



Provider relations





Medicare Prior Authorization Change summary:

Wellcare requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare.

Wellcare is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website at [wellcare.com/Authorization-Lookup](https://www.wellcare.com/Authorization-Lookup).

Download the [2023 Medicare Prior Authorization List](#)

Submitting an Authorization Request:

- **Prior Authorization options:** Provider portal, Via Fax, and phone (Emergent or Urgent Authorizations Only)
- **Via Provider Portal-** The fastest and most efficient way to request an authorization
- **Via Fax-** The completed form(s) and any supporting documentation to the fax number listed on the form will be required.
- **Via Telephone-** Authorization requests that are emergent or urgent should be submitted via telephone. Emergent or urgent requests should only be submitted when the standard time frame could seriously jeopardize the member's life or health.



Authorization Lookup tool:

Select Line of Business 




Select 

Enter CPT Code 

CPT Code

[Reset](#) [Lookup](#)

Resources:

- Medicare Quick Reference Guide 
- WellCare Provider Portal Training: How to Submit an Authorization 
- WellCare Provider Portal - Authorizations and You 

Disputes and Appeals:



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180 days to file claim

Dispute/Appeal: 90 calendar days of the EOP

When submitting a dispute/appeal, the Provider must provide the following information:

Date(s) of service

Member name

Member ID number and/or date of birth

Claim number

Provider name

Provider Tax ID/TIN

Total billed charges

Authorization number (if applicable)

The Provider's statement explaining the reason for the dispute

Supporting documentation when necessary (e.g., proof of timely filing, medical records)

Continued..

CLAIM PAYMENT POLICY DISPUTES

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy-related issues must be submitted to us in writing within **90 calendar days** of the date on the EOP (refer to your contract for required timing). 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### at provider.wellcare.com or by mail.

NOTE: Wellcare does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.



**IH###, CE###, CV###
(MEDICAL RECORDS REQUIRED)
OR PD### TO:**

**Wellcare
Attn: Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426**



**CPI## 1ST LEVEL (INCLUDE ALL
MEDICAL RECORDS AND INITIAL
REVIEWS) APPEALS TO:**

**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.



**LT###, RVLT# AND CPI##
2ND LEVEL APPEALS TO:**

**Wellcare
Attn: CCR
P.O. Box 31394
Tampa, FL 33631-3394**



RVPI# TO:

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

Provider Access & Support

Provider Portal Registration:

- <https://provider.wellcare.com/Provider/Accounts/Registration>

Provider Portal Training:

- <https://www.wellcare.com/arkansas/Providers/Medicare/Training/New-Provider-Portal-Overview-Training>

Bulletins/Announcements:

- <https://www.wellcare.com/en/Arkansas/Providers/Bulletins>

RX Affect

- <https://auth.rxante.com>

Provider Manual & Quick Reference Guide

- Claims/Encounter Guides
- Authorization Instructions
- Disputes and Appeals
- <https://www.wellcare.com/arkansas/Providers/Medicare>

HEDIS tool Kit

- <https://www.wellcare.com/arkansas/Providers/Medicare/Quality>

Provider Relations Contact:

Nickolaus Lovelace

Nickolaus.J.Lovelace@Centene.com

501-551-8768

