

# Filing a **Claims Appeal** for WellCare Medicaid Providers in Georgia

The Claims Appeal process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. Note that a distinct appeal process is available for authorization related claim denials. WellCare encourages providers to contact the Provider Hotline at **(866) 231-1821** to resolve any issues that may arise before these require a formal appeal process.

If an issue cannot be resolved, we request that providers follow the process outlined below.

## Two ways to file claims appeals and documentation:

**1** **MAIL** written Claim Appeals and documentation to:

WellCare Health Plans, Inc.  
Attn: Claims Georgia  
P.O. Box 31224  
Tampa, FL 33631-3224

**OR**

**2** **FAX** written Claim Appeals and documentation to:

1-866-201-0657



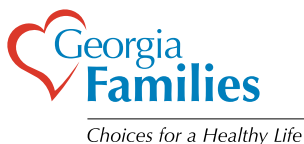
## Claims Appeals Process

**STEP 1:** WellCare completes a thorough investigation of every claims appeal received using applicable statutory, regulatory and contractual provisions.

**STEP 2:** WellCare notifies the provider of the outcome of the claims appeal, in writing, with a determination letter within 30 business days of receiving the request.

**STEP 3:** WellCare processes and finalizes all appealed claims to a paid or denied status within 30 business days of receipt.

**Claims appeals must be submitted to the Claims Department, in writing, within 90 days.**



Please see the WellCare Provider Handbook for additional information. Visit our Web site at <http://georgia.wellcare.com> for regular updates.

