New Jersey Medicare Quick Reference Guide

January 2026

wellcare.com/New-Jersey/Providers/Medicare

CONVENIENT SELF-SERVICE

Wellcare partners with **Availity Essentials**, a multi-payer portal, to offer select secure provider portal services. Availity Essentials is the fastest way to get help with routine tasks. Our current secure provider portal will continue to remain active and available to you.

	Chat	(IVR) Interactive Voice Response
Authorization Requirements/Status	**Available**	Available
Authorizations Request	**Available**	N/A
Benefit/Copayment Information	**Available**	Available
Claims/Reconsiderations/Appeals Status	**Available**	Available
Eligibility Verification	**Available**	Available
Submit Appeals/Claims/Claims Disputes/Corrections	**Available**	N/A

HELPFUL LINKS

Portal Registration | **Joining our Network** | **Resources** (Manual and Guides)

Portal Training | **Forms** (AOR, Auth, Claims and more)

PROVIDER SERVICES PHONE (IVR): 1-855-538-0454 (TTY: **711**) | **DSNP Plans: 1-877-706-9509** (TTY: **711**)

OTHER PHONE NUMBERS

CARE AND 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 Standard Time

RISK MANAGEMENT FRAUD, WASTE & ABUSE HOTLINE

1-866-685-8664

COMMUNITY CONNECTIONS HELP LINE

1-866-775-2192

BEHAVIORAL HEALTH CRISIS

24 hours a day, members should call Member Services.

NURSE ADVICE LINE

1-800-581-9952 (24 hours)

HEALTH PLAN PARTNERS

Contracted Networks

HEARING

TruHearing
Phone: **1-800-334-1807**

VISION

Premier
Phone: **1-866-434-0034**

DENTAL

Liberty
Phone: **1-866-544-4309**

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.

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Internal Approved 08182025

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES
EDI team: **EDIBA@centene.com** or call Provider Services.

PREFERRED EDI CLEARINGHOUSE
Availity: **1-800-282-4548**.
Web portal for direct data entry (DDE) claims:
availity.com/Essentials-Portal-Registration.

PAYER IDs: 14163 (CH – Chargeable)
59354 (RF – Reporting only)

Visit our **Claims** page to locate detailed claims information, addresses, claim forms and guidelines.

Timely Filing guidelines: 180 days from date of service.

EFT
Register: **payspanhealth.com** or call **1-877-331-7154**.
Email: **providersupport@payspanhealth.com**.

MAIL PAPER CLAIMS TO:
Wellcare
Attn: Claims Department
P.O. Box 31372
Tampa, FL 33631-3372

PHARMACY SERVICES

PHARMACY SERVICES
Phone: **1-855-538-0454**

Rx BIN	Rx PCN	Rx GRP
610014	MEDDPRIME	2FFA
610014	MAC	2FHU (MA only)

MAIL ORDER
Express Scripts®
Phone: **1-833-750-0201** (TTY: **711**)
24 hours a day, 7 days a week

SPECIALTY PHARMACY
AcariaHealth™
Phone: **1-866-458-9246** (TTY: **1-855-516-5636**)
Monday–Thursday, 8 a.m. to 7 p.m., Friday, 8 a.m. to 6 p.m. ET.
Fax: **1-866-458-9245**

AcariaHealth™ Pharmacy #26, Inc.
8715 Henderson Rd.
Tampa, FL 33634

MEDICAL ONCOLOGY SERVICES
New Century Health
Phone: **1-888-999-7713**

MEDICATION APPEALS
Fax: **1-866-388-1766**

Submit a **Medication Appeal Request form** with supporting documentation by fax or mail within 60 days from the date of the denial notice.

Wellcare
Attn: Pharmacy Appeals Department
P.O. Box 31383
Tampa, FL 33631-3383

COVERAGE DETERMINATION REQUESTS
Fax: **1-866-388-1767**

Electronic Prior Authorization (ePA):
account.covermymeds.com

Access the **Pharmacy page** for Pharmacy related information and forms, including:

- Coverage Determination Request Form and exceptions
- Other Request forms such as Injectible Infusion
- Formulary
- Express Scripts Mail Order Service
- Home Infusion/Enteral Services
- and more

PRIOR AUTHORIZATION (PA)

A **Pre-Auth Needed tool** is available to determine if prior authorization is required. Detailed Prior Authorization list and important PA information can be found in the **Prior Authorization Guide**. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests **online** using the associated **PA forms**.

Medical Fax: 1-877-277-1805

Behavioral Health Fax: Outpatient **1-855-710-0160**; Inpatient **1-855-710-0159**

Pharmacy Medical Requests Fax: 1-888-871-0564

***Urgent* Authorization Requests and Admission Notifications: Call 1-855-538-0454 and follow the prompts.**

Notification is required for Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Phone authorizations must be followed by a fax submission of clinical information.

Wellcare does not accept handwritten, faxed or replicated claim forms.
Wellcare does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.