, MRI, PET and SPECT (ALL)\*
- rehabilitation facility services (62)\*
- skilled nursing facility services (31 & 32)\*

**NO AUTHORIZATION REQUIRED – IN NETWORK**

**Emergency and Urgent Care**

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

**Primary Care**

- PCP office visits and treatment
- diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)\*

**Specialists**

- office visits and treatments (11)\*
- diagnostic tests and procedures considered by the Plan to be routinely part of an office visit (11)\*

**Laboratory**

- laboratory tests consistent with CLIA guidelines (11, 22, 24)\*
- laboratory tests by vendor (*Quest Diagnostics* - 81)\*

**Radiology**

- all radiology services (11, 22, 24)\* **except** CAT, MRA, MRI, PET and SPECT
- mammograms (ALL)\*

**Ultrasonography**

- diagnostic ultrasounds

**Referrals**

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 at an office, clinic or free-standing facility (11, 50, 71 & 72)\*. The specialist must document the receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

**\* Place of Service Codes**

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	
33 - Custodial Care Facility	