

Important Telephone Numbers

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.	1-800-411-6485	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-800-581-9952
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Convenient 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	Fastest Result ✓	Available	Available
Authorization Status	Fastest Result ✓	Available	Available
Authorizations Request	Fastest Result ✓	Available	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 ✓	Available	N/A
Submit Claim Disputes	Fastest Result ✓	Available	N/A
Submit Claims	Fastest Result ✓	Available	N/A
Submit Corrected Claims	Fastest Result ✓	Available	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:

Select Care of Texas	Phone: 1-866-230-2513	WellCare of Texas & All DSNP Providers	Phone: 1-855-538-0454
Select Care of Texas (IPA: KLSY)		IPA: Village Medical (All Other Services)	
Select Care Health Plan	Until 12/31/19 Phone: 1-800-958-2707 Effective 1/1/20 Phone: 1-855-538-0454	IPA: Village Medical (Authorizations Only)	Phone: 1-888-348-6386
IPA: NWDC LPO		Phone: 1-832-232-5650	

TTY: 711

WellCare Telephone Numbers

Care Management Referrals

Phone: **1-866-635-7045** TTY: **711**
 Fax: **1-866-287-3286** Hours: **M-F 8-7 p.m. Eastern**

Risk Management

Phone: **1-866-678-8355**
 WellCare Fraud, Waste and Abuse Hotline

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.

NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised January 2020)

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.

Select Care of Texas	Phone: 1-866-230-2513	WellCare of Texas & All DSNP Providers	Phone: 1-855-538-0454
Select Care of Texas (IPA: KLSY)		IPA: Village Medical (All Other Services)	
Select Care Health Plan	Until 12/31/19 Phone: 1-800-958-2707 Effective 1/1/20 Phone: 1-855-538-0454	IPA: Village Medical (Authorizations Only)	Phone: 1-888-348-6386
IPA: NWDC LPO		Phone: 1-832-232-5650	

Electronic Funds Transfer & Electronic Remittance Advice:

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

Clearinghouse Connectivity:

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

Change Healthcare offers Submitter/Client Connectivity Services at 1-877-411-7271. All Clearinghouses, Practice Management Vendors or Billing Services may call Change Healthcare, formerly known as RelayHealth, at 1-800-527-8133 for connectivity services.

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

- Fee For Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.
- Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication

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.

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 **and second level disputes for CPIXX** on our website: <https://provider.wellcare.com/>

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX and second level disputes for CPIXX to:	WellCare Health Plans Attn: Claim Payment 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:	<p>By Mail (U.S. Postal Service) Phone: 1-844-458-6739 Fax: 1-267-687-0994 OPTUM P.O. Box 52846 Philadelphia, PA 19115</p> <p>By Delivery Services (FedEx, UPS) OPTUM 458 Pike Road Huntingdon Valley, PA 19006</p> <p>By Secure Internet Upload Refer to Optum's Medical Record Request letter for further instructions.</p>
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 any applicable attachment(s) and be sent to:	WellCare Health Plans, Inc. Attn: CCU Recovery P.O. Box 31584 Tampa, FL 33631-3584
If you do not agree with the proposed WellCare overpayment notification related to adjustments RVXX (Except RV059, which should refer to the Claim Payment Disputes section above), you may request an Administrative Review by submitting a dispute in writing within 45 days of the recovery letter date. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position.	
Mail or fax your Administrative Review request to:	WellCare Health Plans, Inc. Fax: 1-813-283-3284 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 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.	
Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228 or RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date(s) of service, reason(s) why the denial should be reversed, copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.	
Mail or fax your dispute to:	COTIVITI HEALTHCARE 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 33631-3884
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)

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 Phone: **1-877-902-6784** Fax: **1-866-388-1769**
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384
Email: Operationalgrievance@wellcare.com or pdpgrievance@wellcare.com

WellCare Partners

eviCore, fka CareCore National

eviCore is our in-network vendor* for the following programs and clinical criteria 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 & Village Medical, please contact NWDC & Village Medical 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 & Village Medical, please contact NWDC & Village Medical 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

Dental

DentaQuest

Phone: **1-800-936-0978**

Transportation

Medical Transportation Management (MTM)

Phone: **1-866-245-7246**

Vision

Premier Eye Care

Phone: **1-855-879-1455**

***Hearing**

HearUSA

Phone: **1-844-339-1771**

TruHearing

Phone: **1-844-583-4544**

***Note – Based on plan code benefits**

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Pharmacy Services

Pharmacy Services: 1-855-538-0454

Including after hours and weekends (CVS/Caremark™)

	<u>Rx BIN</u>	<u>Rx PCN</u>	<u>Rx GRP</u>
MAPD	004336	MEDDADV	788257
Part B	004336	ADV	RX8882

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

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](#)

For Home Infusion/Enteral services:

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

Coram® (preferred):
 Phone: 1-800-423-1411 or Fax: 1-866-462-6726

Option Care™:
 Phone: 1-800-294-9003 or Fax: 1-972-536-9886

BioScrip®:
 Phone: 1-800-260-2966 or Fax: 1-855-519-4487

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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 **P** 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.**

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

For members enrolled in a non-PPO plan, all services rendered by 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	Phone: 1-866-230-2513	WellCare of Texas & All DSNP Providers	Phone: 1-855-538-0454
Select Care of Texas (IPA: KLSY)		IPA: Village Medical (All Other Services)	
Select Care Health Plan	Until 12/31/19 Phone: 1-800-958-2707 Effective 1/1/20 Phone: 1-855-538-0454	IPA: Village Medical (Authorizations Only)	Phone: 1-888-348-6386
IPA: NWDC LPO		Phone: 1-832-232-5650	

- 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.

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 VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD 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. *Excluding members enrolled in a PPO plan
Behavioral Services	Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal	Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal	Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal	Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal

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Emergency Services

PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD 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

VMD Inpatient Fax: 1-855-348-6386

NWDC Inpatient Fax: 1-832-232-5607

PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD 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
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

VMD Outpatient Fax: 1-855-348-6386

NWDC Outpatient Fax: 1-832-232-5607

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

PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD 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	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.

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PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
AAA Screening	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No	No	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Advanced Radiology Criteria Radiology Request Forms	Yes	Yes	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Advanced Radiology Criteria Radiology Request Forms
Allergy Testing & Injections/Serum	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Ambulance (Non Emergent) Transport	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Anesthesia	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Barium Enema	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Bone Density	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Cardiology Services: Cardiac Imaging (including echocardiograms), Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets	Yes	Yes	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Cataract Surgery	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Chiropractic Services	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Colonoscopies (Diagnostic)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
CPAP/BiPAP Supplies	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Diabetes Prevention Program	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No	No	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Diabetic Supplies	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Dialysis	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.

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PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Dialysis Access Vascular Services	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Dopplers (except Nuclear)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Durable Medical Equipment – Canes, Crutches, Walkers, Commodes	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	No	Yes	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Durable Medical Equipment – Dialysis Supplies	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	Yes	Yes	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Durable Medical Equipment – Sleep Study Supplies	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	Yes	Yes	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Durable Medical Equipment (not otherwise listed)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	Yes	Yes	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
ECG/EKGs	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Echocardiograms (for cardiac echo tests, please refer to the Cardiology services section above for authorization requirements)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
EMG/Nerve Conduction Studies	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Endoscopies	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Eyeglasses or Contacts after Cataract Surgery	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Facility Outpatient Supplies	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Flat X-rays/Fluoroscopies	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Hearing Services, diagnostic	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Holter Monitor	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.

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PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Home Health	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Home Infusion/Enteral Services	Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services: Coram® (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726 Option Care™: Phone: 1-800-294-9003 Fax: 1-972-536-9886 BioScrip®: Phone: 1-800-260-2966 Fax: 1-855-519-4487	Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services: Coram® (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726 Option Care™: Phone: 1-800-294-9003 Fax: 1-972-536-9886 BioScrip®: Phone: 1-800-260-2966 Fax: 1-855-519-4487	Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services: Coram® (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726 Option Care™: Phone: 1-800-294-9003 Fax: 1-972-536-9886 BioScrip®: Phone: 1-800-260-2966 Fax: 1-855-519-4487	Once Authorization Approval is obtained through WellCare, please contact our providers below to initiate Services: Coram® (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726 Option Care™: Phone: 1-800-294-9003 Fax: 1-972-536-9886 BioScrip®: Phone: 1-800-260-2966 Fax: 1-855-519-4487
Hyperbaric Treatments	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Immunizations/Vaccines (Non-Preventive)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Informational/Measurement Services	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Intravenous Pyelograms (IVPs)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Labs (Diagnostic/Therapeutic)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Labs – Certain Molecular & Genetic Tests	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide	Yes	Yes	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide
Mammograms (Non-Preventive)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Medical Oncology	Contact HealthHelp for authorization: HealthHelp Portal Phone Number: 1-888-210-3736 Medical Oncology Program Services	Yes	Yes	Contact HealthHelp for authorization: HealthHelp Portal Phone Number: 1-888-210-3736 Medical Oncology Program Services
Medical – Surgical Supplies (excluding Wound Care – please refer to Wound Care rules below)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization

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PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Molecular & Genetic Testing <i>Please note, some molecular & Genetic testing codes are handled by eviCore as noted above</i>	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Nebulizers and Nebulizer Supplies	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
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. *Excluding members enrolled in a PPO plan
OB Ultrasounds, Echos, Dopplers	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Office Visits/Evaluation and Management Services	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Urological, Ostomy & Trach Supplies	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Pacemaker Checks	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Pain Management Treatment	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms	Yes	Yes	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
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: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets	Yes	Yes	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Preventive Services (including preventive mammograms as well as preventive immunizations and vaccinations)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements	No	No	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements
Prosthetics/Orthotics	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization	Yes	Yes	All rentals require authorization. Purchase items reimbursed at OR below \$500 per line item do NOT require authorization
Pulmonary Function Testing (PFTs)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.

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PROCEDURES and SERVICES	Select Care of Texas (non VMD and NWDC members) & Select Care Health Plan	Select Care of Texas – VMD members	Select Care of Texas – NWDC members	WellCare of Texas
	Authorization Required	Authorization Required	Authorization Required	Authorization Required
Radiation Therapy	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Contact HealthHelp for authorization: HealthHelp Portal Phone Number: 1-888-210-3736 Radiation Therapy Management Program Resources
Radiologic Transcatheter Procedures	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Radiopharmaceuticals	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Refractions	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Sleep Diagnostics	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets	Yes	Yes	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Spirometry	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22, & 24)	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Sutures	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Treadmill Stress Tests	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22 & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Ultrasounds (Non-OB)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	No (except when rendered in POS 19, 22 & 24)	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Upper Gastrointestinal X-rays	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	No (except when rendered in POS 19, 22, & 24)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.
Wound Care (including Supplies)	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.	Yes	Yes	Please refer to the WellCare Web Submission Portal for code level prior authorization requirements.

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