Important Telephone Numbers

Behavioral Health Crisis Line | 1-855-582-6265 | Nurse Advice Line | 1-800-919-8807
Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services. Members may call this number to speak to a nurse 24 hours a day, 7 days a week.

Convenient Self-Service Offerings

WellCare offers robust technology options to save you time. Below represent the fastest most effective ways to get what you need.

<table>
<thead>
<tr>
<th>WellCare Provider Portal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization Requirements</strong></td>
</tr>
<tr>
<td>Authorization Status</td>
</tr>
<tr>
<td>Authorizations Request</td>
</tr>
<tr>
<td>Benefit Information</td>
</tr>
<tr>
<td>Claims Status</td>
</tr>
<tr>
<td>Co-Payment</td>
</tr>
<tr>
<td>Eligibility Verification</td>
</tr>
<tr>
<td>Submit Appeals</td>
</tr>
<tr>
<td>Submit Claim Disputes</td>
</tr>
<tr>
<td>Submit Claims</td>
</tr>
<tr>
<td>Submit Corrected Claims</td>
</tr>
</tbody>
</table>

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: 1-800-288-5441
TTY: 711

WellCare Telephone Numbers

<table>
<thead>
<tr>
<th>Care &amp; Disease Management Referrals</th>
<th>Community Connections Help Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-866-635-7045</td>
<td>1-866-775-2192</td>
</tr>
<tr>
<td>TTY: 711</td>
<td></td>
</tr>
<tr>
<td>Fax: 1-866-287-3286</td>
<td></td>
</tr>
<tr>
<td>Hours: M-F 8-7 pm Eastern</td>
<td></td>
</tr>
</tbody>
</table>

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.

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Claim Submission Information

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.

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 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 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 CPIDs - If your billing system is connected to Change Healthcare and requires a 4-digit Change Healthcare payer id, please use the following according to the file type (Fee-For-Service or Encounters):

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Fee-for-Service (CH – Chargeable) Submissions</th>
<th>Encounter (RP – Reporting only) Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>1844</td>
<td>3211</td>
</tr>
<tr>
<td>Institutional</td>
<td>8551</td>
<td>4949</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Fee-for-Service (CH – Chargeable) Submissions</th>
<th>Encounter (RP – Reporting only) Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/Institutional</td>
<td>14163</td>
<td>59354</td>
</tr>
</tbody>
</table>

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.administerp.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. To sign up, go to https://physician.connectcenter.changehealthcare.com. For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Direct questions regarding functionality of ConnectCenter to the Clearinghouse at 1-800-527-8133, opt. 2.
- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.
- Only WellCare submissions are free of charge and please ensure you use vendor code 212750 when you register.

Paper Submission Guidelines:
WellCare follows the Centers for Medicare & Medicaid Services’ (CMS) guidelines for paper 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

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

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.

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

Mail claim payment disputes with supporting documentation to:
WellCare Health Plans
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Note: Any appeals related to a claim denial for lack of authorization, services exceeding the authorization, insufficient supporting documentation 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 P.O. Box. Include all substantiating information like a summary of the appeal, relevant medical records and member-specific information.
Clams Payment Policy Disputes

The Claims Payment Policy Disputes 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 30 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.

Submit all Claims Payment Policy Disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX and second level disputes for CPIXX on our website: https://provider.wellcare.com/

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX and second level disputes for CPIXX to:

WellCare Health Plans
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:

WellCare Health Plans
By Mail (U.S. Postal Service) Phone: 1-844-458-6739 Fax: 1-267-687-0994
OPTUM
P.O. Box 52846
Philadelphia, PA 19115

By Delivery Services (FedEx, UPS)
OPTUM
458 Pike Road
Huntingdon Valley, PA 19006
By Secure Internet Upload
Refer to Optum’s Medical Record Request letter for further instructions.

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 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 request to:

WellCare Health Plans, Inc. Fax: 1-813-283-3284
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3584

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.

Mail or fax your dispute to:

COTIVITI HEALTHCARE Fax: 1-203-202-6607
Attn: WellCare Clinical Chart Validation
Hillcrest Ill 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 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 authorization, services exceeding the authorization, insufficient supporting documentation. 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 P.O. 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
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368
Fax: 1-866-201-0657

Grievances

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

Mail or fax member grievances to:

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

WellCare Partners

eviCore fka CareCore National

eviCore is our in-network vendor for the following programs, and clinical criteria can be accessed through the corresponding program links: Advanced Radiology, Cardiology, Lab Management, Pain Management, Physical and Occupational Therapy and Sleep Diagnostics.

Contact eviCore for all authorization-related submissions for the services listed above rendered in outpatient places of service (including the home setting). Please click on the hyperlinks above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are faster, and if the procedure requested meets clinical criteria, the web provides an immediate approval through eviCore. 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 criteria included in the eviCore programs.

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

For claim submissions:
- Submit all POS 11 radiology claims directly to eviCore.
- Submit all other claims directly to WellCare.

HealthHelp®

HealthHelp will manage Radiation Therapy Services and Medical Oncology.

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 authorized-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
Healthplex®
Phone: 1-888-468-2183

Vision
Superior Vision
Phone: 1-866-819-4298

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PRO_49040E Internal Approved 12052019
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Pharmacy Services

**Pharmacy Services**

<table>
<thead>
<tr>
<th>Pharmacy Services</th>
<th>1-800-288-5441</th>
</tr>
</thead>
<tbody>
<tr>
<td>Including after-hours and weekends (CVS/Caremark™)</td>
<td></td>
</tr>
<tr>
<td>RX BIN</td>
<td>RX PCN</td>
</tr>
<tr>
<td>004336</td>
<td>MCAIDADV</td>
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</tbody>
</table>

**Exactus™ Pharmacy Solutions (Specialty)**

<table>
<thead>
<tr>
<th>TTY:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-855-516-5636</td>
<td>1-866-458-9245</td>
</tr>
</tbody>
</table>

**Mail Service Pharmacy: CVS/Caremark Mail Service Pharmacy**

<table>
<thead>
<tr>
<th>TTY:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-866-808-7471</td>
<td>1-866-892-8194</td>
</tr>
</tbody>
</table>

**Medication Appeals:**

<table>
<thead>
<tr>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-888-865-6531</td>
</tr>
</tbody>
</table>

For Home Infusion/Enteral services:

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

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

**PDLS Inclusions:**

To request consideration for inclusion of a drug to WellCare’s PDL, you may submit a medical justification to WellCare in writing.

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: 1-866-388-1517

Submit a **Prior Authorization Request for Prescriptions** 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)
- Drugs that have a step edit (ST) and the first-line therapy are inappropriate
- Multi-ingredient compounds exceeding $300 (PA)

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

**On the web:** [www.wellcare.com/New-York/Providers/Medicaid/Pharmacy](http://www.wellcare.com/New-York/Providers/Medicaid/Pharmacy)

- **Authorization Lookup Tool**
- **Behavioral Health Medication Guide**
- **New York Comprehensive Medicaid Preferred Drug List (PDL)**
- **Over-the-Counter Drug List**
- **Participating Pharmacies**
- **Pharmacy Services Overview**
- **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

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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 a \[\*\] 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 1-800-288-5441 and follow the prompts.**

- WellCare should be notified 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 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 the service, the medical necessity of services, and correct coding and billing practices.
- Lab testing must be performed by LabCorp, Quest or other entities specifically contracted to perform lab services.

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Behavioral Health Services

WellCare Web Submission Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-800-288-5441

Please log in to submit your Outpatient Authorization Requests and Inpatient Clinical Submissions.

To fax a request, please access our forms here.

On the web: https://www.wellcare.com/New-York/Providers/Medicaid/Behavioral-Health

- Emergency behavioral health services do not require authorization. In order to obtain authorization, notification of an inpatient admission should be made on the next business day following admission.
- Inpatient concurrent review is generally 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 authorization, including outpatient services, may be submitted online.
- For more information on Authorization Requirements click here and select the ‘Prior Authorization Grid’ PDF under Resources.

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Behavioral Health Services</td>
<td>No</td>
<td>All services from nonparticipating providers require prior authorization.</td>
</tr>
<tr>
<td>Non-contracted (nonparticipating) Provider Services</td>
<td>Yes</td>
<td>*Mobile Crisis Services do not require authorization for Non-contracted (nonparticipating) providers.</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
<td>See Comments</td>
<td>Please refer to the Prior Authorization Grid under Resources for authorization requirements.</td>
</tr>
</tbody>
</table>

Emergency Services

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Behavioral Health Services</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Emergency Transportation Services</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domiciliary, Rest Home &amp; Custodial Services</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Elective Inpatient Procedures</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Long-Term Acute Care Hospital (LTACH) Admissions</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>NICU/Sick Baby Admission</td>
<td>Yes</td>
<td>Notification should be made with-in 24 hours following admission. Clinical updates required for continued length of stay.</td>
</tr>
</tbody>
</table>

Observations

See Comments

©WellCare

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<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Facility Admissions</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Skilled Nursing Facility Admissions</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Services

**WellCare Web Submission Portal**

Please [log in](www.wellcare.com/New-York/Providers/Medicaid) to submit your Outpatient Authorization Requests & Clinical Submissions. 

To fax a request, please access our forms [here](www.wellcare.com/New-York/Providers/Medicaid)

**Inpatient Discharge Planning Requests**  Fax: 1-855-591-7136  
**Pharmacy Medical Requests**  Fax: 1-855-571-2059

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Select Outpatient Procedures | Yes – See Comments | Please refer to the [Authorization Lookup Tool](www.wellcare.com/New-York/Providers/Medicaid) for prior authorization requirements.  
[WellCare Web Submission Portal](www.wellcare.com/New-York/Providers/Medicaid) |
| Advanced Radiology Services  
CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasound, PET & SPECT Scans | Yes – See Comments | Contact eviCore for authorization:  
[eviCore Provider Web Portal](www.wellcare.com/New-York/Providers/Medicaid)  
Phone Number: 1-888-333-8641  
[Advanced Radiology Program Criteria](www.wellcare.com/New-York/Providers/Medicaid)  
[Radiology Request Forms](www.wellcare.com/New-York/Providers/Medicaid)  
**Note:** No authorization is required for the first 3 OB Ultrasounds. |
| Cardiology Services  
Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests | Yes – See Comments | Contact eviCore for authorization:  
[eviCore Provider Web Portal](www.wellcare.com/New-York/Providers/Medicaid)  
Phone Number: 1-888-333-8641  
[Cardiology Program Criteria](www.wellcare.com/New-York/Providers/Medicaid)  
[Cardiology Worksheets](www.wellcare.com/New-York/Providers/Medicaid) |
| Dialysis | No | |
| Durable Medical Equipment (DME)  
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 |
| Investigational and Experimental Procedures and Treatment | Yes | See Clinical Coverage Guidelines  
[WellCare Web Submission Portal](www.wellcare.com/New-York/Providers/Medicaid) |
| Laboratory Management  
(Certain Molecular and Genetic Tests) | Yes – See Comments | Contact eviCore for authorization:  
[eviCore Provider Web Portal](www.wellcare.com/New-York/Providers/Medicaid)  
Phone Number: 1-888-333-8641  
[WellCare Lab Management Criteria](www.wellcare.com/New-York/Providers/Medicaid)  
[Molecular and Genetic Testing QRG](www.wellcare.com/New-York/Providers/Medicaid) |
| Medical Oncology Services | Yes – See Comments | Contact HealthHelp for authorization:  
[HealthHelp Portal](www.wellcare.com/New-York/Providers/Medicaid)  
Phone Number: 1-888-210-3736  
[Medical Oncology Program Services](www.wellcare.com/New-York/Providers/Medicaid) |
| Non-contracted (nonparticipating) Provider Services | Yes | All services from nonparticipating providers require prior authorization. |
| Orthotics and Prosthetics | Yes – See Comments | Purchase items reimbursed at OR below $500 per line item do NOT require authorization. |

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 January 2020)
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<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
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| 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 |
| Radiation Therapy Management | Yes – See Comments | Contact HealthHelp for authorization:  
HealthHelp Portal  
Phone Number: 1-888-210-3736  
Radiation Therapy Management Program Resources |
| Radiology (Routine) Services and Non-Obstetric Ultrasounds | No – See Comments | See eviCore Programs on Page 3 for claim submission information. |
| 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 |  |
| Sterilization Procedures | No | Sterilization Consent Form Required |
| Transplant Services | Yes | Please submit clinical records for prior authorization for all transplant phases. |

**Prenatal Notifications**

**WellCare Web Submission Portal**

Prenatal Notifications  
Fax: 1-877-647-7475

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