

Important Telephone Numbers

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|--|--|
| <p>Nurse Advice Line 1-800-919-8807 Enrollees may call this number to speak to a nurse 24 hours a day, 7 days a week.</p> | <p>Behavioral Health Crisis Hotline 1-855-661-6973 Enrollees may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Enrollee Services.</p> |
|--|--|

Convenient Self-Service

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

[WellCare Provider Portal](#)

| | Portal | CHAT | (IVR) Interactive Voice Response |
|-----------------------------|---|----------------------------------|----------------------------------|
| Authorization Requirements* | <u>Fastest Result</u> ✓ | <u>Available</u> | Available |
| Authorization Status* | <u>Fastest Result</u> ✓ | <u>Available</u> | Available |
| Authorizations Request* | <u>Fastest Result</u> ✓ | <u>Available</u> | N/A |
| Benefit Information | <u>Fastest Result</u> ✓ | <u>Available</u> | Available |
| Claims Status | <u>Fastest Result</u> ✓ | <u>Available</u> | Available |
| Co-Payment | <u>Fastest Result</u> ✓ | <u>Available</u> | Available |
| Eligibility Verification | <u>Fastest Result</u> ✓ | <u>Available</u> | Available |
| Submit Appeals | <u>Fastest Result</u> ✓ | <u>Available</u> | N/A |
| Appeals Status | <u>Fastest Result</u> ✓ | <u>Available</u> | N/A |
| Submit Claim Disputes | <u>Fastest Result</u> ✓ | <u>Available</u> | N/A |
| Submit Claims | <u>Fastest Result</u> ✓ | <u>Available</u> | N/A |
| Submit Corrected Claims | <u>Fastest Result</u> ✓ | <u>Available</u> | 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: **1-877-389-9457**

TTY: **711**

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky Provider Job Aids, Resource Guides and Forms when the *Quick Reference Guide* is viewed in an electronic format.

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WellCare Telephone Numbers

Care & Disease Management Referrals

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

Community Connections Help Line

Phone: **1-866-775-2192**

Risk Management

Fraud, Waste & Abuse Hotline **1-866-685-8664**
 Kentucky Medicaid Division of Program Integrity **1-800-372-2970**

Claim Submissions Information

Submission Inquiries:

Support from Provider Services **1-877-389-9457**

For inquiries related to your electronic submissions to WellCare of Kentucky, please contact our EDI team at EDI-Master@wellcare.com.

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](#).

Clearinghouse Connectivity Setup & Connection Support:

WellCare of Kentucky 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 CPIDs – If your billing system is connected to Change Healthcare and requires a 4-digit Change Healthcare payer ID, please use the following according to the file type (Fee-For-Service or Encounters):

| Claim Type | Fee for Service (CH – Chargeable) Submissions | Encounter (RP – Reporting only) Submissions |
|---------------|---|---|
| Professional | 1844 | 3211 |
| Institutional | 8551 | 4949 |

WELLCARE OF KENTUCKY 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):

- **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**.

Connect Center™ 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 verify them as a valid submitter.
- Only WellCare submissions are free of charge; please ensure you **use vendor code 212750** when you register.

Paper Submissions Guidelines:

WellCare of Kentucky 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 claim forms.**

Claim forms and guidelines may be found on our website at www.wellcare.com/Kentucky/Providers/Medicaid/Claims

Mail paper claim submissions to:

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

Claim Payment Appeals

The claim payment appeals process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes and non-covered codes, etc. Claim payment appeals must be submitted in writing to WellCare within **24 months** of the date on the EOP. All supporting documentation must be submitted along with the claim payment appeal request.

Submit all claims payment appeals with supporting documentation on our website at <https://provider.wellcare.com/>

Mail all claim payment appeals with supporting documentation to:

WellCare of Kentucky
Attn: Claim Payment Appeals
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 enrollee-specific information.

Recovery/Cost Containment Unit (CCU)

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

WellCare Health Plans
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

If you do not agree with this 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 your request in writing within **60 days** of the date of this letter. 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 the date of WellCare's receipt of your request. If you do not object or render payment within such time period, we will take action to recover the above listed amount as allowed by law, or applicable, 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 enrollee's name, enrollee's identification number, date of service(s), reason(s) why the denial should be reversed and 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 enrollee 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 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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Claims Payment Policy Appeals

The Claim Payment Policy Appeals Department has created a mailbox for provider issues related strictly to payment policy. Appeals for payment policy-related issues must be submitted in writing within **24 months** of the date of denial on the EOP. All relevant supporting documentation, which may include medical records as well as any other documentation, must be submitted along with the claim payment policy appeal request in order to facilitate the review.

Submit all Claims Payment Policy Appeals related to Explanation of Payment Codes beginning with LT###, IH###, CE### or PD### on our website:

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

| | |
|---|---|
| <p>Mail all Appeals related to Explanation of Payment Codes beginning with LT### to:</p> | <p>WellCare of Kentucky Attn: Claims Payment Policy Appeals P.O. Box 31394 Tampa, FL 33631-3394</p> |
| <p>Mail all Appeals related to Explanation of Payment Codes beginning with IH###, CE### or PD### to:</p> | <p>WellCare of Kentucky Attn: Claims Payment Policy Appeals P.O. Box 31426 Tampa, FL 33631-3426</p> |
| <p>Mail all medical records for initial reviews and Appeals related to Explanation of Payment Codes beginning with CPI##:</p> | <p>By Mail (U.S. Postal Service) Phone: 1-844-458-6739 Fax: 1-267-687-0994 Optum P.O. Box 52846 Philadelphia, PA 19115</p> <p>By Delivery Services (FedEx, UPS) Optum 458 Pike Road Huntington Valley, PA 19006</p> <p>By Secure Internet Upload Refer to Optum’s Medical Record Request letter for further instructions.</p> <p>Optum Appeal Process If a provider does not agree with Optum’s final appeal decision, he/she may file for independent external review. Refer to Optum’s Medical Record Request letter for further instructions or see below section <i>KY External Review Process</i></p> |
| <p>Mail all disputes related to Explanation of Payment Codes RVPI#.</p> | <p>PICRA P.O. Box 31416 Tampa, FL 33631-3416</p> |

Clinical Appeals

Providers may seek an appeal through the Appeals Department within **60 calendar days** of a claims 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 must be sent to the Appeals P.O. Box along with all substantiating information like a summary of the appeal, relevant medical records and enrollee-specific information.

Mail or fax medical appeals with supporting documentation to:

WellCare of Kentucky Fax: **1-866-201-0657**
Attn: Appeals Department
P.O. Box 436000
Louisville, KY 40253

KY External Review Process

In accordance with 907 KAR 17:035, if a provider received an adverse final decision of a denial, in whole or in part, of a health service or claim for reimbursement related to this service, the provider may request an external independent third-party review. Providers may do so only after completing an internal appeal process with WellCare of Kentucky. External reviews will not be granted for services rendered prior to Dec. 1, 2016. You may submit your request for external independent third party review within **60 days** of the receipt of the notice.

You may submit your request to WellCare of Kentucky via one of the following methods:

Email: Kyexternalreview@wellcare.com Fax: **1-800-509-8203**
Mail: **WellCare Health Plans**
Attention: External Independent Third Party Review
13551 Triton Park Blvd. Suite 1800
Louisville, KY 40223

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Grievances

Enrollee grievances may be submitted in writing or by calling Customer Service within **30 calendar days** of the event causing dissatisfaction. Providers may also file a grievance on behalf of the enrollee with the enrollee's written consent.

Mail or fax enrollee grievances to:

WellCare of Kentucky
Attn: Grievance Department
P.O. Box 436000
Louisville, KY 40253

Fax: **1-866-388-1769**

WellCare of Kentucky Partners

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 hyperlinks 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. Enrollee 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**

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 Health Help 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.

Enrollee 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 Surgical Quality and 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.

Enrollee 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

Dental – [Avesis](#)

1-855-469-3368

Optometry & Ophthalmology – [Avesis](#)

1-855-469-3368

- Please contact Avesis for Professional Services only
- Please contact WellCare for authorization of Facility Services (POS 22 and/or 24)

Transportation

- Authorization requests for non-emergent air and land ambulance services (POS 41 & 42)* should be submitted to WellCare of Kentucky.
- All other nonemergency transportation (bus, cab, van, etc.) is covered by Kentucky Fee-for-Service Medicaid.

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Pharmacy Services

Pharmacy Services: 1-877-389-9457

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

| | | |
|---------------|---------------|---------------|
| Rx BIN | Rx PCN | Rx GRP |
| 004336 | MCAIDADV | RX8893 |

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

exactus@wellcare.com TTY: 1-855-516-5636

Fax: 1-866-458-9245

Medication Appeals: Fax: 1-888-865-6531

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

WellCare Health Plans
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 WellCare explaining the medical justification.

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

Coverage Determination Requests: Fax: 1-855-620-1868

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 a step edit (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$300.00 cost (PA)

HealthHelp® now manages Medical Oncology Services.
 Please see above for HealthHelp Contact Information.

Web-based Information:

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

- [Pharmacy Services Overview](#)
- [Authorization Lookup Tool*](#)
- ① ***Note: Includes Pharmacy Medical Requests supplied by Physicians**
- [Participating Pharmacies](#)
- [Pharmacy Services Forms](#)

Mail Service Pharmacy:

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

For Home Infusion/Enteral services:

Once Authorization Approval is obtained through WellCare, if required, please contact our preferred provider, **Coram**, to initiate Services:

Phone: 1-800-423-1411 or Fax: 1-866-462-6726

WELLCARE OF KENTUCKY'S PRIOR AUTHORIZATION LIST

Prior Authorization (PA) Requirements

This WellCare of Kentucky 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 will be denoted with a **℞** symbol for easy identification. Requirements that have been edited for *clarification only* will be denoted with a **Ⓢ** symbol.

All services rendered by nonparticipating providers and facilities require prior authorization. Primary care physicians (PCPs) must direct enrollees to participating specialists when available. 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://provider.wellcare.com/Provider/Login>.

WellCare of Kentucky supports the concept of the PCP as the “medical home” for its enrollees. PCPs may refer enrollees to network specialists when services will be rendered at an office, clinic or free-standing facility. PCPs may use a prescription or referral form of their own, or use the “Create New Referral” link on the WellCare provider Web portal to produce a document that can be given to the enrollee and/or faxed to the specialist. 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 for participating providers.

Prior authorization for Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program diagnosis and treatment services and EPSDT special services: Except as otherwise noted by the health plan or in 907 KAR Chapter 1 or 3, an EPSDT diagnosis or treatment or an EPSDT special service that is not otherwise covered by the Kentucky Medicaid Program shall be covered subject to prior authorization if the requirements of subsections (1) and (2) of section 9 of 907 KAR 11:034 are met. Requests for services will be reviewed to determine medical necessity without regard to whether the screening was performed by a Kentucky Medicaid provider or a non-Medicaid provider.

Urgent Authorization Requests and Admission Notifications – Call 1-877-389-9457

- Notify the plan of unplanned inpatient hospital admissions within **1 business day of the admission** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Prior Authorization is not required for births or the inception of NICU services and notification is not required as a condition of payment.
- Outpatient authorizations may be requested by phone for urgent and time-sensitive services when warranted by the enrollee’s condition. Please include **CPT and ICD-10 codes** with your authorization request. 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 of Kentucky retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, the medical necessity of services and correct coding and billing practices.
- Please remember to consult the authorization lookup tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

Behavioral Health Services

[WellCare of Kentucky Web Submission Portal](#)

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-620-1861

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

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

Inpatient, Residential, PHP and IOP Phone: 1-855-620-1861

- Emergency behavioral services do not require authorization. In order to obtain authorization, notification of an **Inpatient admission is required on the next business day following admission.**
- All inpatient, residential and partial hospital care should be completed telephonically (**1-855-620-1861**). Concurrent review for these levels of care will be done telephonically. All other levels of care may be submitted by fax and the forms and fax numbers can be found [here](#).
- Care including inpatient, residential treatment, partial hospitalization, intensive outpatient, ECT, psychological testing and some outpatient services require contact with WellCare for authorization.
- Please submit your request for more sessions **no more** than two weeks prior to the completion of the current authorized session(s).
- For more information on Authorization Requirements, please click [here](#) and select the “**Behavioral Health Code Changes**” PDF under **Authorizations**

| PROCEDURES and SERVICES | Authorization Required | Comments |
|---|------------------------|--|
| Emergency Behavioral Health Services | No | |
| Non-contracted (nonparticipating) Provider Services | Yes | All services from nonparticipating providers require authorization. |
| Behavioral Health Services | See Comments | Please refer to the Behavioral Health Code Changes under Authorizations for authorization requirements. WellCare Web Submission Portal |

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Emergency Services

| PROCEDURES and SERVICES | Authorization Required | Comments |
|--------------------------------------|------------------------|----------|
| Emergency Ambulance Services | No | |
| Emergency Behavioral Health Services | No | |
| Emergency Room Services | No | |
| Urgent Care Services | No | |

Inpatient Services & Discharge Planning

[WellCare of Kentucky 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 Hospital Procedures | Yes | Clinical updates required for continued length of stay. |
| Hospice Admissions | Yes | |
| Inpatient Hospital Admissions | Yes | Clinical updates required for continued length of stay. |
| Long-Term Acute Care Hospital (LTACH) Admissions | Yes | Long-Term Acute Care Hospital: Criteria for Admission |
| NICU/Sick Baby Admissions | Yes | Notification is requested within 24 hours following admission. Clinical updates required for continued length of stay. Contact ProgenyHealth at fax 1-866-517-1470 to submit clinical updates for initial and continued length of stay. Prior Authorization or notification is not required as a condition of payment. |
| Observations | See Comments | Observation services alone will not require authorization. However, failure to obtain the required authorization for any services performed while in an Observation setting will result in denial of reimbursement of all services provided. Authorization Lookup Tool Urgent or emergent services ¹ performed during observation stay, such as Advanced Radiology or Cardiology, do not require authorization. Clinical updates required for continued length of stay. |
| Orthopedic Surgery | Yes – See Comments | Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-855-434-0331 Fax: 1-803-462-4271 |
| Skilled Nursing Facility Admissions | Yes | Clinical updates required for continued length of stay. |
| Spinal Surgery | Yes – See Comments | Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-855-434-0331 Fax: 1-803-462-4271 |

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Outpatient Services & Discharge Planning

[WellCare of Kentucky 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: 1-877-831-2045

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 |
| Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, Obstetric Ultrasounds, PET and SPECT Scans | Yes – See Comments | Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 No authorization is required for the initial 3 OB ultrasounds. Advanced Radiology Program Criteria 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: 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets |
| Dialysis | No | |
| Durable Medical Equipment | 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 and Treatment | Yes | 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 Laboratory Management Program Criteria Molecular and Genetic Testing Quick Reference Guide |
| Medical Oncology Services | Yes – See Comments | Contact HealthHelp for authorization: HealthHelp Portal Phone: 1-888-210-3736 Medical Oncology Program Services |
| Non-contracted (nonparticipating) Provider Services | Yes | All services from nonparticipating providers require authorization. |
| Orthopedic Surgery | Yes – See Comments | Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-855-434-0331 Fax: 1-803-462-4271 |
| Orthotics and Prosthetics | Yes – See Comments | Purchase items reimbursed at OR below \$500 per line item do NOT require authorization. |

For your convenience, items on this QRG in **bold, underlined** fonts are hyperlinks to supporting WellCare of Kentucky 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 of Kentucky 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 January 2021)

| PROCEDURES and SERVICES | Authorization Required | Comments |
|--|------------------------|--|
| 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) | Yes – See Comments | Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets |
| Prescribed Pediatric Extended Care | Yes | Refer to Clinical Coverage Guidelines |
| 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 | Yes | |
| Spinal Therapy | Yes – See Comments | Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-855-434-0331 Fax: 1-803-462-4271 |
| Sterilization Services | No | Consent Form Required |
| Termination of Pregnancy | No | Certification Form for Induced Abortion Required |
| Transplant Services | Yes | Please submit clinical records for prior authorization for all transplant phases. |

Prenatal Notifications

Prenatal Notifications Fax: 1-877-338-3659

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

i Urgent and Emergent Services are defined within 42 CFR 422.113