

**Important Telephone Numbers**

**Behavioral Health Crisis Line** 1-800-411-6485  
 Members may call this number 24 hours a day for a Behavioral Health Crisis.  
 For non-crisis related concerns, please call Member Services.

**Nurse Advice Line** 1-800-581-9952  
 Members may call this number to speak to a nurse 24 hours a day, 7 days a week.

**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
Authorization Requirements	<a href="#">Fastest Result</a> ✓	N/A	Available
Authorization Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorizations Request	<a href="#">Fastest Result</a> ✓	N/A	N/A
Benefit Information	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Claims Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Co-Payment	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Eligibility Verification	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Submit Appeals	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Claim Disputes	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Claims	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Corrected Claims	<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 Numbers:**

Select Care of Texas	1-866-230-2513
Select Care of Texas (IPA: KLSY)	
Select Care Health Plan	1-800-958-2707
WellCare of Texas & All DSNP Providers	1-855-538-0454
IPA: PMC Memorial Clinical Associates LPO	1-713-407-3021
IPA: PMC Town & Country Family Physicians LPO	1-713-407-3015
IPA: NWDC LPO	1-832-232-5650

TTY: 711

**WellCare Telephone Numbers**

**Care Management Referrals**

TTY: 711  
 Hours

1-866-635-7045  
 Fax: 1-866-287-3286  
 M-F 8-7 p.m. Central

**Risk Management**

WellCare Fraud, Waste and Abuse Hotline

1-866-678-8355

For your convenience, items on this QRG in **bold, underlined** fonts are links 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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**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](mailto:EDI-Master@wellcare.com).

Support from Provider Services			
Select Care of Texas	1-866-230-2513	Select Care Health Plan	1-800-958-2707
Select Care of Texas (IPA: KLSY)		WellCare of Texas & All DSNP Providers	1-855-538-0454
IPA: PMC Memorial Clinical Associates LPO	1-713-407-3021	IPA: NWDC LPO	1-832-232-5650
IPA: PMC Town & Country Family Physicians LPO	1-713-407-3015		

**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 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

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)**

**AdminSTEP** 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.

**Connect Center™ for physicians** offers a web browser for direct data entry (DDE) or batch upload capability **at no cost to you for 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 forms.**

Claim forms and guidelines may be found on our website: <http://www.wellcare.com/Texas/Providers/Medicare/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 claims when there is 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 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 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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**Claim Payment Policy Disputes**

The Claim 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** calendar days of the date of denial on the EOP. 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 on our website:

<https://provider.wellcare.com/>

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:	<b>WellCare Health Plans</b> <b>Attn: Claim Payment Disputes</b> <b>P.O. Box 31426</b> <b>Tampa, FL 33631-3426</b>
Mail all medical records and first-level disputes related to Explanation of Payment Codes beginning with CPIXX:	<b>By Mail (U.S. Postal Service)</b> Phone: <b>1-844-458-6739</b> <b>OPTUM</b> <b>P.O. Box 52846</b> <b>Philadelphia, PA 19115</b>
	<b>By Delivery Services (FedEx, UPS)</b> <b>OPTUM</b> <b>458 Pike Rd</b> <b>Huntingdon Valley, PA 19006</b>
Mail all disputes related to Explanation of Payment Codes LTXXX:	<b>WellCare Health Plans</b> <b>CCR Pre-pay</b> <b>P.O. Box 31394</b> <b>Tampa, FL 33631-3394</b>
Mail all disputes related to Explanation of Payment Codes RVLTX:	<b>WellCare Health Plans</b> <b>CCR Post-pay</b> <b>P.O. Box 31395</b> <b>Tampa, FL 33631-3395</b>

**Recovery/Cost Containment Unit (CCU)**

<b>Refund(s)</b> in response to a WellCare overpayment notification should include a copy of the overpayment notification any applicable attachment(s) and be sent to:	<b>WellCare Health Plans, Inc.</b> <b>Attn: CCU Recovery</b> <b>P.O. Box 31584</b> <b>Tampa, FL 33631-3584</b>
If you do not agree with the proposed WellCare overpayment notification related to adjustments <b>RVXX (Except RV059)</b> , which should refer to the <b>Claim Payment Disputes</b> section above), you may request an Administrative Review by submitting a dispute in writing within <b>45 days</b> 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:	<b>WellCare Health Plans, Inc.</b> Fax: <b>1-813-283-3284</b> <b>Attn: CCU Recovery</b> <b>P.O. Box 31658</b> <b>Tampa, FL 33631-3658</b>
Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within <b>30 days</b> 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 owed as allowed by law, or as outlined within the contract between you and WellCare.	
<b>Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228 or RV213</b> 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:	<b>COTIVITI HEALTHCARE</b> Fax: <b>1-203-202-6607</b> <b>Attn: WellCare Clinical Chart Validation</b> <b>Hillcrest III Building</b> <b>731 Arbor Way, Suite 150</b> <b>Blue Bell, PA 19422</b>
<b>Provider Identified Refund(s)</b> 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:	<b>WellCare Health Plans, Inc.</b> <b>Attn: CCU Recovery</b> <b>P.O. Box 31584</b> <b>Tampa, FL 33631-3884</b>

**Note:** For single-claim checks, please use the [Refund Check Informational Sheet](#) to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the [Refund Referral Grid](#) and email all supporting documentation, including the grid, to [OverpaymentRefunds@wellcare.com](mailto:OverpaymentRefunds@wellcare.com) to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

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**Appeals (Medical)**

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 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. Additionally, provider complaints related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within **30 calendar days** of the event giving rise to the complaint.

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.

**\*Excluding members enrolled with NWDC & PMC, please contact NWDC & PMC directly for authorization of these services.**

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: [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.

**For submission of Radiation Therapy requests, please refer to the Auth Grid on page 8. Please contact Health Help for Radiation Therapy requests for members enrolled in WellCare of Texas plans only.**

**\*Excluding members enrolled with NWDC & PMC, please contact NWDC & PMC directly for authorization of these services.**

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 – DentaQuest</b> <b>1-800-936-0978</b>	<b>Hearing – HearUSA</b> <b>1-855-220-8740</b>
<b>Vision – Premier Eye Care</b> <b>1-855-879-1455</b>	<b>Transportation – Medical Transportation Management (MTM)</b> <b>1-866-245-7246</b>

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**Pharmacy Services**

**Pharmacy Services** 1-888-348-4569

Including after hours and weekends (CVS/Caremark™)

	Rx BIN	Rx PCN	Rx GRP
MAPD	004336	MEDDADV	788257
Part B	004336	ADV	RX8882

**Exactus™ Pharmacy Solutions (Specialty)** 1-888-246-6953

[exactus@wellcare.com](mailto:exactus@wellcare.com)

TTY: 1-855-516-5636

Fax: 1-866-458-9245

**CVS/Caremark Mail Services**

1-866-808-7471

TTY: 1-866-236-1069

Fax: 1-866-892-8194

**Medication Appeals**

Fax: 1-866-388-1766

Mail or fax [Request for Redetermination \(medication appeal\) Form](#) 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 verbally 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.

**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

Mail or fax a [Coverage Determination Request Form](#) with supporting documentation to:

Fax: 1-866-388-1767

Online: [Coverage Determination Request Form](#)

Mail:

**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:**

<http://www.wellcare.com/Texas/Providers/Medicare/Pharmacy>

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

**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 will be 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 Physician (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 should document receipt of the request for a consultation and the reason for the referral in the medical record. **No communication with WellCare is necessary for claims payment.**

**All services rendered by nonparticipating 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 the numbers below and follow the prompts.**

Select Care of Texas	1-866-230-2513	Select Care Health Plan	1-800-958-2707
Select Care of Texas (IPA: KLSY)		WellCare of Texas & All DSNP Providers	1-855-538-0454
IPA: PMC Memorial Clinical Associates LPO	1-713-407-3021	IPA: NWDC LPO	1-832-232-5650
IPA: PMC Town & Country Family Physicians LPO	1-713-407-3015		

- 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 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: 1-855-538-0454

Please [log in](#) to submit your Outpatient Authorization Requests & Inpatient Clinical Submissions.

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

Web-based information: <http://www.wellcare.com/Texas/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	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Emergency Behavioral Health Services	No	No	No	No
Non-contracted (nonparticipating) Provider Services	All services from nonparticipating providers require prior authorization.	All services from nonparticipating providers require prior authorization.	All services from nonparticipating providers require prior authorization.	All services from nonparticipating providers require prior authorization.
Behavioral Services	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>	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>	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>	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>
Any Service rendered in a facility setting (Place of Service 19, 22, & 24) with the exception of Preventive Services	Yes	Yes	Yes	Yes

**Emergency Services**

PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Emergent Ambulance Services	No	No	No	No
Emergency Room Services	No	No	No	No
Urgent Care Visits	No	No	No	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: 1-713-621-8441

PMC Inpatient Fax: 1-713-973-2193

NWDC Inpatient Fax: 1-832-232-5607

PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Acute Inpatient Admissions	Yes	Yes	Yes	Yes
Inpatient Rehab	Yes	Yes	Yes	Yes
Long Term Acute Care Admissions	Yes	Yes	Yes	Yes
Mental Health Admissions	Yes	Yes	Yes	Yes
Observation Stays	Yes	Yes	Yes	Yes
Professional services rendered incidental to an authorized facility admit or service	No	No	No	No

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PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Skilled Nursing Facility Admissions	Yes	Yes	Yes	Yes

**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: 1-713-621-8441

PMC Outpatient Fax: 1-713-973-2193

NWDC Outpatient Fax: 1-832-232-5607

Pharmacy Medical Requests Fax: 1-888-871-0564

PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Any Service rendered in a facility setting (Place of Service 19, 22, & 24) with the exception of Preventive Services	Yes	Yes	Yes	Yes
AAA Screening	No	No	No	No
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Advanced Radiology Criteria Radiology Request Forms</a>	Yes	Yes	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Advanced Radiology Criteria Radiology Request Forms</a>
Allergy Testing & Injections/Serum	No (except when rendered in POS 19, 22, & 24)	Yes	Yes	No (except when rendered in POS 19, 22, & 24)
Ambulance (Non Emergent) Transport	Yes	Yes	Yes	Yes
Anesthesia	No (except when rendered in POS 19, 22, & 24)	Yes	Yes	No (except when rendered in POS 19, 22, & 24)
Barium Enema	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Bone Density	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Cardiology Services: Cardiac Imaging (including echocardiograms), Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Cardiology Program Criteria Cardiology Worksheets</a>	Yes	Yes	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Cardiology Program Criteria Cardiology Worksheets</a>
Cataract Surgery	Yes	Yes	Yes	Yes
Chiropractic Services	Yes	Yes	Yes	Yes
Colonoscopies (Diagnostic)	Yes	Yes	Yes	Yes
CPAP/BiPAP Supplies	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Diabetes Prevention Program	No	No	No	No
Diabetic Supplies	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Dialysis	Yes	Yes	Yes	Yes
Dialysis Access Vascular Services	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)

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PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Dopplers (except Nuclear)	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Durable Medical Equipment – Canes, Crutches, Walkers, Commodes	No (except when rendered in POS 19, 22, & 24)	Yes	Yes	No (except when rendered in POS 19, 22, & 24)
Durable Medical Equipment – Dialysis Supplies	Yes	Yes	Yes	Yes
Durable Medical Equipment – Sleep Study Supplies	Yes	Yes	Yes	Yes
Durable Medical Equipment (not otherwise listed)	Yes	Yes	Yes	Yes
ECG/EKGs	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Echocardiograms (for Cardiac echos please refer to the Cardiology services section above for authorization requirements)	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
EMG/Nerve Conduction Studies	Yes	Yes	Yes	Yes
Endoscopies	Yes	Yes	Yes	Yes
Eye Glasses or Contacts after Cataract Surgery	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Facility Outpatient Supplies	Yes	Yes	Yes	Yes
Flat X-rays/Fluoroscopies	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Hearing Services, diagnostic	Yes	Yes	Yes	Yes
Holter Monitor	Yes	Yes	Yes	Yes
Home Health	Yes	Yes	Yes	Yes
Hyperbaric Treatments	Yes	Yes	Yes	Yes
Immunizations/Vaccines (Non-Preventive)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Informational/Measurement Services	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Intravenous Pyelograms (IVPs)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Labs (Diagnostic/Therapeutic)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Labs – Certain Molecular & Genetic Tests	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide</a>	Yes	Yes	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone Number: 1-888-333-8641 <a href="#">Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide</a>
Mammograms (Non-Preventive)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)

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PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Medical Oncology	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number: 1-888-210-3736 <a href="#">Medical Oncology Program Services</a>	Yes	Yes	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number: 1-888-210-3736 <a href="#">Medical Oncology Program Services</a>
Medical – Surgical Supplies (excluding Wound Care – please refer to Wound Care rules below)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Molecular & Genetic Testing <i>Please note, some molecular &amp; Genetic testing codes are handled by eviCore as noted above</i>	Yes	Yes	Yes	Yes
Nebulizers and Nebulizer Supplies	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Non-contracted (nonparticipating) Provider Services	All services from nonparticipating providers require prior authorization.	All services from nonparticipating providers require prior authorization.	All services from nonparticipating providers require prior authorization.	All services from nonparticipating providers require prior authorization.
OB Ultrasounds, Echos, Dopplers	Yes	Yes	Yes	Yes
Office Visits/Evaluation and Management Services	No (except when rendered in POS 19, 22, & 24)	Yes	Yes	No (except when rendered in POS 19, 22, & 24)
Urological, Ostomy & Trach Supplies	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Pacemaker Checks	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Pain Management Treatment	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>	Yes	Yes	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	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>	Yes	Yes	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>
Preventive Services (including preventive mammograms as well as preventive immunizations and vaccinations)	No	No	No	No
Prosthetics/Orthotics	Yes	Yes	Yes	Yes
Pulmonary Function Testing (PFTs)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)

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PROCEDURES and SERVICES	Select Care of Texas (non PMC and NWDC members) & Select Care Health Plan	Select Care of Texas – PMC members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Radiation Therapy	Yes	Yes	Yes	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number: 1-888-210-3736 <a href="#">Radiation Therapy Management Program Resources</a>
Radiologic Transcatheter Procedures	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Radiopharmaceuticals	Yes	Yes	Yes	Yes
Refractions	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Sleep Diagnostics	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>	Yes	Yes	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	Yes	Yes	Yes
Spirometry	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)
Sutures	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Treadmill Stress Tests	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Ultrasounds (Non-OB)	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Upper Gastrointestinal X-rays	No (except when rendered in POS 19, 22, & 24)	Yes	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)
Wound Care (including Supplies)	Yes	Yes	Yes	Yes

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