Important Telephone Numbers

Provider Services
Eligibility verification, Claims, Utilization Mgmt., Provider Complaints, Language Line and Dental Services
- HealthEase: (800) 278-0656
- HealthEase Healthy Kids: (800) 278-8178
- Staywell: (866) 334-7927
- Staywell Healthy Kids: (866) 698-5437

Personal Health Advisor
Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week.
(800) 919-8807

Risk Management
WellCare’s Fraud, Waste and Abuse Hotline
(866) 678-8355
Florida Medicaid Program Integrity Hotline
(888) 419-3456

TTY/TDD
(877) 247-6272

How to Become a Registered Web User

How to Check Member Eligibility

Claim Submissions
Questions related to claim submissions
- HealthEase: (800) 278-0656
- HealthEase Healthy Kids: (800) 278-8178
- Staywell: (866) 334-7927
- Staywell Healthy Kids: (866) 698-5437

For EDI questions and assistance, please contact our EDI team who will help identify, test and correct any issues.
EDI-Master@wellcare.com

Preferred EDI Partner
EDI Payor ID
RelayHealth (McKesson) 14163  (877) 411-7271

WellCare will no longer accept handwritten or replicated claim forms after October 28, 2010. Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms.

Mail paper claim submissions to:
WellCare Health Plans, Inc.
Claims Department
PO Box 31372
Tampa, FL 33631-3372

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 90 days of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:
WellCare Health Plans, Inc.
Fax (877) 277-1808
Attn: Claim Payment Disputes
PO Box 31370
Tampa, FL 33631-3370

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 90 days of the date of denial on the EOP.

Mail all disputes related to payment policy issues to:
WellCare Health Plans, Inc.
Fax (877) 277-1808
Payment Policy Disputes Department
PO Box 31426
Tampa, FL 33631-3368

Mail or fax medical appeals with supporting documentation to:
WellCare Health Plans, Inc.
Fax (866) 201-0657
Attn: Appeals Department
PO Box 31368
Tampa, FL 33631-3368

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 90 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.

Grievances
Member grievances may be filed verbally by contacting Customer Service or submitted via 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, Inc.
Fax (866) 388-1769
Attn: Grievance Department
PO Box 31384
Tampa, FL 33631-3384

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Pharmacy Services

Pharmacy Services (877) 647-7473
Including after-hours and weekends (WHI)
Group Numbers
806257 Staywell
816257 Staywell Healthy Kids
826257 HealthEase/HealthEase Healthy Kids

Medication Appeals Fax (888) 865-6531
Medication appeals may also be filed verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

Mail all medication appeals with supporting documentation to:
WellCare Health Plans, Inc.
Attn: Pharmacy Appeals Department
PO Box 31398
Tampa, FL 33631-3398

Coverage Determination Requests Fax (866) 825-2884
Submit Coverage Determination Review requests for:
- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a Prior Authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limit (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician’s office
- Brand name drugs when a generic exists
- Drugs that have a step edit (ST) and the first line therapy is inappropriate
- Drugs that have an age limit (AL)

Medical Injectables – No Authorization Required List

Behavioral Health

Magellan Behavioral Health (877) 712-5340
- Contact Magellan for all Mental Health and Substance Abuse services including Inpatient hospitalization and Outpatient counseling.
- Inpatient admission notification is required within 24 hours.
- Authorization is not required for the first outpatient visit. Prior approval is required for continued services.

For real-time authorization responses, submit your secure request online at www.MagellanHealth.com/provider (select “Request Outpatient Authorization”). Complete your request for more sessions at least two weeks prior to the completion of the current authorized session(s).

Radiology Prior Authorization

CareCore National is our in-network advanced radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all authorization related submissions for services rendered in the locations listed above.

Urgent Authorizations and Provider Services (888) 333-8641
Authorization Request Submissions Fax (866) 896-2152

Web submissions may also be submitted via the CareCore Provider Web Portal or www.carecorenational.com.

Contracted Networks

Durable Medical Equipment

Please review the Home Health Care, DME and Medical Supplies Reference Guide to determine which vendor provides services in the member’s county.

CareCentrix Urgent Authorizations and Provider Services (888) 999-2422 Authorization Requests Submissions Fax (800) 218-4219

ALL-MED SERVICES of Florida, Inc.
Urgent Authorizations and Provider Services (800) 369-1416 Authorization Request Submissions (800) 722-4148

Vision Services

Benefits may vary from county to county. Contact Provider Services for additional information.

Ophthalmology – Premier Eye Care
Authorizations and Provider Services (800) 738-1889

Optometry – Advantica
Customer Service (866) 468-0450

*Skilled Therapy Services (OT/PT/ST) – ATA

Urgent Authorizations and Provider Services (888) 550-8800 Authorization Request Submissions Fax (800) 980-2380

Home Health Care Services

CareCentrix Urgent Authorizations and Provider Services (888) 999-2422 Authorization Requests Submissions Fax (800) 218-4219

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**WellCare’s Prior Authorization**

This Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a bold symbol for easy identification. There were no authorization changes on this document. Requirements that have been edited for clarification only are denoted with a symbol.

All services rendered by non-participating providers and facilities require authorization. Primary Care Physicians 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.

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 (11, 50, 71 & 72). 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 the Plan is necessary. Specialists may not refer members directly to other specialists.

This guide does NOT apply to the following: Medical groups or IPAs delegated for Utilization Management (providers must follow the specific medical group or IPA referral and authorization requirements) or other services covered under a specific network arrangement.

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### Prior Authorization Requirements

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### Summary of Changes for Prior Authorization

- Some services have been added.
- Some services have been removed.
- Some services have had changes in requirements.
- Prior Authorization (PA) Requirements
- Authorization changes are denoted by a bold symbol for easy identification.

### Prior Authorization Changes

- Authorization changes are indicated by a bold symbol.
- No communication with the Plan is necessary.
- Specialists may not refer members directly to other specialists.

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### Prior Authorization Requirements

#### Urgent Authorization Requests and Admission Notifications

Call (800) 351-8777 and follow the prompts.

- Notify the Plan of unplanned Inpatient hospital admissions and Observations within twenty-four (24) hours of admission (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member’s condition. Please add CPT and ICD-9 codes with your authorization request.

#### New or changed requirement

- Inpatient Services
- Home Health Services
- Highly specialized services

#### New or changed requirement

- Skilled nursing facility admissions (31 & 32)

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### WellCare’s Prior Authorization (PA) List:

**PROCEDURES and SERVICES**

<table>
<thead>
<tr>
<th>DME Services</th>
<th>Fax (877) 431-8859</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthotics and Prosthetics</td>
<td>X</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Fax (866) 886-4321</td>
</tr>
<tr>
<td>Home Health Care services (12)*</td>
<td>X</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>Fax (877) 431-8860</td>
</tr>
<tr>
<td>Emergency Behavioral Health services</td>
<td>X</td>
</tr>
<tr>
<td>Emergency Room services (23)*</td>
<td>X</td>
</tr>
<tr>
<td>Emergency Transportation services</td>
<td>X</td>
</tr>
<tr>
<td>Inpatient Hospital Admissions (21)*</td>
<td>X</td>
</tr>
<tr>
<td>Newborn Deliveries</td>
<td>X</td>
</tr>
<tr>
<td>Observations (22)*</td>
<td>X</td>
</tr>
<tr>
<td>Rehabilitation facility admissions (61)*</td>
<td>X</td>
</tr>
<tr>
<td>Skilled nursing facility admissions (31 &amp; 32)*</td>
<td>X</td>
</tr>
</tbody>
</table>

**Place of Service Codes**

| 11 – Office | 23 – Emergency Room | 50 – FQHC | 72 – Rural Health Clinic |
| 12 – Home | 24 – Ambulatory Surgery Center | 61 – Inpatient Rehab | 81 – Laboratory |
| 20 – Urgent Care Facility | 31 – Skilled Nursing Facility | 62 – Outpatient Rehab |
| 21 – Inpatient Hospital | 32 – Nursing Facility | 65 – ESRD |
| 22 – Outpatient Hospital | 33 – Custodial Care Facility | 71 – Public Health Clinic |

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### Clarification of current requirement

- Durable Medical Equipment rentals and purchases
- Clinical updates required for continued length of stay.
- Clinical updates required for continued length of stay.
- Clinical updates required for continued length of stay.
- Clinical updates required for continued length of stay.
- Clinical updates required for continued length of stay.

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### Outpatient Services

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Auth Required</th>
<th>No Auth Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET &amp; SPECT scans (11, 22 &amp; 24)*</td>
<td>X</td>
<td></td>
<td>Contact CareCore National for authorization. See Radiology Prior Authorization on page 2. No authorization is required for the initial three OB ultrasounds.</td>
</tr>
<tr>
<td>Ambulance transportation (non-emergent)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory surgery center procedures (24)*</td>
<td>X</td>
<td></td>
<td>No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397 and 45300 - 45392</td>
</tr>
<tr>
<td>Cardiac and pulmonary rehabilitation programs</td>
<td>X</td>
<td></td>
<td>Refer to Clinical Coverage Guidelines</td>
</tr>
<tr>
<td>Cosmetic procedures (ALL)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court-ordered services</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytogenetic, reproductive and molecular diagnostic laboratory testing</td>
<td>X</td>
<td></td>
<td>Refer to Clinical Coverage Guidelines</td>
</tr>
<tr>
<td>Diagnostic laboratory services (Routine) (22 &amp; 24)</td>
<td>X</td>
<td></td>
<td>Laboratory services performed in POS 11 and 81 (Quest) do not require an authorization. Testing must be consistent with CLIA guidelines.</td>
</tr>
<tr>
<td>Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domiciliary, rest home &amp; custodial services (32 &amp; 33)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning services</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Department services (71)*</td>
<td>X</td>
<td></td>
<td>Includes vaccines, treatment for sexually transmitted diseases and rabies.</td>
</tr>
<tr>
<td>Hospice care services</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigational &amp; experimental procedures and treatment</td>
<td>X</td>
<td></td>
<td>Experimental and Investigational Procedures and Devices Clinical Coverage Guideline</td>
</tr>
<tr>
<td>Nutritional counseling</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetric Global Care</td>
<td>X</td>
<td></td>
<td>Prenatal notification form must be submitted within 30 days of the first prenatal visit.</td>
</tr>
<tr>
<td>Outpatient hospital procedures (22)*</td>
<td>X</td>
<td></td>
<td>No Authorization is required for CPT code ranges 43200 – 43258, 44360 – 44397 and 45300 - 45392</td>
</tr>
<tr>
<td>Pain Management treatment (11, 22 &amp; 24)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP office visits and treatment</td>
<td>X</td>
<td></td>
<td>Includes Health Check services</td>
</tr>
<tr>
<td>Radiology Anesthesia</td>
<td>X</td>
<td></td>
<td>No Authorization is required for CPT codes 01916 - 01936</td>
</tr>
<tr>
<td>Radiology services (Routine) (22 &amp; 24)*</td>
<td>X</td>
<td></td>
<td>No Authorization is required for routine radiology services (including non-Obstetric diagnostic ultrasounds) performed in POS 11</td>
</tr>
<tr>
<td>Rehabilitation facility services (62)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory therapy services</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist office visits (11)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization procedures</td>
<td>X</td>
<td>Sterilization consent form required</td>
<td></td>
</tr>
<tr>
<td>Urgent care services (20)*</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Skilled Therapy Services**

Fax: (877) 709-1698

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