

Important Telephone Numbers

| Provider Services | | Nurse Advice Line | 1-800-581-9952 |
|--|-----------------------|---|-----------------------------|
| WellCare Value (HMO) | 1-855-538-0454 | Members can call this number to speak to a nurse 24 hours a day, 7 days a week. | |
| Eligibility and Benefit Verification, Claims Status and Utilization Management. *For Contracting, Language Line and Provider Complaints please see Network Management below. | | Risk Management | 1-866-678-8355 |
| WellCare Liberty (HMO SNP) | 1-877-778-1855 | WellCare Fraud, Waste and Abuse Hotline | |
| Eligibility and Benefit Verification, Claims Status, Utilization Management, and Authorization Inquiry. *For Contracting, Language Line and Provider Complaints please see Network Management below. | | Care Management Referrals | 1-866-635-7045 |
| TTY | 711 | TTY 711 | Fax 1-866-287-3286 |
| | | Hours | M-F 8-7 p.m. Eastern |
| | | CommUnity Assistance Line | 1-866-775-2192 |
| | | Behavioral Health Crisis Lines | 1-800-411-6485 |

*Network Management

Phone: **1-602-778-8345 or 1-877-778-1855** (Options in order: 5, 7) Fax: **1-602-778-1875**
Email: sm_az_pno@care1staz.com Visit our website: <https://www.wellcare.com/Providers/Medicare>

Arizona Priority Care (APC)

EXCEPTION FOR MEMBERS AFFILIATED WITH ARIZONA PRIORITY CARE (APC)

Arizona Priority Care (APC) is an integrated network of community physicians, including both primary care physicians and specialists. APC provides delegated medical management services including care management, utilization management and claims processing for select WellCare Value (HMO) members in Maricopa County. For members affiliated with APC, please call **1-480-499-8720** for relevant contact information.

Claim Submission Inquiries

Submission Inquiries:

For inquiries related to your electronic or paper submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

| Support from Provider Services: | | | |
|---------------------------------|----------------|----------------------------|----------------|
| WellCare Value (HMO) | 1-855-538-0454 | WellCare Liberty (HMO SNP) | 1-877-778-1855 |

Electronic Funds Transfer & Electronic Remittance Advice:

Enrollment is quick and includes setting up a profile for your practice, specifying bank accounts (multiple accounts if you wish), and indicating other preferences for management of payment, ERAs/835s, or online presentation of claims payment information. Register online using the simplified, enhanced provider registration process: PaySpan.com, email: providersupport@payspanhealth.com, call **1-877-331-7154, opt. 1 Monday-Friday, 8 a.m.-8 p.m. Eastern** or for more details on PaySpan, please refer to your [Provider Manual](#).

Clearinghouse Connectivity:

WellCare has partnered with Change Healthcare, formerly known as RelayHealth, 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 to 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, formerly known as RelayHealth at **1-800-527-8133** for connectivity services.

ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) or batch upload capability **at no cost to you** for you. To sign up go to: <https://physician.connectcenter.changehealthcare.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at **1-877-411-7271**. Direct questions regarding functionality of ConnectCenter to the Clearinghouse at **1-800-527-8133, opt 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 and please ensure you **use vendor code 212750** when you register.
- Providers are required to use the WellCare payer ID 14163 for FFS submissions sent through Connect Center.

WELLCARE PAYER IDs - 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

| Plan | WellCare Liberty (HMO SNP) | | WellCare Value (HMO) | |
|-------------------------------|---|-------|---|--|
| | Fee-for-Service (CH-Chargeable) Submissions | 14163 | Fee-for-Service (CH-Chargeable) Submissions | Encounters (RP-reporting only) Submissions |
| Professional or Institutional | | 14163 | 14163 | 59354 |

Paper Submission Guidelines:

WellCare follows the Centers for Medicare & Medicaid Services' (CMS) guidelines for paper claim 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 may be found on our website: <https://www.wellcare.com/Arizona/Providers/Medicare/Claims>. Mail paper claim submissions to:

| WellCare Liberty (HMO SNP) | WellCare Value (HMO) |
|--|--|
| WellCare Health Plans, Inc. Claims Department P.O. Box 31224 Tampa, FL 33631-3224 | WellCare Health Plans, Inc. Claims Department P.O. Box 31372 Tampa, FL 33631-3372 |

For your convenience, items on this QRG in **bold, underlined** fonts are links to supporting WellCare Provider Job Aids, Resource Guides and Forms when the *Quick Reference Guide* is viewed in an electronic format.

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Claim Payment Disputes

The claim payment dispute process is designed to address claims when there is a disagreement regarding reimbursement. Claim payment disputes must be submitted in writing to WellCare within **90 calendar days** of the date on the EOP.

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

WellCare Health Plans Fax: 1-877-277-1808
Claim Payment Disputes
PO 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 PO Box with all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member specific information.

Claim Payment Policy Disputes

The Claim Payment Policy Department has created new mailboxes for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to WellCare in writing within **90 calendar** days of the date of denial on the EOP. Please provide all relevant documentation (please do not include image of claim), which may include medical records, in order to facilitate the review.

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

WellCare Health Plans Fax: 1-877-277-1808
Attn: Claim Payment Policy Disputes Dept.
PO Box 31426
Tampa, FL 33631-3426

Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:

By Mail (U.S. Postal Service) Phone: 1-844-458-6739
OPTUM
P.O. Box 52846
Philadelphia, PA 19115
By Delivery Services (FedEx, UPS)
OPTUM
458 Pike Rd
Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

WellCare Health Plans
CCR Pre-pay
P.O. Box 31394
Tampa, FL 33631-3394

Mail all disputes related to Explanation of Payment Codes RVLTX:

WellCare Health Plans
CCR Post-pay
P.O. Box 31395
Tampa, FL 33631-3395

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(Revised January 2019)

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Recovery/Cost Containment Unit (CCU)

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification, any applicable attachment(s) and be sent to:

WellCare Health Plans, Inc.
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

If you do not agree with the 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 a dispute in writing within **45 days** of the date of the recovery letter date. Your request should detail why you disagree with the findings and must include any supporting evidence/documentation you believe is pertinent to your position. Your Administrative Review request should be sent to:

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

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within **30 days** of WellCare's receipt of your request. If you do not submit a dispute or render payment within the time period referenced above, we will take action to recover the amount owed as allowed by law, or as outlined within 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 member's name, member's identification number, date(s) of service, reason(s) why the denial should be reversed, copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered. Your dispute should be sent to:

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

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

WellCare Health Plans, Inc.
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658

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 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.

Appeals (Medical)

All non-par Medicare provider appeals must be submitted within **60 calendar days** and they must also submit a signed waiver of liability (WOL) with their request for processing. Participating Providers also can seek an appeal through the Appeals Department within **90 calendar days** of a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting 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 should be sent to the Appeals PO Box with all substantiating information (please do not include image of claim) like a summary of the appeal, relevant medical records and member specific information.

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

WellCare Health Plans Fax: 1-855-571-2053
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Grievances

Member grievances may be filed verbally by contacting Customer Service or submitted in writing via mail or fax. 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 Fax: 1-866-388-1769
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

Maternity Program

The program includes high-risk screening, care management, prenatal and infant education.

Please fax notification/referral for Case Management to **1-602-224-4372**.

If you would like more information about the maternity program, please call us at **1-602-778-8301**.

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WellCare Partners

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 HealthHelp 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. Member 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

Contracted Networks

| | | |
|---|---|--|
| DME - Preferred Homecare Phone: 1-480-446-9010 Fax: 1-480-446-7695 | Vision - Nationwide Vision *Click on Find Locations to locate the nearest facility. | Home Health - Professional Care Phone: 1-602-395-5114 Fax: 1-480-666-0148 |
| Labs - Sonora Quest | Hearing – HearUSA Phone: 1-855-220-8740 | Transportation – MTBA Phone: 1-877-778-1855 option 5, 3 |

Dental - [Advantica](#) Phone: 1-800-429-0495

*Claim status can be checked 24 hours a day, seven days a week.

For questions on dental claim submissions, contact Advantica directly M– F 8:30 AM – 4:30 PM Central.

Direct dental claim forms (initial and resubmissions) and medical records can be sent to:

Advantica
 PO Box 8510
 St. Louis, MO 63126

Pharmacy Services

Pharmacy Services

WellCare Value (HMO) 1-855-538-0454
WellCare Liberty (HMO SNP) 1-877-778-1855

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

| | | | | |
|------|--------|---------|--------|--|
| | Rx BIN | Rx PCN | Rx GRP | |
| MAPD | 004336 | MEDDADV | 788257 | |

Exactus™ Pharmacy Solutions (Specialty) 1-866-458-9246
exactus@wellcare.com TTY 1-855-516-5636
 Fax 1-866-458-9245

[CVS/Caremark Mail Services](#) 1-866-808-7471
 TTY 1-866-236-1069
 Fax 1-866-892-8194

Medication Appeals Fax 1-866-388-1766
 Fax or Mail [Request for Redetermination of Medicare Prescription Drug Denial](#) with supporting documentation to:
WellCare Health Plans,
Attn: Pharmacy Appeals Department
P.O. Box 31383
Tampa, FL 33631

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

Formulary Inclusions

To request consideration for inclusion of a drug to WellCare's formulary, providers may submit a medical justification to WellCare in writing to:

WellCare Health Plans
Clinical Pharmacy Department Director of Formulary Services
Pharmacy & Therapeutics Committee
P.O. Box 31577
Tampa, FL 33631-3577

Coverage Determination Requests Fax 1-602-778-8387

Submit a [Coverage Determination Request Form](#) for:

- Drugs not listed on the formulary
- Drugs listed on the formulary with a prior authorization (PA)
- Drugs listed on the formulary with a quantity limit (QL)
- Drugs that have a step edit (ST) and the first line therapy is inappropriate
- Duplication of therapy
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Prescriptions that exceed the FDA daily or monthly quantity limits

Web-Based Information:
www.wellcare.com/Arizona/Providers/Medicare/Pharmacy

- [WellCare Formulary](#)
- [Authorization Lookup Tool](#)
- [Pharmacy Services Forms](#)
- [Exactus Pharmacy Solutions](#)

For Home Infusion services:

Please contact our preferred provider, **Coram**, to initiate services. **Coram** obtains authorization approval through WellCare if necessary:

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

For Enteral services:

Please initiate requests through **Epic Medical Solutions**

Phone: 1-480-883-1188 or Fax: 1-480-883-1193

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WELLCARE'S PRIOR AUTHORIZATION LIST:

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 **P** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an **①** symbol.

WellCare supports the concept of the Primary Care Physician (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. 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.*

All services rendered by nonparticipating providers and facilities require 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.

Urgent Authorization Requests and Admission Notifications – Call the below and follow the prompts

WellCare Value (HMO) 1-855-538-0454

WellCare Liberty (HMO SNP) 1-877-778-1855

- Notification is required for Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- Outpatient authorizations for urgent and time-sensitive services may be submitted by phone when warranted by the member’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 retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

Arizona Priority Care (APC)

EXCEPTION FOR MEMBERS AFFILIATED WITH ARIZONA PRIORITY CARE (APC)

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Behavioral Health Services

[WellCare Web Submission Portal](#)

For Urgent and Inpatient Hospitalization Authorizations and Provider Services please phone the below:

WellCare Value (HMO) 1-855-538-0454

WellCare Liberty (HMO SNP) 1-877-778-1855

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

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

Web-based information: www.wellcare.com/Arizona/Providers/Medicare/Behavioral-Health

- In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission.
- Inpatient concurrent review is generally done by telephone, but a fax option is available and the forms and fax numbers can be found [here](#). Psychological testing requests are to be submitted via fax. All other levels of care requiring authorization, including outpatient services, may be submitted online.
- For more information on Authorization Requirements click [here](#) and select the “Behavioral Health Authorization List” PDF under **Other Resources**.

| PROCEDURES and SERVICES | Authorization Required | Comments |
|---|------------------------|---|
| Emergency/Crisis Behavioral Health Services | No | |
| Non-contracted (nonparticipating) Provider | Yes | All services from nonparticipating providers require prior authorization. |
| Behavioral Services | See Comments | Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal |

Emergency Services

| PROCEDURES and SERVICES | Authorization Required | Comments |
|--|------------------------|----------|
| Emergency Behavioral Health Services | No | |
| Emergency Care Services | No | |
| Emergency Transportation Services (excluding Air and Water Ambulances) | No | |
| Urgent Care Services | No | |

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Inpatient Services

[WellCare Web Submission Portal](#)

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

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

Inpatient Discharge Planning Requests Fax: **1-866-246-9832**

| PROCEDURES and SERVICES | Authorization Required | Comments |
|--|------------------------|---|
| Acute Behavioral Health, Alcohol or Substance Abuse Admissions | Yes | Clinical updates required for continued length of stay (LOS). No authorization required for physician consults. |
| Elective Inpatient Procedures | Yes | Clinical updates required for continued length of stay (LOS). |
| Hospice | Yes | |
| Inpatient Hospital Admissions | Yes | Clinical updates required for continued length of stay (LOS). |
| Long-Term Acute Care Hospital (LTACH) Admissions | Yes | Clinical updates required for continued length of stay (LOS). |
| Observations | See Comments | Elective procedures that convert to an observation stay are subject to outpatient authorization requirements. Authorization Lookup Tool Services performed during a non-elective Observation stay, such as Advanced Radiology or Cardiology do not require authorization. Clinical updates required for continued length of stay. |
| Rehabilitation Facility Admissions | Yes | Clinical updates required for continued length of stay (LOS). |
| Skilled Nursing Facility Admissions | Yes | Clinical updates required for continued length of stay (LOS). |

Outpatient Services

[WellCare Web Submission Portal](#)

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

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

Inpatient Discharge Planning Requests Fax: **1-866-246-9832**

Pharmacy Medical Requests Fax: **1-888-871-0564**

| PROCEDURES and SERVICES | Authorization Required | Comments |
|---|------------------------|---|
| Select Outpatient Procedures | Yes – See Comments | Please refer to the Authorization Lookup Tool for prior authorization requirements. WellCare Web Submission Portal |
| Dialysis | No | |
| Durable Medical Equipment Purchases and Rentals | Yes – See Comments | All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization. |
| Home Infusion/Enteral Services | Yes | For Home Infusion services: Please contact our preferred provider, Coram , to initiate services. Coram obtains authorization approval through WellCare if necessary: Phone: 1-800-423-1411 or Fax: 1-866-462-6726 For Enteral services: Please initiate requests through Epic Medical Solution Phone: 1-480-883-1188 or Fax: 1-480-883-1193 |
| Hospice Care Services | No | |
| Investigational & Experimental Procedures and Treatment | Yes | Refer to Clinical Coverage Guidelines WellCare Web Submission Portal |
| Non-contracted (nonparticipating) Provider Services | Yes | All services from nonparticipating providers require prior authorization. |
| Medical Oncology Services | Yes | Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Medical Oncology Program Services |
| Orthotics and Prosthetics | Yes – See Comments | Purchase items reimbursed at OR below \$500 per line item do NOT require authorization. |
| Radiation Therapy Management | Yes – See Comments | Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources |
| Skilled Therapy (PT/OT/ST) services | Yes | Includes Occupational, Physical and Speech therapy No authorization is required for initial evaluations. PA is required for continued services. WellCare Web Submission Portal |

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