

CONVENIENT SELF-SERVICE

WellCare understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. **The Provider Portal is the fastest way to get the help with those routine tasks.**

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements/Status*	<u>Fastest Result</u>	<u>Available</u>	Available
Authorizations Request*	<u>Fastest Result</u>	<u>Available</u>	N/A
Benefit/Co-payment Information	<u>Fastest Result</u>	<u>Available</u>	Available
Claims and Appeals Status	<u>Fastest Result</u>	<u>Available</u>	Available
Eligibility Verification	<u>Fastest Result</u>	<u>Available</u>	Available
Submit Appeals/Claims/ Claim Disputes/Corrections	<u>Fastest Result</u>	<u>Available</u>	N/A

Provider Portal Registration – [click here](#)

Provider Portal Training – [click here](#)

**①*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**)

OTHER PHONE 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**

RISK MANAGEMENT

Fraud, Waste & Abuse Hotline

1-866-685-8664

Kentucky Medicaid Division of Program Integrity

1-800-372-2970

COMMUNITY CONNECTIONS HELP LINE

1-866-775-2192

BEHAVIORAL HEALTH CRISIS LINE: 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 Enrollees Services.

NURSE ADVICE LINE: 1-800-919-8807

Members may call this number to speak to a nurse **24** hours a day, **7** days a week.

HEALTH PLAN PARTNERS

Contracted Networks

DENTAL	OPTOMETRY & OPHTHALMOLOGY	TRANSPORTATION
<u>Avesis</u> 1-855-469-3368	<u>Avesis</u> 1-855-469-3368	<ul style="list-style-type: none"> Authorization requests for non-emergent air and land ambulance services (POS 41 & 42)* should be submitted to WellCare of Kentucky. All other non-emergency transportation (bus, cab, van, etc.) is covered by Kentucky Fee-for-Service Medicaid.
<ul style="list-style-type: none"> Please contact Avesis for Professional Services only. Please contact WellCare for authorization of Facility Services (POS 22 and/or 24). 		

NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process.

This guide is not intended to be an all-inclusive list of covered services under the Health Plan.

CLAIM SUBMISSION INQUIRIES

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 EDIBA@centene.com.

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE:

Register online using the simplified, enhanced provider registration process: 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 of Kentucky has partnered with Availity as our preferred EDI Clearinghouse. You may connect directly to Availity or continue to use your existing vendor/biller/clearinghouse. If you need assistance in making a connection with Availity or have any questions, please contact Availity client services at 1-800-282-4548.

WELLCARE OF KENTUCKY PAYER ID:

- **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 (RF – Reporting only) Submissions
Professional or Institutional	14163	59354

FREE DIRECT DATA ENTRY (DDE):

Availity Essentials offers providers a web portal for direct data entry (DDE) claims that will submit to Wellcare electronically at no cost to you. To register, submit the request to availity.com/essentials-portal-registration.

PAPER SUBMISSION GUIDELINES:

WellCare of Kentucky follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claim submissions. 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 are at wellcareky.com/providers/medicaid/claims.html.



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 at 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 – Comprehensive Health Management
Attn: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

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 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
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658
Fax: 1-877-277-1805

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
Attn: WellCare Clinical Chart Validation
HillCrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422
Fax: 1-203-202-6607

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 – Comprehensive Health Management
Attn: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

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.

CLAIM PAYMENT POLICY DISPUTES

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.



MAIL APPEALS RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH LT### OR RVL# TO:

**WellCare of Kentucky
Attn: CCR
P.O. Box 31394
Tampa, FL 33631-3394
Medical records required.**



MAIL ALL APPEALS RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH IH###, CE###, MK###, CV###, PD###, DN250 OR ERLOC TO:

**WellCare of Kentucky
Attn: Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426
For CV###, Medical records are required.**



MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES RVPI# AND DN173:

**P.O. Box 31416
Tampa, FL 33631-3416**



MAIL ALL MEDICAL RECORDS AND INITIAL REVIEWS AND APPEALS RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH CPI##:

BY MAIL (U.S. POSTAL SERVICE)

**Optum
P.O. Box 52846
Philadelphia, PA 19115
Phone: 1-844-458-6739 | Fax: 1-267-687-0994**

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.

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 KY External Review Process.

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, DN038, 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
Attn: Appeals Department
13551 Triton Park Blvd., Suite 1200
Louisville, KY 40223
Fax: 1-866-201-0657

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:

Mail: WellCare Health Plans
Attn: External Independent Third Party Review
13551 Triton Park Blvd., Suite 1200
Louisville, KY 40223
Fax: 1-800-509-8203
Email: Kyexternalreview@wellcare.com

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
13551 Triton Park Blvd., Suite 1200
Louisville, KY 40223
Fax: 1-866-388-1769

PHARMACY SERVICES

PHARMACY SERVICES: 1-800-210-7628 (24/7)

MedImpact is the Pharmacy Benefit Manager for all Kentucky Medicaid Managed Care Organizations (including after-hours and weekends).

Rx BIN	Rx PCN	Rx GRP
023880	KYPROD1	KYM01

FORMULARY:

For a list of preferred drugs, including over-the-counter (OTC) drugs, covered by the Kentucky Medicaid Single Preferred Drug Listing visit:

kyportal.medimpact.com

MEDICATION APPEALS: Fax: 1-858-790-6060

Mail appeal request with supporting documentation to:



Appeals and Grievances Department
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

Note: 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 formulary, providers may submit a medical justification to WellCare in writing.

PRIOR AUTHORIZATION REQUESTS:

Fax: 1-858-357-2612
Phone: 1-844-336-2676

Submit a **Prior Authorization 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 \$100 cost (PA)

Evolut now manages Medical Oncology Services.

Evolut

Phone: 1-888-999-7713, Option 1

WEB-BASED INFORMATION:

- kyportal.medimpact.com
- [Authorization Lookup Tool*](#)

① ***Note: Includes Pharmacy Medical Requests supplied by Physicians**

- [Participating Pharmacies](#)
- [Pharmacy Services Forms](#)

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 | Fax: 1-866-462-6726



Option Care Health™ aka Option Care and BioScrip Infusion Services®:

Phone: 1-844-624-4584

KabaFusion:

Phone: 1-502-515-3500 | Fax: 1-502-515-3509

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 .

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 at 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 SECURE PROVIDER PORTAL

For Urgent and Inpatient Hospitalization Authorizations and Provider Services

Fax: **1-877-338-3686** or use the WellCare Provider Portal or the Availity Provider Portal.

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

Inpatient, Residential, PHP

Fax: **1-877-338-3686**

IOP, Psych Testing, ABA, and all other outpatient services

Fax: **1-877-544-2007**

- 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.**
- Concurrent review for these levels of care will be done telephonically.
- 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 **Provider Prior Authorization List**.

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 authorization.
Behavioral Health Services	See Comments	Please refer to the <u>Behavioral Health Code Changes</u> under Authorizations for authorization requirements. <u>WellCare Secure Provider Portal</u>

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 SECURE PROVIDER 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 Admissions	Yes	
Inpatient Hospital Admissions	Yes	Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	<u>Long-Term Acute Care Hospital: Criteria for Admission</u>
NICU/Sick Baby Admissions	Yes	Notification is requested within 24 hours following admission. Clinical updates required for 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. <u>Authorization Lookup Tool</u> Urgent or emergent services 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: <u>TurningPoint Portal</u> 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: <u>TurningPoint Portal</u> Phone: 1-855-434-0331 Fax: 1-803-462-4271

OUTPATIENT SERVICES & DISCHARGE PLANNING

WELLCARE OF KENTUCKY SECURE PROVIDER 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 <u>Authorization Lookup Tool</u> for prior authorization requirements. <u>WellCare Secure Provider Portal</u>
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scan	Yes – See Comments	Contact <u>Evolent</u> for authorization: Phone: 1-866-249-1584 <u>Advanced Imaging Solution</u>
Cardiology Services: Cardiac Imaging, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes – See Comments	Contact <u>Evolent</u> for authorization: Phone: 1-866-249-1584 <u>Cardiac Solution</u>
Dialysis	No	
Durable Medical Equipment		All DME rentals require authorization. DME purchases 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 and Experimental Procedures and Treatment	Yes	<u>Refer to Clinical Coverage Guidelines</u> <u>WellCare Web Submission Portal</u>
Laboratory Management (Certain Molecular and Genetic Tests)	Yes – See Comments	Contact eviCore for authorization: <u>eviCore Provider Web Portal</u> Phone: 1-888-333-8641 <u>Laboratory Management Program Criteria</u> <u>Molecular and Genetic Testing Quick Reference Guide</u>
Medical Oncology Services	Yes – See Comments	Contact <u>Evolent</u> for authorization: <u>Evolent Provider Portal</u> Phone: 1-888-999-7713, Option 1 <u>Medical Oncology Program Services</u>
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require authorization.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Authorization Required	Comments
Orthopedic Surgery	Yes – See Comments	Contact Evolent for authorization: Phone: 1-866-249-1584
Orthotics and Prosthetics	Yes – See Comments	Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Pain Management Treatment	Yes – See Comments	Contact Evolent for authorization: Phone: 1-866-249-1584 <u>Interventional Pain Management Solution</u>
Physical and Occupational Therapy (including home-based therapy)	Yes – See Comments	Contact eviCore for authorization: <u>eviCore Provider Web Portal</u> Phone: 1-888-333-8641 <u>Physical and Occupational Therapy Criteria</u> <u>PT/OT Worksheets</u>
Prescribed Pediatric Extended Care	Yes	Refer to <u>Clinical Coverage Guidelines</u>
Radiation Therapy Management	Yes – See Comments	Contact Evolent for authorization: <u>Evolent Provider Portal</u> Phone: 1-888-999-7713, Option 1
Sleep Diagnostics	Yes – See Comments	Contact eviCore for authorization: <u>eviCore Provider Web Portal</u> Phone: 1-888-333-8641 <u>Sleep Management Worksheets</u>
Speech Therapy	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements. <u>WellCare Secure Provider Portal</u>
Spinal Therapy	Yes – See Comments	Contact Evolent for authorization: Phone: 1-866-249-1584
Sterilization Services	No	<u>Consent Form Required</u>
Termination of Pregnancy	No	<u>Certification Form for Induced Abortion Required</u>
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	<u>Prenatal Notification Form</u>

① Urgent and Emergent Services are defined within 42 CFR 422.113