

### Important Telephone Numbers

<b>Behavioral Health Crisis Line</b> <span style="float: right;"><b>1-800-411-6485</b></span> Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services.	<b>Nurse Advice Line</b> <span style="float: right;"><b>1-800-581-9952</b></span> Members can call this number to speak to a nurse 24 hours a day, 7 days a week.
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### Proficient Self Service Offerings

WellCare offers robust technology options to save you time. The fastest ways to get what you need are shown below.

[WellCare Provider Portal](#)

	Portal	CHAT	(IVR) Interactive Voice Response
<b>Authorization Requirements</b>	<a href="#">Fastest Result</a> ✓	N/A	Av ailable
<b>Authorization Status</b>	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Av ailable
<b>Authorizations Request</b>	<a href="#">Fastest Result</a> ✓	N/A	N/A
<b>Benefit Information</b>	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Av ailable
<b>Claims Status</b>	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Av ailable
<b>Co-Payment</b>	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Av ailable
<b>Eligibility Verification</b>	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Av ailable
<b>Submit Appeals</b>	<a href="#">Fastest Result</a> ✓	N/A	N/A
<b>Submit Claim Disputes</b>	<a href="#">Fastest Result</a> ✓	N/A	N/A
<b>Submit Claims</b>	<a href="#">Fastest Result</a> ✓	N/A	N/A
<b>Submit Corrected Claims</b>	<a href="#">Fastest Result</a> ✓	N/A	N/A

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: **1-855-538-0454**

TTY:      711

### WellCare Telephone Numbers

<b>Care &amp; Disease Management Referrals</b>  <b>Phone</b> <span style="float: right;"><b>1-866-635-7045</b></span> <b>TTY – 711</b> <span style="float: right;"><b>Fax 1-866-287-3286</b></span>  <b>Hours</b> <span style="float: right;"><b>M-F 8-7 pm Eastern</b></span>	<b>Risk Management</b> <span style="float: right;"><b>1-866-678-8355</b></span> WellCare Fraud, Waste and Abuse Hotline  <b>Community Connections Help Line</b> <span style="float: right;"><b>1-866-775-2192</b></span>
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## Claim Submission Information

### Submission Inquiries:

**Support from Provider Services** 1-855-538-0454

For inquiries related to your electronic or paper 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 refer to your [Provider Manual](#).

### Clearinghouse Connectivity:

WellCare has partnered with Change Healthcare, formerly known as Relay Health, 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 Relay Health at 1-800-527-8133 for connectivity services.

### CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDs (CPIDs)

Claim Type	Fee-for-Service (CH-Chargeable) Submissions	Encounter (RF-Reporting only) Submissions
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):

- 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

Claim Type	Fee-for-Service (CH-Chargeable) Submissions	Encounter (RF-reporting only) Submissions
Professional or Institutional	14163	59354

### 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.administep.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 be required to **enter a credit card** upon initial enrollment to verify them as a valid submitter.
- Only WellCare submissions are free of charge. Please **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 forms.**

Claim forms and guidelines may be found on our website: [www.wellcare.com/South-Carolina/Providers/Medicare/Claims](http://www.wellcare.com/South-Carolina/Providers/Medicare/Claims)

Mail paper claim submissions to:

**WellCare Health Plans, Inc.  
 Claims Department  
 P.O. Box 31372  
 Tampa, FL 33631-3372**

## Claim Payment Disputes

The claim payment dispute process is designed to address claims when there is a disagreement regarding reimbursement. Claim payment disputes must be submitted in writing to WellCare within **90 calendar days** of the date on the EOP.

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 must be 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 PO 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.**

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### Appeals (Medical)

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 PO 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 all medical benefit 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 contacting Customer Service or submitted in writing via mail or fax. 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** Fax: **1-866-388-1769**  
**Attn: Grievance Department**  
**P.O. Box 31384**  
**Tampa, FL 33631-3384**

### 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 Program](#), [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 authorization requests 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.**

#### HealthHelp®

[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 **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](#) is 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

<b>Dental – Liberty 1-888-352-0129</b>	<b>Vision – Superior Vision 1-866-819-4298</b>
<b>Transportation – MTM 1-844-879-7338</b>	<b>Hearing – HearUSA 1-800-333-3389 Option 2</b>

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## Pharmacy Services

**Pharmacy Services** 1-855-538-0454  
 Including after-hours and weekends (CVS/Caremark™)  

	R <sub>x</sub> BIN	R <sub>x</sub> PCN	R <sub>x</sub> GRP
	004336	MEDDADV	788257
<b>Part B only</b>	004336	ADV	RX8882

**Exactus™ Pharmacy (Specialty)** 1-866-458-9246  
[exactus@wellcare.com](mailto:exactus@wellcare.com) TTY: 1-855-516-5636  
 Fax: 1-866-458-9245

**CVS/Caremark™ Mail Service** 1-866-808-7471  
 TTY: 1-866-236-1069  
 Fax: 1-866-892-8194

**Medication Appeals** Fax: 1-866-388-1766  
 Fax or Mail [Request for Redetermination of Medicare Prescription Drug Denial](#) with supporting documentation to:  
**WellCare Health Plans**  
 Attn: Pharmacy Appeals Department  
 P.O. Box 31383  
 Tampa, FL 33631-3383

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

### Formulary Inclusions

To request consideration for inclusion of a drug to WellCare's formulary, providers may submit a medical justification to WellCare in writing to:

**WellCare Health Plans**  
 Clinical Pharmacy Department  
 Director of Formulary Services  
 Pharmacy & Therapeutics Committee  
 P.O. Box 31577  
 Tampa, FL 33631-3577

**Coverage Determination Requests** Fax: 1-866-388-1767

Submit a [Coverage Determination Request Form](#) for:

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

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

### Web-Based Information:

[www.wellcare.com/South-Carolina/Providers/Medicare/Pharmacy](http://www.wellcare.com/South-Carolina/Providers/Medicare/Pharmacy)

- [WellCare Formulary](#)
- [Authorization Lookup Tool](#)
- [Pharmacy Services Forms](#)
- [Exactus Pharmacy Solutions](#)

### 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**

## WELLCARE'S PRIOR AUTHORIZATION LIST:

### 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 **Pa** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an **Ⓢ** symbol.

WellCare supports the concept of the Primary Care Physician (PCP) as the "medical home" for its members. PCPs may refer members to network specialists when services 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.*

**Pa** For members enrolled in a PPO plan, authorization is not required for non-participating 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, including requests to use the member's Point-of-Service benefits. 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 1-855-538-0454 and follow the prompts.

- 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 include **CPT and ICD-10 codes** with your authorization request. Standard authorization requests may be submitted [online](#) or via fax using 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.

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### 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: [www.wellcare.com/South-Carolina/Providers/Medicare/Behavioral-Health](http://www.wellcare.com/South-Carolina/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, may be submitted online.
- For more information on Authorization Requirements click [here](#) and select the "Behavioral Health Authorization List" PDF under **Other Resources**.

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization. *Excluding members enrolled in a PPO plan
Behavioral Services	See Comments	Please refer to the <a href="#">Behavioral Health Authorization List</a> under <b>Other Resources</b> for authorization requirements. <a href="#">WellCare Web Submission Portal</a>

### Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Care Services	No	
Emergency Transportation Services (excluding Air and Water Ambulances)	No	
Urgent Care Services	No	

### 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

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Hospice	Yes	
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.
Observations	Yes	Clinical updates required for continued length of stay.
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.

### Outpatient Services

#### WellCare Web Submission Portal

Please [log in](#) to submit your Outpatient Authorization Requests & Clinical Submissions.  
 To fax a request, please access our forms [here](#)  
 Inpatient Discharge Planning Requests Fax: 1-855-591-7136  
 Pharmacy Medical Requests Fax: 1-888-871-0564

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>

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PROCEDURES and SERVICES	Authorization Required	Comments
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Advanced Radiology Program Criteria</a> <a href="#">Radiology Request Forms</a>
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: 1-888-333-8641 <a href="#">Cardiology Program Criteria</a> <a href="#">Cardiology Worksheets</a>
Dialysis	No	
Durable Medical Equipment 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
Hospice Care Services	No	
Investigational & Experimental Procedures and Treatment	Yes	<a href="#">Refer to 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="#">Lab Management Program Criteria</a> <a href="#">Molecular and Genetic Testing Quick Reference Guide</a>
Medical Oncology Services	Yes	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number: 1-888-210-3736 <a href="#">Medical Oncology Program Services</a>
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization. *Excluding members enrolled in a PPO plan
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment (Certain Pain Management Treatments)	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) *Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care	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 Program Criteria</a> <a href="#">PT/OT Worksheets</a>
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number 1-888-210-3736 <a href="#">Radiation Therapy Management Program Resources</a>

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PROCEDURES and SERVICES	Authorization Required	Comments
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	<a href="#">WellCare Web Submission Portal</a>
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

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