

### Important Telephone Numbers

|   |                       |                       |  |                       |
|---|-----------------------|-----------------------|--|-----------------------|
| Staywell & Staywell Kids<br>CMS Health Plan | <b>Crisis Hotline</b> | <b>1-855-606-3622</b> | <b>Nurse Advice Line</b>   | <b>1-800-919-8807</b> |
|   |                       | <b>1-888-491-5252</b> | Members may call this number to speak to a nurse <b>24 hours a day, 7 days a week.</b> |                       |

### 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

|   |                              |
|---|------------------------------|
| Staywell Interactive Voice Response System        | <b>Phone: 1-866-334-7927</b> |
| Staywell Kids Interactive Voice Response System   | <b>Phone: 1-866-698-5437</b> |
| CMS Health Plan Interactive Voice Response System | <b>Phone: 1-866-799-5321</b> |

TTY: 711

### WellCare Phone Numbers

|   |   |   |  |
|---|---|---|--|
| <b>Care and Disease Management Referrals</b><br>TTY: 711<br>Hours<br>Long Term Care Members | Fax: <b>1-866-287-3286</b><br>M-F 8-7 p.m. Eastern<br><b>1-888-351-8732</b> | <b>Risk Management</b><br>WellCare's Fraud, Waste and Abuse Hotline<br>Florida Medicaid Program Integrity Hotline | <b>1-866-678-8355</b><br><b>1-850-412-4600</b> |
|   |   |   | <b>Community Connections Assistance Line</b>   |

For your convenience, language 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. 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 May 2019)

### Claim Submission Information

**Submission Inquiries:** Support from Provider Services: Questions related to claim submissions

Staywell 1-866-334-7927

Staywell Kids 1-866-698-5437

CMS Health Plan 1-866-799-5321

For inquiries related to your electronic 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:**

WellCare has partnered with Change HealthCare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly with 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 (RP-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 (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** 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.

**Paper Submission Guidelines:**

WellCare 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 forms. Claim forms and guidelines may be found on our website at: [www.wellcare.com/Florida/Providers/Medicaid/Claims](http://www.wellcare.com/Florida/Providers/Medicaid/Claims)

Mail paper claim submissions to:

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

**LONG TERM CARE HOME HEALTH SERVICES**

The HHAX online provider portal allows long term care home health providers and direct service workers (DSWs) to submit electronic claim submissions as well as accept and review authorizations. The website can be accessed at: <https://hhaexchange.com/>.

**Long Term Care Claim Submissions Choices:**

1. **Recommended:** Submit electronic submissions through the HHAX online provider portal (will be required by these providers beginning 10/1/2019).
2. Paper claim address shown above is optional until 10/1/2019.

**Long Term Care Electronic Funds Transfer & Electronic Remittance Advice:**

1. PaySpan registration for electronic funds transfer and electronic remittance shown above is optional until 10/1/2019.

### 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 one year of the date on the EOP.

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

Mail all claim payment disputes with supporting documentation to:

WellCare Health Plans, Inc.  
 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 P.O. Box with all substantiating information like a summary of the appeal, relevant medical records and member-specific information.**

**Claims Payment Policy Disputes**

The Claims Payment Policy Department has created a mailbox for provider issues related strictly to payment policy. Disputes for payment policy related issues must be submitted to WellCare in writing within **one year** 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, Inc.</b><br><b>Attn: Claims Payment Policy Disputes</b><br>P.O. Box 31426<br>Tampa, FL 33631-3426 |
| 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: 1-844-458-6739<br>OPTUM<br>P.O. Box 52846<br>Philadelphia, PA 19115             |
|   | <b>By Delivery Services (FedEx, UPS)</b><br>OPTUM<br>458 Pike Rd<br>Huntingdon Valley, PA 19006                             |
| Mail all disputes related to Explanation of Payment Codes LTXXX:  | <b>WellCare Health Plans</b><br>CCR Pre-pay<br>P.O. Box 31394<br>Tampa, FL 33631-3394                                       |
| Mail all disputes related to Explanation of Payment Codes RVLTX:  | <b>WellCare Health Plans</b><br>CCR Post-pay<br>P.O. Box 31395<br>Tampa, FL 33631-3395                                      |

**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><br><b>Attn: CCU Recovery</b><br>P.O. Box 31584<br>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 <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: 813-283-3284<br><b>Attn: CCU Recovery</b><br>P.O. Box 31658<br>Tampa, FL 33631-3658  |
| 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 should to:   | <b>COTIVITI HEALTHCARE</b> Fax: 1-203-202-6607<br><b>Attn: WellCare Clinical Chart Validation</b><br>Hillcrest III Building<br>731 Arbor Way, Suite 150<br>Blue Bell, PA 19422 |
| <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><br><b>Attn: CCU Recovery</b><br>P.O. Box 31584<br>Tampa, FL 33631-3584  |

**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.

### Appeals (Medical)

Providers may file an appeal on behalf of the member with his/her written consent. Providers may also seek an appeal through the Appeals Department within **90 calendar days** of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. 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. Include all substantiating information like a summary of the appeal, relevant medical records and member-specific information.

Mail or fax medical appeals with supporting documentation to:

**WellCare Health Plans, Inc.** Fax: **1-866-201-0657**  
**Attn: Appeals Department**  
**P.O. Box 31368**  
**Tampa, FL 33631-3368**

### Grievances

Member grievances may be filed verbally by calling Customer Service or submitted by fax or mail. Providers may also file a grievance on behalf of the member with his or her written consent.

Mail or fax member grievances to:

**WellCare Health Plans, Inc.** 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](#), [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 links 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.** 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**

\*Please refer to Coastal Care Services, Inc.®, information below to determine if PT/OT services rendered in a home setting should be redirected there instead.

**Please note: Authorization is not required for PT or OT services for members enrolled in the Children's Medical Services Program during the Continuity of Care period.**

#### Coastal Care Services, Inc.\*

**\*For Florida Medicaid Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade, Monroe, Indian River, Martin, Okeechobee, Palm Beach and St. Lucie, and Broward counties only, [Coastal Care Services](#) is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.**

**For Florida Healthy Kids Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties only, [Coastal Care Services](#) is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.**

Please contact Coastal Care for DME items such as: Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, and Respiratory Devices.

Please contact Coastal Care for Home Health services such as: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management.

Provider Services **1-833-204-4535**  
Utilization Management **1-855-481-0505**  
Fax **1-855-481-0606**

**\*Note: Does not apply to Staywell Long Term Care or CMS Health Plan Members; please contact the plan directly (see the authorization rules section below).**

#### HealthHelp®

**HealthHelp manages Medical Oncology and Radiation Therapy Services.** [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](#) is 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**

### Access Behavioral Health

\*For Florida Medicaid Members with Children Medical Services (CMS) and Florida Managed Care Medical Assistance (MMA-LTC; MMA-SMI) residing in *Escambia, Okaloosa, Santa Rosa, and Walton counties only*, [Access Behavioral Health](#) is our vendor for all Behavioral Health Services.

Please contact **Access Behavioral Health** for all Behavioral Health Inpatient and Outpatient services.

For **Provider Services**, utilize the following phone numbers:

**Staywell** 1-866-334-7927  
**Staywell Kids** 1-866-698-5437  
**CMS Health Plan** 1-866-799-5321

**Access Behavioral Health Website:** <https://abhfl.org/>

**WellCare Providers - Fax Requests to:** 1-850-469-3597

### Contracted Networks

#### Vision\* – Premier Eye Care

Authorizations and Provider Services **1-800-738-1889**

\**Vision benefits vary by county. Please contact Provider Services to verify coverage.*

#### Transportation\*

**Medical Transportation Management** 1-866-591-4066  
 (MMA, SMI Specialty & LTC members)

\*Transportation benefits vary by plan code benefits  
**CMS Health Plan Members** 1-844-399-9469

#### Hearing – Hear USA

1-800-333-3389 Opt 2

Dental\* - [Liberty Dental](#) CMS Health Plan Title XXI 1-833-276-0852

### Pharmacy Services

**Staywell** 1-866-334-7927  
**Staywell Kids** 1-866-698-5437  
**CMS Health Plan** 1-866-799-5321

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

|                        | Rx BIN | Rx PCN   | Rx GRP |
|------------------------|--------|----------|--------|
| <b>Staywell</b>        | 004336 | MCAIDADV | RX8888 |
| <b>Staywell Kids</b>   | 004336 | MCAIDADV | RX8887 |
| <b>CMS Health Plan</b> | 004336 | MCAIDADV | RX8775 |

**Exactus™ Pharmacy Solutions** 1-866-458-9246  
[exactus@wellcare.com](mailto:exactus@wellcare.com) TTY 1-855-516-5636  
 Fax 1-866-458-9245

**Mail Service Pharmacy:**  
[CVS/Caremark Mail Service](#) 1-866-808-7471  
 TTY 1-866-236-1069  
 Fax 1-866-892-8194  
 Fax 1-888-865-6531

**Medication Appeals**  
 Mail [medication appeals](#) with supporting documentation to:

**WellCare Health Plans, Inc.**  
**Attn: Pharmacy Appeals Department**  
**P.O. Box 31398**  
**Tampa, FL 33631-3398**

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

#### PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, providers may write to WellCare explaining the medical justification.

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

#### Coverage Determination Requests Fax 1-866-825-2884

Submit a [Coverage Determination 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)
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first line of therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$300 cost (PA)

#### For Home Infusion/Enteral services:

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

**Coram® (preferred):**  
 Phone: 1-800-423-1411 Fax: 1-866-462-6726

**Option Care™/Crescent Healthcare:**  
 Phone: 1-800-396-2933 Fax: 1-888-550-8880

**BioScrip®:**  
 Phone: 1-888-744-4638 Fax: 1-855-549-5490

**HealthHelp® manages Medical Oncology Services.**  
**Please see below for HealthHelp Contact Information.**

#### Web-based information:

[www.wellcare.com/Florida/Providers/Medicaid/Pharmacy](http://www.wellcare.com/Florida/Providers/Medicaid/Pharmacy)

- Pharmacy Services Overview
- Florida Medicaid Preferred Drug List (PDL)
- [Authorization Lookup Tool](#)
- Participating Pharmacies
- [Pharmacy Services Forms](#)



**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 **Pa** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a **i** symbol. 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. **A written or faxed script to the specialist is required.** 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. Specialists may not refer members directly to other specialists.

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

**This guide does NOT apply to the following:** Medical groups or IPAs delegated for Utilization Management (providers must follow the specific medical group or IPA referral and authorization requirements) or other services covered under a specific network arrangement.

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

|                 |                       |                      |                       |                        |                       |
|-----------------|-----------------------|----------------------|-----------------------|------------------------|-----------------------|
| <b>Staywell</b> | <b>1-866-334-7927</b> | <b>Staywell Kids</b> | <b>1-866-698-5437</b> | <b>CMS Health Plan</b> | <b>1-866-799-5321</b> |
|-----------------|-----------------------|----------------------|-----------------------|------------------------|-----------------------|

- Notify the plan of unplanned inpatient hospital admissions within **24 hours** of admission (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information by the next business day.
- 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
- Lab services performed in POS 81 should be directed to Quest. Testing must be consistent with CLIA guidelines.

**Behavioral Health Services**

[WellCare Web Submission Portal](#)

**For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone:**

|                 |                |
|-----------------|----------------|
| Staywell        | 1-866-334-7927 |
| Staywell Kids   | 1-866-698-5437 |
| CMS Health Plan | 1-866-799-5321 |

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/Florida/Providers/Medicaid/Behavioral-Health](http://www.wellcare.com/Florida/Providers/Medicaid/Behavioral-Health)

- Emergency behavioral health services do not require prior authorization. **In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission.**
- Inpatient, PHP and residential **initial** reviews are done by fax (preferred) or telephone and determined within 24 hours of the request.
- Inpatient, PHP and residential **concurrent** reviews are done by telephone.
- Psychological testing reviews are done by telephone or fax. All other levels of care requiring authorization, including outpatient services, are to be requested by fax or may be submitted online.
- For more information on Authorization Requirements, click [here](#) and select one of the 4 below FL Auth Grid PDFs under **Helpful Documents**.

|                                 |                                     |                             |                             |
|---------------------------------|-------------------------------------|-----------------------------|-----------------------------|
| FL 90000 Codes Master Auth Grid | FL in Lieu of Services BH Auth Grid | FL HLOC BH Master Auth Grid | FL HCPC BH Master Auth Grid |
|---------------------------------|-------------------------------------|-----------------------------|-----------------------------|

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Please contact Access Behavioral Health for all Behavioral Health Inpatient and Outpatient services. For Provider Services, utilize the phone numbers above.

**Access Behavioral Health Website:** <https://abhfl.org/>

**WellCare Providers - Fax Requests to:** 1-850-469-3597

| PROCEDURES and SERVICES   | Authorization Required | Comments   |
|---|------------------------|--|
| Emergency Behavioral Health Services  | No                     |  |
| Non-contracted (nonparticipating) Provider Services   | Yes                    | All services from nonparticipating providers require prior authorization.  |
| <b>Behavioral Health Services</b><br>*For Florida Medicaid Members with Children Medical Services (CMS) and Florida Managed Care Medical Assistance (MMA-LTC; MMA-SMI) residing in Escambia, Okaloosa, Santa Rosa, and Walton counties only, <a href="#">Access Behavioral Health</a> is our vendor for all Behavioral Health Services.<br>Please contact <b>Access Behavioral Health</b> for all Behavioral Health Inpatient and Outpatient services. For Provider Services, utilize the phone numbers above.<br><b>Access Behavioral Health Website:</b> <a href="https://abhfl.org/">https://abhfl.org/</a><br><b>WellCare Providers - Fax Requests to:</b> 1-850-469-3597 | See Comments           | For more information on Authorization Requirements click <a href="#">here</a> and select one of the 4 below FL Auth Grid PDFs under <b>Helpful Documents</b> .<br>FL 90000 Codes Master Auth Grid<br>FL HLOC BH Master Auth Grid<br>FL in Lieu of Services BH Auth Grid<br>FL HCPC BH Master Auth Grid<br><a href="#">WellCare Web Submission Portal</a> |

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### Emergency Services

| PROCEDURES and SERVICES              | Authorization Required | Comments |
|--------------------------------------|------------------------|----------|
| Emergency Behavioral Health Services | No                     |          |
| Emergency Room Services              | No                     |          |
| Emergency Transportation             | 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 (DME, Therapy, HomeHealth, etc.) Fax 1-813-283-9285

NICU Clinicals Fax: 1-888-873-4267

| PROCEDURES and SERVICES                          | Authorization Required | Comments   |
|--|------------------------|--|
| Elective Inpatient Procedures                    | Yes                    | Clinical updates required for continued length of stay.  |
| Inpatient Admissions                             | Yes                    | Clinical updates required for continued length of stay.  |
| Long-Term Acute Care Hospital (LTACH) Admissions | Yes                    | Clinical updates required for continued length of stay.  |
| NICU/Sick Baby Admissions                        | Yes                    | Notification to Staywell is required within <b>24 hours</b> following admission. Contact <b>ProgenyHealth®</b> at fax # <b>1-888-873-4267</b> to submit clinical updates for initial and continued length of stay.   |
| Observations                                     | See Comments           | <b>Observation services will not require authorization; however, preplanned procedures will be subject to outpatient authorization requirements.</b><br><a href="#">Authorization Lookup Tool</a><br>Clinical updates required for continued length of stay. |
| Rehabilitation Facility Admissions               | Yes                    | Clinical updates required for continued length of stay.  |
| Skilled Nursing Facility Admissions              | Yes                    | Clinical updates required for continued length of stay.  |

### 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](#)

For Coastal Care Services\*\*\*, Fax: 1-855-481-0606, for Durable Medical Equipment Services, Home Health Services and Speech Therapy Services

Inpatient Discharge Planning Requests (DME, Therapy, HomeHealth, etc.) Fax: 1-813-283-9285

Pharmacy Medical Requests Fax: 1-855-677-3915

\*Please see Select DME and Home Health Services grid below to determine members and services reviewed by Coastal Care

\*\*Note: Coastal Care does not apply to Staywell Long Term Care or CMS Health Plan Members, please contact the plan directly

| 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.<br><a href="#">WellCare Web Submission Portal</a>  |
| Advanced Radiology Services<br>CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB<br>Ultrasounds, PET & SPECT Scans | Yes – See Comments     | Contact eviCore for authorization:<br><a href="#">eviCore Provider Web Portal</a><br>Phone Number: 1-888-333-8641<br><a href="#">Advanced Radiology Program Criteria</a><br><i>No authorization is required for the first 3 OB ultrasounds.</i><br><a href="#">Radiology Request Forms</a> |
| Cardiology Services<br>Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac<br>Procedures and Echo Stress Tests      | Yes – See Comments     | Contact eviCore for authorization:<br><a href="#">eviCore Provider Web Portal</a><br>Phone Number: 1-888-333-8641<br><a href="#">Cardiology Program Criteria</a><br><a href="#">Cardiology Worksheets</a>  |
| Dialysis   | No                     |  |

For your convenience, language 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. 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 May 2019)

| PROCEDURES and SERVICES  | Authorization Required | Comments  |
|--|------------------------|---|
| <p><b>Select Durable Medical Equipment and Home Health Services</b><br/> <b>For FL Medicaid members residing in:</b> Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade, Monroe, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, and Broward counties.<br/> <b>For FL Healthy Kids members residing in:</b> Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties.<br/> <b>DME services handled by Coastal Care include:</b> Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, Respiratory Devices.<br/> <b>Home Health Services handled by Coastal Care include:</b> Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, &amp; Speech), Wound Care, Patient Education &amp; Training, and Medication Management.</p> | Yes – See Comments     | <p>Contact Coastal Care for authorization:<br/> <a href="#">Coastal Care Services</a><br/>                     Utilization Management <b>1-855-481-0505</b><br/>                     Fax <b>1-855-481-0606</b></p> <p><b>**Note: Coastal Care does not apply to Staywell Long Term Care or CMS Health Plan Members, please contact the plan directly</b></p>  |
| <p><b>For all other counties and excluded services:</b><br/> <b>Durable Medical Equipment Purchases and Rentals</b><br/>                     DME consists of pieces of equipment that will assist with activities of daily living. (Customized Wheelchair Equipment, Diabetic Supplies, Neuromuscular Stimulators, Bone Growth Stimulators, Speech Generating Devices, Specialty Beds, Implantable Devices, Life Vest Defibrillator, Transplant Related services, High Frequency Chest Wall Oscillation, ESRD Related services)</p>  | Yes – See Comments     | All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.  |
| <b>Hearing Aids</b>  | Yes – See Comments     | Please contact <b>Hear USA</b> for authorization:<br>Phone: <b>1-800-731-3277</b><br>Fax: <b>1-888-303-6327</b>   |
| <b>Home Infusion/Enteral Services</b>  | Yes – See Comments     | <p>Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services:</p> <p><b>Coram® (preferred):</b><br/>                     Phone: <b>1-800-423-1411</b> Fax: <b>1-866-462-6726</b><br/>                     or<br/> <b>Option Care™/Crescent Healthcare:</b><br/>                     Phone: <b>1-800-396-2933</b> Fax: <b>1-888-550-8880</b><br/>                     or<br/> <b>Bioscrip®:</b><br/>                     Phone: <b>1-888-744-4638</b> Fax: <b>1-855-549-5490</b></p> |
| <b>Hospice Care Services</b>   | Yes                    |   |
| <b>Investigational &amp; Experimental Procedures and Treatment</b>   | Yes – See Comments     | <a href="#">Refer to Clinical Coverage Guidelines</a><br><a href="#">WellCare Web Submission Portal</a>   |
| <b>Laboratory Management</b><br>(Certain Molecular and Genetic Tests)  | Yes – See Comments     | <p>Contact <b>eviCore</b> for authorization:<br/> <a href="#">eviCore Provider Web Portal</a><br/>                     Phone: <b>1-888-333-8641</b><br/> <a href="#">WellCare Lab Management Criteria</a><br/> <a href="#">Molecular and Genetic Testing QRG</a></p>  |
| <b>Medical Oncology Services</b>   | Yes – See Comments     | <p>Contact <b>HealthHelp®</b> for authorization:<br/> <a href="#">HealthHelp Portal</a><br/>                     Phone: <b>1-888-210-3736</b><br/> <a href="#">Medical Oncology Program Services</a></p>  |
| <b>Non-contracted (nonparticipating) Provider Services</b>   | Yes                    | All services from nonparticipating providers require prior authorization.   |
| <b>Orthotics and Prosthetics</b><br>Orthotics support or correct a weak or deformed body part, or restrict or eliminate motion in a diseased or injured part of the body. Prosthetics are artificial devices to replace a missing body part, such as a limb or eye.  | Yes – See Comments     | Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.   |
| <b>Pain Management Treatment</b>   | Yes – See Comments     | <p>Contact <b>eviCore</b> for authorization:<br/> <a href="#">eviCore Provider Web Portal</a><br/>                     Phone: <b>1-888-333-8641</b><br/> <a href="#">Pain Management Program Criteria</a><br/> <a href="#">Musculoskeletal Management Request Forms</a></p>   |

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| PROCEDURES and SERVICES  | Authorization Required | Comments  |
|--|------------------------|---|
| <b>Physical and Occupational Therapy</b><br>(including home-based therapy except for members residing in counties listed above, where home health services are handled by Coastal Care Services)*<br><b>Please note:</b> Authorization is not required for members enrolled in the Children's Medical Services program during the Continuity of Care period. | Yes – See Comments     | Contact eviCore for authorization:<br><a href="#">eviCore Provider Web Portal</a><br>Phone: 1-888-333-8641<br><a href="#">Physical and Occupational Therapy Criteria</a><br><a href="#">PT/OT Worksheets</a>  |
| <b>Radiation Therapy Management</b>  | Yes – See Comments     | Contact HealthHelp® for authorization:<br><a href="#">HealthHelp Portal</a><br>Phone: 1-888-210-3736<br><a href="#">Radiation Therapy Management Program Resources</a>  |
| <b>Sleep Diagnostics</b>   | Yes – See Comments     | Contact eviCore for authorization:<br><a href="#">eviCore Provider Web Portal</a><br>Phone: 1-888-333-8641<br><a href="#">Sleep Diagnostics Program Criteria</a><br><a href="#">Sleep Management Worksheets</a>   |
| <b>Speech Therapy Services</b><br><b>Please note:</b> Authorization is not required for members enrolled in the Children's Medical Services program during the Continuity of Care period.  | Yes                    | For members receiving <b>Speech Therapy</b> services in the <b>home setting</b> , please refer to counties listed above under <b>Select Durable Medical Equipment and Home Health Services</b> to determine if request should be handled by <a href="#">Coastal Care Services</a> .<br>**Note: Coastal Care does not apply to Staywell Long Term Care and CMS Health Plan Members, please contact the plan directly |
| <b>Sterilization Procedures</b>  | No                     | <a href="#">Sterilization Consent Form Required</a>   |
| <b>Termination of Pregnancy</b>  | No                     | <a href="#">Abortion Certification Form Required</a>  |
| <b>Transplant Services</b>   | Yes                    | Please submit clinical records for prior authorization for all transplant phases.   |
| <b>Prenatal Notifications</b><br>Prenatal Notifications Fax 1-877-647-7475   |                        |   |
| PROCEDURES and SERVICES  | Authorization Required | Comments  |
| <b>Obstetric Global Care</b>   | No                     | <a href="#">Prenatal Notification Form</a>  |

