

## **Medicare Claims Denying for No Authorization Prior Authorization Number on Claims**

Dear Provider, Office staff and Billing staff,

Since our migration to WellCare's claims payment system January 1, 2019, we have noticed an increase in the number of Medicare claims being denied for No Authorization Number because the Prior Authorization field on the claim form is not populated.

All claims must include the Prior Authorization number in order to be processed timely. Please ensure all claim submissions include the Prior Authorization number prior to submitting the claim.

Include Prior Authorization Numbers in the following field(s):

- Paper - Professional claims (CMS-1500) - Box 23
- Electronic – Professional claims (837P) – REF02 when REF01='G1' in Header Loop 2300 or Line Loop 2400
- Paper - Institutional claims – (UB-04) - Box 63
- Electronic – Institutional claims (837I) – REF02 when REF01='G1' in Header Loop 2300

Please reference Section 5 of the Provider Manual for additional claims information. The Provider Manual is available on our website at [www.wellcare.com/Arizona/Providers/Medicare](http://www.wellcare.com/Arizona/Providers/Medicare).

We apologize for any inconvenience. Please feel free to contact Network Management at the numbers below if you have questions or need assistance.

### **Reminders**

#### **Notification when a WellCare member is admitted to a facility:**

WellCare requires notification by the next business day when a member is admitted to a facility. This includes all admissions and/or observation stays. Notification is necessary for WellCare to obtain clinical information to perform case management and ensure coordination of services. Failure to notify WellCare of admissions or observation stays may result in denial of the claim.

#### **Prior authorization for outpatient services:**

WellCare has enhanced and standardized the provider portal authorization look-up tool with respect to place of service and clinical appropriateness. To reflect industry best practices and reduce the administrative burden on providers, the number of procedures requiring prior authorization has been reduced. Please remember to consult the authorization look-up tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

At WellCare Health Plans, Inc., we value everything you do to deliver quality care to our members – your patients – and ensuring they have a positive health care experience.

Thank you for being a valued partner with WellCare.

**Network Management**  
Phone 1-602-778-1800/1-866-560-4042 (Options in order: 5, 7) | Fax 1-602-778-1875  
E-mail [SM\\_AZ\\_PNO@Care1stAZ.com](mailto:SM_AZ_PNO@Care1stAZ.com)  
Visit our website at [www.wellcare.com](http://www.wellcare.com)