

# South Carolina Duals Quick Reference Guide

January 2026

[go.wellcare.com/ATC](http://go.wellcare.com/ATC)



## 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
<b>Authorization Requirements/Status</b>	<b>Available</b>	<b>Available</b>
<b>Authorizations Request</b>	<b>Available</b>	<b>N/A</b>
<b>Benefit/Copayment Information</b>	<b>Available</b>	<b>Available</b>
<b>Claims/Reconsiderations/Appeals Status</b>	<b>Available</b>	<b>Available</b>
<b>Eligibility Verification</b>	<b>Available</b>	<b>Available</b>
<b>Submit Appeals/Claims/Claims Disputes/Corrections</b>	<b>Available</b>	<b>N/A</b>

## HELPFUL LINKS

**Portal Registration**

**Joining our Network**

**Forms**

(AOR, Auth, Claims and more)

**Resources**

(Manual and Guides)

**PROVIDER SERVICES PHONE (IVR): 1-833-998-5401 (TTY: 711)**

## OTHER PHONE NUMBERS

### CARE AND DISEASE MANAGEMENT REFERRALS

Phone: **1-833-998-5401 (TTY: 711)**

Hours: M–F, 8 a.m.–7 p.m. Eastern Standard Time

### COMMUNITY CONNECTIONS HELP LINE

**1-866-775-2192**

### RISK MANAGEMENT FRAUD, WASTE & ABUSE HOTLINE

**1-866-685-8664**

### BEHAVIORAL HEALTH CRISIS

**24 hours** a day, members should call Member Services.

### NURSE ADVICE LINE

**1-833-998-5063 (24 hours)**

## HEALTH PLAN PARTNERS

### Contracted Networks

#### HEARING

**TruHearing**

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

#### VISION

**Centene Vision**

Phone: **1-855-659-6665**

#### DENTAL

**Liberty**

Phone: **1-866-544-4362**

#### TRANSPORTATION

**ModivCare**

Phone: **1-877-682-9029**

**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.

## CLAIM SUBMISSION INFORMATION

### SUBMISSION INQUIRIES

EDI team: [EDIBA@centene.com](mailto:EDIBA@centene.com) or call Provider Services.

### PREFERRED EDI CLEARINGHOUSE

Availity: **1-800-282-4548**.

Web portal for direct data entry (DDE) claims:

[availability.com/Essentials-Portal-Registration](http://availability.com/Essentials-Portal-Registration).

**PAYER ID: 68069**

**Timely Filing guidelines:** 365 days from date of service.

### EFT

Register: [payspanhealth.com](http://payspanhealth.com) or call **1-877-331-7154**.

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com).



### MAIL PAPER CLAIMS TO:

**Wellcare By Absolute Total Care**

**Attn: Claims**

**P.O. Box 9700**

**Farmington, MO 63640-0700**

## PHARMACY SERVICES

### PHARMACY SERVICES

Phone: **1-833-998-5401**

**Rx BIN**

**Rx PCN**

**Rx GRP**

610014

MEDDPRIME

2FFA

### MAIL ORDER

**Express Scripts**<sup>®</sup>

Phone: **1-833-750-0201** (TTY: **711**)

24 hours a day, 7 days a week

### 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 By Absolute Total Care**

**Attn: Medicare Pharmacy Appeals**

**P.O. Box 31383**

**Tampa, FL 33631-3383**

### MEDICAL ONCOLOGY SERVICES

**Evolut**

Phone: **1-866-510-9460**

### COVERAGE DETERMINATION REQUESTS

Fax: **1-866-226-1093**

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 Injectable 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. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests online using **Availity Essentials**.

**Medical Fax: 1-844-503-8866**

**Behavioral Health Fax:** Outpatient **1-833-325-1827** | Inpatient **1-833-325-1830**

**Urgent Authorization Requests and Admission Notifications:** Call **1-833-998-5401** 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.**