

**Office Location**

1 New York Plaza, 15<sup>th</sup> floor  
 New York, NY 10004  
 Phone: 1-800-215-1531  
 Fax: 1-888-812-5862

**Important Telephone Numbers**

<b>Provider Services</b> Eligibility Verification, Claims, Utilization Management, Language Line and Provider Complaints	<b>1-866-661-1232</b>	<b>Nurse Advice Line</b> Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	<b>1-800-919-8807</b>
<b>Utilization Management</b> Authorization and Case Managers	<b>1-800-405-7551</b>		
<b>Behavioral Health Crisis Line</b>	<b>1-855-582-6265</b>	<b>Risk Management</b>	
<b>CommUnity Assistance Line</b>	<b>1-866-775-2192</b>	<b><u>New York Medicaid Fraud Hotline</u></b> WellCare's Fraud, Waste and Abuse Hotline	<b>1-877-873-7283</b> <b>1-866-678-8355</b>
<b>TTY</b>	<b>1-877-247-6272</b>	<b><u>Provider Resource Guide</u></b>	

**Claim Submission Inquiries**

**Submission Inquiries**

**Support from Provider Services** **1-800-288-5441**  
 For inquiries related to your electronic submissions to WellCare, please contact our EDI Team at [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

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

Register online using the simplified, enhanced provider registration process: [PaySpan.com](http://PaySpan.com) or call **1-877-331-7154**. For more details on PaySpan, please see 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. 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 at **1-800-527-8133** for connectivity services.

**WELLCARE PAYER IDs** – If your clearinghouse or billing system 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 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/New-York/Providers/Medicaid/Claims](http://www.wellcare.com/New-York/Providers/Medicaid/Claims)

Mail paper claim submissions to:  
**WellCare Health Plans**  
**Claims Department**  
**P.O. Box 31372**  
**Tampa, FL 33631-3372**

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### Claim Payment Disputes

The claim payment dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 90 days of the date on the EOP. Mail or fax claim payment disputes with supporting documentation to:

WellCare Health Plans Fax **1-877-277-1808**  
 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 EOP 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. Include all substantiating information like a summary of the appeal, relevant medical records and member-specific information.**

### Claims Payment Policy Disputes

The Claims Payment Policy Disputes Department has created a mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy-related issues (EOP codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 90 days of the date of denial on the EOP. Please provide all relevant documentation, which may include medical records, in order to facilitate the review. Mail or fax disputes related to payment policy issues to:

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

### Appeals (Medical)

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

Mail or fax all medical appeals with supporting documentation to:

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

### Grievances

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

Mail or fax member grievances to:

WellCare Health Plans Fax **1-866-388-1769**  
 Attn: Grievance Department  
 P.O. Box 31384  
 Tampa, FL 33631-3384

[Non-Medicare Appointment of Representative Form](#)



### Contracted Networks

Dental	<a href="#">Healthplex</a>	1-888-468-2183	Hearing: Hear X (Hear USA):	1-800-528-3277
Vision	Superior Vision	1-866-819-4298		
Transportation		1-855-824-5702		
	Medical Transportation Management (MTM)			

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### WELLCARE'S PRIOR AUTHORIZATION LIST:

#### Prior Authorization (PA) Requirements

This WellCare PA list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a  symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an  symbol.

**Participating providers are required to obtain authorizations for all out-of-network services except emergency services and out-of-area renal dialysis.** It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

Network primary care physicians (PCPs) may refer members to a network specialist or other network provider when consultations will be rendered at an office or free-standing facility. **A written or faxed script to the specialist is required. The specialist must document receipt of a request for a consultation.** The reason for the referral and the name of the specialist must be documented in the medical record. No communication with WellCare is necessary.

#### Urgent Authorization Requests and Admission Notifications – Call 1-800-405-7551 and follow the prompts.

- Notify WellCare of unplanned inpatient hospital admissions within **24 hours** of admission. Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations for urgent and time-sensitive services may be 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 by fax using the numbers listed below
- 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 the service, the medical necessity of services, and correct coding and billing practices.

**To request an outpatient authorization or speak to a case manager**

Phone: 1 800 405 7551

Fax: 1 866 287 3291

Please have CPT and ICD 10 codes available for your authorization request.

PROCEDURES and SERVICES	Covered by Advocate	Authorization Required	Comments
Adult Day Health	Yes	Yes	
Ambulance Service – Non-Emergent	No		Services covered for Non-Dual members only and hospital to SNF discharge only
Case Management	Yes	No	
CDPAS – Consumer Directed Services	Yes	Yes	
Chiropractic Services	No		Covered under FFS Medicaid
Dentistry	Yes	Yes	<b>Healthplex: 1-800-468-2183</b>
Diagnostic and Lab Services	No		Covered under FFS Medicaid
Durable Medical Equipment (DME) Including Medical/Surgical Supplies, Enteral and Parenteral Formula, and Hearing Aid Batteries, Prosthetics, Orthotics, and Orthopedic Footwear	Yes	Yes	All DME requires an Authorization
Hearing Services	Yes	No	<b>HearX: 1-800-528-3277</b>
Home Delivered or Congregate Meals	Yes	Yes	
Home Care Services Includes: Nursing, Home Aid (HHA) or Personal Care Services, Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (SP) and Medical Social Services	Yes	Yes	
Hospice	No		Covered under FFS Medicaid
Inpatient Hospital care	No		Covered under FFS Medicaid
Inpatient Behavioral Healthcare	No		Covered under FFS Medicaid

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PROCEDURES and SERVICES	Covered by Advocate	Authorization Required	Comments
Nursing Home Care (Residential Healthcare Facility)	Yes	Yes	
Nutrition and Nutritional Supplements	Yes	Yes	
Optometry/Eyeglasses	Yes	No	Superior Vision: 1-800-879-6901
Orthotics and Prosthetics	Yes	Yes	
Outpatient Behavioral Health Care	No		Covered under FFS Medicaid
Outpatient Services – Includes Surgical Services	No		Covered under FFS Medicaid
Outpatient Substance Abuse Services	No		Covered under FFS Medicaid
Part B and D Prescription Coverage Prescription and Non-Prescription Drugs, Compounded Prescriptions	No		Covered under FFS Medicaid
Personal Care	Yes	Yes	
Personal Emergency Response (PERS)	Yes	Yes	
Physical Therapy, Occupational Therapy, Speech Pathology or other therapies provided in a setting other than the home.	Yes	Yes	Limited to 20 visits of each therapy type per calendar year, except for children under 21 and the developmentally disabled. MLTC plan may authorize additional visits.
Podiatry	Yes	No	
Primary Care Physician (PCP) Office Visit	No		Covered under FFS Medicaid
Private Duty Nursing	Yes	Yes	
Respiratory Therapy	Yes	No	
Rural Health Clinics	No		Covered under FFS Medicaid
Skilled Nursing Facility Services	Yes	Yes	
Social and/or Environmental Supports – Includes Home Maintenance	Yes	Yes	
Social Day Care	Yes	Yes	
Specialist Visit	No		Covered under FFS Medicaid
Transportation (Non-Emergent)	Yes	No	MTM: 1-888-881-8127
Vision	Yes	No	Superior Vision: 1-800-879-6901
Worldwide Emergency Coverage	No		Covered under FFS Medicaid
Urgent Care	No		Covered under FFS Medicaid

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