



How WellCare of Ohio Medicaid Providers Request an Authorization

Requesting Authorizations for Urgent or Emergent Services and Expedited Requests

Call the Utilization Management Department at 1-800-951-7719.

Emergent or urgent services are provided in an emergency room or urgent care center. Authorization is not required.

Expedited authorization requests must be submitted to WellCare via telephone when following the standard time frame could seriously jeopardize the member's life or health.

Requests for expedited authorizations will receive a determination within three business days.

To determine the need for an authorization and the type of request to submit, providers should refer to the **Quick Reference Guide** and the **Provider Manual**.

Requesting an Authorization for Planned Services

Requests for standard authorizations must be submitted at least 10 business days prior to planned services. Requests for standard authorizations will receive determination within 14 calendar days.

You can request authorization in one of three ways:

1. Online

- Log in to the secure provider portal at ohio.wellcare.com.
- Submit an authorization request by clicking on the *Authorizations* tab at the top of the home page. Clicking this tab directs you to the *Authorizations/Certification* page.
- From the *Authorizations/Certification* page, click on the *Authorization Request* link. Please see the second page for more details about online submissions.

2. By Fax

- Complete the appropriate WellCare authorization form for the type of care needed. Forms can be found online at ohio.wellcare.com, in the *Provider Resources* area.
- Complete every section of the form to prevent any delays in processing.
- Fax the form to the number listed on the form and include any supporting documentation, if less than 10 pages.

Fax Numbers

Ancillary/DME Services Fax:
1-877-431-8859

Inpatient Services Fax:
1-877-431-8860

Behavioral Health Services Fax:
1-877-277-6890

Outpatient Services Fax:
1-877-277-1820



3. By Telephone

Expedited Authorization Requests Only:

Call the Provider Hotline at 1-800-951-7719.

A representative will request the following:

- Member name and ID number
- Provider ID and NPI number or name of the treating physician
- Facility ID and NPI number or name where services will be rendered (when appropriate)

You will also be asked for information on planned services including:

- Date(s) of service
- Diagnosis and diagnostic codes
- CPT codes



Save Time and Resources!

Benefits of Submitting Authorization Requests Online

Please note: Hospitals are not able to submit authorizations online at this time.

If you are a Web-registered provider, you may submit authorizations online.

The benefits include the ability to:

- Look up providers and members by ID numbers;
- Choose from a list of Place of Service, ICD-9 Diagnosis Code(s) or Description(s) and Procedure Code(s) or Description(s) from drop-down menus;
- Attach clinical documentation to support your requests;
- Submit authorizations quickly and easily;
- Receive fast turn-around of authorization status, including an authorization number if approved;
- Download and print copies of your authorization approval forms that will be sent to *Your Inbox* on the *Provider* home page.

Log in to the Web site today to submit your authorizations online!

Authorization does not guarantee payment. All services or procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines. Please see the Ohio Medicaid Provider Manual for additional information. Visit our Web site at ohio.wellcare.com for regular updates.

