

### Important Telephone Numbers

**Behavioral Health Crisis Line** 1-866-231-1821  
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** 1-800-919-8807  
Members may call this number to speak with a nurse 24 hours a day, 7 days a week.

### Convenient Self-Service

WellCare offers robust technology options to save you time. The fastest ways to get what you need are shown below.

[WellCare Provider Portal](#)

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements*	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorization Status*	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorizations Request*	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Benefit Information	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Claims Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Co-Payment	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Eligibility Verification	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Submit Appeals	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Submit Claim Disputes	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Submit Claims	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	N/A
Submit Corrected Claims	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	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 (IVR):**

Georgia Medicaid / PeachCare for Kids (PCK) Phone: 1-866-231-1821	Planning for Healthy Babies (P4HB) Phone: 1-877-379-0020
TTY: 711	

### WellCare Telephone Numbers

<p><b>Care and Disease Management Referrals</b></p> <p>Phone: 1-866-635-7045 TTY: 711 Hours: M-F 8 a.m. - 7 p.m. Eastern Care Management Referrals: <a href="mailto:GA.CM@WellCare.com">GA.CM@WellCare.com</a></p>	<p><b>Risk Management</b></p> <p>Fraud, Waste &amp; Abuse Hotline 1-866-685-8664 DCH Office of Inspector General 1-800-533-0686</p>
	<p><b>Community Connections Help Line</b> 1-866-775-2192</p>

For your convenience, items on this QRG in **bold, underlined** fonts are links 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. The GA MMIS portal is the official source to verify member eligibility. (Revised March 2021)

**Claim Submission Information**

**Submission Inquiries:**

Georgia Medicaid / PeachCare for Kids (PCK) Phone: 1-866-231-1821	Planning for Healthy Babies (P4HB) Phone: 1-877-379-0020
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For inquires related to your electronic submissions to WellCare, please contact our EDI team at [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com)

**Electronic Funds Transfer & Electronic Remittance Advice:**

Register online using the simplified, enhanced provider registration process: [payspanhealth.com](http://payspanhealth.com) or call 1-877-331-7154. For more details on PaySpan, please refer to your [Provider Manual](#).

**Clearinghouse Connectivity Setup & Connection Support:**

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 5-digit Payer ID, please use the following according to the file type (Fee-for-Service [FFS] 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, option 2.

- Providers will be required to enter a credit card upon initial enrollment to be verified 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 claim forms.

Claim forms and guidelines may be found on our website at [www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Claims](http://www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Claims)

Mail paper claim submissions to:

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

**Claim Payment Disputes**

The Claim Payment Dispute process is designed to address claims when there is disagreement regarding reimbursement. Claim payment disputes must be submitted to WellCare in writing within 90 days of the date of denial on the EOP. Submit all claims payment disputes with supporting documentation on our website:

<https://provider.wellcare.com/>

Mail the written claim payment dispute and documentation to:

WellCare Health Plans  
 Attn: Georgia 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 (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.*

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# GEORGIA MEDICAID QUICK REFERENCE GUIDE

Programs include: Georgia Medicaid, PeachCare for Kids® & Planning for Healthy Babies®

March 2021 Web: [www.wellcare.com/wellcare/georgia/providers/medicaid](http://www.wellcare.com/wellcare/georgia/providers/medicaid)



## Claim 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 **90 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## on our website 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: 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 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###, RVL#:

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  
Attn: Recovery Department  
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 these 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 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:

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.

Please submit 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](mailto: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.

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# GEORGIA MEDICAID QUICK REFERENCE GUIDE

Programs include: Georgia Medicaid, PeachCare for Kids® & Planning for Healthy Babies®

March 2021 Web: [www.wellcare.com/wellcare/georgia/providers/medicaid](http://www.wellcare.com/wellcare/georgia/providers/medicaid)



## Appeals (Medical)

Providers may file an appeal through the Appeals Department within **30 calendar days** of a claim denial for lack of prior authorization, services exceeding the authorization, insufficient 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 (please do not include image of claim) 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      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 by 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      Fax: 1-866-388-1769  
Attn: Grievance Department  
P.O. Box 31384  
Tampa, FL 33631-3384

### [Appointment of Representative Statement](#)

## WellCare Partners

### eviCore


[eviCore](#) is our in-network vendor for the following programs. View clinical criteria through the corresponding program links: [Advanced Radiology](#), [Cardiology](#), [Lab Management](#), [Pain 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 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 on 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

## NIA aka National Imaging Associates

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

[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](#) 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 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:**      1-800-327-0641

## HealthHelp®

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# GEORGIA MEDICAID QUICK REFERENCE GUIDE

Programs include: Georgia Medicaid, PeachCare for Kids® & Planning for Healthy Babies®

March 2021 Web: [www.wellcare.com/wellcare/georgia/providers/medicaid](http://www.wellcare.com/wellcare/georgia/providers/medicaid)



HealthHelp® will manage Medical Oncology and Radiation Therapy Services.

[HealthHelp](#) is our in-network vendor for the following programs and provider resources. The vendor 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

## TurningPoint

[TurningPoint](#) is our in-network 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 1-866-701-8317.**

## Contracted Networks

[Vision](#)  
(Optometry and Ophthalmology)

[Envolve](#)

Phone: 1-833-309-1060

Facility (e.g., hospital or ambulatory surgery center) and anesthesia claims should still be submitted directly to WellCare for reimbursement.

[Dental Services](#)

[Envolve](#)

Phone: 1-833-306-1060

[Transportation](#)

[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.

[Outpatient Physical, Occupational and Speech Therapy Services:](#)

Therapy Network of Georgia

Phone: 1-855-825-7818

Fax: 1-855-597-2697

## Pharmacy Services

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# GEORGIA MEDICAID QUICK REFERENCE GUIDE

Programs include: Georgia Medicaid, PeachCare for Kids® & Planning for Healthy Babies®

March 2021 Web: [www.wellcare.com/wellcare/georgia/providers/medicaid](http://www.wellcare.com/wellcare/georgia/providers/medicaid)



Georgia Medicaid / PeachCare for Kids (PCK) Phone: 1-866-231-1821  
Planning for Healthy Babies (P4HB) Phone: 1-877-379-0020  
Including after-hours and weekends (CVS Caremark®)

Plan	Rx BIN	Rx PCN	Rx GRP
Georgia Medicaid / PCK	004336	MCAIDADV	726257
P4HB	004336	MCAIDADV	736257

**Exactus™ Pharmacy Solutions** 1-866-458-9246  
[exactus@wellcare.com](mailto:exactus@wellcare.com) TTY: 1-855-516-5636  
Fax: 1-866-458-9245

### Medication Appeals:

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

WellCare Health Plans Fax: 1-888-865-6531  
Attn: Pharmacy Appeals Department  
P.O. Box 31398  
Tampa, FL 33631-3398

Medication appeals may also be initiated by calling 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 in WellCare's PDL, providers may write to WellCare explaining the medical justification.

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

**Coverage Determination Requests:** Fax: 1-866-455-6558

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)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Drugs that have an age limit (AL)
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Multi-ingredient compounds exceeding \$300 cost (PA)

### For Home Infusion/Enteral services:

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

**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

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

### Web-based information:

- Pharmacy Services Overview
- WellCare of Georgia Preferred Drug List (PDL)
- [Authorization Lookup Tool\\*](#)
- ① \*Note: Includes Pharmacy Medical Requests supplied by Physician.
- Participating Pharmacies
- [Pharmacy Services Forms](#)

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## 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 **fb** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with an **i** symbol.

All services rendered by nonparticipating 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.

A searchable Authorization Lookup Tool is available on our website at <https://www.wellcare.com/Georgia/Providers/Authorization-Lookup>

**Urgent Authorization Requests and Admission Notifications** – Call the below and follow the prompts.

Georgia Medicaid / PeachCare for Kids (PCK) Phone: 1-866-231-1821	Planning for Healthy Babies (P4HB) Phone: 1-877-379-0020
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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 may be requested by phone for urgent and time-sensitive services when warranted by the member's condition. Please have **CPT and ICD-10 codes** available. 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.

*Note: Please refer to the [PDF](#) of the list of lab codes that can be performed and reimbursed in an office setting. All other lab services should be directed to our contracted laboratory providers.*

### Behavioral Health Services

[WellCare Web Submission Portal](#)

[GA Web Portal](#)

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-800-424-5412

Please [log in](#) to submit your Outpatient Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms [here](#)

Web-based information: [www.wellcare.com/Georgia/Providers/Medicaid/Behavioral-Health](http://www.wellcare.com/Georgia/Providers/Medicaid/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 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 by fax. All other levels of care requiring registration, including outpatient services, may be submitted online. Outpatient authorization and concurrent review is done by fax.
- For more information on Authorization Requirements, please click [here](#) and select the "GA Master BH Auth Grid" PDF under **Helpful Documents**

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 prior authorization.
Behavioral Health Services	See Comments	For more information on Authorization Requirements, click <a href="#">here</a> and select the "GA Master BH Auth Grid" PDF under <b>Helpful Documents</b> <a href="#">WellCare Web Submission Portal</a>

### Emergency Services

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

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## Inpatient Services & Discharge Planning

[WellCare Web Submission Portal](#)

[GA Web 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. Submit requests using <a href="#">GAMMIS (Georgia Medicaid Management Information System)</a> .
Inpatient Admissions	Yes	Clinical updates required for continued length of stay. Submit requests using <a href="#">GAMMIS (Georgia Medicaid Management Information System)</a> .
NICU/Sick Baby Admissions	Yes	Notification to the plan is required within <b>24 hours</b> following admission. <b>Contact ProgenyHealth</b> at fax <b>1-855-671-4898</b> to submit clinical updates for initial and continued length of stay.
Observations	See Comments	Elective procedures that convert to an Observation stay are subject to Outpatient authorization requirements. <a href="#">Authorization Lookup Tool</a> Services performed during an urgent or emergent Observation stay, such as Advanced Radiology or Cardiology, do not require authorization.
Orthopedic Surgery	Yes – See Comments	<b>Contact TurningPoint for prior authorization:</b> <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271
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	<b>Contact TurningPoint for prior authorization:</b> <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271

## Outpatient Services & Discharge Planning

[WellCare Web Submission Portal](#)

[GA Web 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: 1-855-677-3913

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

*Note: Please refer to the [PDF](#) of the list of lab codes that can be performed and reimbursed in an office setting.*

*All other lab services should be directed to our contracted laboratory providers.*

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the <a href="#">Authorization Lookup Tool</a> for prior authorization requirements. <a href="#">WellCare Web Submission Portal</a>



# GEORGIA MEDICAID QUICK REFERENCE GUIDE

Programs include: Georgia Medicaid, PeachCare for Kids® & Planning for Healthy Babies®

March 2021 Web: [www.wellcare.com/wellcare/georgia/providers/medicaid](http://www.wellcare.com/wellcare/georgia/providers/medicaid)



<p><b>Effective 3/1/21</b> Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET &amp; SPECT Scans</p>	<p>Yes – See Comments</p>	<p><b>Effective 3/1/21</b> Contact National Imaging Associates for authorization: <a href="#">National Imaging Associates Provider Web Portal</a> Phone: 1-800-327-0641  <a href="#">Advanced Radiology Program Criteria Radiology Request Forms</a></p>
<p>Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET and SPECT Scans</p>	<p>Yes – See Comments</p>	<p>Contact National Imaging Associates for authorization: <a href="#">National Imaging Associates Provider Web Portal</a> Phone: 1-800-327-0641 <a href="#">Advanced Radiology Program Criteria Radiology Request Forms</a></p>
<p>Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET and SPECT Scans</p>	<p>Yes – See Comments</p>	<p>Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 No authorization required for the first 3 OB ultrasounds <a href="#">Advanced Radiology Program Criteria Radiology Request Forms</a></p>
<p><b>PROCEDURES and SERVICES</b></p>	<p><b>Authorization Required</b></p>	<p><b>Comments</b></p>
<p>Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests</p>	<p>Yes – See Comments</p>	<p>Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Cardiology Program Criteria</a> <a href="#">Cardiology Worksheets</a></p>
<p>Dialysis</p>	<p>No</p>	
<p>Durable Medical Equipment Purchases and Rentals</p>	<p>Yes – See Comments</p>	<p>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.</p>
<p>Hospice Care Services</p>	<p>No</p>	
<p>Investigational &amp; Experimental Procedures and Treatment</p>	<p>Yes</p>	<p><a href="#">See Clinical Coverage Guidelines</a> <a href="#">WellCare Web Submission Portal</a></p>
<p>Laboratory Management (Certain Molecular and Genetic Tests)</p>	<p>Yes – See Comments</p>	<p>Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">WellCare Lab Management Criteria</a> <a href="#">Molecular and Genetic Testing Quick Reference Guide</a></p>
<p>Medical Oncology Services</p>	<p>Yes – See Comments</p>	<p>Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone: 1-888-210-3736 <a href="#">Medical Oncology Program Services</a></p>
<p>Non-contracted (non-participating) Provider Services</p>	<p>Yes</p>	<p>All services from non-participating providers require prior authorization.</p>
<p>Orthopedic Surgery</p>	<p>Yes – See Comments</p>	<p>Contact TurningPoint for prior authorization: <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271</p>
<p>Orthotics and Prosthetics</p>	<p>Yes</p>	<p>Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.</p>

For your convenience, items on this QRG in **bold, underlined** fonts are links 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. The GA MMIS portal is the official source to verify member eligibility. (Revised March 2021)

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**GEORGIA MEDICAID QUICK REFERENCE GUIDE**

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Pain Management Services	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Pain Management Program Criteria</a> <a href="#">Musculoskeletal Management Request Forms</a>
Occupational, Physical and Speech Therapy Services	Yes – See Comments	Submit requests using <a href="#">GAMMIS (Georgia Medicaid Management Information System)</a> .
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone: 1-888-210-3736 <a href="#">Radiation Therapy Management Program Resources</a>
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: <a href="#">eviCore Provider Web Portal</a> Phone: 1-888-333-8641 <a href="#">Sleep Diagnostics Program Criteria</a> <a href="#">Sleep Management Worksheets</a>
<b>PROCEDURES and SERVICES</b>	<b>Authorization Required</b>	<b>Comments</b>
Spinal Therapy	Yes – See Comments	Contact TurningPoint for prior authorization: <a href="#">TurningPoint Portal</a> Phone: 1-855-434-0331 Fax: 1-803-462-4271
Sterilizations	No	<a href="#">Informed Consent for Voluntary Sterilization Required</a>
Termination of Pregnancy	No	<a href="#">Certificate of Medical Necessity Required (DMA-311) for Payment</a>
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases
<b>Prenatal Notifications</b>		
Prenatal Notifications <a href="#">GA Web Portal</a>		
<b>PROCEDURES and SERVICES</b>	<b>Authorization Required</b>	<b>Comments</b>
Obstetric Global Services	No	Submit notifications using the standardized Pregnancy form located on GAMMIS <a href="#">Georgia Medicaid Management Information System (GAMMIS)</a>



WellCare proudly serves the Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.

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