

**Important Telephone Numbers**

<b>Provider Services</b> Eligibility Verification, Claims, Utilization Management, Language Line and Provider Complaints	<b>1-800-288-5441</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>Behavioral Health Crisis Line</b>	<b>1-855-582-6265</b>	<b>Risk Management</b> <a href="#">New York Medicaid Fraud Hotline</a>	<b>1-877-873-7283</b>
<b>Case Management Referrals</b>	<b>1-866-635-7045</b>	WellCare's Fraud, Waste and Abuse Hotline	<b>1-866-678-8355</b>
<b>Disease Management Referrals</b>	<b>1-877-393-3090</b>	<a href="#">Provider Resource Guide</a>	
<b>CommUnity Assistance Line</b>	<b>1-866-775-2192</b>	TTY	<b>711</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 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 the upload ability to submit electronic submissions **at no cost to you**. To sign up go to: <https://connect.relayhealth.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.

**CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDs)**

Claim Type	Fee-for-Service	Encounter
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):

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**

**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 P.O. Box. Include all substantiating information like a summary of the appeal, relevant medical records and member-specific information.**

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### Claims 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 **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 Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

**WellCare Health Plans** Fax **1-877-277-1808**  
**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)**

**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 30 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.**  
**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: **1-203-529-2985**  
**Attn: WellCare Medical Review Unit**  
**555 North Lane, Suite 6125**  
**Conshohocken, PA 19428**

**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.

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

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

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

**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](#), [Radiation Therapy Management](#) and [Sleep Diagnostics](#).

Contact eviCore for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting). Please click on the 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 that can be printed for easy reference.

Member eligibility and authorization requests may be submitted on the [eviCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online and criteria can be accessed through the program links above.

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

**For claim submissions:**

- Submit all POS 11 radiology claims directly to eviCore.
- Submit all other claims directly to WellCare.

**Contracted Networks**

<b>Dental</b>	<a href="#">Healthplex®</a>	<b>1-888-468-2183</b>	<b>Vision</b>	<b>Superior Vision</b>	<b>1-866-819-4298</b>
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**Pharmacy Services**

**Pharmacy Services** **1-800-288-5441**

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

**Rx BIN** **Rx PCN** **Rx GRP**  
 004336 MCAIDADV RX8892

**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**

**Medication Appeals** Fax **1-888-865-6531**

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

**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.

**PDL 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 is inappropriate
- Multi-ingredient compounds exceeding \$300 cost (PA)

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](#)

Mail Service Pharmacy:

[CVS/Caremark Mail Service Pharmacy](#) **1-866-808-7471**  
 TTY **1-866-236-1069**  
 Fax **1-866-892-8194**

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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.**

- 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 **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 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.

## Behavioral Health Services

### WellCare Web Submission Portal

Outpatient Authorization Request Submissions Fax **1-855-713-0591**

Inpatient Hospitalization Clinical Submissions Fax **1-855-713-0590**

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

Urgent Authorizations and Provider Services **1-800-288-5441**

- Emergency behavioral health services do not require authorization. Inpatient admission notification is required on the next business day following admission.
- Inpatient concurrent review is done by telephone or fax. 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 detail regarding authorization requirements, [click here](#).

PROCEDURES and SERVICES	Authorization Required	Comments
Assertive Community Treatment	Yes	
Electroconvulsive Therapy (ECT)	Yes	
Emergency Behavioral Health Services	No	
Intensive Outpatient Program (IOP)	Yes	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Partial Hospitalization Program (PHP)	Yes	
Pharmacological Management	No	
Psychological Testing	Yes	
Residential Treatment Services	Yes	

## Emergency Services

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

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### Inpatient Services

#### WellCare Web Submission Portal

Inpatient Authorization Requests Fax **1-877-431-8860**  
 Inpatient Discharge Planning Requests Fax **1-855-591-7136**

PROCEDURES and SERVICES	Authorization Required	Comments
Domiciliary, Rest Home & Custodial Services	Yes	
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	Yes	Clinical updates required for continued length of stay.
NICU/Sick Baby Admission	Yes	Notification is required with <b>24</b> hours following admission. Clinical updates required for continued length of stay.
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Observations	See Comments	<p>① Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements.</p> <p><a href="#">Authorization Lookup Tool</a></p> <p>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.</p>
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	

### Outpatient Services

#### WellCare Web Submission Portal

Durable Medical Equipment (DME) Requests Fax **1-877-431-8859**  
 Home Health Service Requests Fax **1-866-886-4321**  
 Inpatient Discharge Planning Requests Fax **1-855-591-7136**  
 Outpatient Authorization Requests Fax **1-800-246-7983**  
 Speech Therapy Requests Fax **1-877-431-8859**  
 Transplant Services Fax **1-813-283-5320**

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, OB Ultrasounds, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number <b>1-888-333-8641</b> <a href="#">Advanced Radiology Program Criteria</a> <a href="#">Radiology Request Forms</a>  <i>No authorization is required for the first 3 OB ultrasounds.</i>
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> Phone Number <b>1-888-333-8641</b> <a href="#">Cardiology Program Criteria</a> <a href="#">Cardiology Worksheets</a>

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PROCEDURES and SERVICES	Authorization Required	Comments
Dialysis	No	
Durable Medical Equipment (DME) Purchases and Rentals	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$250 per line item do NOT require authorization.
Investigational and Experimental Procedures and Treatment	Yes	<a href="#">See Clinical Coverage Guidelines</a> <a href="#">WellCare Web Submission Portal</a>
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">WellCare Lab Management Criteria</a> <a href="#">Molecular and Genetic Testing QRG</a>
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.
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Pain Management Program Criteria</a> <a href="#">Musculoskeletal Management Request Forms</a>
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Physical and Occupational Therapy Criteria</a> <a href="#">PT/OT Worksheets</a>
Radiation Therapy Management	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Radiation Therapy Management Program Criteria</a> <a href="#">Radiation Therapy Worksheets</a>
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: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Sleep Diagnostics Program Criteria</a> <a href="#">Sleep Management Worksheets</a>
Speech Therapy	Yes	
Sterilization Procedures	No	<a href="#">Sterilization Consent Form Required</a>
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

PROCEDURES and SERVICES	Authorization Required	Comments
Prenatal Notifications	No	<a href="#">Prenatal Notification Form</a>

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