

**Important Telephone Numbers**

<b>Behavioral Health Crisis Line</b> Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services.	<b>1-800-411-6485</b>	<b>Nurse Advice Line</b> Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	<b>1-800-581-9952</b>
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**Proficient Self Service Offerings**

WellCare offers robust technology options to save you time. The fastest ways to get what you need are shown below.

[WellCare Provider Portal](#)

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements	<a href="#">Fastest Result</a> ✓	N/A	Available
Authorization Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorizations Request	<a href="#">Fastest Result</a> ✓	N/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> ✓	N/A	N/A
Submit Claim Disputes	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Claims	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Corrected Claims	<a href="#">Fastest Result</a> ✓	N/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](#)

**Provider Services**

Interactive Voice Response System Phone: 1-855-538-0454

TTY: 711

**WellCare Telephone Numbers**

<b>Care &amp; Disease Management Referrals</b>  <b>Phone</b> 1-866-635-7045 <b>TTY – 711</b> Fax 1-866-287-3286 <b>Hours</b> M-F 8-7 pm Eastern	<b>Community Connections Help Line</b> 1-866-775-2192
	<b>Risk Management</b> 1-866-678-8355 WellCare's Fraud, Waste and Abuse Hotline

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks 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 Submission Information

#### Submission Inquiries:

**Provider Services 1-855-538-0454**

For inquiries related to your electronic or paper submissions to WellCare, 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: [PaySpan.com](http://PaySpan.com) or call 1-877-331-7154. For more details on PaySpan, please refer to your [Provider Manual](#).

#### Clearinghouse Connectivity Setup & Connection Support:

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

#### CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDs (CPIDs)

Claim Type	Fee-for-Service (CH-Chargeable) Submissions	Encounter (RF-reporting only) Submissions
Professional	1844	3211
Institutional	8551	4949

**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)

- **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 (RF-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.

**ConnectCenter™ 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 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 need 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.

#### 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: [www.wellcare.com/Connecticut/Providers/Medicare/Claims](http://www.wellcare.com/Connecticut/Providers/Medicare/Claims)

Mail paper claim submissions to:

**WellCare Health Plans, Inc.**  
Attn: Claims Department  
P.O. Box 31372  
Tampa, FL 33631-3372

### Claim Payment Disputes

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 calendar days** of the date on the EOP.

Submit all claims payment disputes with supporting documentation on our website: <https://provider.wellcare.com/>

Mail claim payment disputes with supporting documentation to:

**WellCare Health Plans**  
Attn: Claim Payment Disputes  
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 post office box. Include all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.**

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**Claim Payment Policy Disputes**

The Claims Payment Policy Disputes Department has created a new mailbox 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. Submit all Claims Payment Policy Disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX on our website: <https://provider.wellcare.com/>

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:	<b>WellCare Health Plans</b> <b>Attn: Claim Payment Policy Disputes</b> <b>P.O. Box 31426</b> <b>Tampa, FL 33631-3426</b>
Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:	<b>By Mail (U.S. Postal Service)</b> Phone: <b>1-844-458-6739</b> <b>OPTUM</b> <b>P.O. Box 52846</b> <b>Philadelphia, PA 19115</b>
	<b>By Delivery Services (FedEx, UPS)</b> <b>OPTUM</b> <b>458 Pike Rd</b> <b>Huntingdon Valley, PA 19006</b>
Mail all disputes related to Explanation of Payment Codes LTXXX:	<b>WellCare Health Plans</b> <b>CCR Pre-pay</b> <b>P.O. Box 31394</b> <b>Tampa, FL 33631-3394</b>
Mail all disputes related to Explanation of Payment Codes RVLTX:	<b>WellCare Health Plans</b> <b>CCR Post-pay</b> <b>P.O. Box 31395</b> <b>Tampa, FL 33631-3395</b>

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

<b>Refund(s)</b> in response to a WellCare overpayment notification should include a copy of the overpayment notification any applicable attachment(s) and be sent to:	<b>WellCare Health Plans, Inc.</b> <b>Attn: CCU Recovery</b> <b>P.O. Box 31584</b> <b>Tampa, FL 33631-3584</b>
If you do not agree with the proposed WellCare overpayment notification related to adjustments RVXX (except RV059, which should refer to the <b>Claim Payment Disputes</b> section above), you may request an Administrative Review by submitting a dispute in writing within <b>45 days</b> of the recovery letter date. 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:	<b>WellCare Health Plans, Inc.</b> Fax: <b>813-283-3284</b> <b>Attn: CCU Recovery</b> <b>P.O. Box 31658</b> <b>Tampa, FL 33631-3658</b>
Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within <b>30 days</b> 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.	
<b>Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228 or RV213</b> 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.	
Mail or fax your dispute to:	<b>COTIVITI HEALTHCARE</b> Fax: <b>1-203-202-6607</b> <b>Attn: WellCare Clinical Chart Validation</b> <b>Hillcrest III Building</b> <b>731 Arbor Way, Suite 150</b> <b>Blue Bell, PA 19422</b>
<b>Provider Identified Refund(s)</b> without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID.	
Please submit to:	<b>WellCare Health Plans, Inc.</b> <b>Attn: CCU Recovery</b> <b>P.O. Box 31584</b> <b>Tampa, FL 33631-3584</b>

**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.

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**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 post office box. Include 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 appeals with supporting documentation to:

**WellCare Health Plans** Fax **1-866-201-0657**  
**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. Provider complaints 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 that gave rise to the complaint.

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**

**WellCare Partners**

**eviCore, fka CareCore National**

**eviCore** is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: [Advanced Radiology](#), [Cardiology](#), [Lab Management](#), [Pain Management Program](#), [Physical and Occupational 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 faster, and if the procedure requested meets clinical criteria, the web provides an immediate approval that can be printed for easy reference. Member 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**

**\*Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care.**

**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**

**CareCentrix**

**Care Centrix** is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: [Skilled Nursing Facility](#), [Long Term Acute Care and Inpatient Rehab](#).

Contact Care Centrix for all **authorization-related** submissions for the services listed above. Please click on the links above for a listing of the specific services and related resources included in the Care Centrix programs.

Urgent Authorizations and Provider Services **1-888-571-6028**

**Contracted Networks**

<b>Dental</b>	<a href="#">Healthplex</a>	<b>1-888-468-0836</b>	<b>Vision</b>	<a href="#">Premier Eye Care</a>	<b>1-855-749-1908</b>
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<b>Transportation</b>	<b>Medical Transportation Management</b>	<b>1-855-824-5699</b>
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Members must call two days in advance for routine trips and may call same day for urgent care. Benefit limitations may apply. Please contact Provider Services for additional information.

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## Pharmacy Services

**Pharmacy Services** 1-855-538-0454  
Including after-hours and weekends (CVS/Caremark™)

<b>Rx BIN</b>	<b>Rx PCN</b>	<b>Rx GRP</b>
004336	MEDDADV	788257

**Exactus™ Pharmacy Solutions (Specialty)** 1-866-458-9246  
[exactus@wellcare.com](mailto:exactus@wellcare.com) TTY 1-855-516-5636

Fax 1-866-458-9245

**CVS/Caremark™ Mail Service** 1-866-808-7471  
TTY 1-866-236-1069  
Fax 1-866-892-8194

**Medication Appeals** Fax 1-866-388-1766  
Mail or fax [Request for Redetermination \(medication appeal\) form](#) with supporting documentation to:

**WellCare Health Plans**  
**Attn: Pharmacy Appeals Department**  
**P.O. Box 31383**  
**Tampa, FL 33631-3383**

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.

**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 1-866-388-1767  
Mail or fax a [Coverage Determination Request Form](#) with supporting documentation to:

Fax: 1-866-388-1767

Online: [Coverage Determination Request Form](#)

Mail: **WellCare Health Plans**

**Attn: Pharmacy - Coverage Determinations**

**P.O. Box 31397**

**Tampa, FL 33631-3397**

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

**HealthHelp will manage Medical Oncology Services.**  
**Please see below for HealthHelp Contact Information.**

On the web: [www.wellcare.com/Connecticut/Providers/Medicare/Pharmacy](http://www.wellcare.com/Connecticut/Providers/Medicare/Pharmacy)

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

**For Home Infusion/Enteral services:**

Once Authorization Approval is obtained through WellCare, Please contact our preferred provider, **Coram**, to initiate services:

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

**WELLCARE'S PRIOR AUTHORIZATION LIST:****Prior Authorization (PA) Requirements**

This WellCare PA 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 □ symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a ◻ symbol.

WellCare supports the concept of the primary care provider (PCP) as the "medical home" for its members. PCPs may refer members to network specialists when consultations 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 non-participating providers and facilities require authorization, including requests to utilize the member's Point-of-Service benefits.** 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 1-855-538-0454 and follow the prompts.**

- 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.

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**Behavioral Health Services**

**WellCare Web Submission Portal**

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-538-0454

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

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

On the web: [www.wellcare.com/Connecticut/Providers/Medicare/Behavioral-Health](http://www.wellcare.com/Connecticut/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, can 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 Behavioral Health Services	No	
Non-contracted (non-participating) Provider Services	Yes	All services from non-participating providers require prior authorization.
Behavioral Services	See Comments	Please refer to the <a href="#">Behavioral Health Authorization List</a> under <b>Other Resources</b> for authorization requirements. <a href="#">WellCare Web Submission Portal</a>

**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	

**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 1-855-591-7136

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Hospice	Yes	
Inpatient Hospital Admissions	Yes	Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	Contact CareCentrix for authorization: <a href="#">CareCentrix</a> Phone Number 1-888-571-6028
Observations	See Comments	Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. <a href="#">Authorization Lookup Tool</a> 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	Contact CareCentrix for authorization: <a href="#">CareCentrix</a> Phone Number 1-888-571-6028
Skilled Nursing Facility Admissions	Yes	Contact CareCentrix for authorization: <a href="#">CareCentrix</a> Phone Number 1-888-571-6028

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**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 1-855-591-7136

Pharmacy Medical Requests Fax 1-888-871-0564

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 Web Submission Portal</a>
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET and SPECT Scans	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Advanced Radiology Program Criteria</a> <a href="#">Radiology Request Forms</a>
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Cardiology Program Criteria</a> <a href="#">Cardiology Worksheets</a>
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	Once Authorization Approval is obtained through WellCare, please contact our preferred provider, <b>Coram</b> , to initiate Services: <b>Phone: 1-800-423-1411 or Fax 1-866-462-6726</b>
Hospice Care Services	No	
Investigational and 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 Number 1-888-333-8641 <a href="#">WellCare Lab Management Program Criteria</a> <a href="#">Molecular and Genetic Testing Quick Reference Guide</a>
Medical Oncology Services	Yes	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number 1-888-210-3736 <a href="#">Medical Oncology Program Services</a>
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment (Certain Pain Management Treatments)	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 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) <b>*Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care</b>	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Physical and Occupational Therapy Program Criteria</a> <a href="#">PT/OT Worksheets</a>

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NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare 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 June 2019)

PROCEDURES and SERVICES	Authorization Required	Comments
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number 1-888-210-3736 <a href="#">Radiation Therapy Management Program Resources</a>
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Sleep Diagnostics Program Criteria</a> <a href="#">Sleep Management Worksheets</a>
Speech Therapy	Yes	<a href="#">WellCare Web Submission Portal</a>
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

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