

Important Telephone Numbers

Provider Services Eligibility Verification, Claims, Utilization Mgmt TTY/TDD	(866) 530-9490 (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.	(800) 919-8807
		Case and Disease Management Referrals	(866) 635-7045

Pharmacy

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

EDI Questions and Assistance	(800) 960-2530 x4096	Claims Department	(866) 530-9490
EDI Partners	EDI Payer ID	Contact	
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	
Encounter Data Submissions	59354		
Electronic Funds Transfers & Remittance Advice (EFT/ERA)			
Customer Service		(866) 530-9490	
	www.payspanhealth.com		

Mail medical paper claim submissions to:

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

Claim Appeals

Claim Appeals	(866) 530-9490	Claim Appeals Fax	(813) 262-2802
<p>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:</p> <p>WellCare Health Plans, Inc. Attn: OH Claim Appeals P.O. Box 31224 Tampa, FL 33631-3224</p>		<p>Providers may also fax written Claim Appeals and documentation to the number listed above, attention of OH Claim Appeals.</p> <p>There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Appeals section on this guide for instructions.</p>	

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.

<p>Mail or fax an appeal with supporting clinical documentation to:</p> <p>WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368</p> <p>Fax: (866) 201-0657</p>	<p>Grievances may be initiated in writing or by a call to the Customer Service department.</p> <p>WellCare Health Plans, Inc. (866) 530-9490 Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384</p> <p>Fax: (866) 388-1769</p>
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Provider Complaints & Grievances

<p>Provider Complaints</p> <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</p> <p>Fax (813) 262-2802</p>
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Risk Management

Trust Program (Fraud & Abuse Hotline)	(866) 678-8355
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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) 530-9490 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.

For in-network requests (see information listed below), the PCP or treating physician is required to request the authorization.

- 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)*

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) 431-8859

- all inpatient hospital admissions and outpatient observations > 24 hours (21 & 22)*
- clinical updates for continued length-of-stay
- behavioral health and alcohol or substance abuse
- rehabilitation facility admission (61)*
- skilled nursing facility admission (31 & 32)*

Outpatient – Fax: (877) 851-2048

- alcohol or substance abuse or Behavioral Health
- ambulance transportation (non-emergent **except** facility to facility trips)
- cardiac and pulmonary rehabilitation programs
- cosmetic procedures (ALL)*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- dialysis (first visit)
- domiciliary, rest home and custodial care admissions (32,33)*
- hospice care services
- investigational and experimental procedures and treatment
- pain management treatment (11, 22, 24)*
- PET and SPECT (ALL)*
- rehabilitation facility services (62)*
- skilled nursing facility services (31 & 32)*
- surgical procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)*, **except** CPT ranges 43200 – 43258, 44360 – 44397, 45300 - 45392

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)*
- laboratory tests by vendor (*Quest Diagnostics* - 81)*

Radiology

- all radiology services (11 & 22)* **except** 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	