

Important Telephone Numbers

<p>Provider Services Eligibility Verification, Claims, Utilization Management, Provider Complaints, Language Line and Dental Services</p> <p>Staywell 1-866-334-7927 Staywell Kids 1-866-698-5437</p>	<p>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.</p>
<p>Care and Disease Management Referrals</p> <p>MMA Members 1-888-421-7690 Non-MMA Members 1-866-635-7045</p>	<p>Risk Management WellCare's Fraud, Waste and Abuse Hotline 1-866-678-8355 Florida Medicaid Program Integrity Hotline 1-888-419-3456</p>
<p>Provider Resource Guide</p>	<p>TTY 711</p>

Claim Submissions

Provider Services: Questions related to claim submissions
Staywell 1-866-334-7927 or Staywell Kids 1-866-698-5437
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](#).
For inquires related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

Clearinghouse Connectivity

WellCare has partnered with Change HealthCare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly with 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, formerly known as Relay Health at 1-800-527-8133 for connectivity services.

Connect Center™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions **at no cost to you**. To sign up go to: <https://connect.relayhealth.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Any questions regarding functionality of ConnectCenter should be directed to the Clearinghouse at 1-800-527-8133, opt 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 and please ensure you use vendor code 212750 when you register.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

Claim Type	Fee for Service	Encounter
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 or Encounters):

Claim Type	FFS	Encounter
Professional or Institutional	14163	59354

Paper Submission Guidelines:

WellCare 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 forms. Claim forms and guidelines may be found on our website at:

www.wellcare.com/Florida/Providers/Medicaid/Claims

Mail paper claim submissions to:

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

Claim Payment Disputes

The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within one year of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:

WellCare Health Plans, Inc. Fax 1-877-277-1808
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Note: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box with all substantiating information like a summary of the appeal, relevant medical records and member-specific information.

Claims 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 **one year** 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.

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

WellCare Health Plans, Inc. Fax 1-877-277-1808
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 CPIXX:

By Mail (US Postal Service)

OPTUM
PO Box 52846
Philadelphia, PA 19115

By Delivery Services (FedEx, UPS)

OPTUM
458 Pike Rd
Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

WellCare Health Plans
CCR Pre-pay
PO Box 31394
Tampa, FL 33631-3394

Mail all disputes related to Explanation of Payment Codes RVLTX:

WellCare Health Plans
CCR Post-pay
PO Box 31395
Tampa, FL 33631-3395

Appeals (Medical)

Providers may file an appeal on behalf of the member with his/her written consent. Providers may also seek an appeal through the Appeals Department within 90 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information 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, Inc. Fax **1-866-201-0657**
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Grievances

Member grievances may be filed verbally by calling Customer Service or submitted by fax or mail. Providers may also file a grievance on behalf of the member with his or her written consent.

Mail or fax member grievances to:

WellCare Health Plans, Inc. Fax **1-866-388-1769**
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

Pharmacy Services

Staywell	1-866-334-7927		
Staywell Kids	1-866-698-5437		
Including after-hours and weekends (CVS/Caremark™)			
	Rx BIN	Rx PCN	Rx GRP
Staywell	004336	MCAIDADV	RX8888
Staywell Kids	004336	MCAIDADV	RX8887

Exactus™ Pharmacy Solutions **1-866-458-9246**
exactus@wellcare.com TTY **1-855-516-5636**
 Fax **1-866-458-9245**

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

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

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

WellCare Health Plans, Inc.
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 to WellCare explaining the medical justification.

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

Coverage Determination Requests Fax **1-866-825-2884**

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)
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first line of therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding \$300.00 cost (PA)

For Home Infusion/Enteral services:

Please initiate requests through one of the below pharmacies:

Home Infusion/Enteral services:

Coram (preferred):

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

Option Care™/Crescent Healthcare:

Phone: **1-800-396-2933** Fax: **1-888-550-8880**

BioScrip®:

Phone: **1-888-744-4638** Fax: **1-855-549-5490**

HealthHelp® manages Medical Oncology Services.

Please see below for HealthHelp Contact Information.

Web-based information:

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

- Pharmacy Services Overview
- Florida Medicaid Preferred Drug List (PDL)
- [Authorization Lookup Tool](#)
- Participating Pharmacies
- [Pharmacy Services Forms](#)

Behavioral Health

Web-based information: www.wellcare.com/en/Florida/Providers/Medicaid/Behavioral-Health

Crisis Hotline: 1-855-606-3622

Urgent Authorizations and Provider Services:

Staywell 1-866-334-7927
Staywell Kids 1-866-698-5437

Outpatient Authorization Request Submissions Fax 1-855-713-0587
Inpatient Hospitalization Clinical Submissions Fax 1-855-713-0197

- Emergency behavioral health services do not require prior authorization. Inpatient admission notification is required on the next business day following admission.
- Inpatient, PHP and residential **initial** reviews are done by fax (preferred) or telephone and determined within 24 hours of the request.
- Inpatient, PHP and residential **concurrent** reviews are done by telephone.
- Psychological testing reviews are done by telephone or fax.
- All other levels of care requiring authorization, including outpatient services, are to be requested by fax or may be submitted online.
- For more detail regarding authorization requirements, [click here](#)

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 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 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**

*Please refer to Coastal Care Services, Inc., information below to determine if PT/OT services rendered in a home setting should be redirected there instead.

Coastal Care Services, Inc

Effective 3/1/18: For Florida Medicaid Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade and Monroe counties only, [Coastal Care Services](#) is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.

Effective 3/1/18: For Florida Healthy Kids Members Residing in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade, and Monroe counties only, [Coastal Care Services](#) is our in-network vendor for select Durable Medical Equipment (DME) and Home Health Services.

Please contact Coastal Care for DME items such as: Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, and Respiratory Devices.

Please contact Coastal Care for Home Health services such as: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management.

Provider Services **1-833-204-4535**
Utilization Management **1-855-481-0505**
Fax **1-855-481-0606**

HealthHelp®

HealthHelp manages Medical Oncology and Radiation Therapy Services.

[HealthHelp](#) is our in-network vendor for the following programs and provider resources can be accessed through the corresponding program links: [Radiation Therapy](#) and [Medical Oncology](#).

Contact HealthHelp for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Member eligibility and authorization request materials may be accessed via the [HealthHelp Portal](#). A searchable [Authorization Lookup](#) 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**

Contracted Networks

Vision* – Premier Eye Care Authorizations and Provider Services 1-800-738-1889 <i>*Vision benefits vary by county. Please contact Provider Services to verify coverage.</i>	Transportation (MMA members)
	Medical Transportation Management 1-866-591-4066
Hearing – Hear USA 1-800-333-3389 Opt 2	Dental (MMA members)
	Liberty Dental 1-888-352-7924

Prior Authorization (PA) Requirements

This WellCare prior authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a **℞** symbol for easy identification. Requirements that have been edited for *clarification only* are denoted with a **ℹ** symbol.

All services rendered by nonparticipating providers and facilities require authorization. Primary care physicians (PCPs) 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.

WellCare supports the concept of the PCP as the “medical home” for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility (11, 50, 71 & 72)*. **A written or faxed script to the specialist is required.** 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. Specialists may not refer members directly to other specialists.

This guide does NOT apply to the following: Medical groups or IPAs delegated for Utilization Management (providers must follow the specific medical group or IPA referral and authorization requirements) or other services covered under a specific network arrangement.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST

Urgent Authorization Requests and Admission Notifications – Call 1-800-351-8777 and follow the prompts.

- Notify the plan of unplanned inpatient hospital admissions within **24 hours** of admission (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time-sensitive services when warranted by the member’s condition. Please add CPT and ICD-10 codes with your authorization request. Standard authorization requests may be submitted online or via fax using the numbers listed below.
- 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.

Place-of-service codes (POS) are specified for some services.*

***Place-of-Service Codes**

11 – Office	32 – Nursing Facility	56 – Psychiatric Residential Treatment Center
12 – Home	33 – Custodial Care Facility	57 – Non-residential Substance Abuse Treatment Facility
20 – Urgent Care Facility	49 – Independent Clinic	61 – Comprehensive Inpatient Rehabilitation Facility
21 – Inpatient Hospital	50 – Federally Qualified Health Center	62 – Comprehensive Outpatient Rehabilitation Facility
22 – Outpatient Hospital	51 – Inpatient Psychiatric Facility	65 – End Stage Renal Disease Treatment Facility
23 – Emergency Room	52 – Psychiatric Facility – Partial Hospitalization	71 – Public Health Clinic
24 – Ambulatory Surgery Center	53 – Community Mental Health Center	72 – Rural Health Clinic
31 – Skilled Nursing Facility	55 – Residential Substance Abuse Treatment Facility	81 – Independent Laboratory

PROCEDURES and SERVICES

- ℞ = New or changed requirement**
- ℹ = Clarification of current requirement**

Authorization Required

No Authorization Required

Comments

DME Services Fax: 1-855-657-8641 or 1-855-481-0606 for Coastal Care Services*
Inpatient Discharge Planning Requests Fax: 1-813-283-9285

**Please see Select DME and Home Health Services grid below to determine members and services reviewed by Coastal Care*

Select Durable Medical Equipment and Home Health Services

℞ Effective 3/1/2018:

For FL Medicaid members residing in: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Miami-Dade and Monroe counties:

For FL Healthy Kids members residing in: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward, Miami-Dade and Monroe counties:

DME services handled by Coastal Care include: Standard Wheelchairs, Oxygen, CPAP, Ambulatory Aides, Hospital Beds, Power Operated Vehicles, Ostomy and Wound Care Supplies, Respiratory Devices



Home Health Services handled by Coastal Care include: Skilled Nursing, Social Worker, Home Care Aide, Therapy (Physical, Occupational, & Speech), Wound Care, Patient Education & Training, and Medication Management



X

Contact Coastal Care for authorization:

Coastal Care Services

Utilization Management **1-855-481-0505**
 Fax **1-855-481-0606**

PROCEDURES and SERVICES  = New or changed requirement  = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
For all other counties and excluded services: Durable Medical Equipment Purchases and Rentals DME consists of pieces of equipment that will assist with activities of daily living. (Customized Wheelchair Equipment, Diabetic Supplies, Neuromuscular stimulators, Bone Growth Stimulators, Speech Generating Devices, Specialty Beds, Implantable Devices, Life Vest Defibrillator, Transplant Related services, High Frequency Chest Wall Oscillation, ESRD Related services)	X		All DME rentals require authorization. DME purchase items reimbursed at OR below \$250 per line item do NOT require authorization.
Hearing Aids	X		Please contact Hear USA for authorization: Phone: 1-800-731-3277 Fax: 1-888-303-6327
Orthotics and Prosthetics Orthotics support or correct a weak or deformed body part, or restrict or eliminate motion in a diseased or injured part of the body. Prosthetics are artificial devices to replace a missing body part, such as a limb or eye.	X		Purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Home Health Services Fax: 1-855-657-8641 or 1-855-481-0606 for Coastal Care Services* Inpatient Discharge Planning Requests Fax: 1-813-283-9285 *Please see Select DME and Home Health Services grid above to determine members and services reviewed by Coastal Care			
Home Health Care Services (12)*	X		For members receiving Home Health Care services in the home setting, please refer to counties listed above under Select Durable Medical Equipment and Home Health Services to determine if request should be handled by Coastal Care Services.
Home Infusion/Enteral Services	X		Please initiate requests through one of the below pharmacies: Home Infusion/Enteral Services Coram (preferred): Phone: 1-800-423-1411 Fax: 1-866-462-6726 or Option Care™/Crescent Healthcare: Phone: 1-800-396-2933 Fax: 1-888-550-8880 or Bioscrip®: Phone: 1-888-744-4638 Fax: 1-855-549-5490
Physical and Occupational Therapy (including services rendered in POS 12 except for members residing in counties listed above, where home health services are handled by Coastal Care Services)*	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Inpatient Services Fax: 1-877-431-8860 Inpatient Discharge Planning Requests Fax: 1-813-283-9285			
Alcohol and Substance Abuse Admissions	X		
Elective Inpatient Procedures (21)*	X		Clinical updates required for continued length of stay.
Electroconvulsive Therapy (ECT)	X		
Emergency Behavioral Health Services		X	
Emergency Room Services (23)*		X	
Emergency Transportation		X	
Inpatient Admissions	X		Clinical updates required for continued length of stay.
Long-Term Acute Care Hospital (LTACH) Admissions	X		Clinical updates required for continued length of stay.
NICU/Sick Baby Admissions	X		Notification to Staywell is required within 24 hours following admission. Contact ProgenyHealth at fax # 1-888-873-4267 to submit clinical updates for initial and continued length of stay.

PROCEDURES and SERVICES  = New or changed requirement  = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
Observations (22)*	See Comments	See Comments	Observation services will not require authorization; however, preplanned procedures will be subject to outpatient authorization requirements. Authorization Lookup Tool Clinical updates required for continued length of stay.
Rehabilitation Facility Admissions (61)*	X		Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions (31 & 32)*	X		Clinical updates required for continued length of stay.
Outpatient Services Fax: 1-800-935-5752 Inpatient Discharge Planning Requests Fax: 1-813-283-9285			
Advanced Radiology Services CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT Scans	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone Number: 1-888-333-8641 Advanced Radiology Program Criteria <i>No authorization is required for the first 3 OB ultrasounds.</i> Radiology Request Forms
Ambulance Transportation (non-emergent)	X		
Ambulatory Surgery Center Procedures (24)*	Please see Authorization Lookup Tool		Authorization Lookup Tool
Behavioral Health Outpatient Services	See Comments	See Comments	Some behavioral health outpatient services require prior authorization. Please see Authorization Lookup Tool .
Cardiology Services Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets
Cosmetic Procedures (ALL)*	X		Authorization Lookup Tool
Cytogenetic, Reproductive and Molecular Diagnostic Laboratory Testing <i>Note: Some tests are handled by eviCore. Please refer to Lab Management section below.</i>	Please see Authorization Lookup Tool		Refer to Clinical Coverage Guidelines
Dialysis		X	
Domiciliary, Rest Home & Custodial Services (32 & 33)*	X		
Electroconvulsive Therapy (ECT)	X		
Hospice Care Services	X		
Intensive Outpatient Program (IOP)	X		
Investigational & Experimental Procedures and Treatment	X		Refer to Clinical Coverage Guidelines
Laboratory (Routine) Testing (11, 22, 24 & 81)*		X	NOTE: Lab services performed in POS 81 should be directed to Quest. Testing must be consistent with CLIA guidelines.
Laboratory Management (Certain Molecular and Genetic Tests)	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 WellCare Lab Management Criteria Molecular and Genetic Testing QRG
Medical Oncology Services	X		Contact HealthHelp® for authorization: HealthHelp Portal Phone: 1-888-210-3736 Medical Oncology Program Services

PROCEDURES and SERVICES = New or changed requirement = Clarification of current requirement	Authorization Required	No Authorization Required	Comments
Office Visits and Treatment (11)*	Please see Authorization Lookup Tool		Authorization Lookup Tool
Ophthalmology Procedures	Please see Authorization Lookup Tool		Authorization Lookup Tool
Outpatient Hospital Procedures and Services (22)*	Please see Authorization Lookup Tool		Authorization Lookup Tool
Pain Management Treatment	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms
Partial Hospitalization Program (PHP)	X		
Pharmacological Management		X	
Physical and Occupational Therapy (including services rendered in POS 12 except for members residing in counties listed above, where home health services are handled by Coastal Care Services)*	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets
Psychological Testing		X	
Radiation Therapy Management	X		Contact HealthHelp® for authorization: HealthHelp Portal Phone: 1-888-210-3736 Radiation Therapy Management Program Resources
Radiology Anesthesia		X	No authorization is required for CPT codes 01916-01933
Radiology (Routine) Services (11, 22 & 24)*		X	Includes non-obstetric ultrasounds and mammograms
Respiratory Therapy Services		X	
Sleep Diagnostics	X		Contact eviCore for authorization: eviCore Provider Web Portal Phone: 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets
Sterilization Procedures		X	Sterilization Consent Form Required
Termination of Pregnancy		X	Abortion Certification Form Required
Urgent Care Services (20)*		X	
Prenatal Notifications		Fax: 1-877-647-7475	
Obstetric Global Care		X	Prenatal Notification Form
Speech Therapy Services Fax: 1-877-709-1698 or 1-855-481-0606 for Coastal Care Services* Inpatient Discharge Planning Requests Fax: 1-813-283-9285 *Please see Select DME and Home Health Services grid above to determine members and services reviewed by Coastal Care			
Speech Therapy Services (11, 22 & 62)*	X		For members receiving Speech Therapy services in the home setting, please refer to counties listed above under Select Durable Medical Equipment and Home Health Services to determine if request should be handled by Coastal Care Services.
Transplant Services		Fax: 1-813-283-5320	
Transplant Services (ALL)*	X		Please submit clinical records for prior authorization for all transplant phases.

