

IMPORTANT TELEPHONE NUMBERS

NURSE ADVICE LINE: 1-800-919-8807

Members may call this number to speak to a nurse **24** hours a day, **7** days a week.

BEHAVIORAL HEALTH CRISIS LINE: 1-833-207-4240

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

CONVENIENT SELF-SERVICE

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

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements*	<u>Fastest Result</u>	<u>Available</u>	Available
Authorization Status*	<u>Fastest Result</u>	<u>Available</u>	Available
Authorizations Request*	<u>Fastest Result</u>	<u>Available</u>	N/A
Benefit Information	<u>Fastest Result</u>	<u>Available</u>	Available
Claims Status	<u>Fastest Result</u>	<u>Available</u>	Available
Co-payment	<u>Fastest Result</u>	<u>Available</u>	Available
Eligibility Verification	<u>Fastest Result</u>	<u>Available</u>	Available
Submit Appeals	<u>Fastest Result</u>	<u>Available</u>	N/A
Submit Claim Disputes	<u>Fastest Result</u>	<u>Available</u>	N/A
Submit Claims	<u>Fastest Result</u>	<u>Available</u>	N/A
Submit Corrected Claims	<u>Fastest Result</u>	<u>Available</u>	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](#)

**①*Note: Includes Pharmacy Medical Requests supplied by Physician.
For Pharmacy Benefit related questions please see the below Pharmacy page.**

Provider Services: Interactive Voice Response System Phone: 1-866-799-5318 (TTY: 711)

For your convenience, items on this QRG in bold, underlined fonts are hyperlinks to supporting WellCare Provider Job Aids, Resource Guides and Forms when the Quick Reference Guide is viewed in an electronic format. NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, 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 October 2022)

SUBMISSION INQUIRIES:

Support from Provider Services: 1-866-799-5318

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

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE:

Register online using the simplified, enhanced provider registration process: **www.payspanhealth.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 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 at **1-800-527-8133** for connectivity services.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

Claim Type	Fee-for-Service (CH - Chargeable) Submissions	Encounter (RF - Reporting only) Submissions
Professional	1844	3211
Institutional	8551	4949

WELLCARE PAYER IDS – If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following to submit fee for service (FFS) professional (837P) and institutional (8731) 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 (RF - Reporting only) Submissions
Professional or Institutional	14163	59354

FREE DIRECT DATA ENTRY (DDE) AND SMALL BATCH FILE SOLUTIONS (USE SAME WELLCARE PAYER IDS DEFINED ABOVE):

AdminisTEP offers a web browser for single submission direct data entry (DDE) or batch upload for professional and institutional submissions, claim status and reporting and inquiry functions **at no cost to you**. To sign up, go to **http://www.administep.com/Signup.aspx** or call **1-888-751-3271**.

ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) or batch upload capability **at no cost to you**. To sign up, go to: **https://physician.connectcenter.changehealthcare.com**.

For registry questions, submitter/clients may contact Payer Connectivity Services at **1-877-411-7271**. Direct questions regarding functionality of ConnectCenter to the Change HealthCare 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 October 28, 2010, WellCare accepts only the original “red claim” form for claim and encounter submissions.

WellCare does not accept handwritten, faxed or replicated claim forms. Claim forms and guidelines may be found on our website: **https://www.wellcarenc.com/providers/medicaid/claims.html**

MAIL PAPER CLAIM SUBMISSIONS TO:
 WellCare Health Plans
 Attn: Claims Department
 P.O. Box 31224
 Tampa, FL 33631-3224

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CLAIM PAYMENT DISPUTES

The claim payment dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 30 calendar days of the date on the EOP.

Submit all claims payment disputes with supporting documentation on our website: <https://provider.wellcare.com/>



MAIL CLAIM PAYMENT DISPUTES WITH SUPPORTING DOCUMENTATION TO:

WellCare Health Plans
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, DN038, DN039, VSTEX, DMNNE, HRM16, and KYREC. However, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals PO Box. Include all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member specific information.

CLAIM PAYMENT POLICY DISPUTES

The Claims Payment Policy Disputes Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to WellCare in writing within 30 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 IH###, CE###, CV### (Medical records required), or PD### at: <https://provider.wellcare.com/>



MAIL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH IH###, CE###, CV### (MEDICAL RECORDS REQUESTED) OR PD### TO:

WellCare Health Plans
Claim Payment Policy Disputes
P.O. Box 31426
Tampa, FL 33631-3426

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MAIL ALL MEDICAL RECORDS AND INITIAL REVIEWS AND 1ST LEVEL APPEALS RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH CPI##:

**BY MAIL
(U.S. POSTAL SERVICE)**

Phone: 1-844-458-6739
Fax: 1-267-687-0994
OPTUM
P.O. Box 52846
Philadelphia, PA 19115

**BY DELIVERY SERVICES
(FEDEX, UPS)**

OPTUM
458 Pike Road
Huntingdon Valley,
PA 19006

BY SECURE INTERNET UPLOAD

Refer to Optum's Medical Record Request letter for further instructions

**MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES LT###, RVLT# AND CPI##
2ND LEVEL APPEALS:**

WellCare Health Plans
CCR
P.O. Box 31394
Tampa, FL 33631-3394

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES RVPI#:

PICRA
P.O. Box 31416
Tampa, FL 33631-3416

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
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 **30 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:

Fax: 1-813-283-3284
WellCare Health Plans
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:

Fax: 1-203-202-6607
Cotiviti Healthcare
Attn: WellCare Clinical Chart Validation
HillCrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422



WellCare Health Plans
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

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

APPEALS (MEDICAL)

Providers may file an appeal on behalf of the member with the member's written consent. Providers may also seek an appeal through the Appeals Department within **30 calendar days** of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include EOP Codes DN001, DN004, DN038, DN039, VSTEX, DMNNE, HRM16 and KYREC, However, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information (please do not submit image of claim) like a summary of the appeal, relevant medical records and member specific information. Please fax medical appeals with supporting documentation to:



PLEASE FAX MEDICAL APPEALS WITH SUPPORTING DOCUMENTATION TO:

Fax: 1-866-201-0657
WellCare Health Plans
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. 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 that gave rise to the complaint.



MAIL OR FAX ALL MEMBER GRIEVANCES TO:

Fax: 1-866-388-1769
WellCare Health Plans
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

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eviCore

eviCore is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: **Lab Management** 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 list of the specific services and related criteria included in the eviCore programs.

Web submissions are faster and if the procedure requested meets clinical criteria, the web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the **eviCore Provider Web Portal**. A searchable **Authorization Lookup and Eligibility Tool** is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services: 1-888-333-8641

***Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care.**

NIA aka National Imaging Associates

NIA (National Imaging Associates) is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: **Advanced Radiology**, **Advanced Cardiology**, **Pain Management Program**, **Physical**, **Occupational**, and **Speech Therapy**.

Contact NIA 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 NIA program. 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 **NIA Provider Web Portal**. A searchable **Authorization Lookup tool** is also available online and criteria can be accessed through the program links above.

Urgent Authorization and Provider Services: 1-866-249-1583

HealthHelp®

HealthHelp is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: **Radiation Therapy**.

Contact HealthHelp for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs. Member eligibility and authorization request materials may be accessed via the **HealthHelp Portal**. A searchable **Authorization Lookup** 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

Turning Point

TurningPoint is our in-network Surgical Quality and Safety Management Program vendor for the following programs **Orthopedic Surgery** and **Spinal Surgery**. The provider resources can be accessed through the vendor portal, link listed below. Contact TurningPoint for all authorization-related submissions for the services listed above rendered in any inpatient and outpatient places of service. Please click on the link below for a listing of the specific services and related resources included in the TurningPoint programs.

Member eligibility and authorization request materials may be accessed via the **TurningPoint 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 link.

For Urgent Authorizations and Provider Services please contact 1-866-330-4291.

Contracted Networks

VISION	HEARING
<p>Envolve Vision Customer Service and Claims Phone: 1-833-678-1324</p>	<p>HearUSA Phone: 1-855-243-5508</p>

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NON-EMERGENCY MEDICAL TRANSPORTATION*

One Call (until April 30, 2022) Medical Transportation Management (MTM)**

Phone: **1-877-598-7602**

**Effective May 1, 2022

*Includes non-emergency ambulance transportation (NEAT); does NOT include emergency inter-facility transport (A0427 and A0429); emergency inter-facility transportation services are part of WellCare participating provider ambulance agreement. To schedule NEMT/NEAT services, member/provider will call One Call. For services that require authorization, One Call will submit an authorization request to WellCare before completing the scheduling. Providers should seek authorizations for any services that require prior authorization, and if transportation is involved, WellCare will create the authorization for both the service AND the transportation (if required) and notify the transportation provider.

PHARMACY SERVICES

PHARMACY SERVICES:

1-866-799-5318

Including after-hours and weekends (**CVS Caremark®**)

Rx BIN

004336

Rx PCN

MCAIDADV

Rx GRP

RX8885

ACARIAHEALTH™

AcariaHealth is a national comprehensive specialty pharmacy focused on improving care and outcomes for patients living with complex and chronic conditions. AcariaHealth is comprised of dedicated healthcare professionals who work closely with physician's offices, including support with referral and prior authorization processes. This collaboration allows our patients to receive the medicine they need as fast as possible.

Representatives are available from Monday–Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m. ET.



AcariaHealth™ Pharmacy #26, Inc.
8715 Henderson Rd., Tampa, FL 33634
Phone: 1-866-458-9246 (TTY 1-855-516-5636)
Fax: 1-866-458-9245
Website: www.acariahealth.com

*Effective on or about July 2021

Fax: 1-866-458-9245

CVS/Caremark® Mail Services Pharmacy

Phone: 1-866-808-7471

TTY: 1-866-236-1069

Fax: 1-866-892-8194

MEDICATION APPEALS:

Fax: 1-888-865-6531

Mail or Fax **Request for Redetermination (medication appeal) form** with supporting documentation.



WellCare Health Plans
Attn: Medication Appeals
P.O. Box 31398
Tampa, FL 33631-3398

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

FORMULARY INCLUSIONS:

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

WellCare Health Plans

Director of Formulary Services

Pharmacy & Therapeutics Committee

P.O. Box 31577

Tampa, FL 33631-3577



COVERAGE

DETERMINATION REQUESTS

Fax: 1-800-678-3189

Mail or fax a **Coverage Determination Request Form** with supporting documentation to:

Fax: 1-800-678-3189

Online: **Coverage Determination Request Form**

Cover My Meds: **Electronic Prior Authorization (ePA)**

Mail: **WellCare Health Plans**

Pharmacy – Coverage Determinations Address

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

On the web: www.wellcare.com/North-Carolina/Providers/Medicaid/Pharmacy

- **WellCare Formulary**
- **Participating Pharmacies**
- **Authorization Lookup Tool***

① *Note: Includes Pharmacy Medical Requests supplied by Physician

- **Pharmacy Services Forms**
- **AcariaHealth Services Forms**

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FOR HOME INFUSION/ENTERAL SERVICES

Once Authorization Approval is obtained through WellCare, if required, Services may be provided by a contracted and credentialed infusion provider. If needed **Coram**®, **Option Care Health™ aka Option Care and BioScrip Infusion Services**®, or **KabaFusion** are available to assist with arranging these services for WellCare of North Carolina members.



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

Option Care Health™ aka Option Care and BioScrip Infusion Services®: Phone: 1-833-466-0358

KabaFusion: Phone: 1-704-583-2140 or Fax: 1-704-583-2130

WELLCARE'S PRIOR AUTHORIZATION LIST

PRIOR AUTHORIZATION (PA) REQUIREMENTS

This WellCare PA list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a  symbol for easy identification. Requirements that have been edited for clarification only are denoted with a  symbol.

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

A searchable Authorization Lookup Tool is available on our website at <https://provider.wellcare.com>.

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.

The PCP should communicate the reason for the referral to the specialist as well as sharing any relevant clinical information the specialist may need to best treat the member. The name of the specialist must be documented in the medical record. The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record.

No communication with WellCare is necessary. Specialists may not refer members directly to other specialists.

URGENT AUTHORIZATION REQUESTS AND ADMISSION NOTIFICATIONS – CALL 1-866-799-5318 AND FOLLOW THE PROMPTS.

- Notification of an Inpatient Hospital Admission is required on the next business day following admission (except delivery admissions). WellCare will accept ADT as notification from NC HIE NC*Notify, or by phone, fax, or provider portal when ADT is unavailable. **For all admissions, clinical information must be submitted** to initiate the inpatient authorization process. Telephone authorizations must be followed by a fax submission of clinical information. **For inpatient hospital admissions that were pre-authorized, additional clinical information must be submitted after admission begins** to both verify notification from ADT and facilitate the ongoing review process.
- Outpatient authorizations for urgent and time-sensitive services may be submitted by phone when warranted by the member's condition. Please add **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 service, the medical necessity of services and correct coding and billing practices.

BEHAVIORAL HEALTH SERVICES

WELLCARE SECURE PROVIDER PORTAL

For Urgent and Inpatient Hospitalization Authorizations and Provider Services **Phone: 1-866-799-5318**

Please **log in** to submit your Outpatient Authorization Requests and Inpatient Clinical Submissions.

To fax a request, please access our forms **here**

On the Web: <https://www.wellcarenc.com/providers/medicaid/behavioral-health.html>

- **In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission.**
- Inpatient concurrent review is 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, can be submitted online.
- For more information on Authorization Requirements click **here** and select the “**Behavioral Health Authorization List**” PDF under **Other Resources**.

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Procedures and Services	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Non-contracted (non-participating) Provider Services	Yes	All services from non-participating providers require authorization.
Behavioral Services	See Comments	For more information on Authorization Requirements, click here and select the “ Behavioral Health Authorization Grid ” PDF.

EMERGENCY SERVICES

Procedures and Services	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Care Services	No	
Emergency Transportation Services (Ambulance, AirAmbulance)	No*	*In case of emergency air transportation, transportation should be provided and authorization request should be submitted within 72 hours after trip
Urgent Care Services	No	

INPATIENT SERVICES & DISCHARGE PLANNING

WELLCARE SECURE PROVIDER PORTAL

Please **[log in](#)** to submit your Authorization Requests & Inpatient Clinical Submissions.
 To fax a request, please access our forms **[here](#)**
 Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
Elective Inpatient Procedures	Yes	
Inpatient Hospital Admissions	Yes	Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	Clinical updates required for continued length of stay.
NICU/Sick Baby Admissions	Yes	Clinical updates required for continued length of stay.
Non-contracted (nonparticipating) Provider Services	Yes	
Observations	See Comments	Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. Authorization Lookup Tool Services performed during urgent or emergent Observation stay, such as Advanced Radiology or Cardiology, do not require authorization. Clinical updates required for continued length of stay.

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Procedures and Services	Authorization Required	Comments
Orthopedic Surgery	Yes - See Comments	Contact Turning Point for prior authorization: <u>Turning Point Portal</u> Phone Number: 1-866-330-4291 Fax Number: 1-919-948-4818
Rehabilitation Facility Admissions	Yes	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	Yes	Clinical updates required for continued length of stay.
Spinal Surgery	Yes - See Comments	Contact Turning Point for prior authorization: <u>Turning Point Portal</u> Phone Number: 1-866-330-4291 Fax Number: 1-919-948-4818

OUTPATIENT SERVICES & DISCHARGE PLANNING

WELLCARE SECURE PROVIDER PORTAL

Please **log in** to submit your Authorization Requests and Inpatient Clinical Submissions.

To fax a request, please access our forms **here**

Pharmacy Medical Requests Fax: 1-866-269-6535

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scan	Yes – See Comments	Contact National Imaging Associates for authorization: <u>National Imaging Associates Provider Web Portal</u> Phone: 1-866-249-1583 <u>Advanced Radiology Program Criteria Radiology Request Forms</u>
Abortions (Therapeutic and Non-Therapeutic)	No	Note: Therapeutic Abortions require submission of Abortion Statement.
Acupuncture	Yes	
Air Ambulance	Yes	
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact National Imaging Associates for authorization: <u>National Imaging Associates Provider Web Portal</u> Phone: 1-866-249-1583 <u>Cardiology Program Criteria Cardiology Worksheets</u>

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Procedures and Services	Authorization Required	Comments
Child Medical Evaluation and Medical Team Conference for Child Maltreatment	No	
Children's Screening Services	No	
Chiropractic Services	Yes	
Circumcision	No	
Cochlear Implants, Auditory Brainstem Implants, and Implantable Bone Conduction Hearing Aids (BAHA)	Yes	
Cochlear, Auditory Brainstem Implant, Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair	Yes for all parts not covered under warranty	
Dialysis	No	
Durable Medical Equipment Purchases and Rentals	Yes – See Comments	All DME rentals require authorization. DME purchases reimbursed at OR below \$500 per line item do NOT require authorization. *For Home Infusion/Enteral Services, please refer to the Pharmacy Section above for the preferred provider if the authorization is required.
Family Planning Services	No	
Hospice	Yes	
Implantable Bone Conduction Hearing Aids (BAHA)	Yes	
Investigational and Experimental Procedures and Treatment	Yes	
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: <u>eviCore Provider Web Portal</u> Phone Number: 1-888-333-8641 <u>WellCare Lab Management Program Criteria</u> <u>Molecular and Genetic Testing Quick Reference Guide</u>
Non-contracted (nonparticipating) Provider Services	Yes	
Non-Emergency Air Ambulance	Yes	
Non-Emergent Medical Transportation	Yes	>75 miles, out of state (40+miles from border), and trips requiring air travel, lodging, and/or meals
OB Ultrasounds	No	

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Procedures and Services	Authorization Required	Comments
Orthopedic Surgery	Yes – See Comments	Contact Turning Point for prior authorization: <u>Turning Point Portal</u> Phone Number: 1-866-330-4291 Fax Number: 1-919-948-4818
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at or below \$500 per line item do NOT require authorization.
Out-of-State Services	Yes	
Pain Management Treatment (Certain Pain Management Treatments)	Yes – See Comments	Contact National Imaging Associates for authorization: <u>National Imaging Associates Provider Web Portal</u> Phone: 1-866-249-1583 <u>Pain Management Program Criteria</u> <u>Musculoskeletal Management Request Forms</u>
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact National Imaging Associates for authorization: <u>National Imaging Associates Provider Web Portal</u> Phone: 1-866-249-1583 <u>Physical and Occupational Therapy Program Criteria</u> <u>PT/OT Worksheets</u>
Physician Fluoride Varnish Services	No	
Preventative Medicine Annual Health Assessment	No	
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: <u>HealthHelp Portal</u> Phone Number: 1-888-210-3736 <u>Radiation Therapy Management Program Resources</u>
Repair, Fitting and Molding of Hearing Aids. Assistive Listening Device/FM System/Accessories	Yes	Codes: V5014, V5050, V5060, V5090, V5110, V5130, V5160, V5240, V5241, V5264, V5266, V5267, V5274, V5299
Sleep Diagnostics	Yes	Contact eviCore for authorization: <u>eviCore Provider Web Portal</u> Phone Number: 1-888-333-8641

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Procedures and Services	Authorization Required	Comments
Speech Therapy	Yes – See Comments	Contact National Imaging Associates for authorization: <u>National Imaging Associates Provider Web Portal</u> Phone: 1-866-249-1583 <u>Physical and Occupational Therapy Program Criteria PT/OT Worksheets</u>
Spinal Surgeries	Yes – See Comments	Contact Turning Point for prior authorization: <u>Turning Point Portal</u> Phone Number: 1-866-330-4291 Fax Number: 1-919-948-4818
Transplants	Yes	Please submit clinical records for prior authorization for all transplant phases.

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