

Important Telephone Numbers

Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-800-919-8807	Behavioral Health Crisis Line Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services	1-855-591-7134
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Proficient Self-Service Offerings

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

WellCare Provider Portal

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements	Fastest Result ✓	N/A	Available
Authorization Status	Fastest Result ✓	Available	Available
Authorizations Request	Fastest Result ✓	N/A	N/A
Benefit Information	Fastest Result ✓	Available	Available
Claims Status	Fastest Result ✓	Available	Available
Co-Payment	Fastest Result ✓	Available	Available
Eligibility Verification	Fastest Result ✓	Available	Available
Submit Appeals	Fastest Result ✓	N/A	N/A
Submit Claim Disputes	Fastest Result ✓	N/A	N/A
Submit Claims	Fastest Result ✓	N/A	N/A
Submit Corrected Claims	Fastest Result ✓	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: 1-888-588-9842

TTY: 711

WellCare Telephone Numbers

Care & Disease Management Referrals		Community Connections Help Line	1-866-775-2192
Phone	1-866-635-7045		
TTY – 711	Fax: 1-866-287-3286	Risk Management	
Hours	M-F 8-7 pm Eastern Time	WellCare's Fraud, Waste and Abuse Hotline	1-866-678-8355
		South Carolina Medicaid Fraud Hotline	1-888-364-3224
		South Carolina DHHS Fraud Hotline via the Internet fraudres@scdhhs.gov	

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

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Claim Submission Information

Submission Inquiries:

Provider Services 1-888-588-9842

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

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process at PaySpan.com or call 1-877-331-7154. For more details on PaySpan, please refer to your [Provider Manual](#).

Clearinghouse Connectivity Setup & Connection Support:

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

Claim Type	Fee-for-Service (CH – Chargeable) Submissions	Encounter (RP – 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 (RP – 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 and please ensure you use vendor code 212750 when you register.

Paper Submission Guidelines:

WellCare follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claim submissions. Since Oct. 28, 2010, WellCare accepts only the original “red claim” form for claim and encounter submissions. WellCare does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website: www.wellcare.com/South-Carolina/Providers/Medicaid/Claims

Mail paper claim submissions to:

WellCare Health Plans
Attn: 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 **30 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 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 (please do not submit image of claim) 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 new mailbox for provider issues related strictly to payment policy. Disputes for payment policy related issues must be submitted to WellCare in writing within **30 days** of the date of denial on the EOP. Please provide all relevant documentation (please do not submit 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 on our website: <https://provider.wellcare.com/>

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:	WellCare Health Plans Attn: Claims Payment Policy Disputes P.O. Box 31426 Tampa, FL 33631-3426
Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:	By Mail (U.S. Postal Service) Phone: 1-844-458-6739 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, RVLTX:	WellCare Health Plans CCR P.O. Box 31394 Tampa, FL 33631-3394

Recovery/Cost Containment Unit (CCU)

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:	WellCare Health Plans, Inc. Attn: CCU Recovery P.O. Box 31584 Tampa, FL 33631-3584
If you do not agree with this proposed WellCare overpayment notification related to adjustments RVXX (except RV059, which should refer to the Claim Payment Disputes section above) , you may request an Administrative Review by submitting your request in writing within 45 days of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position.	
Mail or fax your Administrative Review request to:	WellCare Health Plans, Inc. Fax: 813-283-3284 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, based on the contract between you and WellCare.	
Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228 or RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.	
Mail or fax your dispute to:	COTIVITI HEALTHCARE Fax: 1-203-202-6607 Attn: WellCare Clinical Chart Validation Hillcrest III Building 731 Arbor Way, Suite 150 Blue Bell, PA 19422
Provider Identified Refund(s) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID.	
Please submit to:	WellCare Health Plans, Inc. Attn: CCU Recovery P.O. Box 31584 Tampa, FL 33631-3584
Note: For single claim checks, please use the Refund Check Informational Sheet to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the Refund Referral Grid and email all supporting documentation, including the grid, to OverpaymentRefunds@wellcare.com to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.	

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Appeals (Medical)

Providers may file an appeal on behalf of the member with the member's written consent. Providers may also seek an appeal through the Appeals Department within **30 calendar days** of a claims 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 (please do not submit 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 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 Member Services or submitted in writing by 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 Fax: **1-866-388-1769**
Attn: Grievance Department
P.O. Box 31368
Tampa, FL 33631-3368

WellCare Partners

eviCore, formerly CareCore National

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

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

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 at 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**

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

[March® Vision](#)

Routine vision and optometry services

1-844-946-2724

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Pharmacy Services

<p>Pharmacy Services 1-888-588-9842</p> <p>Including after-hours and weekends (CVS/caremark™)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Rx BIN</td> <td style="width: 25%;">Rx PCN</td> <td style="width: 25%;">Rx GRP</td> <td style="width: 25%;"></td> </tr> <tr> <td>004336</td> <td>MCAIDADV</td> <td>RX8894</td> <td></td> </tr> </table> <p>Exactus™ Pharmacy Solutions (Specialty) 1-866-458-9246 exactus@wellcare.com TTY: 1-855-516-5636 Fax: 1-866-458-9245</p> <p>Mail Service Pharmacy: 1-866-808-7471 CVS/caremark™ Mail Service Pharmacy TTY: 1-866-236-1069 Fax: 1-866-892-8194</p> <p>Medication Appeal Fax: 1-888-865-6531</p> <p>Mail medication appeals with supporting documentation to:</p> <p style="margin-left: 20px;">WellCare Health Plans Attn: Pharmacy Appeals Department P.O. Box 31398 Tampa, FL 33631-3398</p> <p>Medication appeals may also be initiated by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.</p> <p>PDL Inclusions To request consideration for inclusion of a drug in WellCare of South Carolina's PDL, you may submit a medical justification to WellCare of South Carolina in writing to:</p> <p style="margin-left: 20px;">WellCare Health Plans, Clinical Pharmacy Department Director of Formulary Services Pharmacy and Therapeutics Committee P.O. Box 31577 Tampa, FL 33631-3577</p>	Rx BIN	Rx PCN	Rx GRP		004336	MCAIDADV	RX8894		<p>Coverage Determination Requests Fax: 1-866-354-8709</p> <p>Submit a Coverage Determination Request Form for:</p> <ul style="list-style-type: none"> 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 Brand-name drugs when an equivalent generic exists Drugs that have a step edit (ST) and the first line of therapy is inappropriate Drugs that have an age limit (AL) Multi-ingredient compounds exceeding \$300 cost (PA) <p>HealthHelp® manages Medical Oncology Services. Please see above for HealthHelp Contact Information.</p> <p>On the web: www.wellcare.com/South-Carolina/Providers/Medicaid/Pharmacy</p> <ul style="list-style-type: none"> WellCare of South Carolina Preferred Drug List (PDL) Pharmacy Services Forms Authorization Lookup Tool <p>For Home Infusion/Enteral services:</p> <p>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</p>
Rx BIN	Rx PCN	Rx GRP							
004336	MCAIDADV	RX8894							

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 P symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a D symbol.

All services rendered by nonparticipating providers and facilities require authorization. Primary care physicians (PCPs) must refer members to participating specialists. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

A searchable Authorization Lookup Tool is available on our website at www.wellcare.com/South-Carolina/Providers/Authorization-Lookup. WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility. **A written or faxed script to the specialist is required.** The reason for the referral and the name of the specialist must be documented in the medical record. **The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record.** No communication with WellCare is necessary. Specialists may not refer members directly to other specialists.

Urgent Authorization Requests and Admission Notifications – 1-888-588-9842 and follow the prompts.

- Notify the plan of unplanned inpatient hospital admissions within **1 business day of admission** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- Outpatient authorizations may be requested by phone for urgent and time-sensitive services when warranted by the member's condition. Please include **CPT** and **ICD-10** codes with your authorization request. Standard authorization requests may be submitted [online](#) or via fax to the numbers listed on the associated forms located [here](#).
- [Web submissions](#) are faster, and if the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference.
- Obtaining authorization does not guarantee payment but rather only confirms whether a service meets WellCare's determination criteria at the time of the request. WellCare retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, the medical necessity of services, and correct coding and billing practices.

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Behavioral Health Services
WellCare Web Submission Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-888-588-9842

Please [log in](#) to submit your Authorization Requests & Inpatient Clinical Submissions.
 To fax a request, please access our forms [here](#).

Web-based information: www.wellcare.com/South-Carolina/Providers/Medicaid/Behavioral-Health

- Programs include South Carolina Medicaid-covered MHA services/RBHS Services.
- Details regarding the specific authorization requirements for services are included in the authorization request forms.
- Inpatient and PRTF concurrent review is generally done by telephone, but fax option is available and the forms and fax numbers can be found [here](#). Psychological testing requests are to be submitted by fax. All other levels of care requiring authorization, including outpatient services, can be submitted online.
- For more information on Authorization Requirements, click [here](#) and select the "SC Master BH Auth Grid" PDF under **Authorization Requirements**.
- Please submit your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	Notification is expected within 24 hours .
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require authorization.
Behavioral Health Services	See Comments	For more information on Authorization Requirements, click here and select the "SC Master BH Auth Grid" PDF under Authorization Requirements . WellCare Web Submission Portal

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	Notification is expected within 24 hours .
Emergent Care Services	No	
Emergency Transportation Services	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 (DME, Therapy, HomeHealth, etc.) Fax: 1-855-591-7136

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Inpatient Hospital 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 Admissions	Yes	Notification to the plan is required within 24 hours following admission. Contact Progeny Health at fax # 1-866-731-2080 to submit clinical updates for initial and continued length of stay.
Observations	See Comments	① Elective procedures that convert to an observation stay are subject to outpatient authorization requirements. Authorization Lookup Tool 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.
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.

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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 (DME, Therapy, HomeHealth, etc.) Fax: 1-855-591-7136

Pharmacy Medical Requests Fax: 1-855-519-6687

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the Authorization Lookup Tool for prior authorization requirements. WellCare Web Submission Portal
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 Number 1-888-333-8641 Advanced Radiology Program Criteria Radiology Request Forms <i>No authorization is required for the first 3 OB ultrasounds or when rendered by Maternal Fetal Medicine (MFM) specialists.</i>
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 Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Dialysis	No	
Durable Medical Equipment (DME) Purchases and Rentals	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Home Infusion/Enteral Services	Yes	Once Authorization Approval is obtained through WellCare, please contact our preferred provider, Coram, to initiate Services: Phone: 1-800-423-1411 or Fax 1-866-462-6726
Investigational & Experimental Procedures and Treatment	Yes	Refer to Clinical Coverage Guidelines WellCare Web Submission Portal
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 WellCare Lab Management Criteria Molecular and Genetic Testing QRG
Medical Oncology Services	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Medical Oncology Program Services
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require authorization.
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at or below \$500 per line item do NOT require authorization.
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources

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PROCEDURES and SERVICES	Authorization Required	Comments
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy	Yes	
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

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