

Below are the Wellcare FREE EDI Submission options in addition to the Secure Provider Portal found at www.wellcare.com

FILING CLAIMS WITH WELLCARE

SUMMARY: Availity has now connected with Change Healthcare, WellCare's preferred clearinghouse. Providers who use Availity as their clearinghouse can now electronically submit fee for service (FFS) professional (837P) or institutional (837I) claims for WellCare members using payer id 14163.

Why is this change necessary?

To offer another electronic connectivity option for providers to submit WellCare member fee for service 837P and 837I claim submissions.

What is the impact of this change?

This change has the potential to raise EDI submissions and reduce paper submissions.

When will this change take place?

Effective immediately

State(s) and Product(s) Impacted:

Any line of business where a provider prefers to use Availity as their clearinghouse.

** For inquiries, please contact our EDI team at: .EDI-Master@wellcare.com.

Change Healthcare's 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://connect.relayhealth.com>. For registry questions submitter/clients may contact Provider Connectivity Services at 877-411-7271. Any questions regarding functionality of Connect Center should be directed to the Clearinghouse at 800-527-8133 opt 2.

1. Providers will be required to enter a credit card upon initial enrollment to verify them as valid submitter.
2. Only WellCare submissions are free of charge and please ensure you use vendor code 212750 when you register.

If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-For-Service or Encounters).

AND

AdminisTEP.com offers services for PAR and Non PAR Providers. Services include:

Single submission Direct Data Entry and Batch upload for Professional and Institutional claims, claim status and reporting and inquiry functions at:

<http://www.administep.com/Signup.aspx> or call 1-888-751-3271

Jonathan M. Jackson

Manager, Provider Relations - South Florida
WellCare Health Plans, Inc.
4680 NW 183rd Street | Miami Gardens, FL 33055
Office: 305.628.7833 | Cell: 904.616.9820
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Nov. 2018

FAX TO : MEDICARE

Georgia : (877) 892-8213	Arkansas: (877)277-1820	Connecticut : (877) 892-8215	Louisiana : (866) 455-6488
Mississippi: (877)277-1820	Illinois: (877) 899-2044	Kentucky: (888) 361-5684	NewYork:(877) 892-8214
Florida : (877) 892-8216	South Carolina: (877)277-1820	New Jersey : (877) 892-8221	Texas:(877)894-2034
			Tennessee: (877)277-1820

FAX TO : MEDICAID

Florida : (800) 935-5752	Georgia : (866) 455-6487	Illinois : (866) 867-9953	Kentucky : (877) 431-0950
Nebraska: (855)-292-0240	New Jersey: (888)342-6548	New York : (800) 246-7983	S Carolina : (888) 344-0376

PRIORITY LEVEL

Standard Post-service

Do not use this form for an urgent request, call (800) 351-8777.

CHECK ONE OF THE FOLLOWING:

<input type="checkbox"/> Ambulatory Surgery	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Lab Services
<input type="checkbox"/> Office visit and/or Procedures	<input type="checkbox"/> Outpatient Hospital Service	<input type="checkbox"/> Radiation Therapy

Required Information: In order to ensure our members receive quality care, appropriate claims payment, and notification of servicing providers, please complete this form in its entirety. Please type or print in black ink and submit this request to the fax number above.

MEMBER INFORMATION

WellCare ID :	Last Name:	First Name, MI:
Medicaid/Medicare # :	Phone Number:	Date of Birth:

REQUESTING PROVIDER INFORMATION

WellCare ID Number:	NPI Number/Tax ID:	
Last Name:	First Name:	
Street Address:	City, State:	Zip Code:
Phone Number:	Fax Number:	
Provider Type/Specialty:	Name of Requester:	

TREATING PROVIDER INFORMATION

<input type="checkbox"/> Out of Network If yes, please provide reason:	
WellCare ID Number:	NPI Number:
Last Name:	First Name:
Street Address:	City, State: Zip Code:
Phone Number:	Fax Number:
Provider Type/Specialty:	Name of Requester:

FACILITY INFORMATION

Type : <input type="checkbox"/> Office <input type="checkbox"/> OP Hospital <input type="checkbox"/> Free Standing Facility	Medical Record Number :
WellCare ID Number:	NPI Number:
Facility Name:	Phone Number: Fax Number:
Street Address:	City, State: Zip Code:

SERVICE REQUESTED

Planned Date of Service : / /		
Primary ICD-10 Code : Description :		
CPT-4 Code(s)	Description(s)	Visits / Frequency

Please include additional procedures code and pertinent Clinical Summary below: (Attach supporting clinical records, if necessary).

*Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.*

Important Telephone

Provider Services Eligibility Verification, Claims, Utilization Management, Provider Complaints, Language Line and Dental Services	Staywell	1-866-334-7927	Crisis Hotline	1-855-606-3622
	Staywell Kids	1-866-698-5437	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.
Care and Disease Management Referrals	MMA Members	1-888-421-7690	Risk Management	WellCare's Fraud, Waste and Abuse Hotline 1-866-678-8355
	Non-MMA Members	1-866-635-7045	Florida Medicaid Program Integrity Hotline	1-888-419-3456
Provider Resource Guide			TTY	711

Claim Submission Inquiries

Submission Inquiries: Support from Provider Services: Questions related to claim submissions **Staywell 1-866-334-7927 or Staywell Kids 1-866-698-5437**

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](#). For inquiries related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

Clearinghouse Connectivity

WellCare has partnered with Change HealthCare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly with 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 Relay Health at **1-800-527-8133** for connectivity services.

Connect Center™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions **at no cost to you**. To sign up go to: <https://connect.relayhealth.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at **1-877-411-7271**. Any questions regarding functionality of ConnectCenter should be directed 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.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

Claim Type	Fee-for-Service	Encounter
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 according to the file type (Fee-for-Service or Encounters):

Claim Type	FFS	Encounter
Professional or Institutional	14163	59354

Paper Submission Guidelines:

WellCare follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claims 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 at:

www.wellcare.com/Florida/Providers/Medicaid/Claims

Mail paper claim submissions to:

WellCare Health Plans, Inc.
Attn: Claims Department
P.O. Box 31372
Tampa, FL 33631-3372

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 one year of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:

WellCare Health Plans, Inc. Fax **1-877-277-1808**
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 P.O. Box with all substantiating information like a summary of the appeal, relevant medical records and member-specific information.

Claims Payment Policy Disputes

The Claims Payment Policy Department has created a mailbox for provider issues related strictly to payment policy. Disputes for payment policy related issues must be submitted to WellCare in writing within **one year** 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.

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

WellCare Health Plans, Inc. Fax **1-877-277-1808**
Attn: Claims Payment Policy 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:

By Mail (U.S. Postal Service)

OPTUM
P.O. Box 52846
Philadelphia, PA 19115

By Delivery Services (FedEx, UPS)

OPTUM
458 Pike Rd
Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

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

Mail all disputes related to Explanation of Payment Codes RVLTX:

WellCare Health Plans
CCR Post-pay
P.O. Box 31395
Tampa, FL 33631-3395

Appeals

Providers may file an appeal on behalf of the member with his/her 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. 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. Include all substantiating information like a summary of the appeal, relevant medical records and member-specific information.

Mail or fax medical appeals with supporting documentation to:

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

Grievance

Member grievances may be filed verbally by calling Customer Service or submitted by fax or mail. Providers may also file a grievance on behalf of the member with his or her written consent.

Mail or fax member grievances to:

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

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](#), [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 links above for a listing of the specific services and related criteria included in the eviCore programs.

Web submissions are fast and convenient. 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**

*Please refer to Coastal Care Services, Inc.®, information below to determine if PT/OT services rendered in a home setting should be redirected there instead.

Coastal Care Services, Inc

For Florida Medicaid Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade and Monroe counties only, [Coastal Care Services](#) is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.

For Florida Healthy Kids Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties only, [Coastal Care Services](#) is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.

Please contact Coastal Care for DME items such as: Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, and Respiratory Devices.

Please contact Coastal Care for Home Health services such as: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management.

Provider Services **1-833-204-4535**
Utilization Management **1-855-481-0505**
Fax **1-855-481-0606**

HealthHelp®

HealthHelp manages Medical Oncology and Radiation Therapy Services.

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

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**

Contracted Networks

Vision* – Premier Eye Care

Authorizations and Provider Services **1-800-738-1889**
**Vision benefits vary by county. Please contact Provider Services to verify coverage.*

Transportation (MMA members)

Medical Transportation Management 1-866-591-4066

Hearing – Hear USA

1-800-333-3389 Opt 2

Dental (MMA members)

[Liberty Dental](#) **1-888-352-7924**

Pharmacy Services

Staywell 1-866-334-7927
Staywell Kids 1-866-698-5437

Including after-hours and weekends (CVS/Caremark™)

	Rx BIN	Rx PCN	Rx GRP
Staywell	004336	MCAIDADV	RX8888
Staywell Kids	004336	MCAIDADV	RX8887

Exactus™ Pharmacy Solutions 1-866-458-9246
exactus@wellcare.com TTY **1-855-516-5636**
Fax **1-866-458-9245**

Mail Service Pharmacy:
[CVS/Caremark Mail Service](#) **1-866-808-7471**
TTY **1-866-236-1069**
Fax **1-866-892-8194**
Fax **1-888-865-6531**

Medication Appeals

Mail [medication appeals](#) with supporting documentation to:

WellCare Health Plans, Inc.
Attn: Pharmacy Appeals Department
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.

PDL Inclusions

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

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

Coverage Determination Requests Fax 1-866-825-2884

Submit a [Coverage Determination Request Form](#) 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 limits (QL)
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first line of therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$300 cost (PA)

For Home Infusion/Enteral services:

Please initiate requests through one of the below pharmacies:

Home Infusion/Enteral services:

Coram® (preferred):
Phone: **1-800-423-1411** Fax: **1-866-462-6726**
Option Care™/Crescent Healthcare:
Phone: **1-800-396-2933** Fax: **1-888-550-8880**
BioScrip®:
Phone: **1-888-744-4638** Fax: **1-855-549-5490**

HealthHelp® manages Medical Oncology Services.

Please see below for HealthHelp Contact Information.

Web-based information:

www.wellcare.com/Florida/Providers/Medicaid/Pharmacy

- Pharmacy Services Overview
- Florida Medicaid Preferred Drug List (PDL)
- [Authorization Lookup Tool](#)
- Participating Pharmacies
- [Pharmacy Services Forms](#)

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 are denoted by a **Pa** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a **i** symbol. 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. **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.

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.

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.

Urgent Authorization Requests and Admission Notifications – Call 1-800-351-8777 and follow the prompts.

- Notify the plan of unplanned inpatient hospital admissions within **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 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 using the numbers listed below if you are unable to access the portal with your secure login at <https://provider.wellcare.com/>.
- **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
- Lab services performed in POS 81 should be directed to Quest. Testing must be consistent with CLIA guidelines.

Behavioral Health Services

[WellCare Web Submission Portal](#)

Outpatient Authorization Request Submissions Fax **1-855-713-0587**
Inpatient Hospitalization Clinical Submissions Fax **1-855-713-0197**

Web-based information: www.wellcare.com/Florida/Providers/Medicaid/Behavioral-Health

Urgent Authorizations and Provider Services

Staywell **1-866-334-7927**
Staywell Kids **1-866-698-5437**

- Emergency behavioral health services do not require prior authorization. Inpatient admission notification is required on the next business day following admission.
- Inpatient, PHP and residential **initial** reviews are done by fax (preferred) or telephone and determined within 24 hours of the request.
- Inpatient, PHP and residential **concurrent** reviews are done by telephone.
- Psychological testing reviews are done by telephone or fax.
- All other levels of care requiring authorization, including outpatient services, are to be requested by fax or may be submitted online.
- For more detail regarding authorization requirements, [click here](#)

PROCEDURES and SERVICES	Authorization Required	Comments
Alcohol and Substance Abuse Admissions	Yes	
Electroconvulsive Therapy (ECT)	Yes	
Emergency Behavioral Health Services	No	
Intensive Outpatient Program (IOP)	Yes	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Partial Hospitalization Program (PHP)	Yes	
Pharmacological Management	No	
Psychological Testing	No	

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Room Services	No	
Emergency Transportation	No	
Urgent Care Services	No	

Inpatient Services

[WellCare Web Submission Portal](#)

Inpatient Services Fax **1-877-431-8860**
Inpatient Discharge Planning Requests Fax **1-813-283-9285**
NICU Clinicals Fax **1-888-873-4267**

PROCEDURES and SERVICES	Authorization Required	Comments
Elective Inpatient Procedures	Yes	Clinical updates required for continued length of stay.
Inpatient Admissions	Yes	Clinical updates required for continued length of stay.

For your convenience, language 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, 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 July 2018)

PROCEDURES and SERVICES	Authorization Required	Comments
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	Clinical updates required for continued length of stay.
NICU/Sick Baby Admissions	Yes	Notification to Staywell is required within 24 hours following admission. Contact ProgenyHealth® at fax # 1-888-873-4267 to submit clinical updates for initial and continued length of stay.
Observations	See Comments	Observation services will not require authorization; however, preplanned procedures will be subject to outpatient authorization requirements. Authorization Lookup Tool Clinical updates required for continued length of stay.
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.

Outpatient Services

[WellCare Web Submission Portal](#)

Durable Medical Equipment Services Fax **1-855-657-8641** or **1-855-481-0606** for Coastal Care Services*

Home Health Services Fax **1-855-657-8641** or **1-855-481-0606** for Coastal Care Services*

Inpatient Discharge Planning Requests Fax **1-813-283-9285**

Outpatient Services Fax **1-800-935-5752**

Speech Therapy Services Fax **1-877-709-1698** or **1-855-481-0606** for Coastal Care Services*

Transplant Services Fax **1-813-283-5320**

*Please see **Select DME and Home Health Services** grid below to determine members and services reviewed by Coastal Care

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the Authorization Lookup Tool for prior authorization requirements. WellCare Web Submission Portal
Advanced Radiology Services CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT Scans	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Advanced Radiology Program Criteria <i>No authorization is required for the first 3 OB ultrasounds.</i> Radiology Request Forms
Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Dialysis	No	
Select Durable Medical Equipment and Home Health Services For FL Medicaid members residing in: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade and Monroe counties. For FL Healthy Kids members residing in: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties. DME services handled by Coastal Care include: Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, Respiratory Devices. Home Health Services handled by Coastal Care include: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management.	Yes – See Comments	Contact Coastal Care for authorization: Coastal Care Services Utilization Management 1-855-481-0505 Fax 1-855-481-0606
For all other counties and excluded services: Durable Medical Equipment Purchases and Rentals DME consists of pieces of equipment that will assist with activities of daily living. (Customized Wheelchair Equipment, Diabetic Supplies, Neuromuscular Stimulators, Bone Growth Stimulators, Speech Generating Devices, Specialty Beds, Implantable Devices, Life Vest Defibrillator, Transplant Related services, High Frequency Chest Wall Oscillation, ESRD Related services)	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.

For your convenience, language 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, 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 July 2018)

PROCEDURES and SERVICES	Authorization Required	Comments
Hearing Aids	Yes – See Comments	Please contact Hear USA for authorization: Phone: 1-800-731-3277 Fax: 1-888-303-6327
Home Infusion/Enteral Services	Yes – See Comments	Please initiate requests through one of the below pharmacies: Home Infusion/Enteral Services Coram® (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726 or Option Care™/Crescent Healthcare: Phone: 1-800-396-2933 Fax: 1-888-550-8880 or Bioscrip®: Phone: 1-888-744-4638 Fax: 1-855-549-5490
Hospice Care Services	Yes	
Investigational & Experimental Procedures and Treatment	Yes – See Comments	Refer to Clinical Coverage Guidelines WellCare Web Submission Portal
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 WellCare Lab Management Criteria Molecular and Genetic Testing QRG
Medical Oncology Services	Yes – See Comments	Contact HealthHelp® for authorization: HealthHelp Portal Phone: 1-888-210-3736 Medical Oncology Program Services
Orthotics and Prosthetics Orthotics support or correct a weak or deformed body part, or restrict or eliminate motion in a diseased or injured part of the body. Prosthetics are artificial devices to replace a missing body part, such as a limb or eye.	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Physical and Occupational Therapy (including home-based therapy except for members residing in counties listed above, where home health services are handled by Coastal Care Services)*	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp® for authorization: HealthHelp Portal Phone: 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy Services	Yes	For members receiving Speech Therapy services in the home setting , please refer to counties listed above under Select Durable Medical Equipment and Home Health Services to determine if request should be handled by Coastal Care Services .
Sterilization Procedures	No	Sterilization Consent Form Required
Termination of Pregnancy	No	Abortion Certification Form Required
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

Prenatal Notifications

Prenatal Notifications Fax 1-877-647-7475

PROCEDURES and SERVICES	Authorization Required	Comments
Obstetric Global Care	No	Prenatal Notification Form



South FL Provider Relations Team



Jonathan Jackson,
Manager Provider
Relations (904.616.9820)
So. FL Regions 9,10 & 11



**Idaniss Velez, Sr. Provider
Relations Rep. (561.358.5182)**
Indian River, Martin, Okeechobee, &
St. Lucie Counties



**Natalie Marshall Network
Performance Advisor.**
(813.361.5580)
Behavioral Health – All So. FL
Counties



**Robert Llanes, Sr. Provider
Relations Rep. (305.450.7437)**
South Dade, & Monroe Counties



**Collette Smith, Sr. Provider
Relations Rep. (954.663.0046)**
Broward County



**Linda Harris, Provider
Relations Rep. (954.254.1255)**
Palm Beach County



**Martha Fernandez, Provider
Relations Rep. (786.393.2618)**
Central Dade County



**Kenia Zorrilla, Provider
Relations Rep. (305.333.6047)**
North Dade County



Email addresses for each rep:
Firstname.lastname@wellcare.
com

Skilled Therapy Services (OT/PT/ST) Prior Authorization Form

FAX TO : MEDICARE			
Georgia : (855) 597-2697		All other Plans : (877) 709 -1698	
FAX TO : MEDICAID			
Florida / Illinois / South Carolina : (877) 709-1698		Georgia : (855) 597-2697	Kentucky : (855) 620-1871
New York : (888) 351-8737			
REQUEST TYPE			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Continuation of Services	
Do not use this form for an urgent request, call (800) 351-8777.			
MEMBER INFORMATION			
WellCare ID #:		Medicare/Medicaid #:	
Last Name:		First Name, MI:	
Phone Number:		Date Of Birth:	Third Party Insurance <input type="checkbox"/> YES* <input type="checkbox"/> NO
<small>*If Yes, please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type, and number.</small>			
ORDERING PHYSICIAN INFORMATION			
WellCare ID #:		NPI Number:	
Last Name:		First Name:	
Street Address:		City, State:	Zip Code:
Phone Number:		Fax Number:	
Provider Type/Specialty:		Name of Requester:	
TREATING PROVIDER INFORMATION			
WellCare ID #:		NPI Number:	
Last Name:		First Name:	
Street Address:		City, State:	Zip Code:
Phone Number:		Fax Number:	
Provider Type/Specialty:		Name of Requester:	
FACILITY INFORMATION			
Place of Service: <input type="checkbox"/> Office <input type="checkbox"/> CORF <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Other			
WellCare ID#:		NPI Number:	
Facility Name:		Hospital Contact:	
Street Address:		City, State:	Zip Code:
Phone Number:		Fax Number:	
REQUESTED SERVICES			
Requested Dates of Service: From:		To:	# of visits Attended to Date:
Original Start of Care Date:		Previous Authorization # (if continuation):	
Treatment will be Rendered: Times per week for weeks OR total # of visits requested:			
Primary ICD-10 Code:		Description/ Condition:	
Secondary ICD-10 Code:		Description/ Condition:	
CPT/HCPCS Code:		Description/ Procedure:	
CPT/HCPCS Code:		Description/ Procedure:	
CPT/HCPCS Code:		Description/ Procedure:	
CPT/HCPCS Code:		Description/ Procedure:	
Please attach documentation to support medical necessity. This includes H&P, progress notes, lab results & treatment plans.			

Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergency care does not require prior authorization. An emergency is a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. *Urgent care is defined as medically necessary treatment for an injury, illness or type of condition (usually not life threatening) which should be treated within 24 hours.

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Click on the "Provider Registration" button.