

**Important Telephone Numbers**

Nurse Advice Line

1-800-919-8807

Enrollees may call this number to speak to a nurse 24 hours a day, 7 days a week.

Behavioral Health Crisis Hotline

1-855-661-6973

Enrollees may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Enrollee Services.

**Convenient Self-Service**

WellCare offers robust technology options to save you time. Below represents the fastest, most effective ways to get what you need.

[WellCare Provider Portal](#)

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements*	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorization Status*	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorizations Request*	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Benefit Information	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Claims Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Co-Payment	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Eligibility Verification	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Submit Appeals	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Appeals Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Submit Claim Disputes	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Submit Claims	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Submit Corrected Claims	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A

WellCare understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks.

The Provider Portal will help with those routine tasks.

Provider Portal Registration – [click here](#)

Provider Portal Training – [click here](#)

ⓘ \*Note: Includes Pharmacy Medical Requests supplied by Physician. For Pharmacy Benefit-related questions please see the below Pharmacy page.

Provider Services:

Interactive Voice Response System

Phone: 1-877-389-9457

TTY: 711

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**WellCare Telephone Numbers**

Care & Disease Management Referrals

Phone: 1-866-635-7045 TTY: 711  
 Fax: 1-866-287-3286 Hours: M-F 8 a.m.-7 p.m. Eastern

Community Connections Help Line

Phone: 1-866-775-2192

Risk Management

Fraud, Waste & Abuse Hotline 1-866-685-8664  
 Kentucky Medicaid Division of Program Integrity 1-800-372-2970

**Claim Submissions Information**

Submission Inquiries:

**Support from Provider Services** 1-877-389-9457

For inquiries related to your electronic submissions to WellCare of Kentucky, please contact our EDI team at [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process: [www.payspanhealth.com](http://www.payspanhealth.com) or call 1-877-331-7154. For more details on PaySpan®, please refer to your [Provider Manual](#).

Clearinghouse Connectivity Setup & Connection Support:

WellCare of Kentucky has partnered with Change Healthcare as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or, in some cases, your existing clearinghouse, billing service or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change Healthcare to establish free connectivity to WellCare for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at 1-877-411-7271. All Clearinghouses, Practice Management Vendors, or Billing Services may call Change Healthcare at 1-800-527-8133 for connectivity services.

**CHANGE HEALTHCARE CPIDs** – If your billing system is connected to Change Healthcare and requires a 4-digit Change Healthcare payer ID, please use the following according to the file type (Fee-For-Service or Encounters):

Claim Type	Fee for Service (CH – Chargeable) Submissions	Encounter (RP – Reporting only) Submissions
Professional	1844	3211
Institutional	8551	4949

**WELLCARE OF KENTUCKY PAYER ID** – If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-for-Service or Encounters):

- Fee-For-Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.
- Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication

Claim Type	Fee for Service (CH – Chargeable) Submissions	Encounter (RP – Reporting only) Submissions
Professional or Institutional	14163	59354

Free Direct Data Entry (DDE) and Small Batch File Solutions (use same WellCare Payer IDs defined above)

AdminisTEP offers a web browser for single submission direct data entry (DDE) or batch upload for professional and institutional submissions, claim status and reporting and inquiry functions at **no cost to you**. To sign up, go to <http://www.administep.com/Signup.aspx> or call 1-888-751-3271.

Connect Center™ for physicians offers a web browser for direct data entry (DDE) or batch upload capability at **no cost to you**. To sign up, go to <https://physician.connectcenter.changehealthcare.com>.

For registry questions, submitter/clients may contact Payer Connectivity Services at 1-877-411-7271. Direct questions regarding functionality of ConnectCenter to Change HealthCare at 1-800-527-8133, option 2.

- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.
- Only WellCare submissions are free of charge. Please ensure you use vendor code 212750 when you register.

Paper Submissions Guidelines:

WellCare of Kentucky follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claims submissions. Since Oct. 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 are at [www.wellcare.com/Kentucky/Providers/Medicaid/Claims](http://www.wellcare.com/Kentucky/Providers/Medicaid/Claims)

Mail paper claim submissions to:

WellCare of Kentucky  
 Attn: Claims Department  
 P.O. Box 31224  
 Tampa, FL 33631-3224

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**Claim Payment Appeals**

The claim payment appeals process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes and non-covered codes, etc. Claim payment appeals must be submitted in writing to WellCare within **24 months** of the date on the EOP. All supporting documentation must be submitted along with the claim payment appeal request.

Submit all claims payment appeals with supporting documentation at <https://provider.wellcare.com/>

Mail all claim payment appeals with supporting documentation to:

WellCare of Kentucky  
 Attn: Claim Payment Appeals  
 P.O. Box 31370  
 Tampa, FL 33631-3370

*Note: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16 and KYREC. However, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals P.O. Box with all substantiating information like a summary of the appeal, relevant medical records and enrollee-specific information.*

**Recovery/Cost Containment Unit (CCU)**

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

WellCare – Comprehensive Health Management  
 Attn: Recovery/Cost Containment Unit (CCU)  
 PO Box 947945  
 Atlanta, GA 30394-7945

If you do not agree with this proposed WellCare overpayment notification related to adjustments RVXX (Except RV059, which should refer to the **Claim Payment Disputes** section above), you may request an Administrative Review by submitting your request in writing within **60 days** of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position.

Mail or fax your Administrative Review request to:

WellCare Health Plans  
 Attn: CCU Recovery  
 P.O. Box 31658  
 Tampa, FL 33631-3658  
 Fax: 1-813-283-3284

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within **30 days** of the date of WellCare’s receipt of your request. If you do not object or render payment within such time period, we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and WellCare.

**Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228 or RV213** must be submitted in writing and include at a minimum: a summary of the review request, the enrollee’s name, enrollee’s identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.

Mail or fax your dispute to:

Cotiviti Healthcare  
 Attn: WellCare Clinical Chart Validation  
 Hillcrest III Building  
 731 Arbor Way, Suite 150  
 Blue Bell, PA 19422  
 Fax: 1-203-202-6607

**Provider Identified Refund(s)** without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the enrollee and WellCare Claim ID.

Please submit to:

WellCare – Comprehensive Health Management  
 Attn: Recovery/Cost Containment Unit (CCU)  
 PO Box 947945  
 Atlanta, GA 30394-7945

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**Note:** For single claim checks, please use the [Refund Check Informational Sheet](#) to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the [Refund Referral Grid](#) and email all supporting documentation, including the grid, to [OverpaymentRefunds@wellcare.com](mailto:OverpaymentRefunds@wellcare.com) to assist with expedited posting. Please note that only check referrals will be accepted by this email box. Anything other than check referrals will not be responded to and will be closed.

### Claims Payment Policy Appeals

The Claim Payment Policy Appeals Department has created a mailbox for provider issues related strictly to payment policy. Appeals for payment policy-related issues must be submitted in writing within **24 months** of the date of denial on the EOP. All relevant supporting documentation, which may include medical records as well as any other documentation, must be submitted along with the claim payment policy appeal request in order to facilitate the review.

Submit all Claims Payment Policy Appeals related to Explanation of Payment Codes beginning with LT###, IH###, CE###, CV### (Medical records required) or PD### at <https://provider.wellcare.com>

Mail all Appeals related to Explanation of Payment Codes beginning with LT### to:	WellCare of Kentucky Attn: Claims Payment Policy Appeals P.O. Box 31394 Tampa, FL 33631-3394
Mail all Appeals related to Explanation of Payment Codes beginning with IH###, CE###, CV### (Medical records required) or PD### to:	WellCare of Kentucky Attn: Claims Payment Policy Appeals P.O. Box 31426 Tampa, FL 33631-3426
Mail all medical records and <b>initial reviews</b> and <b>Appeals</b> related to Explanation of Payment Codes beginning with CPI##:	<p><b><u>By Mail (U.S. Postal Service)</u></b> Phone: 1-844-458-6739 Fax: 1-267-687-0994 Optum P.O. Box 52846 Philadelphia, PA 19115</p> <p><b><u>By Delivery Services (FedEx, UPS)</u></b> Optum 458 Pike Road Huntington Valley, PA 19006</p> <p><b><u>By Secure Internet Upload</u></b> Refer to Optum's Medical Record Request letter for further instructions.</p> <p><b>Optum Appeal Process</b> If a provider does not agree with Optum's final appeal decision, he/she may file for independent external review. Refer to Optum's Medical Record Request letter for further instructions or see below section <i>KY External Review Process</i></p>
Mail all disputes related to Explanation of Payment Codes RVPI# and DN173	P.O. Box 31416 Tampa, FL 33631-3416

### Clinical Appeals

Providers may seek an appeal through the Appeals Department within **60 calendar days** of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16 and KYREC. However, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question must be sent to the Appeals P.O. Box along with all substantiating information like a summary of the appeal, relevant medical records and enrollee-specific information.

Mail or fax medical appeals with supporting documentation to:  
**WellCare of Kentucky** Fax: 1-866-201-0657  
**Attn: Appeals Department**  
**P.O. Box 436000**  
**Louisville, KY 40253**

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### KY External Review Process

In accordance with 907 KAR 17:035, if a provider received an adverse final decision of a denial, in whole or in part, of a health service or claim for reimbursement related to this service, the provider may request an external independent third-party review. Providers may do so only after completing an internal appeal process with WellCare of Kentucky. External reviews will not be granted for services rendered prior to Dec. 1, 2016. You may submit your request for external independent third party review within **60 days** of the receipt of the notice.

You may submit your request to WellCare of Kentucky via one of the following methods:

Email: [Kyexternalreview@wellcare.com](mailto:Kyexternalreview@wellcare.com)

Fax: 1-800-509-8203

Mail: WellCare Health Plans

Attention: External Independent Third Party Review

13551 Triton Park Blvd. Suite 1800

Louisville, KY 40223

### Grievances

Enrollee grievances may be submitted in writing or by calling Customer Service within **30 calendar days** of the event causing dissatisfaction. Providers may also file a grievance on behalf of the enrollee with the enrollee's written consent.

Mail or fax enrollee grievances to:

WellCare of Kentucky

Fax: 1-866-388-1769

Attn: Grievance Department

P.O. Box 436000

Louisville, KY 40253

### WellCare of Kentucky Partners

#### eviCore

[eviCore](#) is our in-network vendor for the following programs, and clinical criteria can be accessed through the corresponding program links: [Lab Management](#), [Sleep Diagnostics](#), [Pain Management](#), [Physical](#), [Occupational](#), [Speech Therapy](#) and [Sleep Diagnostics](#). Contact eviCore for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting). Please click on the hyperlinks above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are fast and convenient. If the procedure requested meets clinical criteria, the Web provides an immediate approval that can be printed for easy reference. Enrollee eligibility and authorization requests may be submitted via the [eviCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services:

1-888-333-8641

#### NIA aka National Imaging Associates

[NIA](#) (National Imaging Associates) will be our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: [Advanced Radiology](#) and [Advanced Cardiology](#).

Contact NIA for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting\*). Please click on the hyperlinks above for a listing of the specific services and related criteria included in the NIA program. Web submissions will be faster and if the procedure requested meets clinical criteria, the web will provide and immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the [NIA Provider Web Portal](#). A searchable [Authorization Lookup tool](#) will be also available online and criteria can be accessed through the program links above. Contact NIA for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting\*). Please click on the hyperlinks above for a listing of the specific services and related criteria included in the NIA program. Web submissions are faster and if the procedure requested meets clinical criteria, the web provides and immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the [NIA Provider Web Portal](#). A searchable [Authorization Lookup tool](#) is also available online and criteria can be accessed through the program links above.

Urgent Authorization and Provider Services: 1-866-249-1584

#### HealthHelp®

[HealthHelp](#) is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: [Radiation Therapy](#) and [Medical Oncology](#).

Contact Health Help for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Enrollee eligibility and authorization request materials may be accessed via the [HealthHelp Portal](#). A searchable [Authorization Lookup](#) also available online to check the status of your authorization request and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services:

1-888-210-3736

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### TurningPoint

**TurningPoint** is our in-network Surgical Quality and Safety Management Program vendor for the following programs [Orthopedic Surgery](#) and [Spinal Surgery](#). The provider resources can be accessed through the vendor portal, link listed below. Contact TurningPoint for all **authorization-related** submissions for the services listed above rendered in any inpatient and outpatient places of service. Please click on the link below for a listing of the specific services and related resources included in the TurningPoint programs.

Enrollee eligibility and authorization request materials may be accessed via the [TurningPoint Portal](#). A searchable [authorization lookup](#) is also available online to check the status of your authorization request, and criteria can be accessed through the program link.

For Urgent Authorizations and Provider Services, please contact 1-866-701-8317.

### Contracted Networks

<b>Dental</b> – <a href="#">Avesis</a>	1-855-469-3368	<b>Optometry &amp; Ophthalmology</b> – <a href="#">Avesis</a>	1-855-469-3368
<ul style="list-style-type: none"> <li>• Please contact Avesis for Professional Services only</li> <li>• Please contact WellCare for authorization of Facility Services (POS 22 and/or 24)</li> </ul>			

### Transportation

- Authorization requests for non-emergent air and land ambulance services (POS 41 & 42)\* should be submitted to WellCare of Kentucky.
- All other non-emergency transportation (bus, cab, van, etc.) is covered by Kentucky Fee-for-Service Medicaid.

### Pharmacy Services

#### Pharmacy Services: 1-877-389-9457

Including after-hours and weekends (CVS/Caremark®)

Rx BIN	Rx PCN	Rx GRP
004336	MCAIDADV	RX8893

#### **AcariaHealth™**

AcariaHealth is a national comprehensive specialty pharmacy focused on improving care and outcomes for patients living with complex and chronic conditions. AcariaHealth is comprised of dedicated healthcare professionals who work closely with physician's offices, including support with referral and prior authorization processes. This collaboration allows our patients to receive the medicine they need as fast as possible.

Representatives are available from Monday–Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m. ET.

\*AcariaHealth™ Pharmacy #26, Inc.

8715 Henderson Rd., Tampa, FL 33634

Phone: 1-866-458-9246 (TTY 1-855-516-5636)

Fax: 1-866-458-9245

Website: [www.acariahealth.com](http://www.acariahealth.com)

\*Effective on or about July 2021

#### Pharmacy Services: 1-800-210-7628 (24/7)

Effective July 1st, **MedImpact** will become the new Pharmacy Benefit Manager for all Kentucky Medicaid Managed Care Organizations Including after-hours and weekends

Rx BIN	Rx PCN	Rx GRP
023880	KYPROD1	KYM01

\*\*Any claims for dates of service prior to 7/1, should be submitted to CVS

#### Formulary:

For a list of preferred drugs, including over-the-counter (OTC) drugs, covered by the Kentucky Medicaid Single Preferred Drug Listing visit

<https://kyportal.medimpact.com>

#### Medication Appeals: Fax: 1-858-790-6060

Mail appeal request with supporting documentation to:

Appeals and Grievances Department  
 MedImpact Healthcare Systems, Inc.  
 10181 Scripps Gateway Court  
 San Diego, CA 9213

**Medication appeals for dates of service prior to 7/1 should be submitted to WellCare. 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 contact MedImpact at 1-800-210-7628**

#### Prior Authorization Requests:

Fax: 1-858-357-2612

Phone: 1-844-336-2676

Submit a [Prior Authorization Request Form](#) for:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$100 cost (PA)

HealthHelp® now manages Medical Oncology Services. Please see above for HealthHelp Contact Information.

#### Web-based Information:

- <https://kyportal.medimpact.com/>
- [Authorization Lookup Tool\\*](#)
- ① \*Note: Includes Pharmacy Medical Requests supplied by Physicians
- [Participating Pharmacies](#)
- [Pharmacy Services Forms](#)

#### For Home Infusion/Enteral services:

Once Authorization Approval is obtained through WellCare, if required, please contact one of our providers below to initiate services:

#### Coram®:

Phone: 1-800-423-1411 or Fax: 1-866-462-6726

#### Option Care Health™ aka Option Care and BioScrip Infusion Services®:

Phone: 1-833-466-0358

#### KabaFusion

Phone: 1-502-515-3500 or Fax: 1-502-515-3509

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## WELLCARE OF KENTUCKY'S PRIOR AUTHORIZATION LIST

### Prior Authorization (PA) Requirements

This WellCare of Kentucky 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 will be denoted with a **Ⓜ** symbol for easy identification. Requirements that have been edited for *clarification only* will be denoted with a **Ⓞ** symbol.

**All services rendered by nonparticipating providers and facilities require prior authorization.** Primary care physicians (PCPs) must direct enrollees to participating specialists when available. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

A searchable Authorization Lookup Tool is available at <https://provider.wellcare.com/Provider/Login>.

WellCare of Kentucky supports the concept of the PCP as the "medical home" for its enrollees. PCPs may refer enrollees to network specialists when services will be rendered at an office, clinic or free-standing facility. PCPs may use a prescription or referral form of their own, or use the "Create New Referral" link on the WellCare provider Web portal to produce a document that can be given to the enrollee and/or faxed to the specialist. 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 for participating providers.

Prior authorization for Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program diagnosis and treatment services and EPSDT special services: Except as otherwise noted by the health plan or in 907 KAR Chapter 1 or 3, an EPSDT diagnosis or treatment or an EPSDT special service that is not otherwise covered by the Kentucky Medicaid Program shall be covered subject to prior authorization if the requirements of subsections (1) and (2) of section 9 of 907 KAR 11:034 are met. Requests for services will be reviewed to determine medical necessity without regard to whether the screening was performed by a Kentucky Medicaid provider or a non-Medicaid provider.

#### Urgent Authorization Requests and Admission Notifications – Call 1-877-389-9457

- Notify the plan of unplanned inpatient hospital admissions within **1 business day** of the admission (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Prior Authorization is not required for births or the inception of NICU services and notification is not required as a condition of payment.
- Outpatient authorizations may be requested by phone for urgent and time-sensitive services when warranted by the enrollee's condition. Please include **CPT and ICD-10 codes** with your authorization request. Standard authorization requests may be submitted [online](#) or via fax to the numbers listed on the associated forms located [here](#).
- [Web submissions](#) are faster, and if the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets WellCare's determination criteria at the time of the request. WellCare of Kentucky retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, the medical necessity of services and correct coding and billing practices.
- Please remember to consult the authorization lookup tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

### Behavioral Health Services

#### [WellCare of Kentucky Secure Provider Portal](#)

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-620-1861

Please [log in](#) to submit your Outpatient Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms [here](#)

Inpatient, Residential, PHP and IOP Phone: 1-855-620-1861

- Emergency behavioral services do not require authorization. In order to obtain authorization, notification of an **Inpatient admission is required on the next business day following admission.**
- All inpatient, residential and partial hospital care should be completed telephonically (1-855-620-1861). Concurrent review for these levels of care will be done telephonically. All other levels of care may be submitted by fax and the forms and fax numbers can be found [here](#).
- Care including inpatient, residential treatment, partial hospitalization, intensive outpatient, ECT, psychological testing and some outpatient services require contact with WellCare for authorization.
- Please submit your request for more sessions **no more** than two weeks prior to the completion of the current authorized session(s).
- For more information on Authorization Requirements, please click [here](#) and select the "Behavioral Health Code Changes" PDF under **Authorizations**

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require authorization.

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Behavioral Health Services	See Comments	Please refer to the <a href="#">Behavioral Health Code Changes</a> under <b>Authorizations</b> for authorization requirements. <a href="#">WellCare Secure Provider Portal</a>
Emergency Services		
PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Ambulance Services	No	
Emergency Behavioral Health Services	No	
Emergency Room Services	No	
Urgent Care Services	No	
Inpatient Services & Discharge Planning		
<a href="#">WellCare of Kentucky Secure Provider Portal</a>		
Please <a href="#">log in</a> to submit your Authorization Requests & Inpatient Clinical Submissions. To fax a request, please access our forms <a href="#">here</a>		
Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.		
PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Hospital Procedures	Yes	Clinical updates required for continued length of stay.
Hospice Admissions	Yes	
Inpatient Hospital Admissions	Yes	Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	<a href="#">Long-Term Acute Care Hospital: Criteria for Admission</a>
NICU/Sick Baby Admissions	Yes	Notification is requested within <b>24 hours</b> following admission. Clinical updates required for continued length of stay. Contact <b>ProgenyHealth</b> at fax <b>1-866-517-1470</b> to submit clinical updates for initial and continued length of stay.  Prior Authorization or notification is not required as a condition of payment.
Observations	See Comments	Observation services alone will not require authorization. However, failure to obtain the required authorization for any services performed while in an Observation setting will result in denial of reimbursement of all services provided. <a href="#">Authorization Lookup Tool</a>  Urgent or emergent services <sup>1</sup> performed during observation stay, such as Advanced Radiology or Cardiology do not require authorization.  Clinical updates required for continued length of stay.
Orthopedic Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.
Spinal Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271

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NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare of Kentucky 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. (Revised Sept 2021)



## Outpatient Services & Discharge Planning

### [WellCare of Kentucky Secure Provider Portal](#)

Please [log in](#) to submit your Outpatient Authorization Requests & Clinical Submissions.

To fax a request, please access our forms [here](#)

Pharmacy Medical Requests Fax: 1-877-831-2045

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the <a href="#">Authorization Lookup Tool</a> for prior authorization requirements. <a href="#">WellCare Secure Provider Portal</a>
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scan	Yes – See Comments	Contact National Imaging Associates for authorization: <a href="#">National Imaging Associates Provider Web Portal</a> Phone: 1-866-249-1584 <a href="#">Advanced Radiology Program Criteria</a> <a href="#">Radiology Request Forms</a>
Dialysis	No	
Durable Medical Equipment	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization. *For Home Infusion/Enteral Services, please refer to the Pharmacy Section above for the preferred provider if the authorization is required.
Hospice Care Services	No	
Investigational & Experimental Procedures and Treatment	Yes	<a href="#">Refer to Clinical Coverage Guidelines</a> <a href="#">WellCare Web Submission Portal</a>
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Laboratory Management Program Criteria</a> <a href="#">Molecular and Genetic Testing Quick Reference Guide</a>
Medical Oncology Services	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone: 1-888-210-3736 <a href="#">Medical Oncology Program Services</a>
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require authorization.
Orthopedic Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271

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PROCEDURES and SERVICES	Authorization Required	Comments
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Pain Management Program Criteria</a> <a href="#">Musculoskeletal Management Request Forms</a>
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Physical and Occupational Therapy Criteria</a> <a href="#">PT/OT Worksheets</a>
Prescribed Pediatric Extended Care	Yes	<a href="#">Refer to Clinical Coverage Guidelines</a>
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone: 1-888-210-3736
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Sleep Management Worksheets</a>
Speech Therapy	Yes	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641
Spinal Therapy	Yes – See Comments	Contact TurningPoint for prior authorization: <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271
Sterilization Services	No	<a href="#">Consent Form Required</a>
Termination of Pregnancy	No	<a href="#">Certification Form for Induced Abortion Required</a>
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

## Prenatal Notifications

### Prenatal Notifications

Fax: 1-877-338-3659

PROCEDURES and SERVICES	Authorization Required	Comments
Obstetric Global Care	No	<a href="#">Prenatal Notification Form</a>

i Urgent and Emergent Services are defined within 42 CFR 422.113

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