



Dear Wellcare Provider,

Thank you for your continued partnership with Wellcare. We are committed to continuously evaluating and improving overall Payment Integrity solutions as required by State and Federal governing entities. As a reminder, we have partnered with Optum who is supporting us in performing prepayment claim reviews. The purpose of our review is to verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

For claims received on or after **6/1/2026**, providers may experience a slight increase in written requests for medical record submission prior to payment based on the areas outlined below. These requests will come from Optum and will contain instructions for providing the documentation. Should the requested documents not be returned, the claim(s) will be denied. Providers will have the ability to dispute findings through Optum directly in the event of a disagreement.

Editing Area	Description
Unsupported Lab Tests on High Dollar Claims	This analytic reviews high dollar lab claims with at least 5 lines and a payment greater than \$500 that are potentially unsupported by an order from a qualified healthcare professional.
Upcoding of Incision and Drainage Codes	This analytic identifies claims billing incision and drainage (I&D) procedure codes that are suspected to be non-incision or lower-level incision and drainage which may have been incorrectly submitted to achieve additional reimbursement, reviewing simple I&D procedure codes 10060, 10080, 10140 and complicated/multiple I&D procedure codes 10061, 10081

Associated Code for EOP	Description
CPIMR	Medical Records and/or Other Service Documentation Required

We appreciate your ongoing collaboration as we work together to enhance health outcomes and provide the highest quality of care for our members.

Sincerely,

Wellcare