ARKANSAS MEDICARE QUICK REFERENCE GUIDE
March 2021
www.wellcare.com/Arkansas/Providers/Medicare

transImportant Note

Please refer to the member ID card to determine appropriate authorization and claims submission process.
Please see below for additional information.

Important Telephone Numbers

Behavioral Health Crisis Line 1-800-411-6485 Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services.	Nurse Advice Line 1-800-581-9952 Members may call this number to speak to a nurse 24 hours a day, 7 days a week.

Convenient Self-Service

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

WellCare Provider Portal

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

ⓘ *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: 1-855-538-0454

TTY: 711

WellCare Telephone Numbers

Care Management Referrals	Risk Management Phone: 1-866-685-8664 Fraud, Waste & Abuse Hotline
	Community Connections Help Line

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, 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.

Phone: 1-866-635-7045 TTY: 711
Fax: 1-866-287-3286 Hours: M-F 8 a.m. – 7 p.m.
Eastern

Phone: 1-866-775-2192

Claim Submission Information

Submission Inquiries:

Support from Provider Services 1-855-538-0454
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: PaySpan.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 (RP - 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 five-digit Payer ID, please use the following according to the file type (Fee-for-Service or Encounters):

- 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 (RP - 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 Change HealthCare at 1-800-527-8133, opt. 2.

- Providers will need 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 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 at www.wellcare.com/Arkansas/Providers/Medicare/Claims

Mail paper claim submissions to:

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

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Claim Payment Disputes

The claim payment dispute process is designed to address claims when there is a disagreement regarding reimbursement. Claim payment disputes must be submitted in writing to WellCare within 90 calendar days of the date on the EOP.

Submit all claims payment disputes with supporting documentation at https://provider.wellcare.com/

Mail all claim payment disputes with supporting documentation to:

WellCare Health Plans
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. Include 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 Claim Payment Policy 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 90 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### and second-level disputes for CPI## at: https://provider.wellcare.com/

Mail all disputes related to Explanation of Payment Codes beginning with IH###, CE###, CV### or PD### and second-level disputes for CPI## to:	WellCare Health Plans Attn: Claim Payment 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 CPI## to:	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# to:	WellCare Health Plans CCR P.O. Box 31394 Tampa, FL 33631-3394
Mail all disputes related to Explanation of Payment Codes RVPI# to:	PICRA PO 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 Attn: 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 45 days of the recovery letter date. Your request should detail why you disagree with the findings and must include any supporting evidence/documentation you believe is pertinent to your position.

Mail or fax your Administrative Review request to:	WellCare Health Plans Fax: 1-813-283-3284 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 such 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:	COTIVITI HEALTHCARE Fax: 1-203-202-6607 Attn: WellCare Clinical Chart Validation Hillcrest III Building 731 Arbor Way, Suite 150 Blue Bell, PA 19422
Provider Identified Refund(s) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID and can be sent to:	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)

All non-par Medicare provider appeals must be submitted within 60 calendar days, and they must also submit a signed waiver of liability (WOL) with their request for processing. Participating Providers also can seek an appeal through the Appeals Department within 90 calendar days of a claim 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 post office box with all substantiating information (please do not include an image of claim) like a summary of the appeal, relevant medical records and member specific information.

Mail or fax all medical appeals with supporting documentation to:

WellCare Health Plans Fax: 1-866-201-0657
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.

Mail, Phone, Email or Fax member grievances to:

WellCare Health Plans Phone: 1-877-902-6784 Fax: 1-866-388-1769
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384
Email: Operationalgrievance@wellcare.com or pdpgrievance@wellcare.com

WellCare Partners

eviCore

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 Program, 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 hyperlinks above for a listing 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

Effective March 1, 2021, NIA (National Imaging Associates) will manage Advanced Radiology and Advanced Cardiology.

NIA (National Imaging Associates) will be our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: Advanced Radiology and Advanced Cardiology.

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 hyperlinks above for a listing of the specific services and related criteria included in the NIA program. Web submissions will be faster and if the procedure requested meet clinical criteria, the web will provide and immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via th NIA Provider Web Portal. A searchable Authorization Lookup tool will be also available online and criteria can be accessed through the program links above.

Urgent Authorization and Provider Services: 1-800-327-0641

HealthHelp®

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 is 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

CareCentrix

Care Centrix is our in-network vendor for the following programs, and provider resources can be accessed through the corresponding program links: Skilled Nursing Facility, Long Term Acute Care and Inpatient Rehab.

Contact Care Centrix for all authorization-related submissions for the services listed above. Please click on the links above for a listing of the specific services and related resources included in the Care Centrix programs.

Urgent Authorizations and Provider Services: 1-888-571-6028

TurningPoint®

TurningPoint is our in-network Surgical Quality & 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 1-866-484-5484

Contracted Networks

Dental	Vision	Transportation	Hearing
Liberty	Premier	Southeastrans	HearUSA
Phone: 1-888-352-0129	Phone: 1-833-883-2337	Phone: 1-844-260-4716	Phone: 1-844-339-1771

Pharmacy Services

Pharmacy Services: Phone: 1-855-538-0454

Including after hours and weekends (CVS/Caremark®)

	Rx BIN	Rx PCN	Rx GRP
	004336	MEDDADV	788257
Part B only	004336	ADV	RX8882

Exactus™ Pharmacy (Specialty): 1-866-458-9246

exactus@wellcare.com TTY: 1-855-516-5636
Fax: 1-866-458-9245

CVS/Caremark Mail Service 1-866-808-7471
TTY: 1-866-236-1069
Fax: 1-866-892-8194

Medication Appeals: Fax: 1-866-388-1766

Fax or mail Request for Redetermination of Medicare Prescription Drug Denial with supporting documentation to:

WellCare Health Plans
Attn: Pharmacy Appeals Department
P.O. Box 31383
Tampa, FL 33631-3383

Medication appeals may also be initiated verbally 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 to:

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

Coverage Determination Requests: Fax: 1-866-388-1767

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

Online: Coverage Determination Request Form

Mail: WellCare Health Plans
Attn: Pharmacy – Coverage Determinations
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)
- Drugs listed on the formulary with a quantity limit (QL)
- Drugs that have a step edit (ST) and the first line therapy is inappropriate
- Duplication of therapy
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Prescriptions that exceed the FDA daily or monthly quantity limits

HealthHelp will manage Medical Oncology Services.
Please see below for HealthHelp Contact Information.

Web-based information:
www.wellcare.com/Arkansas/Providers/Medicare/Pharmacy

- WellCare Formulary
- Authorization Lookup Tool*

ⓘ *Note: Includes Pharmacy Medical Requests supplied by Physician.

- Pharmacy Services Forms
- Exactus Pharmacy Solutions

For Home Infusion/Enteral services:

Once Authorization Approval is obtained through WellCare, if required, please contact our providers below to initiate Services:

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

Option Care™:
Phone: 1-833-269-4994 or Fax: 1-501-406-1061

WELLCARE'S PRIOR AUTHORIZATION (PA) 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 ⚑ symbol for easy identification. Requirements that have been edited for clarification only are denoted with an ⓘ symbol.

WellCare supports the concept of the primary care physician (PCP) as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered in an office, clinic or free-standing facility. 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.

⚑ For members enrolled in a PPO plan, authorization is not required for nonparticipating providers and facilities, however, services on the medical necessity/authorization required list below must be covered services within the benefit plan and considered medically necessary for the plan to pay a portion of the out-of-network claim.

For members enrolled in a non-PPO plan, all services rendered by nonparticipating providers and facilities require authorization, including requests to use the member's Point-of-Service benefits. Specialists must coordinate all services with the member's PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

Urgent Authorization Requests and Admission Notifications – Call 1-855-538-0454 and follow the prompts.

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- Notification is required for Inpatient hospital admissions by the next business day (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- 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 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.
- WellCare Health Plan may delegate Prior Authorization to the contracted MSO, IPA, or Medical Groups who then determine prior authorization requirements for their assigned members.
  - IPAs must make every attempt to authorize services that are the financial responsibility of WellCare Health Plan to a provider within WellCare Health Plan's contracted network. If a member requires out-of-network services because WellCare Health Plan is not contracted with a provider of like specialty, the IPA is required to notify WellCare Health Plan's Utilization Management Department prior to issuing an authorization. The Utilization Management Department will discuss the case with the WellCare Health Plan Contracting Department and notify the IPA accordingly such that an authorization may be issued. For services that are the financial responsibility of the IPA, the IPA is required to follow its organization's policy in reference to authorization of out-of-network providers.
  - Emergency admissions that are outside the IPA/Group's service area are monitored by the WellCare Health Plan Utilization Management Department. WellCare Health Plan's Medical Management Department will be responsible for issuing an authorization, performing concurrent review, and working with the IPA to coordinate transfer of the member to an in-network facility once the member has been stabilized.
  - For specific authorization requirements, please follow your group's direction.

Behavioral Health Services

WellCare Web Submission Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-538-0454

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

To fax a request, please access our forms here

On the web: www.wellcare.com/Arkansas/Providers/Medicare/Behavioral-Health

- In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission.
- Inpatient concurrent review is generally 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.

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization. *Excluding members enrolled in a PPO plan
Behavioral Services	See Comments	Please refer to the Behavioral Health Authorization List under Other Resources for authorization requirements. WellCare Web Submission Portal

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	No	
Emergency Care Services	No	
Emergency Transportation Services (excluding Air and Water Ambulances)	No	
Urgent Care Services	No	

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Inpatient Services & Discharge Planning

WellCare Web Submission 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	Clinical updates required for continued length of stay.
Hospice	Yes	
Inpatient Admissions	Yes	Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	Contact CareCentrix for authorization: CareCentrix Phone Number: 1-888-571-6028
Observations	Yes	Clinical updates required for continued length of stay.
Orthopedic Surgery	Yes – See Comments	Contact Turning Point for prior authorization: Turning Point Portal Phone Number: 1-866-484-5484 Fax Number: 1-501-588-3066
Rehabilitation Facility Admissions	Yes	Contact CareCentrix for authorization: CareCentrix Phone Number: 1-888-571-6028
Skilled Nursing Facility Admissions	Yes	Contact CareCentrix for authorization: CareCentrix Phone Number: 1-888-571-6028
Spinal Surgery	Yes – See Comments	Contact Turning Point for prior authorization: Turning Point Portal Phone Number: 1-866-484-5484 Fax Number: 1-501-588-3066

Outpatient Services & Discharge Planning

WellCare Web Submission Portal

Please log in to submit your Outpatient Authorization Requests & Clinical Submissions.

To fax a request, please access our forms here

Pharmacy Medical Requests Fax: 1-888-871-0564

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 Authorization Lookup Tool for prior authorization requirements. WellCare Web Submission Portal
Effective 3/1/21 Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Yes – See Comments	Effective 3/1/21 Contact National Imaging Associates for authorization: National Imaging Associates Provider Web Portal Phone: 1-800-327-0641 Advanced Radiology Program Criteria Radiology Request Forms
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET and SPECT Scans	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Advanced Radiology Program Criteria Radiology Request Forms
PROCEDURES and SERVICES	Authorization Required	Comments

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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	
Durable Medical Equipment Purchases and Rentals	Yes – See Comments	All DME rentals require authorization. DME purchase items 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.
Hospice Care Services	No	
Investigational & Experimental Procedures	Yes	See 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 Number: 1-888-333-8641 Lab Management Program Criteria Molecular and Genetic Testing Quick Reference Guide
Medical Oncology Services	Yes	Contact HealthHelp for authorization: HealthHelp Portal Phone Number: 1-888-210-3736 Medical Oncology Program Services
Non-contracted (non-participating) Provider Services	Yes	All services from non-participating providers require prior authorization. *Excluding members enrolled in a PPO plan
Orthopedic Surgery	Yes – See Comments	Contact Turning Point for prior authorization: Turning Point Portal Phone Number: 1-866-484-5484 Fax Number: 1-501-588-3066
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at OR below $500 per line item do NOT require authorization.
Pain Management Treatment (Certain Pain Management Treatments)	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Physical and Occupational Therapy (including home-based therapy) *Excluding Episode of Care Requests. Please contact WellCare for all services rendered during an Episode of Care	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Physical and Occupational Therapy Program Criteria PT/OT Worksheets
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: HealthHelp Portal Phone Number: 1-888-210-3736 Radiation Therapy Management Program Resources
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Speech Therapy	Yes	WellCare Web Submission Portal
Spinal Surgery	Yes – See Comments	Contact Turning Point for prior authorization: Turning Point Portal Phone Number: 1-866-484-5484 Fax Number: 1-501-588-3066
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.

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