For your convenience, items on this QRG in bold, underlined fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide 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.

### Important Phone Numbers

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Members may call this number to speak to a nurse 24 hours a day, 7 days a week.</td>
<td>Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services.</td>
</tr>
</tbody>
</table>

### Convenient Self-Service Offerings

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

#### WellCare Provider Portal

<table>
<thead>
<tr>
<th>Authorization Requirements</th>
<th>Fastest Result</th>
<th>CHAT</th>
<th>(IVR) Interactive Voice Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Status</td>
<td>Fastest Result</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Authorizations Request</td>
<td>Fastest Result</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Benefit Information</td>
<td>Fastest Result</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Claims Status</td>
<td>Fastest Result</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Co-Payment</td>
<td>Fastest Result</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Eligibility Verification</td>
<td>Fastest Result</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Submit Appeals</td>
<td>Fastest Result</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Submit Claim Disputes</td>
<td>Fastest Result</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Submit Claims</td>
<td>Fastest Result</td>
<td>Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Submit Corrected Claims</td>
<td>Fastest Result</td>
<td>Available</td>
<td>N/A</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**

<table>
<thead>
<tr>
<th>American Progressive Life &amp; Health Insurance Company of NY (PPO)</th>
<th>Until 12/31/19 Phone: 1-866-422-5009 Effective 1/1/20 Phone: 1-855-538-0454</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Progressive Life &amp; Health Insurance Company of NY (PFFS)</td>
<td>Until 12/31/19 Phone: 1-866-568-8921 Effective 1/1/20 Phone: 1-855-538-0454</td>
</tr>
<tr>
<td>WellCare of New York, Inc. (Duals/DSNP &amp; Medicare HMO)</td>
<td>Phone: 1-855-538-0454</td>
</tr>
<tr>
<td>TTY: 711</td>
<td></td>
</tr>
</tbody>
</table>

#### WellCare Telephone Numbers

<table>
<thead>
<tr>
<th>Care Management Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-866-635-7045</td>
</tr>
<tr>
<td>Fax: 1-866-287-3286</td>
</tr>
<tr>
<td>Hours: M-F 8 a.m.-7 p.m. Eastern</td>
</tr>
<tr>
<td>Mail to: WellCare Health Plans, Inc.</td>
</tr>
<tr>
<td>P.O. Box 31368</td>
</tr>
<tr>
<td>Tampa, FL 33631-3368</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-866-678-8355</td>
</tr>
<tr>
<td>WellCare’s Fraud, Waste and Abuse Hotline</td>
</tr>
</tbody>
</table>

©WellCare 2020
Claim Submission Information

Submission Inquiries:
For inquiries related to your electronic or paper submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

<table>
<thead>
<tr>
<th>Support from Provider Services</th>
<th>Until 12/31/19 Phone: 1-866-422-5009 Effective 1/1/20 Phone: 1-855-538-0454</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Progressive Life &amp; Health Insurance Company of NY (PPO)</td>
<td>WellCare of New York, Inc. (Duals/DSNP &amp; Medicare HMO) 1-855-538-0454</td>
</tr>
</tbody>
</table>

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:
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.

WELLCARE PAYER ID – From the table below, please use the appropriate 5-digit payer ID according to the file type (Fee-For-Service or Encounters) to submit professional (837P) and institutional (837I) electronic submissions.

- **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 (RF-reporting only) Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional or 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.administeptech.com/Signup.aspx or call 1-888-751-3271. ConnectCenter™ 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 need 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. 23, 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: https://www.wellcare.com/NewYork/Providers/Medicare/Claims

Mail paper claim submissions to:
WellCare Health Plans, Inc.
Claims Department
PO 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 Explanation of Payment. 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
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 P.O. Box with all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide and Forms when the Quick Reference Guide is viewed in an electronic format.

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(Revised January 2020)
NEW YORK MEDICARE QUICK REFERENCE GUIDE
January 2020

www.wellcare.com/New-York/Providers/Medicare

Claim 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 Explanation of Payment. 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 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  
Payment Policy Disputes Department  
P.O. Box 31426  
Tampa, FL 33631-3426  
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 Rd  
Huntingdon Valley, PA 19006  
By Secure Internet Upload  
Refer to Optum’s Medical Record Request letter for further instructions. |
| --- | --- |
| Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX to: | 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, any applicable attachment(s) and be sent to:

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

If you do not agree with the 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 a dispute in writing within 45 days of the recovery letter date. 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.  
Attn: CCU Recovery  
P.O. Box 31584  
Tampa, FL 33631-3584  
Fax: 1-813-283-3284

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within 30 days of WellCare’s receipt of your request. If you do not submit a dispute or render payment within the time period referenced above, we will take action to recover the amount owned as allowed by law, or as, outlined within 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(s) of service, reason(s) why the denial should be reversed, 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  
Attn: WellCare Clinical Chart Validation  
Hillcrest Ill Building  
731 Arbor Way, Suite 150  
Blue Bell, PA 19422  
Fax: 1-203-202-6607

Provider Identified Refund(s) without receiving overpayment notification should include the reason for the 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 33631-3384

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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(Revised January 2020)
All non-par Medicare provider appeals must be submitted within 60 calendar days and they must also submit a signed waiver of liability (WOL) with their request for processing. Participating Providers also can seek an appeal through the Appeals Department within 90 calendar days of a claim denial 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 P.O. Box with all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.

Mail or fax 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 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.
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384
Phone: 1-877-902-6784  Fax: 1-866-338-1769
Email: Operationalgrievance@wellcare.com or pdpgrievance@wellcare.com

WellCare Partners

**eviCore fka CareCore National**

eviCore is our in-network vendor for the following programs and clinical criteria. The vendor 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 that can be printed for easy reference. Member eligibility and authorizations requested 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**

*Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care.

For claim submissions:
- Submit all claims, including POS 11 Radiology, directly to WellCare.

**HealthHelp®**

HealthHelp is our in-network vendor for the following programs and provider resources. The vendor 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**

**CareCentrix**

**CareCentrix** is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: Skilled Nursing Facility, Long Term Acute Care, and Inpatient Rehab.

Contact CareCentrix for all authorization-related submissions for the services listed above. Please click on the links above for a listing of the specific services and related resources included in the CareCentrix programs.

**Urgent Authorizations and Provider Services: 1-888-571-6028**

**Note – Based on plan code benefits**

**TurningPoint®**

TurningPoint is our in-network vendor for the following programs Orthopedic Surgery and Spinal Surgery. We are pleased to announce the launch of a new and innovative Surgical Quality and Safety Management Program, effective 9/1/2019. Cases with dates of service of 9/1/2019 or later can be submitted to Turning Point for review as of 8/15/19. The provider resources can be accessed through the vendor portal, link listed below. Contact TurningPoint for all authorization-related submissions for the services listed above rendered in any inpatient and outpatient places of service. Please click on the link below for a listing of the specific services and related resources included in the TurningPoint programs.

Member eligibility and authorization request materials may be accessed via the TurningPoint Portal. A searchable authorization lookup is also available online to check the status of your authorization request, and criteria can be accessed through the program link.

For Urgent Authorizations and Provider Services please contact 1-866-459-8334

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(Revised January 2020)
**Contracted Networks**

<table>
<thead>
<tr>
<th>Dental</th>
<th>Vision</th>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthplex</td>
<td>Superior Vision</td>
<td>Hear USA</td>
</tr>
<tr>
<td>Phone: 1-855-468-7250</td>
<td>Phone: 1-800-879-6901</td>
<td>Phone: 1-855-220-8728</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><em>Chiropractic Services</em></th>
<th><em>Transportation</em></th>
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</thead>
<tbody>
<tr>
<td>Triad</td>
<td>Medical Transportation Management (MTM)</td>
</tr>
<tr>
<td>Phone: 1-800-409-9081</td>
<td>Phone: 1-855-824-5702</td>
</tr>
</tbody>
</table>

*Note – Based on plan code benefits*

**Pharmacy Services**

<table>
<thead>
<tr>
<th>Pharmacy Services:</th>
<th>Phone: 1-855-538-0454</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>MAPD</td>
<td>004336</td>
</tr>
<tr>
<td>PART B</td>
<td>004336</td>
</tr>
<tr>
<td>Exactus™ Pharmacy Solutions (Specialty)</td>
<td><a href="mailto:exactus@wellcare.com">exactus@wellcare.com</a></td>
</tr>
<tr>
<td>CVS/Caremark Mail Services</td>
<td></td>
</tr>
</tbody>
</table>

*Medication Appeals:*

Fax: 1-866-388-1766

Mail or fax a **Coverage Determination Request Form** with supporting documentation to:

**WellCare Health Plans**

Attn: Pharmacy-Coverage Determinations

P.O. Box 31397

Tampa, FL 33631-3397

Submit a **Coverage Determination Request Form** for:

- Drugs not listed on the formulary
- Drugs listed on the formulary with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician’s office
- Drugs listed on the formulary with a quantity limit (QL)
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate

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

**Coverage Determination Requests:**

Fax: 1-866-388-1766

Mail or fax a **Coverage Determination Request Form** with supporting documentation to:

**WellCare Health Plans**

Attn: Pharmacy-Coverage Determinations

P.O. Box 31397

Tampa, FL 33631-3397

Submit a **Coverage Determination Request Form** for:

- Drugs not listed on the formulary
- Drugs listed on the formulary with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician’s office
- Drugs listed on the formulary with a quantity limit (QL)
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate

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

**Web-based information:**

https://www.wellcare.com/New-York/Providers/Medicare/Pharmacy

- WellCare Formulary
- Participating Pharmacies
- Authorization Lookup Tool
- Pharmacy Services Forms
- Exactus Pharmacy Solutions

**For Home Infusion/Enteral services:**

Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services:

**Coram® (preferred):**

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

**Option Care®:**

Phone: 1-800-691-9979 or Fax: 1-718-762-8741

**BioScrip®:**

Phone: 1-877-501-0108 or Fax: 1-516-355-9322

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(Revised January 2020)
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 Primary Care Provider (PCP) as the “medical home” for its members. PCPs may refer members to network specialists when consultations will be rendered in an office, clinic or free-standing facility. The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the plan is necessary.

For members enrolled in a PPO plan, authorization is not required for nonparticipating providers and facilities, however, services on the medical necessity/authorization required list below must be covered services within the benefit plan and considered medically necessary for the plan to pay a portion of the out-of-network claim.

For members enrolled in a non-PPO plan, all services rendered by non-participating providers and facilities require authorization. Specialists must coordinate all services with the member’s PCP. 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 — Call the toll-free numbers below and follow the prompts.

<table>
<thead>
<tr>
<th>American Progressive Life &amp; Health Insurance Company of NY (PPO)</th>
<th>WellCare of New York, Inc. (Duals/DSNP &amp; Medicare HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Until 12/31/19 Phone: 1-866-422-5009 Effective 1/1/20 Phone: 1-855-538-0454</td>
<td>1-855-538-0454</td>
</tr>
</tbody>
</table>

- Notification is required for Inpatient Hospital admissions by the next business day (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- Outpatient authorizations for urgent and time-sensitive services may be submitted by phone when warranted by the member’s condition. Please add 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 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**

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-538-0454

Please log in to submit your Outpatient Authorization Requests & Inpatient Clinical Submissions. To fax a request, please access our forms here.

Web-based information: [https://www.wellcare.com/New-York/Providers/Medicare/Behavioral-Health](https://www.wellcare.com/New-York/Providers/Medicare/Behavioral-Health)

- In order to obtain authorization, notification of an Inpatient admission is required 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 via 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.

<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>Non-contracted (nonparticipating) Provider Services</td>
<td>Yes</td>
<td>All services from nonparticipating providers require prior authorization. *Excluding members enrolled in a PPO plan.</td>
</tr>
<tr>
<td>Behavioral Services</td>
<td>See Comments</td>
<td>Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal</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 Care Services</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Emergency Transportation Services (excluding Air and Water Ambulances)</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
(DME, Therapy, HomeHealth, etc.) Fax: 1-855-776-9464

<table>
<thead>
<tr>
<th>Procedures and Services</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient Procedures</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>Yes</td>
<td>Clinical updates required for continued length of stay.</td>
</tr>
</tbody>
</table>
| Long-Term Acute Care Hospital (LTACH) Admissions ***Note – Based on plan code benefits | Yes                    | Contact CareCentrix for authorization: CareCentrix  
Phone: 1-888-571-6028                                         |
| Observations                                                 | See Comments           | Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. |
| Orthopedic Surgery                                           | Yes – See Comments     | Contact Turning Point for prior authorization: Turning Point Portal  
Phone: 1-866-459-8334  
Fax: 1-917-243-9602                                                                 |
| Rehabilitation Facility Admissions ***Note – Based on plan code benefits | Yes                    | Contact CareCentrix for authorization: CareCentrix  
Phone: 1-888-571-6028                                         |
| Skilled Nursing Facility Admissions ***Note – Based on plan code benefits | Yes                    | Contact CareCentrix for authorization: CareCentrix  
Phone: 1-888-571-6028                                         |
| Spinal Surgery                                               | Yes – See Comments     | Contact Turning Point for prior authorization: Turning Point Portal  
Phone: 1-866-459-8334  
Fax: 1-917-243-9602                                                                 |

## Outpatient Services

**WellCare Web Submission Portal**

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

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Select Outpatient Procedures</td>
<td>Yes – See Comments</td>
<td>Please refer to the <a href="#">Authorization Lookup Tool</a> for prior authorization requirements.</td>
</tr>
</tbody>
</table>

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guide 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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<th>Procedures and Services</th>
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</table>
| Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans | Yes – See Comments | Contact eviCore for authorization: eviCore Provider Web Portal  
Phone: 1-888-333-8641  
Advanced Radiology Program Criteria  
Radiology Request Forms |
| 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: 1-888-333-8641  
Cardiology Program Criteria  
Cardiology Worksheets |
| Dialysis | No | All DME rentals require authorization. DME purchase items reimbursed at OR below $500 per line item do NOT require authorization. |
| Durable Medical Equipment Purchases and Rentals | Yes – See Comments | Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services:  
Coram® (preferred):  
Phone: 1-800-423-1411 or Fax: 1-866-462-6726  
Option Care:  
Phone: 1-800-691-9979 or Fax: 1-718-762-9741  
BioScrip®:  
Phone: 1-877-501-0108 or Fax: 1-516-355-9322 |
| Home Infusion/Enteral Services | Yes | Refer to Clinical Coverage Guidelines  
WellCare Web Submission Portal |
| Hospice Care Service | No | All services from nonparticipating providers require prior authorization.  
*Excluding members enrolled in a PPO plan. |
| Investigational & Experimental Procedures and Treatment | Yes | Contact eviCore for authorization: eviCore Provider Web Portal  
Phone: 1-888-333-8641  
WellCare Lab Management Program Criteria  
Molecular and Genetic Testing Quick Reference Guide |
| Laboratory Management (Certain Molecular and Genetic Tests) | Yes – See Comments | Contact HealthHelp for authorization: HealthHelp Portal  
Phone: 1-888-210-3736  
Medical Oncology Program Services |
| Medical Oncology Services | Yes | Contact Turning Point for prior authorization: Turning Point Portal  
Phone: 1-866-459-8334  
Fax: 1-917-243-9602 |
| Non-contracted (nonparticipating) Provider Services | Yes | Purchase items reimbursed at OR below $500 per line item do NOT require authorization.  
*Excluding members enrolled in a PPO plan. |
| Orthopedic Surgery | Yes – See Comments | Contact eviCore for authorization: eviCore Provider Web Portal  
Phone: 1-888-333-8641  
Pain Management Program Criteria  
Musculoskeletal Management Request Forms |
| Orthotics and Prosthetics | Yes – See Comments | Contact eviCore for authorization: eviCore Provider Web Portal  
Phone: 1-888-333-8641  
Physical and Occupational Therapy Program Criteria  
PT/OT Worksheets |
| Physical and Occupational Therapy (Including home-based therapy*) *Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care | Yes – See Comments | Contact HealthHelp for authorization: HealthHelp Portal  
Phone: 1-888-210-3736  
Radiation Therapy Management Program Resources |
| Radiation Therapy Management | Yes – See Comments | Refer to Clinical Coverage Guidelines  
WellCare Web Submission Portal |
<p>| Radiation Therapy Management Program Resources | | |</p>
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<tr>
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</table>
| Sleep Diagnostics       | Yes – See Comments     | Contact eviCore for authorization: eviCore Provider Web Portal  
Phone: 1-888-333-8641  
Sleep Diagnostics Program Criteria  
Sleep Management Worksheets |
| Speech Therapy          | Yes                    | WellCare Web Submission Portal |
| Spinal Surgery          | Yes – See Comments     | Contact Turning Point for prior authorization: Turning Point Portal  
Phone: 1-866-459-8334  
Fax: 1-917-243-9602 |
| Transplant Services     | Yes                    | Please submit clinical records for prior authorization for all transplant phases. |