

Important Telephone Numbers

Behavioral Health Crisis Line 1-800-378-8013
 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 to 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: 1-855-599-3811
 TTY: 711

WellCare Telephone Numbers

Care and Disease Management Referrals
 Phone: 1-866-635-7045 TTY: 711 Fax: 1-866-287-3286
 Hours: M-F 8-5 pm Central

Risk Management 1-866-678-8355
 WellCare's Fraud, Waste and Abuse Hotline

Community Connections Help Line 1-866-775-2192

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 July 2019)

Claim Submission Information

Submission Inquiries:

Provider Services 1-855-599-3811

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 PaySpan, please refer to your [Provider Manual](#).

Clearinghouse Connectivity Setup & Connection Support:

WellCare has partnered with Change Healthcare, formerly known as Relay Health, as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or in some cases, your existing clearinghouse, billing service, or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change Healthcare to establish free connectivity to WellCare for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at 1-877-411-7271. All Clearinghouses, Practice Management Vendors, or Billing Services may call Change Healthcare, formerly known as Relay Health, at 1-800-527-8133 for connectivity services.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDs (CPIDs)

Claim Type	Fee for Service (CH-Chargeable) Submissions	Encounter (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. 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 and please ensure you **use vendor code 212750** when you register.

Paper Submission Guidelines:

WellCare follows the Centers for Medicare and 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/Nebraska/Providers/Medicaid/Claims

Mail paper claim submissions to:

WellCare Health Plans, Inc.
Claims Department
PO Box 31372
Tampa, FL 33631

Claim Payment Disputes

The claim payment dispute process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes and noncovered codes, etc. Claim payment disputes must be submitted in writing to WellCare within **90 days** 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 PO Box with all substantiating information (please do not include image of claim) such as summary of the appeal, relevant medical records and member specific information.

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 July 2019)

Claims Payment Policy Disputes

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy related issues must be submitted to WellCare in writing within **90 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:	WellCare Health Plans CCR Pre-pay P.O. Box 31394 Tampa, FL 33631-3394
Mail all disputes related to Explanation of Payment Codes RVLTX:	WellCare Health Plans CCR Post-pay P.O. Box 31395 Tampa, FL 33631-3395

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 45 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.	
Mail or fax your Administrative Review 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, based on 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.	
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.

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 July 2019)

Appeals (Medical)

A member, member representative, or a Provider on behalf of a member with the member's written consent, may file an appeal through the "Member Appeals" process within **60** calendar days of the date of the adverse benefit determination. Providers who are not appealing on behalf of a member, but are seeking to appeal a denied claim, may appeal through the Appeals Department within **90** calendar days of the EOP related to the claims denial. Examples of requests that will be reviewed through the appeals process are initial requests denied for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC, however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals PO Box with all substantiating information such as a summary of the appeal, relevant medical records and member specific information (please do not include image of Claim).

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 via 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

WellCare Partners

eviCore

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. The Authorization Lookup Tool should be used to verify if prior authorization is required.

Web submissions are faster and if the procedure requested meets clinical criteria, the Web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the [eviCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services **1-888-333-8641**

HealthHelp®

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

Contact HealthHelp for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs. Member eligibility and authorization request materials may be accessed via the [HealthHelp Portal](#). A searchable [Authorization Lookup](#) also available online to check the status of your authorization request and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services **1-888-210-3736**

Contracted Networks

Vision
Avesis
Phone 1-844-232-3122

Transportation
NEMT Transportation - IntelliRide
Phone 1-844-531-3783

Mobile Lab testing
LabOne, LLC dba ExamOne
Phone 1- 888-302-7652 Fax 1-619-398-0959
 PCPs should contact ExamOne for members who are unable to leave their homes without special transportation or assistance and need to obtain PCP-ordered laboratory services.

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 July 2019)

Pharmacy Services

Pharmacy Services 1-855-599-3811

Including after-hours and weekends

Rx BIN	Rx PCN	Rx GRP
004336	MCAIDADV	RX8896

Exactus™ Pharmacy Solutions 1-888-246-6953

exactus@wellcare.com TTY 1-855-516-5636

Fax 1-866-458-9245

Medication Appeals Fax 1-888-865-6531

Mail [medication appeals forms](#) with supporting documentation to:

WellCare Health Plans, Inc.

Attn: Pharmacy Appeals Department

P.O. Box 31383

Tampa, FL 33631-3383

Medication appeals may also be initiated verbally 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 of Nebraska's PDL, providers may submit medical justification to WellCare in writing to:

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 1-877-276-9630

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
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)

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

Web-based information:

www.wellcare.com/Wellcare/Nebraska/Providers/Medicaid/Pharmacy

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



For Home Infusion/Enteral services:

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

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

WELLCARE'S PRIOR AUTHORIZATION LIST:

Prior Authorization (PA) Requirements

This WellCare 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  symbol for easy identification. Requirements that have been edited for clarification only are denoted with a  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. 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 with the exception of services provided in a tribal facility, federally qualified health center, or rural health clinic.** Primary care providers (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.

Urgent Authorization Requests and Admission Notifications – 1-855-599-3811 and follow the prompts.

- Notify the plan of unplanned inpatient hospital admissions within the next business day of admission (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 may be requested 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 and 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.

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 July 2019)

PRO_35888E State Approved 07052019

Behavioral Health Services

[WellCare Web Submission Portal](#)

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-599-3811

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

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

On the web: <https://www.wellcare.com/Nebraska/Providers/Medicaid/Behavioral-Health>

- Emergency behavioral services do not require authorization. **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 to be submitted by fax. All other levels of care requiring authorization, including outpatient services, can be submitted online.
- For more information on Authorization Requirements [click here](#) and select the "Behavioral Health Authorization List" PDF under **Other Resources**.

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

Emergency Services

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

Inpatient Services

[WellCare Web Submission Portal](#)

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

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

Inpatient Discharge Planning Requests Fax: 1-855-591-7136

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Inpatient Admissions	Yes	Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	See Comments	Coverage for LTACH admission are dependent to being secondary to Medicare.
Newborn Deliveries	No	No authorization is required for participating and non-participating facilities performing newborn deliveries (includes vaginal and Cesarean Section) Please continue to notify the plan of newborn deliveries by the next business day.
NICU/Sick Baby Admissions	Yes	Notification to the plan is required within 24 hours following admission. Contact ProgenyHealth at fax 1-844-521-0059 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.

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 July 2019)

Outpatient Services

[WellCare Web Submission Portal](#)

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

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

Inpatient Discharge Planning Requests Fax: 1-855-591-7136

Pharmacy Medical Request Fax: 1-855-606-8424

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Authorization Lookup Tool
Abortions	Yes	
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 Number 1-888-333-8641 No Auth Required for the first 3 OB ultrasounds Advanced Radiology Program Criteria Radiology Request Forms <i>No authorization is required for the first 3 OB ultrasounds or when rendered by Maternal Fetal Medicine (MFM) specialists.</i>
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 Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Dialysis and End Stage Renal Disease Services	No	
Durable Medical Equipment Purchases and Rentals	Yes – See Comments	DME items reimbursed at an amount that is equal to or greater than \$750 as allowed or noted on the Nebraska Medicaid DMEPOS Medicaid Fee Schedule 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	Yes	
Laboratory Management (Certain Molecular and Genetic Tests)	Yes - See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 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 (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require authorization.
Orthotics and Prosthetics	Yes – See Comments	O&P items reimbursed at an amount that is equal to or greater than \$750 as allowed or noted on the Nebraska Medicaid DMEPOS Fee Schedule require authorization.
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets

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 July 2019)

NEBRASKA MEDICAID QUICK REFERENCE GUIDE



July 2019 Web Address: www.wellcare.com/Nebraska/Providers/Medicaid

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
Speech Therapy	Yes	
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases
Tribal facility services	See Comments	Prior Authorization is required for Abortions and Transplants only** **Per 482 NAC 4-004

Prenatal Notifications

[WellCare Web Submission Portal](#)

Prenatal Notification Forms Fax 1-877-647-7475

PROCEDURES and SERVICES	Authorization Required	Comments
Obstetric Global Services	No	Prenatal Notification Form

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 July 2019)

PRO_35888E State Approved 07052019

©WellCare 2019