

### APPENDIX: PLAN SPECIFICS

## WELLCARE HEALTH PLANS – DE\*, IL\*, ME, MO, NC, NE, OH\*

### 2026 MEDICARE ADVANTAGE DENTAL BENEFITS

The provisions outlined in these Plan Specifics shall prevail over any provision in the Centene Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

Centene Dental Services has partnered with Wellcare Medicare Advantage health plans in seven states to administer dental benefits for Wellcare members in 2026.

**\*Wellcare Dual Align** plans in Delaware, Ohio and Illinois integrate Wellcare Medicare and Medicaid dental coverage and have their own Integrated Plan Specific documents. Providers for these members must be contracted for Medicare and Medicaid in those states to be paid for all covered dental services. **Please check the member's ID card carefully to confirm plan type.**

#### MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7

- For specific individual benefits and eligibility, access our [Provider Web Portal \(PWP\)](https://centenedental.com/logon) (centenedental.com/logon).
- You may also call Customer Service to reach our automated member eligibility-verification system or a team member.

#### COVERED DENTAL SERVICES

For a summary of Medicare dental benefits, [view the Medicare Benefit Summary Tool](https://centenedental.com/benefits) at centenedental.com/benefits. For more detailed coverage and coding information, [search using the Dental Code Search Tool](https://centenedental.com/cdt) (centenedental.com/cdt). Note: codes listed as preventive do not count towards a member's dental benefit annual dollar maximum.

Centene Dental does not process pre-determinations of coverage. Please proceed with care as set out in the member's Evidence of Coverage and the benefit limitations outlined in the Dental Code Search Tool. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan materials and dental benefit description documents [found on our website under Medicare Provider Resources](https://centenedental.com/providers/provider-resources/medicare.html) (centenedental.com/providers/provider-resources/medicare.html).

#### DENTAL CLINICAL POLICIES

Centene Dental applies clinical standards to all covered benefits, outlining for providers what conditions must be present for plan coverage. Please [review our clinical policies](https://centenedental.com/policies) at centenedental.com/policies prior to providing services. These policies include listings of required documentation to support payment and authorization requests.

#### PRIOR AUTHORIZATION REQUIREMENTS

Certain Medicare dental benefits require authorization prior to the service being rendered. Claims filed for these services without prior authorization will deny and require claim reconsideration or appeal for payment consideration. To find out if a planned service requires prior authorization, please [visit the Dental Code Search Tool](https://centenedental.com/cdt) (centenedental.com/cdt).

When possible, standard authorization requests should be received at least 15 calendar days in advance of treatment date via:

- Centene Dental [Provider Web Portal](https://centenedental.com/logon) (centenedental.com/logon)
- Electronic clearinghouses, using payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files

- Paper submissions should be mailed to the address indicated in the Provider Quick Reference (last page)
  - Requests must be submitted on a current (2019 or later) ADA original claim form
  - Copies, handwritten or faxed forms are not accepted

For urgent requests, please mark your authorization request “Expedited Request” in the Provider Web Portal or on your clearinghouse or paper submission. Members may receive an expedited/fast decision when life, health or ability to regain function may be jeopardized. In an emergency, a provider should not wait for prior authorization to provide treatment to the member. For emergencies without prior authorization, please contact Customer Service for claim submission instructions within two business days of rendering emergency care.

**Please note:** Expedited requests not meeting urgent medical standards or lacking sufficient information for fast decision may be downgraded to standard processing times.

Prior authorization decisions for non-urgent services shall be made within seven calendar days. An extension may be granted if the member, provider, or Centene Dental justifies the need for additional information and the extension is in the member’s interest based on regulatory guidelines.

### CLAIM SUBMISSION

#### Timely Filing Requirements

- All claims, including resubmission of corrected claims: One calendar year from date of service

Claims received after the timely filing deadline will be considered a provider liability and members may not be billed. Services billed should include applicable arch, quadrant or tooth identifiers. Claims with pre-payment review requirements may take additional processing time.

Submit claims in one of these formats:

- Centene Dental [Provider Web Portal](#) at centenedental.com/logon
- Electronic clearinghouses, using payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files
- Paper submissions should be mailed to the address indicated in the Provider Quick Reference (last page)
  - Requests must be submitted on a current (2019 or later) ADA original claim form
  - Copies, handwritten or faxed forms are not accepted

#### Billing for Crowns, Dentures, and Root Canals

The billed date of service for crowns is the final cementation date; for dentures, the insertion date; and for root canals, the final fill date.

### RECONSIDERATION & APPEALS

Medicare appeals or claim reconsiderations must be received within 65 days of the date of the Explanation of Payment (EOP) or Integrated Denial Notice (IDN). Submissions must include documentation of the original notification showing the denial, any clinical records, and other documentation that supports the request for reimbursement or coverage. Please call Customer Service with any questions.

#### Medicare Pre-Service (Prior Authorization) Appeals

For denied prior authorizations, a provider (with permission from the member) may submit an appeal on behalf of the member to the member’s health plan. Applicable member appeal addresses are noted below.

### Medicare Claim Reconsiderations - Participating Providers Only

Providers who **are** contracted with Centene Dental or participate with United Concordia do not have Medicare appeal rights; however, Centene Dental has a reconsideration process for review of any participating provider claim issues. To request a reconsideration of a Medicare claim, providers should mail the documentation listed above as indicated below or email [dentalhwappeals@centene.com](mailto:dentalhwappeals@centene.com).

### Medicare Claim Appeals - Non-Participating Providers Only

Providers who **are not** contracted with Centene Dental or do not participate with United Concordia have Medicare appeal rights. Request for appeals must be accompanied by a Waiver of Liability (WOL) form, along with the above documentation and mailed to the applicable address as indicated below within 65 calendar days of the Explanation of Payment (EOP).

	IL, ME, MO, NC Wellcare	DE, NE, OH Wellcare and MO Wellcare By Allwell
Medicare Provider Claim Appeals  <b>Non-Participating Providers Only</b>	<b>Wellcare Provider Appeals</b> P.O. Box 31368 Tampa, FL 33631-3368	<b>Appeals and Grievances Medicare</b> P.O. Box 10343 Van Nuys, CA 91410-0343
Medicare Member Appeals	<b>Wellcare Member Appeals</b> P.O. Box 31368 Tampa, FL 33631-3368	<b>Appeals and Grievances Medicare</b> P.O. Box 10343 Van Nuys, CA 91410-0343
Medicare Provider Claim Reconsiderations  <b>Participating Providers Only</b>	<b>Centene Dental Medicare Claims</b> PO Box 23768 Tampa, FL 33623-3768	<b>Centene Dental Medicare Claims</b> PO Box 23768 Tampa, FL 33623-3768

Upon receipt of all required documentation, we have up to 30 calendar days for clean claims or 60 calendar days for non-clean claims to review the appeal for medical necessity and/or conformity to Centene Dental guidelines and render a decision to reverse or uphold denial.

### WELLCARE SPENDABLES® CARD

- For Wellcare Spendables® support call 800-300-3046, and select Option 5 or visit [carecredit.com/providers](https://carecredit.com/providers).
- Wellcare Spendables card is a preloaded CareCredit debit card that may be used to cover eligible out-of-pocket expenses at a dental, vision or hearing provider that accepts CareCredit.
- Providers who opt-in to accept the Wellcare Spendables card will process payment through the CareCredit Provider Center. To process payments, you will need:
  - Member ID from the patient's insurance card
  - Member's last name
  - NPI Type 2 (for healthcare organizations)
  - NPI Type 1 (for individual healthcare providers)
  - Service code(s) associated with the charge
  - Fee(s) for the service code

## Provider Quick Reference

<p><a href="https://centenedental.com/logon">Provider Web Portal (PWP)</a> (centenedental.com/logon)</p>	<ul style="list-style-type: none"> <li>• Verify member benefits and eligibility</li> <li>• File claims and review claim status</li> <li>• Download, research, and reprint EOPs</li> <li>• Request/submit secure, HIPAA compliant prior authorization</li> <li>• Access important provider information             <ul style="list-style-type: none"> <li>○ Covered dental codes and details</li> <li>○ Clinical policy guidelines</li> </ul> </li> <li>• Provider manuals, training, bulletins</li> </ul>
<p><a href="https://centenedental.com">Website</a> (centenedental.com)</p>	<ul style="list-style-type: none"> <li>• Access provider training resources</li> <li>• Contact Customer Service</li> <li>• Update provider forms, including:             <ul style="list-style-type: none"> <li>○ Electronic Funds Transfers (EFT)</li> <li>○ Disclosure of Ownership (DOO)</li> <li>○ Credentialing documents</li> </ul> </li> <li>• <a href="https://centenedental.com/benefits">View Medicare Benefit Summary</a> at centenedental.com/benefits.</li> <li>• <a href="https://centenedental.com/cdt">Access covered dental codes and details</a> at centenedental.com/cdt.</li> <li>• <a href="https://centenedental.com/mystate">View member ID Card examples</a> at centenedental.com/mystate.</li> </ul>
<p>Electronic Clearinghouse Authorizations and Claims</p>	<p>Centene Dental Payor ID Number 46278</p> <p><b>NEA Dental Numbers:</b></p> <p>463122 ENVD DE Medicare            463061 ENVD IL Medicare            463123 ENVD ME Medicare            463052 ENVD MO Home State Medicare            463126 ENVD NC Medicare            463125 ENVD NE Medicare            463043 DHW OH Medicare</p>
<p>Medicare Clinical Reference Guide</p>	<p><a href="https://centenedental.com/providers/provider-resources/medicare.html">See the Medicare Clinical Reference Guide</a> on centenedental.com/providers/provider-resources/medicare.html for medical necessity and documentation requirements for frequently identified procedures requiring prior authorization review.</p>
<p>Centene Dental Clinical Policies</p>	<p>You can <a href="https://centenedental.com/policies">find our dental clinical policies posted online</a> at centenedental.com/policies, in addition to the PWP.</p>

## CENTENE DENTAL MEDICARE KEY CONTACTS

State	Health Plan	Customer Service (Provider & Member)	Medicare Claim Provider Appeals (Non-Participating Providers Only)	Medicare Dental Prior Authorizations, Claims, Claim Reconsiderations (All Providers)
DE	Wellcare	833-236-1886	<b>Appeals and Grievances Medicare</b> P.O. Box 10343 Van Nuys, CA 91410-0343	<b>Centene Dental Medicare</b> PO Box 23768 Tampa, FL 33623-3768
IL	Wellcare	855-586-1415	<b>Wellcare Provider Appeals</b> P.O. Box 31368 Tampa, FL 33631-3368	
ME	Wellcare	833-393-1623	<b>Wellcare Provider Appeals</b> P.O. Box 31368 Tampa, FL 33631-3368	
MO	Wellcare	855-434-9240	<b>Wellcare Provider Appeals</b> P.O. Box 31368 Tampa, FL 33631-3368	
MO	Wellcare By Allwell	855-434-9240	<b>Wellcare By Allwell Appeals and Grievances Medicare</b> P.O. Box 10343 Van Nuys, CA 91410-0343	
NC	Wellcare	833-813-0532	<b>Wellcare Provider Appeals</b> P.O. Box 31368 Tampa, FL 33631-3368	
NE	Wellcare	833-605-2784	<b>Appeals and Grievances Medicare</b> P.O. Box 10343 Van Nuys, CA 91410-0343	
OH	Wellcare	844-464-5634	<b>Appeals and Grievances Medicare</b> P.O. Box 10343 Van Nuys, CA 91410-0343	