

GEORGIA MEDICAID QUICK REFERENCE GUIDE

Programs include: Georgia Medicaid, PeachCare for Kids® & Planning for Healthy Babies®

July 2019 Web: www.wellcare.com/wellcare/georgia/providers/medicaid



Important Telephone Numbers

Behavioral Health Crisis Line 1-800-411-6485
Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services.

Nurse Advice Line 1-800-919-8807
Members may call this number to speak with a nurse 24 hours a day, 7 days a week.

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	Fastest Result ✓	N/A	Available
Authorization Status	Fastest Result ✓	Available	Available
Authorizations Request	Fastest Result ✓	N/A	N/A
Benefit Information	Fastest Result ✓	Available	Available
Claims Status	Fastest Result ✓	Available	Available
Co-Payment	Fastest Result ✓	Available	Available
Eligibility Verification	Fastest Result ✓	Available	Available
Submit Appeals	Fastest Result ✓	N/A	N/A
Submit Claim Disputes	Fastest Result ✓	N/A	N/A
Submit Claims	Fastest Result ✓	N/A	N/A
Submit Corrected Claims	Fastest Result ✓	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: 1-866-231-1821
TTY: 711

WellCare Telephone Numbers

Care and Disease Management Referrals 1-866-635-7045
TTY: 711 Fax: 1-866-287-3286 Hours: M-F 8-7 pm Eastern
Care Management Referrals: GA.CM@WellCare.com

Risk Management
WellCare Fraud, Waste and Abuse Hotline 1-866-678-8355
DCH Office of Inspector General 1-800-533-0686

Community Connections Help Line 1-866-775-2192

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.

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. The GAMMIS portal is the official source to verify member eligibility. (Revised July 2019)

Claim Submission Information

Submission Inquiries:

Support from Provider Services 1-866-231-1821

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

Electronic Funds Transfer & Electronic Remittance Advice:

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

Clearinghouse Connectivity Setup & Connection Support:

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 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 RelayHealth 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

WELL CARE 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 [FFS] 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.

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 be required to **enter a credit card** upon initial enrollment to be verified 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/Wellcare/Georgia/Providers/Medicaid/Claims

Mail paper claim submissions to:

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

Claim Payment Disputes

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

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

Mail the written claim payment dispute and documentation to:

WellCare Health Plans
Attn: Georgia 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 (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 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 **90 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:

WellCare Health Plans, Inc.
Attn: Claims Payment Policy Disputes
P.O. 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, RVLTX:

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

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 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:

WellCare Health Plans, Inc. Fax: 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.

Mail or fax your dispute 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 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 31584
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 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)

Providers may file an appeal through the Appeals Department within **30** calendar days of a claim denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. 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 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 contacting Customer Service or submitted by fax or mail. 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, Inc. Fax: 1-866-388-1769
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

[Appointment of Representative Statement](#)

WellCare Partners

eviCore formerly CareCore National

[eviCore](#) is our in-network vendor for the following programs. View clinical criteria through the corresponding program links: [Advanced Radiology](#), [Cardiology](#), [Lab Management](#), [Pain Management](#) 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 on 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

HealthHelp®

HealthHelp® will manage Medical Oncology and Radiation Therapy Services.

[HealthHelp](#) is our in-network vendor for the following programs and provider resources. The vendor 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

Vision – Optometry and Ophthalmology [Avesis](#) 1-800-231-0979
Facility (e.g., hospital or ambulatory surgery center) and anesthesia claims should still be submitted directly to WellCare for reimbursement.

Dental Services – Avesis 1-800-231-0979

Transportation [Non-Emergency Transportation \(NET\)](#)
Non-emergency transportation is a benefit offered by Georgia Department of Community Health. Please click on the link above for information about the program, including contact information for the transportation vendors.

Outpatient Physical, Occupational and Speech Therapy Services will be handled by:
Therapy Network of Georgia
Phone 1-855-825-7818 Fax 1-855-597-2697

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Pharmacy Services

Georgia Medicaid / PeachCare for Kids (PCK) 1-866-231-1821
Planning for Healthy Babies (P4HB) 1-877-379-0020

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

	Rx BIN	Rx PCN	Rx GRP
Georgia Medicaid / PCK	004336	MCAIDADV	726257
P4HB	004336	MCAIDADV	736257

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

Medication Appeals

Mail [medication appeal forms](#) with supporting documentation to:
WellCare Health Plans, Inc. Fax: 1-888-865-6531
Attn: Pharmacy Appeals Department
P.O. Box 31398
Tampa, FL 33631-3398

Medication appeals may also be initiated by calling 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 in WellCare's PDL, providers may write to WellCare explaining the medical justification.

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

Coverage Determination Requests Fax: 1-866-455-6558

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)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs that have an age limit (AL)
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Multi-ingredient compounds exceeding \$300 cost (PA)

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

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

Web-based information:

- Pharmacy Services Overview
- WellCare of Georgia Preferred Drug List (PDL)
- [Authorization Lookup Tool](#)
- Participating Pharmacies
- [Pharmacy Services Forms](#)

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

All services rendered by nonparticipating providers and facilities require authorization. Primary care physicians 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.

A searchable Authorization Lookup Tool is available on our website at: <https://www.wellcare.com/Georgia/Providers/Authorization-Lookup>

Urgent Authorization Requests and Admission Notifications – Call 1-866-231-1821 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 may be requested by phone for urgent and time-sensitive services when warranted by the member's condition. Please have **CPT and ICD-10 codes** available. 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.

Note: Please refer to the [PDF](#) of the list of lab codes that can be performed and reimbursed in an office setting. All other lab services should be directed to our contracted laboratory providers.

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Behavioral Health Services
WellCare Web Submission Portal
GA Web Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-800-424-5412

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/Georgia/Providers/Medicaid/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 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 by fax. All other levels of care requiring registration, including outpatient services, may be submitted online. Outpatient authorization and concurrent review is done by fax.
- For more information on Authorization Requirements click [here](#) and select the "GA Master BH Auth Grid" PDF under **Helpful Documents**

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 Health Services	See Comments	For more information on Authorization Requirements, click here and select the "GA Master BH Auth Grid" PDF under Helpful Documents WellCare Web Submission Portal

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Care Services	No	
Emergency Transportation	No	
Urgent Care Services	No	

Inpatient Services
WellCare Web Submission Portal
GA Web Portal

Please [log in](#) to submit your Outpatient 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. Submit requests using GAMMIS (Georgia Medicaid Management Information System) .
Inpatient Admissions	Yes	Clinical updates required for continued length of stay. Submit requests using GAMMIS (Georgia Medicaid Management Information System) .
NICU/Sick Baby Admissions	Yes	Notification to the plan is required within 24 hours following admission. Contact Progeny Health at fax 1-855-671-4898 to submit clinical updates for initial and continued length of stay.
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.
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.

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Outpatient Services

WellCare Web Submission Portal

GA Web 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: 1-855-677-3913

Note: Please refer to the [PDF](#) of the list of lab codes that can be performed and reimbursed in an office setting. All other lab services should be directed to our contracted laboratory providers.

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
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 No authorization required for the first 3 OB ultrasounds Advanced Radiology Program Criteria Radiology Request Forms
Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
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, Coram , to initiate services: Phone: 1-800-423-1411 or Fax 1-866-462-6726
Hospice Care Services	No	
Investigational & Experimental Procedures and Treatment	Yes	See Clinical Coverage Guidelines WellCare Web Submission Portal
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 WellCare Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide
Medical Oncology Services	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Medical Oncology Program Services
Non-contracted (non-participating) Provider Services	Yes	All services from non-participating providers require prior authorization.
Orthotics and Prosthetics	Yes	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Services	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Occupational, Physical and Speech Therapy Services	Yes – See Comments	Submit requests using GAMMIS (Georgia Medicaid Management Information System) .

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PROCEDURES and SERVICES	Authorization Required	Comments
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Sterilizations	No	Informed Consent for Voluntary Sterilization Required
Termination of Pregnancy	No	Certificate of Medical Necessity Required (DMA-311) for Payment
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases
Prenatal Notifications Prenatal Notifications GA Web Portal		
PROCEDURES and SERVICES	Authorization Required	Comments
Obstetric Global Services	No	Submit notifications using the standardized Pregnancy form located on GAMMIS Georgia Medicaid Management Information System (GAMMIS)



WellCare proudly serves the Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.

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