

Important Telephone Numbers

Provider Services Eligibility verification, Provider Complaints, Translation Transportation Services and Utilization Mgmt.	1-866-231-1821	Nurse Advice Line Members may call this number to speak with a nurse 24 hours a day, 7 days a week.	1-800-919-8807
TTY/TDD Services	1-877-247-6272	Risk Management WellCare Fraud, Waste and Abuse Hotline Georgia Medicaid Program Integrity	1-866-678-8355 1-800-533-0686
Case and Disease Management Referrals	1-866-635-7045		

[Provider "How-To" Guide](#)

[Provider Resource Guide](#)

Claim Submissions

Provider Services **1-866-231-1821**
 Questions related to claim submissions

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 **1-877-411-7271**

WellCare follows the Centers for Medicare and 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.

The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted to WellCare in writing within 90 days of the date of denial on the EOP.

Mail or fax the written claim payment dispute and documentation to:

WellCare Health Plans, Inc. **Fax 1-877-277-1808**
 Attn: Georgia Claim Payment Disputes
 PO Box 31370
 Tampa, FL 33631-3370

Claim forms and guidelines may be found on our website at <http://georgia.wellcare.com/provider/resources>.

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 paper claim submissions to:

WellCare Health Plans, Inc.
 Claims Department
 PO Box 31224
 Tampa, FL 33631-3224

Mail or fax all disputes related to payment policy issues to:

WellCare Health Plans, Inc. **Fax 1-877-277-1808**
 Payment Policy Disputes Department
 PO Box 31426
 Tampa, FL 33631-3426

Appeals (Medical)

Providers may 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 documentation or late notification.

WellCare Health Plans, Inc. **Fax 1-866-201-0657**
 Attn: Appeals Department
 PO Box 31368
 Tampa, FL 33631-3368

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 1-866-388-1769**
 Attn: Grievance Department
 PO Box 31384
 Tampa, FL 33631-3384

[Non-Medicare Member Appointment of Representative Statement](#)

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Pharmacy Services

Pharmacy Services 1-866-269-5251
 Including after-hours and weekends (**Catalyst Rx**)

Client ID	Rx BIN	Rx PCN	Rx GRP
6257	603286	01410000	726257

Specialty Pharmacy 1-866-458-9246
wsp@wellcare.com TTY 1-866-507-6135

Medication Appeals Fax 1-888-865-6531

Mail all [medication appeal forms](#) with supporting documentation to:

WellCare Health Plan, Inc.
 Attn: Pharmacy Appeals Department
 PO Box 31398
 Tampa, FL 33631-3398

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

PDL Inclusions

To request consideration for inclusion of a drug to WellCare's PDL, providers may write WellCare explaining the medical justification.

WellCare Health Plans Clinical Pharmacy Department
 Director of Formulary Services
 Pharmacy and Therapeutics Committee
 PO Box 31577
 Tampa, FL 33631-3577

Coverage Determination Requests Fax 1-866-455-6558

[Coverage Determination Request Forms](#) are required 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 recommended daily or monthly quantity limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs that have an age edit (AL)
- Brand name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate

[Enteral Nutrition Supplement Form](#)

[Injectable Infusion Form](#)

[Pharmacy Services Guide](#)

[Preferred Drug List](#)

Behavioral Health

[Magellan Behavioral Health](#) 1-800-424-5412

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

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. Contact CareCore for all *authorization* related submission for services rendered in the places of service listed above.

Urgent Authorizations and Provider Services 1-888-333-8641
 Authorization Request Submissions Fax 1-866-896-2152

Web submissions may be submitted via the [CareCore Provider Web Portal](#). A searchable [Authorization Lookup and Eligibility Tool](#) is also available online.

Contracted Networks

Vision – Optometry and Ophthalmology 1-866- 522-5923
[Avesis](#)

Authorization requests and claims for Optometry and Ophthalmology services and procedures will be processed by Avesis. Facility (e.g., hospital or ambulatory surgery center) and anesthesia claims should still be submitted directly to WellCare for reimbursement.

[Non-Emergency Transportation \(NET\)](#)

Non-Emergency transportation is a benefit offered by Georgia Department of Community Health. Please click on the link above for information about the program including contact information for the transportation vendors.

Dental 1-800-516-9615

[DentaQuest](#)

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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 are denoted by a **P** symbol for easy identification. Requirements that have been edited for clarification only are denoted with a **ⓘ** symbol. There are authorization changes in this edition.

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.

CPT codes must be included on authorization requests and claim submissions. The No Auth Required CPT code list is available on our website in the Provider Resources area, under Forms and Documents.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

- **Inpatient admission notifications:** Submit unplanned Inpatient hospital admission, observation and post stabilization care notifications to the Plan by calling **1-866-231-1821**. **Notifications must be received the next business day after admission.** For telephone authorizations, clinical information must be submitted by the next business day in order to obtain an authorization.
- **Urgent and time sensitive outpatient requests:** Requests for urgent and time sensitive outpatient services may be submitted via phone when warranted by the member's condition by calling: **1-866-231-1821**. Please include **CPT and ICD-9 codes** with your request.
- **Standard authorization requests:** Submit requests online or via fax using the numbers listed below.

NOTE: *Place of service codes (POS)* are specified for some services.*

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
DME Services Fax 1-877-431-8859			
Durable Medical Equipment purchases ⓘ	X		DME purchases with billed charges less than \$200 per line item do not require authorization.
Durable Medical Equipment rentals	X		
Hearing Aids and Devices	X		
Orthotics and Prosthetics ⓘ	X		DME purchases with billed charges less than \$200 per line item do not require authorization.
Home Health Services Fax 1-866-886-4321			
Home Health Care services	X		
Inpatient Services Fax 1-877-431-8860			
Emergency Behavioral Health services		X	
Emergency Care services (23)*		X	
Emergency Transportation services		X	
Inpatient Hospital admissions (21)*	X		Clinical updates required for continued length of stay. No authorization required for Evaluation and Management CPT codes.
Long Term Acute Care Hospital (LTACH) admissions	X		Refer to Clinical Coverage Guidelines
Newborn deliveries		X	Notification required.
Observations	X		Clinical updates required for continued length of stay.
Rehabilitation Facility admissions	X		Clinical updates required for continued length of stay.
Skilled Nursing Facility admissions	X		Clinical updates required for continued length of stay.

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PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
📄 = New or changed requirement ⓘ = Clarification of current requirement			
Outpatient Services Fax 1-866-455-6487			
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT scans (11 & 22)*	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2. No authorization required for the initial 3 OB ultrasounds: CPT code range 76801 – 76812
Ambulatory Surgery Center services (24)*		X	
Cardiac and Pulmonary Rehabilitation services	X		
Court-ordered services	X		
Cytogenetic, Reproductive and Molecular Diagnostic Laboratory testing	X		Refer to Clinical Coverage Guidelines
Dialysis	X		
Domiciliary, Rest Home and Custodial Care admissions	X		
Family Planning services		X	
Hearing Evaluations		X	
Hospice Care services	X		
Labor Checks		X	
Laboratory testing services (ALL)*		X	Routine diagnostic lab services ONLY
New Technology, Investigational or Experimental Procedures	X		Refer to Clinical Coverage Guidelines
Nutritional Counseling	X		
Office visits and treatment (11)* 📄		X	No authorization is required for services and/or treatment rendered in an office setting except for those services listed as requiring authorization on this list.
Ophthalmology services	X		Contact Avesis for authorization. See Contracted Networks on page 2.
Out-of-network services	X		
Outpatient Hospital Consultations (22)* ⓘ	X		Office visits with hospital-based physicians and providers
Outpatient Hospital Procedures (22)*	X		
Pain Management services	X		
Radiology Anesthesia		X	Applicable CPT code range: 01916 - 01936
Respiratory Therapy services	X		
Routine Radiology services (ALL)*		X	Including Non-Obstetric ultrasounds
Sterilizations		X	Informed Consent for Voluntary Sterilization Required
Termination of Pregnancy	X		Certificate of Medical Necessity Required (DMA-311)
Transition of Care services	X		
Urgent Care services (20)*		X	
Prenatal Notifications Fax 1-877-647-7475			
Obstetric Global services		X	Pregnancy Notification Form
Skilled Therapy Services Fax 1-877-709-1698			
Occupational, Physical and Speech Therapy services	X		Refer to Clinical Coverage Guidelines

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