

**Important Telephone Numbers**

|   |                       |  |  |
|---|-----------------------|--|--|
| <b>Provider Services</b><br>Eligibility Verification, Claims, Utilization Management, Language Line and Provider Complaints | <b>1-877-389-9457</b> | <b>Behavioral Health Crisis Hotline</b>  | <b>1-855-661-6973</b>                          |
| <b>TTY</b>  | <b>711</b>            | <b>Risk Management</b><br>WellCare Fraud, Waste and Abuse Hotline<br>Kentucky Medicaid Division of Program Integrity | <b>1-866-678-8355</b><br><b>1-800-372-2970</b> |
| <b>Care Management Referrals</b>  | <b>1-866-635-7045</b> | <b>Nurse Advice Line</b><br>Members may call this number to speak to a nurse 24 hours a day, 7 days a week.          | <b>1-800-919-8807</b>                          |
| <b>Disease Management Referrals</b>   | <b>1-877-393-3090</b> | <a href="#">Provider Resource Guide</a>  |  |
| <b>Community Connections Help Line</b>  | <b>1-866-775-2192</b> |  |  |

**Claim Submissions Inquiries**

**Submission Inquiries**

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

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

**Electronic Funds Transfer & Electronic Remittance Advice:**

Register online using the simplified, enhanced provider registration process:

[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 of Kentucky 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.

**Connect Center™ for physicians** offers a web browser for direct data entry (DDE) and upload ability to submit electronic submissions **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**. Any questions regarding functionality of ConnectCenter should be directed 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; please ensure you use vendor code 212750 when you register.

**CHANGE HEALTH CARE CLEARINGHOUSE PAYER IDS (CPIDS)**

| Claim Type    | Fee for Service | Encounter |
|---------------|-----------------|-----------|
| Professional  | 1844            | 3211      |
| Institutional | 8551            | 4949      |

**WELLCARE OF KENTUCKY 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):

| Claim Type                    | Fee for Service | Encounter |
|-------------------------------|-----------------|-----------|
| Professional or Institutional | 14163           | 59354     |

**Paper Submissions Guidelines**

WellCare of Kentucky follows the Centers for Medicare & Medicaid Services' (CMS) guidelines for paper claims submissions. Since Oct. 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. **WellCare does not accept handwritten, faxed or replicated claim forms.**

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

**Mail paper claim submissions to:**

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

**Claim Payment Appeals**

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

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

WellCare of Kentucky      Fax 1-877-277-1808  
Attn: Claim Payment Appeals  
P.O. Box 31370  
Tampa, FL 33631-3370

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

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2019)

### Recovery/Cost Containment Unit (CCU)

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

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

If you do not agree with this proposed WellCare overpayment notification related to adjustments **RVXX** (**Except RV059** which should refer to the **Claim Payment Disputes** section above), you may request an Administrative Review by submitting your request in writing within **60 days** of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position. Your Administrative Review request should be sent 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 the date of WellCare's receipt of your request. If you do not object or render payment within such time period we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and WellCare.

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

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

**Provider Identified Refund(s)** without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID and can be sent 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](mailto:OverpaymentRefunds@wellcare.com) to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

### Claims Payment Policy Appeals

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

**WellCare of Kentucky** **Fax 1-877-277-1808**  
**Attn: Claims Payment Policy Disputes**  
**P.O. Box 31426**  
**Tampa, FL 33631-3426**

### Clinical Appeals

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

**WellCare of Kentucky** **Fax 1-866-201-0657**  
**Attn: Appeals Department**  
**P.O. Box 436000**  
**Louisville, KY 40253**

### KY External Review Process

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

**Email:** [Kyexternalreview@wellcare.com](mailto:Kyexternalreview@wellcare.com) **Fax: 1-800-509-8203**  
**Mail:** WellCare Health Plans  
**Attention:** External Independent Third Party Review  
**13551 Triton Park Blvd. Suite 1800**  
**Louisville, KY 40223**

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2019)

**Grievances**

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

Mail or fax member grievances to:

**WellCare of Kentucky** Fax 1-866-388-1769  
**Attn: Grievance Department**  
 P.O. Box 436000  
 Louisville, KY 40253

**WellCare of Kentucky Partners**

**eviCore 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 hyperlinks above for a listing of the specific services and related criteria included in the eviCore programs.

**Web submissions are fast and convenient. If the procedure requested meets clinical criteria, the Web provides an immediate approval that can be printed for easy reference.** 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

**HealthHelp®**

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

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

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**

Dental – [Avesis](#) 1-855-469-3368 Optometry & Ophthalmology – [Avesis](#) 1-855-469-3368

- Please contact Avesis for Professional Services only
- Please contact WellCare for authorization of Facility Services (POS 22 and/or 24)

**Transportation**

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

**Pharmacy Services**

**Pharmacy Services** 1-877-389-9457

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

Rx BIN Rx PCN Rx GRP  
 004336 MCAIDADV RX8893

**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

Fax 1-888-865-6531

**Medication Appeals**

Mail [medication appeal forms](#) 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.

**PDL Inclusions**

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

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

**Coverage Determination Requests** Fax 1-855-620-1868

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 a step edit (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$300.00 cost (PA)

**HealthHelp® now manages Medical Oncology Services.**

**Please see above for HealthHelp Contact Information.**

**Web-based Information:**

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

- [Pharmacy Services Overview](#)

- [Authorization Lookup Tool](#)

- [Participating Pharmacies](#)

- [Pharmacy Services Forms](#)

**Mail Service Pharmacy:**

[CVS/Caremark Mail Service Pharmacy](#)

1-866-808-7471

TTY 1-866-236-1069

Fax 1-866-892-8194

**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**

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2019)

WELLCARE OF KENTUCKY'S PRIOR AUTHORIZATION LIST:

**Prior Authorization (PA) Requirements**

This WellCare of Kentucky prior authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes will be denoted with a **P** symbol for easy identification. Requirements that have been edited for *clarification only* will be denoted with a **Ⓜ** symbol. **All services rendered by nonparticipating providers and facilities require prior authorization.** Primary care physicians (PCPs) must direct members to participating specialists when available. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

A searchable Authorization Lookup Tool is available on our website at: [www.wellcare.com/Kentucky/Providers/Authorization-Lookup](http://www.wellcare.com/Kentucky/Providers/Authorization-Lookup).

WellCare of Kentucky 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. PCPs may use a prescription or referral form of their own, or use the "Create New Referral" link on the WellCare provider Web portal to produce a document that can be given to the member and/or faxed to the specialist. The reason for the referral and the name of the specialist must be documented in the medical record. **The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record.** No communication with the plan is necessary for participating providers.

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

**Urgent Authorization Requests and Admission Notifications – Call 1-800-351-8777**

- 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 may be requested by phone for urgent and time-sensitive services 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 by fax using the numbers listed below if you are unable to access the portal with your secure login at <https://provider.wellcare.com>.
- **Web submissions** are faster, and if the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets WellCare's determination criteria at the time of the request. WellCare of Kentucky retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, the medical necessity of services, and correct coding and billing practices.
- Please remember to consult the authorization lookup tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

**Behavioral Health Services**

**WellCare of Kentucky Web Submission Portal**

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

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

For non-participating providers please use our form [here](#)

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

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

| PROCEDURES and SERVICES                             | Authorization Required | Comments  |
|---|------------------------|---|
| Emergency Behavioral Health Services                | No                     |   |
| Non-contracted (nonparticipating) Provider Services | Yes                    | All services from nonparticipating providers require authorization.   |
| Behavioral Health Services                          | See Comments           | Please refer to the <a href="#">Behavioral Health Code Changes</a> under <b>Authorizations</b> for authorization requirements. <a href="#">WellCare Web Submission Portal</a> |

**Emergency Services**

| PROCEDURES and SERVICES              | Authorization Required | Comments |
|--------------------------------------|------------------------|----------|
| Emergency Ambulance Services         | No                     |          |
| Emergency Behavioral Health Services | No                     |          |
| Emergency Room Services              | No                     |          |
| Urgent Care Services                 | No                     |          |

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2019)



**Inpatient Services**  
**WellCare of Kentucky Web Submission Portal**  
 Please [log in](#) to submit your Outpatient Authorization Requests & Inpatient Hospitalization Clinical Submissions.  
 For non-participating providers please use our form [here](#)  
 Inpatient Discharge Planning Requests Fax 1-855-591-7136

| PROCEDURES and SERVICES                          | Authorization Required | Comments   |
|--|------------------------|--|
| Elective Inpatient Hospital Procedures           | Yes                    | Clinical updates required for continued length of stay.  |
| Hospice Admissions                               | Yes                    |  |
| Inpatient Hospital Admissions                    | Yes                    | Clinical updates required for continued length of stay.  |
| Long-Term Acute Care Hospital (LTACH) Admissions | Yes                    | <a href="#">Long-Term Acute Care Hospital: Criteria for Admission</a>  |
| NICU/Sick Baby Admissions                        | Yes                    | Notification is required within 24 hours following admission. Clinical updates required for continued length of stay. Contact ProgenyHealth at fax 1-866-517-1470 to submit clinical updates for initial and continued length of stay.   |
| Observations                                     | See Comments           | Observation services alone will not require authorization. However, failure to obtain the required authorization for any services performed while in an Observation setting will result in denial of reimbursement of all services provided. <a href="#">Authorization Lookup Tool</a><br>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. |
| Skilled Nursing Facility Admissions              | Yes                    | Clinical updates required for continued length of stay.  |

**Outpatient Services**  
**WellCare of Kentucky Web Submission Portal**  
 Please [log in](#) to submit your Outpatient Authorization Requests & Inpatient Hospitalization Clinical Submissions.  
 For non-participating providers please use our form [here](#)  
 Inpatient Discharge Planning Requests Fax 1-855-591-7136  
 Pharmacy Medical Requests Fax 1-877-831-2045

| 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, Obstetric Ultrasounds, PET & SPECT Scans | Yes – See Comments     | Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a><br>Phone Number 1-888-333-8641<br>No authorization is required for the initial 3 OB ultrasounds. <a href="#">Advanced Radiology Program Criteria</a><br><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><br>Phone Number 1-888-333-8641<br><a href="#">Cardiology Program Criteria</a><br><a href="#">Cardiology Worksheets</a>  |
| Dialysis   | No                     |  |
| Durable Medical Equipment  | Yes – See Comments     | All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.   |
| Home Infusion/Enteral Services   | Yes                    | Once Authorization Approval is obtained through WellCare, Please contact our preferred provider, <b>Coram</b> , to initiate Services:<br><b>Phone: 1-800-423-1411 or Fax 1-866-462-6726</b>  |
| Hospice Care Services  | No                     |  |
| Investigational & Experimental Procedures and Treatment  | Yes                    | <a href="#">Refer to Clinical Coverage Guidelines</a><br><a href="#">WellCare Web Submission Portal</a>  |

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2019)

**WELLCARE OF KENTUCKY MEDICAID QUICK REFERENCE GUIDE**

January 2019

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



| PROCEDURES and SERVICES   | Authorization Required | Comments  |
|---|------------------------|---|
| Laboratory Management<br>(Certain Molecular and Genetic 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="#">Laboratory Management Program Criteria</a><br><a href="#">Molecular and Genetic Testing Quick Reference Guide</a> |
| Medical Oncology Services   | Yes – See Comments     | Contact HealthHelp for authorization:<br><a href="#">HealthHelp Portal</a><br>Phone Number 1-888-210-3736<br><a href="#">Medical Oncology Program Services</a>  |
| Non-contracted (nonparticipating) Provider Services                 | Yes                    | All services from nonparticipating providers require authorization.   |
| Orthotics and Prosthetics   | Yes – See Comments     | Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.   |
| Pain Management Treatment   | Yes – See Comments     | Contact eviCore for authorization:<br><a href="#">eviCore Provider Web Portal</a><br>Phone Number 1-888-333-8641<br><a href="#">Pain Management Program Criteria</a><br><a href="#">Musculoskeletal Management Request Forms</a>                  |
| Physical and Occupational Therapy<br>(including home-based therapy) | 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="#">Physical and Occupational Therapy Criteria</a><br><a href="#">PT/OT Worksheets</a>                                |
| Prescribed Pediatric Extended Care                                  | Yes                    | <a href="#">Refer to Clinical Coverage Guidelines</a>   |
| Radiation Therapy Management  | Yes – See Comments     | Contact HealthHelp for authorization:<br><a href="#">HealthHelp Portal</a><br>Phone Number 1-888-210-3736<br><a href="#">Radiation Therapy Management Program Resources</a>   |
| Sleep Diagnostics   | 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="#">Sleep Diagnostics Program Criteria</a><br><a href="#">Sleep Management Worksheets</a>                             |
| Speech Therapy  | Yes                    |   |
| Sterilization Services  | No                     | <a href="#">Consent Form Required</a>   |
| Termination of Pregnancy  | No                     | <a href="#">Certification Form for Induced Abortion Required</a>  |
| Transplant Services   | Yes                    | Please submit clinical records for prior authorization for all transplant phases.   |
| <b>Prenatal Notifications</b>                                       |                        |   |
| Prenatal Notifications Fax 1-877-338-3659                           |                        |   |
| PROCEDURES and SERVICES   | Authorization Required | Comments  |
| Obstetric Global Care   | No                     | <a href="#">Prenatal Notification Form</a>  |

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2019)

PRO\_28441E State Approved 01242019

©WellCare 2018