

<b>Important Telephone Numbers</b>	
<b>Provider Services</b> Eligibility verification, Claims, Utilization Mgmt. and Provider Complaints	<b>(866) 687-8815</b>
<b>TTY/TDD</b>	<b>(877) 247-6272</b>
<b>Case and Disease Management Referrals</b>	<b>(866) 635-7045</b>
<a href="#">Provider "How-To" Guide</a>	<a href="#">Provider Resource Guide</a>
<b>Claim Submissions</b>	
<b>Claims Department</b> Questions related to claim submissions  For inquiries related to your electronic submissions to WellCare, please contact our EDI team at <a href="mailto:EDI-Master@wellcare.com">EDI-Master@wellcare.com</a> .	<b>(866) 687-8815</b>
<b>Preferred EDI Partner</b> RelayHealth (McKesson)	<b>EDI Payor ID</b> 14163  <b>(877) 411-7271</b>
WellCare follows the Centers for Medicare and 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: <a href="http://www.wellcare.com/provider/resources">www.wellcare.com/provider/resources</a>	
<b>Mail paper claim submissions to:</b>  WellCare Health Plans, Inc. Claims Department PO Box 31224 Tampa, FL 33631-3224	
<b>Claim Payment Disputes</b>	
The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 90 days of the date on the EOP.	
Mail or fax all claim payment disputes with supporting documentation to:	
WellCare Health Plans, Inc. <b>Fax (877) 277-1808</b> Attn: Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3370	
<b>Claim Payment Policy Disputes</b>	
The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 90 days of the date of denial on the EOP.	
Mail all disputes related to payment policy issues to:	
WellCare Health Plans, Inc. Payment Policy Disputes Department PO Box 31426 Tampa, FL 33631-3426	
<b>Appeals (Medical)</b>	
For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representative may be required. Providers may also seek an appeal through the Appeals department within 90 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.	
Mail or fax medical appeals with supporting documentation to:	
WellCare Health Plans, Inc. <b>Fax (866) 201-0657</b> Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368	
<a href="#">Medicare Appointment of Representative Form</a>	
<b>Grievances</b>	
Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent.	
Mail or fax member grievances to:	
WellCare Health Plans, Inc. <b>Fax (866) 388-1769</b> Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384	

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### Pharmacy Services

**Pharmacy Services** (866) 653-0976  
Including after-hours and weekends (WHI)

**Specialty Pharmacy** (866) 458-9246  
[wsp@wellcare.com](mailto:wsp@wellcare.com) TTY (866) 507-6135

**Medication Appeals** Fax (866) 388-1766

Mail all [medication appeal forms](#) 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.

#### PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, 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** 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

[Coverage Determination Request Form](#)

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

[Mail Order Pharmacy Prescription Form](#)

[Specialty Pharmacy Physician Referral Form](#)

### Behavioral Health

[Magellan Behavioral Health](#) (866) 687-8815

- 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](http://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).

### Radiology Prior Authorization

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

### Contracted Networks

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

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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. The authorization changes are denoted by a **P** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an **ⓘ** symbol. There were no changes to the authorization requirements on this list.

**For in-network requests, the PCP or treating physician is required to request the authorization.** 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 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)\*. 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:**

- **Inpatient admission notifications:** Submit unplanned Inpatient hospital admission and observation notifications to the Plan by calling **(866) 687-8815**. Inpatient hospital admission and observation notification is requested by the next business day. Clinical information can be faxed to the Inpatient Services fax number listed below.
- **Urgent and time sensitive outpatient requests:** Requests for urgent and time sensitive outpatient services may be submitted via phone when warranted by the member's condition by calling: **(866) 687-8815**. Please include **CPT and ICD-9 codes** with your authorization request.
- **Standard authorizations requests:** Submit requests online or via fax using the numbers listed below.

**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	

**DME Services Fax (877) 431-8859**

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
<b>P</b> = New or changed requirement <b>ⓘ</b> = Clarification of current requirement			
Durable Medical Equipment purchases ⓘ	X		DME purchases billed for less than \$200 per line item do not require authorization.
Durable Medical Equipment rentals	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Orthotics and Prosthetics ⓘ	X		DME purchases billed for less than \$200 per line item do not require authorization.

**Home Health Services Fax (866) 886-4321**

Home Health care services	X		
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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.
Observations stays up to 48 hours (21 & 22)* ⓘ		X	Notification is required regardless of the 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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Outpatient Services		Fax (877) 851-2048	
PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
<b>Ⓜ</b> = New or changed requirement <b>ⓘ</b> = Clarification of current requirement			
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		Excludes facility-to-facility trips
Ambulatory surgery center procedures (24)*	X		No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397, 45300 – 45392
Cardiac and pulmonary rehabilitation programs	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Cosmetic procedures (ALL)*	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		<a href="#">Refer to Clinical Coverage Guidelines</a>
Dermatology procedures (POS 11 only) ⓘ	X		<b>Exceptions:</b> No Authorization is required for CPT code ranges: 1400 – 14061, 14350, 15100, 15120 – 15121, 15200, 15240 – 15261, 15576, 15630, 15731, 15740, 15760, 17000 – 17004, 17312, 17315, 21235, 41105
Diagnostic tests and procedures considered by the Plan to be part of a routine office visit (11)*		X	
Diagnostic ultrasounds (11)*		X	
Domiciliary, rest home & custodial services (32 & 33)*	X		
Hospice care services	X		
Investigational & experimental procedures and treatment	X		<a href="#">Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</a>
Mammograms (ALL)*		X	
Outpatient hospital surgical procedures (22)*	X		No Authorization is required for CPT code range: 43200 – 43258, 44360 – 44397, 45300 – 45392
Pain Management treatment (11, 22 & 24)*	X		
PCP office visits and treatment		X	
Radiology Anesthesia		X	Applicable CPT code range: 01916 - 01936
Rehabilitation facility services (62)*	X		
Respiratory therapy services	X		
Routine laboratory services (11 & Quest Diagnostics or LabCorp – 81)*		X	Laboratory tests must be consistent with CLIA guidelines
Routine radiology services (11 & 22)*		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		<a href="#">Refer to Clinical Coverage Guidelines</a>

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