

**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>TTY</b>	<b>1-877-247-6272</b>	<b>Risk Management</b> <a href="#">New York Medicaid Fraud Hotline</a> WellCare's Fraud, Waste and Abuse Hotline	<b>1-877-873-7283</b> <b>1-866-678-8355</b>
<b>Case Management Referrals</b>	<b>1-866-635-7045</b>	<a href="#">Provider Resource Guide</a>	
<b>Disease Management Referrals</b>	<b>1-877-393-3090</b>		
<b>CommUnity Assistance Line</b>	<b>1-866-775-2192</b>		

**Claim Submissions**

**Provider Services** **1-800-288-5441**  
Questions related to claim submissions

**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](#).

For inquires related to your electronic submissions to WellCare, please contact our EDI Team at [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

WellCare has partnered with RelayHealth as our preferred EDI Clearinghouse. You may connect directly to RelayHealth. In some cases your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with RelayHealth. We encourage you to contact your claims vendor to find if they have connectivity to RelayHealth. If not, you may want to consider contacting RelayHealth to establish free connectivity to WellCare for your EDI transactions.

Call Ability Network, a RelayHealth partner, to establish free connectivity to WellCare for EDI transactions at **1-866-855-4723** or PCS Support at **1-877-411-7271**. All clearinghouses, practice management vendors, or billing services may call RelayHealth at **1-888-743-8735** for help with EDI transactions.

**MCKESSON / RelayHealth CPIDs**

Claim Type	FFS	Encounter
Professional	1844	3211
Institutional	8551	4949

**WELLCARE PAYER IDs** – If your clearinghouse or billing system is not connected to McKesson/RelayHealth and requires a 5-digit Payer ID, please use the following according to the file type (FFS or Encounters):

Claim Type	FFS	Encounter
Professional or Institutional	14163	59354

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, noncovered 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**

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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 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](#)

### 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 orally by calling Provider Services. Please note that all appeals filed orally 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 \$300.00 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**

### Behavioral Health Services

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

Urgent Authorizations and Provider Services **1-800-288-5441** Outpatient Authorization Request Submissions Fax **1-855-713-0591**  
 Crisis Line **1-855-582-6265** Inpatient Hospitalization Clinical Submissions Fax **1-855-713-0590**

- 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.

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**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**

Dental	<a href="#">Healthplex</a>	1-888-468-2183
Vision	Superior Vision	1-866-819-4298
Transportation – Erie County FHP members 19 or 20 years old only in C/THP		
Medical Transportation Management (MTM)	1-855-824-5702	

**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 **P** 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 (POS 11, 50, 65, 71 & 72)\*. **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.

**WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:**

**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 may be requested by phone for urgent and time-sensitive services 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 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.

*Place-of-service codes (POS)\* are specified for some services.*

**\*Place-of-Service Codes**

11 – Office	33 – Custodial Care Facility	56 – Psychiatric Residential Treatment Center
12 – Home	41 – Ambulance - Land	57 – Nonresidential Substance Abuse Treatment Facility
20 – Urgent Care Facility	42 – Ambulance – Air or Water	61 – Comprehensive Inpatient Rehabilitation Facility
21 – Inpatient Hospital	49 – Independent Clinic	62 – Comprehensive Outpatient Rehabilitation Facility
22 – Outpatient Hospital	50 – Federally Qualified Health Center	65 – End Stage Renal Disease Treatment Facility
23 – Emergency Room	51 – Inpatient Psychiatric Facility	71 – Public Health Clinic
24 – Ambulatory Surgery Center	52 – Psychiatric Facility – Partial Hospitalization	72 – Rural Health Clinic
31 – Skilled Nursing Facility	53 – Community Mental Health Center	81 – Independent Laboratory
32 – Nursing Facility	55 – Residential Substance Abuse Treatment Facility	

**PROCEDURES and SERVICES**

- P** = New or changed requirement
- ⓘ** = Clarification of current requirement

Authorization Required

No Authorization Required

Comments

**Durable Medical Equipment (DME) Fax: 1-877-431-8859**

Durable Medical Equipment (DME) Purchases and Rentals	See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$250 per line item do NOT require authorization.
Orthotics and Prosthetics	X	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.

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PROCEDURES and SERVICES ■ = New or changed requirement ⓘ = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
<b>Home Health Services Fax: 1-866-886-4321</b>			
Home Health Care Services (12)*	X		Includes skilled therapy services in a home setting
ⓘ Physical and Occupational Therapy	X		Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Physical and Occupational Therapy Criteria PT/OT Worksheets</a>
<b>Inpatient Services Fax: 1-877-431-8860                      Inpatient Discharge Planning Requests Fax: 1-855-591-7136</b>			
Domiciliary, Rest Home & Custodial Services (32 & 33)*	X		
Elective Inpatient Procedures (21)*	X		Clinical updates required for continued length of stay.
Electroconvulsive Therapy (ECT)	X		
Emergency Behavioral Health Services		X	
Emergency Room Services (23)*		X	
Emergency Transportation Services		X	
Inpatient Admissions	X		Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	X		Clinical updates required for continued length of stay.
NICU/Sick Baby Admission	X		Notification is required with <b>24</b> hours following admission. Clinical updates required for continued length of stay.
Observations (22)*	See Comments	See Comments	Observation services will not require authorization; however preplanned procedures will be subject to Outpatient authorization requirements. <a href="#">Authorization Lookup Tool</a> Clinical updates required for continued length of stay.
Rehabilitation Facility Admissions (61)*	X		Clinical updates required for continued length of stay.
Residential Treatment Services	X		
Skilled Nursing Facility Admissions (31)*	X		
<b>Outpatient Services Fax: 1-800-246-7983</b>			
Advanced Radiology Services CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT Scans	X		Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Advanced Radiology Program Criteria Radiology Request Forms</a>  <i>No authorization is required for the first 3 OB ultrasounds.</i>
Ambulatory Surgery Center Procedures (24)*	Please see <a href="#">Authorization Lookup Tool</a>		<a href="#">Authorization Lookup Tool</a>
Assertive Community Treatment	X		
Behavioral Health Outpatient Services	See Comments	See Comments	Some behavioral health outpatient services require prior authorization. Please see the <a href="#">Authorization Lookup Tool</a>

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PROCEDURES and SERVICES <span style="color: red;">P</span> = New or changed requirement <span style="color: blue;">C</span> = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	X		Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">Cardiology Program Criteria</a> <a href="#">Cardiology Worksheets</a>
Cosmetic Procedures (ALL)*	X		<a href="#">Authorization Lookup Tool</a>
Cytogenetic, Molecular Diagnostic and Reproductive Medicine Laboratory Testing (ALL)* <i>Note: Some tests are handled by eviCore. Please refer to Lab Management section below as well.</i>	Please see <a href="#">Authorization Lookup Tool</a>		<a href="#">See Clinical Coverage Guidelines</a>
Dialysis		X	
Electroconvulsive Therapy (ECT)	X		
Intensive Outpatient Program (IOP)	X		
Investigational and Experimental Procedures and Treatment	X		<a href="#">See Clinical Coverage Guidelines</a>
Laboratory (Routine) Testing (11, 22 & 81)*		X	Lab testing must be performed by LabCorp, Quest or other entities specifically contracted to perform lab services.
Laboratory Management (Certain Molecular and Genetic Tests)	X		Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number 1-888-333-8641 <a href="#">WellCare Lab Management Criteria</a> Molecular and Genetic Testing QRG
Office Visits and Treatment (11)*	Please see <a href="#">Authorization Lookup Tool</a>		<a href="#">Authorization Lookup Tool</a>
Ophthalmology Procedures	Please see <a href="#">Authorization Lookup Tool</a>		<a href="#">Authorization Lookup Tool</a>
Outpatient Hospital Procedures and Services (22)*	Please see <a href="#">Authorization Lookup Tool</a>		<a href="#">Authorization Lookup Tool</a>
Pain Management Treatment	X		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>
Partial Hospitalization Program (PHP)	X		
Pharmacological Management		X	
Physical and Occupational Therapy	X		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>
Psychological Testing	X		
Radiation Therapy Management	X		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>

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PROCEDURES and SERVICES ⓘ = New or changed requirement ⓘ = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
Radiology Anesthesia		X	No authorization is required for CPT codes 01916–01933
Radiology (Routine) Services and Non-Obstetric Ultrasounds (11, 22 & 24)*		X	See eviCore Programs on page 3 for claim submission information.
Respiratory Therapy Services		X	
Sleep Diagnostics	X		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>
Sterilization Procedures		X	<a href="#">Sterilization Consent Form Required</a>
Urgent Care Services (20)*		X	
<b>Prenatal Notifications</b>		<b>Fax: 1-877-647-7475</b>	
Prenatal Notifications		X	<a href="#">Prenatal Notification Form</a>
<b>Speech Therapy Services</b>		<b>Fax: 1-877-431-8859</b>	
Speech Therapy (11, 22 & 62)*	X		
<b>Transplant Services</b>		<b>Fax: 1-813-283-5320</b>	
Transplant Services (ALL)*	X		Please submit clinical records for prior authorization for all transplant phases.

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