

# WellMed Texas Medicare Advantage Prior Authorization Requirements Effective July 1, 2020

## General Information

This list contains prior authorization requirements for participating care providers in **Texas** for inpatient and outpatient services. Prior authorization is **NOT** required for emergency or urgent care.

## Included Plans

The following listed plans<sup>1</sup> require prior authorization in Texas for **in-network** services:

<p><b>Austin:</b>  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  AARP Medicare Advantage Walgreens (PPO)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)  Amerivantage Classic (HMO)  Amerivantage Dual Coordination (HMO SNP)  Amerivantage Dual Secure (HMO SNP)  Amerivantage ESRD (HMO-POS SNP)</p>	<p><b>El Paso:</b>  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  Cigna-HealthSpring Preferred (HMO)  Cigna-HealthSpring TotalCare (HMO SNP)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)  Humana Gold Plus (SNP)  Amerivantage Classic (HMO)</p>
<p><b>Corpus Christi:</b>  AARP Medicare Advantage SecureHorizons (HMO)  UnitedHealthcare Dual Complete  UnitedHealthcare Group Retiree Plans (HMO)  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)</p>	<p><b>Dallas &amp; Fort Worth:</b>  AARP Medicare Advantage SecureHorizons (HMO)  AARP Medicare Advantage SecureHorizons Essential (HMO)  UnitedHealthcare Dual Complete  AARP Medicare Advantage SecureHorizons Plan 2 (HMO POS)  AARP Medicare Advantage (HMO POS)  UnitedHealthcare Group Retiree Plans (HMO)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)  Humana Gold Plus (SNP)</p>
<p><b>Rio Grande Valley:</b>  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  AARP Medicare Advantage Choice (PPO)  Cigna-HealthSpring Preferred (HMO)  Cigna-HealthSpring TotalCare (HMO SNP)  Cigna-HealthSpring Advantage (HMO)  Cigna-HealthSpring Preferred (HMO) Group Retiree Plan  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)</p>	<p><b>San Antonio:</b>  AARP Medicare Advantage SecureHorizons (HMO)  AARP Medicare Advantage SecureHorizons Essential (HMO)  UnitedHealthcare Dual Complete  UnitedHealthcare Chronic Complete  UnitedHealthcare Group Retiree Plans (HMO)  AARP Medicare Advantage Walgreens (PPO)  Cigna-HealthSpring Preferred (HMO)  Cigna-HealthSpring TotalCare (HMO SNP)  Amerivantage Classic (HMO)  Amerivantage Dual Coordination (HMO SNP)  Amerivantage Dual Secure (HMO SNP)  Amerivantage Select (HMO)</p>

## Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded benefit plans in Texas/New Mexico:

<p><b>TX/EI Paso &amp; New Mexico:</b> AARP Medicare Advantage Choice (PPO)</p>
<p><b>Houston:</b> AARP Medicare Advantage Plan 1 (HMO-POS), AARP Medicare Advantage Plan 2 (HMO)</p>
<p><b>Waco:</b> AARP Medicare Advantage Focus Essential (HMO), AARP Medicare Advantage (HMO POS), AARP Medicare Advantage Walgreens (PPO)</p>

These benefit plans must follow UnitedHealthcare Prior Authorization Program. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at [UHCprovider.com](http://UHCprovider.com)

<sup>1</sup> Subject to Change

**Please Verify Eligibility and Medical Benefits Before Requesting Prior Authorization (PA)**

Members are required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

**How to submit the request?**

Standard	Expedited	Hospital Inpatient Admissions	Specialist Referral Program
<p>For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></p> <p>Fax: 1-866-322-7276 Phone:1-877-757-4440</p>	<p>ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.</p> <p>Fax: 1-866-322-7276 Phone:1-877-757-4440</p>	<p>Fax: 1-877-757-8885 Phone:1-877-490-8982</p>	<p>Referrals to specialists are required in some markets. Please follow your market's current referral process (if your market currently does not have a referral process, then this does not apply). All referral requests must be submitted through the provider portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></p>

**The Following Services Require Prior Authorization Before Scheduling/Rendering the Services**

Inpatient Admissions		
Procedures and Services	Additional Information	How to obtain Prior Authorization
Elective/scheduled admission (acute care facility) Acute Inpatient Rehabilitation Long Term Acute Care (LTAC) Skilled Nursing Facility (SNF) Subacute admissions Emergency Room admission Inpatient and Observation stays	Prior Authorization required  Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours	Fax: 1-877-757-8885 Phone: 1-877-490-8982
Emergency Room admission	Notification is required Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours	Fax: 1-877-757-8885 Phone: 1-877-490-8982
Out-of-Network Services		
Procedures and Services	Additional Information	How to obtain Prior Authorization
All out-of-network inpatient and outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments	Prior Authorization required for all recommendations from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with WellMed	Fax: 1-866-322-7276 Phone: 1-877-757-4440
Other Services That May Require PA		
Procedures and Services	Additional Information and how to obtain Prior Authorization	
<b>Behavioral Health Services</b> Behavioral Health Services through a designated behavioral health network	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services	
<b>Clinical Trials</b>	For specific codes requiring prior authorization, please call the number on the member's health plan ID card for detailed information regarding coverage.	

**Surgeries/Procedure/Testing (Inpatient or Outpatient Services)**

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Artificial Skin Substitute</b>	Prior Authorization required	Q4121	Q4123				
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior Authorization Required	20974 20975	20979 E0747	E0748 E0749	E0760		
<b>Botox Injections</b>	Prior Authorization Required	J0585	J0586	J0587	J0588		
<b>Cochlear and Osseointegrated Implants</b> Surgically implanted devices to help persons with profound deafness achieve conversational speech	Prior Authorization Required	69714 69715	69718 69930	L8614 L8619	L8690 L8691	L8692	
<b>Enhanced External Counter Pulsation (EECP)</b>	Prior Authorization Required	G0166	G0177				
<b>Gender Dysphoria Treatment</b>	Prior Authorization required regardless of DX codes	55970	55980				
	Prior Authorization required <b>ONLY</b> if billed with the following DX codes	F64.0 14000 14001 14041 15734 15738 15750 15757 15758 15775 15776	F64.1 15780 15781 15782 15783 15788 15789 15792 15793 19303 21899	F64.2 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405	F64.8 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805	F64.9 57106 57110 57291 57292 57295 57296 57335 57426 58661 58720	Z87.890 58940 64856 64892 64896 92507 92508
<b>Hyperbaric Oxygen</b>	Prior Authorization Required	99183	99184	G0277			
<b>Implantable Pain Pumps Neurostimulators</b> (Implantation of a device that sends electrical impulses)	Prior Authorization Required	0200T 0201T 0309T 0375T 0587T 0588T	22558 22585 22586 22869 22590 22870 22600 22899	22865 22867 22868 22869 22870 22870 22899	62324 62325 62326 62327 62350 62351 62351 63090	63082 63085 63086 63087 63088 63090	63286 63287 63290 63295 63300 63301
<b>Orthopedic Surgeries</b> (Spine and joint surgeries)		22100 22101 22102 22103 22110 22112 22114 22116 22206 22207 22208 22210 22212 22214 22216	22610 22612 22614 22630 22632 22633 22634 22800 22802 22804 22808 22810 22812 22818 22819	23470 23472 24360 24361 24362 24363 27120 27122 27125 27130 27132 27134 27137 27138 27279	62355 62360 62361 62362 62365 62367 62368 62380 63001 63003 63005 63011 63012 63015 63016	63091 63101 63102 63103 63170 63172 63173 63180 63182 63185 63190 63191 63194 63195 63196	63302 63303 63304 63305 63306 63307 63308 63650 63655 63660 63661 63662 63663 63664 63685

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Implantable Pain Pumps Neurostimulators (cont'd)</b>	Prior Authorization Required	22220	22830	27280	63017	63197	63688
		22222	22840	27412	63020	63198	64553
<b>Orthopedic Surgeries (cont'd)</b>		22224	22841	27445	63030	63199	64555
		22226	22842	27446	63035	63200	64560
		22510	22843	27447	63040	63250	64561
		22511	22844	27486	63042	63251	64565
		22512	22845	27487	63043	63252	64566
		22513	22846	29866	63044	63265	64568
		22514	22847	29867	63045	63266	64569
		22515	22848	29868	63046	63267	64570
		22520	22849	29914	63047	63268	64575
		22521	22850	29915	63048	63270	64577
		22522	22851	29916	63050	63271	64580
		22523	22852	61850	63051	63272	64581
		22524	22853	61860	63055	63273	64585
		22525	22854	61863	63056	63275	64590
		22532	22855	61864	63057	63276	64595
		22533	22856	61867	63064	63277	64722
		22534	22857	61868	63066	63278	64999
		22548	22858	61885	63075	63280	95990
		22551	22859	61886	63076	63281	95991
		22552	22861	62287	63077	63282	J7330
22554	22862	62318	63078	63283	L8679		
22556	22864	62319	63081	63285			
<b>Molecular Diagnostic/ Genetic Testing</b>	Prior Authorization Required	81120	81216	81240	81401	81450	81551
		81121	81217	81241	81402	81455	84999
		81165	81225	81242	81403	81479	87999
		81166	81226	81247	81404	81518	
		81167	81227	81291	81405	81519	
		81201	81230	81321	81406	81528	
		81214	81231	81335	81407	81541	
		81215	81232	81400	81408	81545	
<b>Mohs micrographic surgery</b>	Prior Authorization Required	17311	17312	17313	17314	17315	
<b>Oral-maxillofacial/TMJ Surgery/Orthognathic Surgery</b> Treatment of maxillofacial (jaw) functional impairment	Prior Authorization Required	21085	21125	21146	21159	21196	21240
		21089	21127	21147	21160	21198	21242
		21120	21141	21150	21188	21199	21244
		21121	21142	21151	21193	21206	21245
		21122	21143	21154	21194	21210	21246
		21123	21145	21155	21195	21215	21247
<b>Other codes</b> not listed in any category, including unlisted/unspecified	Prior Authorization Required	28890	53899	64744	69799	95965	
		36514	64405	66180	69949	95966	

Procedures and Services	Additional Information	CPT or HCPCS Codes							
<b>Plastic, Reconstructive, or Cosmetic Procedures</b>	Prior Authorization <b>NOT</b> required if surgical codes billed with the listed breast cancer DX codes	11920	19318	19330	19357	19367	19371		
		11921	19324	19340	19361	19368	19380		
		11922	19325	19342	19364	19369	19396		
		19316	19328	19350	19366	19370	19499		
							L8600		
		Reconstruction of the breast except when following mastectomy	C50.011	C50.212	C50.412	C50.612	C50.912	D05.80	
			C50.012	C50.219	C50.419	C50.619	C50.919	D05.81	
			C50.019	C50.221	C50.421	C50.621	C50.921	D05.82	
			C50.021	C50.222	C50.422	C50.622	C50.922	D05.90	
			C50.022	C50.229	C50.429	C50.629	C50.929	D05.91	
C50.029	C50.311		C50.511	C50.811	C79.81	D05.92			
C50.111	C50.312		C50.512	C50.812	D05.00	Z42.1			
C50.112	C50.319		C50.519	C50.819	D05.01	Z85.3			
C50.119	C50.321		C50.521	C50.821	D05.02	Z90.10			
C50.121	C50.322		C50.522	C50.822	D05.10	Z90.11			
C50.122	C50.329	C50.529	C50.829	D05.11	Z90.12				
C50.129	C50.411	C50.611	C50.911	D05.12	Z90.13				
C50.211									
<b>Plastic, Reconstructive, or Cosmetic Procedures (cont'd)</b>	Prior Authorization Required	11960	21175	21260	30420	31296	67950		
		11971	21179	21261	30430	31297	67961		
		15820	21180	21263	30435	31298	67966		
		15821	21181	21267	30450	40799	67999		
		15822	21182	21268	30460	67900	69399		
		15823	21183	21275	30462	67901	92700		
		15830	21184	21299	30465	67902	96999		
		15847	21230	21740	30540	67903	Q2026		
		17106	21235	21742	30545	67904			
		17107	21248	21743	30560	67906			
17108	21249	28344	30620	67908					
17999	21255	30400	30999	67909					
21172	21256	30410	31295	67912					
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15830	21184	21299	30465	67902	96999		
		15847	21230	21740	30540	67903	Q2026		
		17106	21235	21742	30545	67904			
		17107	21248	21743	30560	67906			
		17108	21249	28344	30620	67908			
		17999	21255	30400	30999	67909			
		21172	21256	30410	31295	67912			
		<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation		65426	66170	66982	67036	67311	
				65730	66761	66984	67040	67312	
		<b>Site of Service Ophthalmology</b>	Prior Authorization required <b>ONLY</b> if services are rendered in Hospital Outpatient setting	65855	66821	67028	67228		
<b>Venous Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior Authorization Required	36465	36473	36478	37718	37780	37766		
		36466	36475	37700	37722	37765			
<b>Ventricular Assist Devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior Authorization Required	33927	33929	33976	33981	33983			
		33928	33975	33979	33982				

### Radiation Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior Authorization Required	G6015	G6016	77385	77386		
<b>Proton Beam Therapy</b>	Prior Authorization Required	77520	77522	77523	77525		
<b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b>	Prior Authorization Required	77371 77372	77373	G0173	G0251	G0339	G0340

### Advanced Radiology & Radiation Treatments

Procedures and Services	Additional Information	CPT or HCPCS Codes					
3D Imaging	Prior Authorization Required	0042T	72130	73725	78014	78458	78803
CT and CTA		70336	72131	74150	78015	78459	78804
MRI and MRA	For TX members from	70450	72132	74160	78016	78466	78811
Nuclear Medicine	Austin, Corpus Christi,	70460	72133	74170	78018	78468	78812
PET Scan	DFW, El Paso (except	70470	72141	74174	78020	78469	78813
	AARP Medicare Advantage	70480	72142	74175	78070	78472	78814
	Choice PPO), Rio Grande	70481	72146	74176	78071	78473	78815
	Valley, San Antonio -	70482	72147	74177	78072	78481	78816
	<b>contact</b> eviCore for Prior	70486	72148	74178	78075	78483	78830
	Authorization	70487	72149	74181	78102	78491	78831
	1-888-693-3211	70488	72156	74182	78103	78492	78832
	OR go to	70490	72157	74183	78104	78494	C8900
	<a href="https://myportal.medsolutions.com">https://myportal.medsolutions.com</a>	70491	72158	74185	78140	78496	C8901
		70492	72159	74261	78185	78499	C8902
		70496	72191	74262	78195	78579	C8903
	For Humana Members from	70498	72192	74712	78201	78580	C8905
	Austin, El Paso, DFW, Rio	70540	72193	74713	78202	78582	C8906
	Grande Valley (Humana	70542	72194	75557	78215	78597	C8908
	Gold Plus, Humana Gold	70543	72195	75559	78216	78598	C8909
	Plus SNP-DE, Humana	70544	72196	75561	78226	78600	C8910
	Choice Medicare Advantage	70545	72197	75563	78227	78601	C8911
	PPO, Humana Choice	70546	72198	75565	78230	78605	C8912
	Regional PPO) - <b>follow</b>	70547	73200	75571	78231	78606	C8913
	regular WellMed Prior	70548	73201	75572	78232	78608	C8914
	Authorization request	70549	73202	75573	78258	78610	C8918
	process	70551	73206	75574	78261	78630	C8919
		70552	73218	75635	78262	78635	C8920
	<u>For TX Members from</u>	70553	73219	76376	78264	78645	C8931
	<u>TX: Houston, Waco, El</u>	70554	73220	76377	78265	78650	C8932
	<u>Paso (AARP Medicare</u>	70555	73221	76380	78266	78660	C8933
	<u>Advantage Choice PPO)</u>	71250	73222	76391	78278	78699	C8934
	<u>and New Mexico</u> please visit	71260	73223	76497	78282	78700	C8935
	<u>UHCprovider.com/priorauth</u>	71270	73225	76498	78290	78701	C8936
	> <i>Radiology</i> for more details	71275	73700	77021	78291	78707	G0297
	and the CPT codes that	71550	73701	77022	78300	78708	
	require prior authorization	71551	73702	77046	78305	78709	
		71552	73706	77047	78306	78725	
		71555	73718	77048	78315	78730	
		72125	73719	77049	78414	78740	
		72126	73720	77078	78428	78761	
		72127	73721	77084	78445	78800	
		72128	73722	78012	78456	78801	
		72129	73723	78013	78457	78802	

## Cardiac Procedures

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Cardiac Rhythm Implantable Devices (CRID)	Prior Authorization Required	0331T	33214	33274	93307	93356	93532
		0332T	33221	33289	93308	93451	93533
Cardiac Diagnostic Cath ECHO & ECHO STRESS Myocardial Perfusion Imaging (Nuclear Stress) Radiology: Nuclear Medicine	For TX Members from Austin, Corpus Christi, El Paso (except AARP Medicare Advantage Choice PPO), Rio Grande Valley - <b>contact</b> eviCore for Prior Authorization 1-888-693-3211 OR go to <a href="https://myportal.medsolutions.com">https://myportal.medsolutions.com</a>  For Humana Members from Austin, El Paso, Rio Grande Valley (Humana Gold Plus, Humana Gold Plus SNP-DE) - <b>follow</b> regular WellMed Prior Authorization request process  <u>For TX Members from TX: Houston, Waco, El Paso (AARP Medicare Advantage Choice PPO) and New Mexico please visit <a href="http://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> &gt; Cardiology for more details and the CPT codes that require prior authorization</u>	0439T	33224	78429	93312	93452	C8921
		0501T	33225	78430	93313	93453	C8922
		0502T	33227	78431	93314	93454	C8923
		0503T	33228	78432	93315	93455	C8924
		0504T	33229	78433	93316	93456	C8925
		0515T	33230	78434	93317	93457	C8926
		0516T	33231	78451	93318	93458	C8928
		0517T	33240	78452	93320	93459	C8929
		33206	33249	78453	93321	93460	C8930
		33207	33262	78454	93325	93461	
		33208	33263	93303	93350	93462	
		33212	33264	93304	93351	93530	
		33213	33270	93306	93352	93531	
	Prior Authorization Required	0331T	0515T	33213	33229	33264	78434
		0332T	0516T	33214	33230	33270	
	For TX Members from DFW and San Antonio	0439T	0517T	33221	33231	78429	
	<b>follow</b> regular WellMed	0501T	33206	33224	33240	78430	
	Prior Authorization request	0502T	33207	33225	33249	78431	
	process	0503T	33208	33227	33262	78432	
		0504T	33212	33228	33263	78433	



## Durable Medical Equipment (DME)

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Durable Medical Equipment</b> (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required <b>REGARDLESS</b> of the cost	A9999	E0675	E1070	E2313	E2630	K0823
		E0147	E0692	E1084	E2321	E2631	K0824
		E0170	E0693	E1085	E2322	E2632	K0825
		E0193	E0694	E1086	E2325	K0005	K0826
		E0194	E0700	E1087	E2327	K0008	K0827
		E0217	E0710	E1089	E2328	K0009	K0828
		E0246	E0740	E1100	E2329	K0010	K0829
		E0265	E0745	E1110	E2330	K0011	K0830
		E0266	E0746	E1150	E2331	K0012	K0831
		E0277	E0747	E1160	E2340	K0013	K0835
		E0290	E0748	E1161	E2341	K0014	K0836
		E0291	E0749	E1170	E2342	K0020	K0837
		E0292	E0760	E1171	E2343	K0037	K0838
		E0293	E0761	E1172	E2351	K0039	K0839
		E0294	E0764	E1180	E2358	K0040	K0840
		E0296	E0770	E1190	E2359	K0041	K0841
		E0297	E0779	E1195	E2360	K0044	K0842
		E0300	E0782	E1200	E2361	K0046	K0843
		E0301	E0783	E1220	E2362	K0047	K0848
		E0302	E0784	E1222	E2363	K0050	K0849
		E0303	E0785	E1224	E2364	K0051	K0850
		E0304	E0786	E1227	E2366	K0053	K0851
		E0316	E0830	E1228	E2367	k0054	K0852
		E0328	E0935	E1229	E2373	K0056	K0853
		E0329	E0953	E1230	E2376	K0065	K0854
		E0350	E0954	E1231	E2377	K0072	K0855
		E0373	E0960	E1232	E2394	K0073	K0856
		E0459	E0966	E1233	E2397	K0098	K0857
		E0462	E0970	E1234	E2500	K0105	K0858
		E0465	E0973	E1235	E2504	K0108	K0859
		E0466	E0983	E1236	E2506	K0455	K0860
		E0467	E0984	E1237	E2508	K0606	K0861
		E0470	E0986	E1238	E2510	K0607	K0862
		E0471	E0988	E1239	E2603	K0608	K0863
		E0472	E0992	E1270	E2604	K0609	K0864
E0482	E1002	E1280	E2606	K0672	K0869		
E0483	E1003	E1295	E2607	K0730	K0870		
E0485	E1004	E1296	E2608	K0733	K0871		
E0603	E1005	E1297	E2609	K0743	K0877		
E0616	E1006	E1298	E2612	K0744	K0878		
E0617	E1007	E1310	E2613	K0745	K0879		
E0618	E1008	E1399	E2614	K0746	K0880		
E0635	E1009	E1812	E2615	K0800	K0884		
E0636	E1010	E1840	E2616	K0801	K0885		
E0639	E1011	E1841	E2617	K0802	K0886		
E0640	E1012	E2100	E2619	K0806	K0890		
E0651	E1016	E2201	E2620	K0807	K0891		
E0652	E1017	E2202	E2621	K0808	K0898		
E0656	E1018	E2203	E2622	K0812	K0899		
E0667	E1020	E2204	E2623	K0813	K0900		
E0668	E1029	E2228	E2624	K0814			
E0669	E1030	E2300	E2625	K0815			
E0670	E1035	E2301	E2626	K0816			
E0671	E1036	E2310	E2627	K0820			
E0672	E1037	E2311	E2628	K0821			
E0673	E1050	E2312	E2629	K0822			
<b>Negative Pressure Wound Therapy</b>	Prior Authorization Required	E2402					



## Orthotics and Prosthetics

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Ankle Foot Orthosis – AFO</b>	Prior Authorization required <b>REGARDLESS</b> of the cost	L1904	L1920	L1940	L1950	L1970	L1980
		L1907	L1932	L1945	L1951	L1971	L1990
		L1960					
<b>Breast Prosthesis</b>		L8035	L8042	L8045	L8049	L8604	
		L8039	L8043	L8046	L8499	L8609	
		L8041	L8044	L8047	L8505	L8699	
<b>Hip Orthosis</b>		L1630	L1680	L1690	L1710	L1730	
		L1640	L1685	L1700	L1720	L1755	
<b>Knee Ankle Foot Orthosis (KAFO)</b>		L2000	L2030	L2038	L2070	L2108	L2134
		L2005	L2034	L2040	L2080	L2126	L2136
		L2010	L2036	L2050	L2090	L2128	
		L2020	L2037	L2060	L2106	L2132	
<b>Knee Orthosis</b>		L1834	L1843	L1845	L1851	L1860	
		L1840	L1844	L1846	L1852		
<b>Lower Limb Prosthetics</b>		L5010	L5535	L5643	L5683	L5790	L5960
		L5020	L5540	L5644	L5684	L5795	L5961
		L5050	L5560	L5645	L5686	L5810	L5962
		L5060	L5570	L5646	L5688	L5811	L5964
		L5100	L5580	L5647	L5690	L5812	L5966
		L5105	L5585	L5648	L5699	L5814	L5968
		L5150	L5590	L5649	L5700	L5816	L5972
		L5160	L5595	L5650	L5701	L5818	L5973
		L5200	L5600	L5651	L5702	L5822	L5974
		L5210	L5610	L5652	L5703	L5824	L5975
		L5220	L5611	L5653	L5704	L5826	L5976
		L5230	L5613	L5654	L5705	L5828	L5978
		L5250	L5614	L5655	L5706	L5830	L5979
		L5270	L5616	L5661	L5707	L5840	L5980
		L5280	L5620	L5665	L5711	L5845	L5981
		L5301	L5622	L5668	L5712	L5848	L5982
		L5312	L5624	L5670	L5714	L5850	L5984
		L5321	L5626	L5671	L5716	L5856	L5985
		L5331	L5628	L5672	L5718	L5857	L5986
		L5341	L5629	L5673	L5722	L5858	L5987
		L5400	L5630	L5676	L5724	L5859	L5988
		L5420	L5631	L5677	L5726	L5910	L5990
		L5500	L5637	L5678	L5728	L5920	L5999
	L5505	L5638	L5679	L5780	L5925	L7510	
	L5510	L5639	L5680	L5781	L5930	L7520	
	L5520	L5640	L5681	L5782	L5940		
	L5530	L5642	L5682	L5785	L5950		
<b>Orthopedic Shoe</b>		L3160	L3206	L3211	L3215	L3253	L3265
		L3201	L3207	L3212	L3250	L3254	L3320
		L3202	L3208	L3213	L3251	L3255	L3485
		L3203	L3209	L3214	L3252	L3257	L3649
		L3204					

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Orthotic Add On Codes</b>	Prior Authorization required <b>REGARDLESS</b> of the cost	L2200	L2250	L2340	L2525	L2755	L2830
		L2210	L2260	L2350	L2526	L2780	L2840
		L2220	L2270	L2387	L2530	L2795	L2861
		L2230	L2275	L2415	L2550	L2800	L2999
		L2232	L2280	L2425	L2627	L2810	
		L2240	L2320	L2520	L2628	L2820	
<b>Orthotic Repair</b>		L4000	L4030	L4045	L4050	L4055	L4631
		L4020	L4040				
<b>Scoliosis</b>		L1000	L1005	L1200	L1300	L1310	L1499
		L1001					
<b>Spinal Orthosis</b>		L0112	L0456	L0480	L0629	L0640	L0820
		L0140	L0457	L0482	L0631	L0648	L0830
		L0150	L0460	L0484	L0632	L0650	L0859
		L0170	L0462	L0486	L0634	L0651	L0999
		L0200	L0464	L0622	L0636	L0700	
		L0220	L0466	L0623	L0637	L0710	
		L0452	L0468	L0624	L0638	L0810	
<b>Upper Limb Prosthetics</b>		L6000	L6380	L6625	L6698	L6900	L7040
		L6010	L6382	L6628	L6704	L6905	L7045
		L6020	L6384	L6637	L6707	L6910	L7170
		L6026	L6386	L6638	L6708	L6915	L7180
		L6050	L6388	L6646	L6709	L6920	L7181
		L6055	L6400	L6647	L6711	L6925	L7185
		L6100	L6450	L6648	L6712	L6930	L7186
		L6110	L6500	L6686	L6713	L6935	L7190
		L6120	L6550	L6687	L6714	L6940	L7191
		L6130	L6570	L6688	L6715	L6945	L7259
		L6200	L6580	L6689	L6721	L6950	L7404
		L6205	L6582	L6690	L6722	L6955	L7405
		L6250	L6584	L6691	L6880	L6960	L7499
		L6300	L6586	L6692	L6881	L6965	
		L6310	L6588	L6693	L6882	L6970	
		L6320	L6590	L6694	L6883	L6975	
		L6350	L6621	L6695	L6884	L7007	
		L6360	L6623	L6696	L6885	L7008	
		L6370	L6624	L6697	L6895	L7009	
<b>Upper Extremity Orthosis</b>		L3671	L3740	L3891	L3905	L3967	L3976
		L3674	L3764	L3900	L3921	L3971	L3977
		L3720	L3765	L3901	L3956	L3973	L3978
		L3730	L3766	L3904	L3961	L3975	

### Ancillary/Specialty Services

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Transplant Evaluation and Program</b> Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required <b>ONLY</b> if billed with transplant related DX codes	99205					
	Prior Authorization Required	0537T	33930	38214	44715	47146	50360
		0538T	33933	38215	44720	47147	50365
		0539T	33935	38232	44721	48550	50370
		0540T	33940	38240	47133	48551	50380
		32850	33944	38241	47135	48552	50547
		32851	33945	38242	47140	48554	Q2041
		32852	38208	44132	47141	50300	Q2042
		32853	38209	44133	47142	50320	S2060
		32854	38210	44135	47143	50323	S2061
		32855	38212	44136	47144	50325	S2152
		32856	38213	44137	47145	50340	
<b>Cardiac/Pulmonary Rehabilitation</b>	Prior Authorization Required	93797	94799	G0238	G0422	G0424	
		93798	G0237	G0239	G0423		

### Home Health

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Skilled Nursing Visit Therapies</b>	Prior Authorization Required	94005	G0129	G0155	G0159	G0299	G0494
		97605	G0151	G0156	G0160	G0300	G0495
<b>Home Health Aide</b>		97606	G0152	G0157	G0161	G0409	G0496
		B4185	G0153	G0158	G0162	G0493	

### Transportation

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior Authorization Required	A0430	A0431	A0435	A0436		
<b>Routine Transportation</b>	Prior Authorization Required	A0426	A0428	A0432	A0433	A0434	A0999

### Sleep Studies and Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Facility Based Sleep Studies</b>	Prior Authorization <b>NOT</b> required if services performed at HOME	95782	95805	95808	95811		
		95783	95807	95810			
<b>Oral Appliances</b>	Prior Authorization Required	E0486	E0485				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior Authorization Required	21685	41512	41530	41599	42145	42299

## Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Antihemophilic Agents	Prior authorization required	J7170	J7185	J7190	J7195	J7201	J7209
		J7180	J7186	J7192	J7197	J7202	
	Prior authorization is also required for:	J7182	J7187	J7193	J7198	J7205	
		J7183	J7189	J7194	J7200	J7207	
Antimicrobials	• Any newly released or unassigned Part B drug for Oncology, Oncology supportive agents & Therapeutic radiopharmaceuticals categories in addition to the listed codes	J0875	J0878	J2407			
Asthma Agents		J0517	J2182	J2357	J2786		
Blood Modifiers		C9053	J0256	J2796	J1300	J1303	
Botulinum Toxins A & B		J0585	J0586	J0587	J0588		
Calcimimetics		J0606					
Enzymes	• Any newly released or unassigned Part B drug with a billed amount of \$1000 or more per dose, for all other listed categories	J0180	J0221	J0775	J1786	J3385	
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885	J0888	Q5106		
Gastrointestinal agent		C9056					
Hyaluronic Acid		J7318	J7322	J7324	J7326	J7328	J7331
		J7320	J7323	J7325	J7327	J7329	J7332
		J7321					
Immune Globulins (IVIG/ SCIG)		J1459	J1556	J1561	J1568	J1572	J1599
		J1555	J1557	J1566	J1569	J1575	J7504
							J7511
Immunologic Agents		J0129	J0490	J0598	J1745	J3262	Q5103
		J0202	J0565	J0717	J2323	J3357	Q5104
		J0480	J0596	J1602	J2350	J3358	Q5109
		J0485	J0597	J1628	J2507	J3380	
Iron Supplements		J1439	Q0138				
Neurologic & Musculoskeletal Agents		C9036	J0584	J1301	J1428	J2326	J3398
		J0222					
Ophthalmic Agents		J0178	J2503	J3396	J7312	J7313	J7316
		J0179	J2778	J7311			
Osteoporosis		J0897	J3111				
Pulmonary Hypertension		J1325	J3285	J7686	Q4074		
Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9699	

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Oncologic Agents and Oncologic Supportive Agents	Prior Authorization Required	C9058	J9030	J9153	J9214	J9301	J9400
		J0185	J9032	J9155	J9215	J9302	J9600
		J0640	J9033	J9160	J9216	J9303	J9999
		J0641	J9034	J9165	J9217	J9305	Q2017
		J0642	J9036	J9171	J9218	J9306	Q2041
		J0894	J9039	J9173	J9225	J9307	Q2042
		J0897	J9040	J9175	J9226	J9308	Q2043
		J1190	J9041	J9176	J9228	J9309	Q2049
		J1442	J9042	J9178	J9229	J9311	Q2050
		J1447	J9043	J9179	J9230	J9312	Q5101
		J1453	J9044	J9181	J9245	J9313	Q5108
		J1454	J9045	J9185	J9250	J9315	Q5110
		J1627	J9047	J9190	J9260	J9320	Q5111
		J1930	J9050	J9199	J9261	J9325	Q5112
		J2353	J9055	J9200	J9262	J9328	Q5113
		J2469	J9057	J9201	J9263	J9330	Q5114
		J2505	J9060	J9202	J9264	J9340	Q5115
		J2783	J9065	J9203	J9266	J9351	Q5116
		J2820	J9070	J9204	J9267	J9352	Q5117
		J9000	J9098	J9205	J9268	J9354	Q5118
		J9015	J9100	J9206	J9269	J9355	
		J9017	J9118	J9207	J9270	J9356	
		J9019	J9119	J9208	J9271	J9357	
		J9020	J9120	J9209	J9280	J9360	
		J9022	J9130	J9210	J9285	J9370	
		J9023	J9145	J9211	J9293	J9371	
		J9025	J9150	J9212	J9295	J9390	
J9027	J9151	J9213	J9299	J9395			
	Prior authorization required <b>ONLY</b> if specialty is <b>NOT</b> Ophthalmologist	J9035	Q5107				
Unclassified Agents	Prior authorization required for categories other than Oncology, Oncology supportive agents & Therapeutic Radiopharmaceuticals unclassified drug codes with a billed amount of \$1000 or more per dose	A9699	C9399	J3490	J3590	J7999	
<b>Step Therapy</b>							
Procedures and Services	Additional Information	CPT or HCPCS Codes					
Colony Stimulating Agents	Prior authorization required	J1442	J2505	Q5108	Q5111		
		J1447	Q5101	Q5110			
Erythropoiesis Stimulating Agents (ESA)	These drugs are subject to step therapy review in addition to medical necessity review	J0881	J0885				
Hyaluronic Acid		J7318	J7321	J7323	J7326	J7329	J7332
		J7320	J7322	J7324	J7327	J7331	
Immunologic Agents		J1745					
Unclassified Agents	For the following drug <b>ONLY:</b> Avsola® & Ziextenzo®	C9399	C9058	J3490	J3590		

## Additional Services Provided by WellMed

Care Management	
<p>You may refer patients for any of the services listed below by submitting a referral through <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></p>	
Complex Care Management	Transition Care Management
<ul style="list-style-type: none"> <li>The Complex Care Management incorporates evidence-based national standards of practice, empowerment of the patient through self-management and coordinated care by the Primary Care Provider (PCP) and other members of the interdisciplinary care team.</li> <li>The program consists of early identification of patients stratified as a population band 5. Patients are provided with self-management support, education for self-maintenance, linkage to community resources, and maximization of their available benefits.</li> <li>The physician is a part of the plan of care and receives all assessments completed and provided to their patients.</li> </ul> <p><b>Patients may be enrolled in Complex Care by:</b></p> <ul style="list-style-type: none"> <li>The primary care provider</li> <li>Self-referral</li> <li>Claims data</li> <li>Disease management</li> <li>Utilization management</li> <li>Discharge planning</li> </ul> <p><b>The program includes:</b></p> <ul style="list-style-type: none"> <li>Health status assessment</li> <li>Home safety assessment</li> <li>Medication reconciliation</li> <li>Life Planning</li> <li>Development of Plan of Care</li> <li>Social Services support</li> <li>Coordination of Benefits (those provided by the health plan and those available in the community)</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient Care Managers offer coordination of care to members in the inpatient setting in person or via phone.</li> </ul> <p><b>Inpatient Care Manager Provides:</b></p> <ul style="list-style-type: none"> <li>Navigation of the patient through the health care system</li> <li>Monitoring of medical necessity for ongoing inpatient services</li> <li>Life Planning</li> <li>Development of Plan of Care</li> <li>Discharge planning</li> <li>Social Services support</li> <li>Medication Reconciliation</li> <li>Coordination of Benefits</li> </ul>

# WellMed Florida Medicare Advantage Prior Authorization Requirements For Part B Injectable Medications Effective July 1, 2020

## General Information

This list contains prior authorization requirements for participating care providers in **Florida** for Part B Injectable medications **ONLY**. Prior authorization is **NOT** required for emergency or urgent care.

## Included Plans

The following listed plans<sup>1</sup> require prior authorization in Florida for **in-network** services:

<p><b>Northeast Florida:</b>  AARP Medicare Advantage (HMO-POS)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Focus (HMO-POS)  AARP Medicare Advantage Choice (PPO)</p>	<p><b>Orlando:</b>  AARP Medicare Advantage (HMO-POS)  UHC Medicare Advantage Walgreens (HMO C-SNP)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  UHC The Villages Medicare Advantage 1 (HMO)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>
<p><b>Tampa:</b>  ARP Medicare Advantage (HMO-POS)  AARP Medicare Advantage Focus (HMO-POS)  UHC Medicare Advantage Walgreens (HMO C-SNP)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>	<p><b>Treasure Coast:</b>  AARP Medicare Advantage (HMO-POS)  UHC Medicare Advantage Walgreens (HMO C-SNP)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Focus (HMO-POS)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>
<p><b>Southwest Florida:</b>  AARP Medicare Advantage (HMO-POS)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>	<p><b>South Florida:</b>  AARP Medicare Advantage Choice (PPO)</p>

## Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded benefit plans in Florida:

<p><b>South Florida:</b>  Medica HealthCare Plans MedicareMax HMO  Medica HealthCare Plans MedicareMax HMO SNP  Preferred Choice Dade (HMO-POS)</p>	<p>Preferred Medicare Assist (HMO-SNP)  Preferred Special Care Miami-Dade  Preferred Choice Broward (HMO)</p>
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These benefit plans must follow UnitedHealthcare Prior Authorization Program. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at [UHCprovider.com](http://UHCprovider.com)

<sup>1</sup> Subject to Change



**Please Verify Eligibility and Medical Benefits Before Requesting Prior Authorization (PA)**

Members are required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

**How to submit the request?**

Standard	Expedited
For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a>  Fax: 1-866-322-7276 Phone: 1-877-757-4440	ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.  Fax: 1-866-322-7276 Phone: 1-877-757-4440

**The Following Services Require Prior Authorization Before Scheduling/Rendering the Services**

Medicare Part B Medications								
Procedures and Services	Additional Information	CPT or HCPCS Codes						
<b>Blood Modifiers</b>	Prior Authorization Required	C9053	J1300	J1303				
<b>Gastrointestinal agent</b>		C9056						
<b>Neurologic &amp; Musculoskeletal Agents</b>	Prior authorization is also required for <b>ANY</b> newly released or unassigned Part B drug for Oncology, Oncology supportive agents & Therapeutic radiopharmaceuticals	C9036	J0222	J0584	J1301	J2326	J3398	
<b>Therapeutic Radiopharmaceuticals</b>		A9513	A9543	A9590	A9606	A9699		
<b>Oncologic Agents and Oncologic Supportive Agents</b>	in addition to the listed codes	C9058	J9027	J9150	J9211	J9285	J9360	
		J0185	J9030	J9151	J9212	J9293	J9370	
		J0640	J9032	J9153	J9213	J9295	J9371	
		J0641	J9033	J9155	J9214	J9299	J9390	
		J0642	J9034	J9160	J9215	J9301	J9395	
		J0881	J9036	J9165	J9216	J9302	J9400	
		J0885	J9039	J9171	J9217	J9303	J9600	
		J0894	J9040	J9173	J9218	J9305	J9999	
		J0897	J9041	J9175	J9225	J9306	Q2017	
		J1442	J9042	J9176	J9226	J9307	Q2041	
		J1447	J9043	J9178	J9228	J9308	Q2042	
		J1453	J9044	J9179	J9229	J9309	Q2043	
		J1454	J9045	J9181	J9230	J9311	Q2049	
		J1627	J9047	J9185	J9245	J9312	Q2050	
		J1930	J9050	J9190	J9250	J9313	Q5101	
		J2353	J9055	J9199	J9260	J9315	Q5108	
		J2469	J9057	J9200	J9261	J9320	Q5110	
		J2505	J9060	J9201	J9262	J9325	Q5111	
		J2820	J9065	J9202	J9263	J9328	Q5112	
		J9000	J9070	J9203	J9264	J9330	Q5113	
		J9015	J9098	J9204	J9266	J9340	Q5114	
		J9017	J9100	J9205	J9267	J9351	Q5115	
		J9019	J9118	J9206	J9268	J9352	Q5116	
		J9020	J9119	J9207	J9269	J9354	Q5117	
		J9022	J9120	J9208	J9270	J9355	Q5118	
		J9023	J9130	J9209	J9271	J9356		
		J9025	J9145	J9210	J9280	J9357		
	Prior authorization required <b>ONLY</b> if specialty is <b>NOT</b> Ophthalmologist	J9035	Q5107					

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Unclassified Agents</b>	Prior authorization required For the following drugs <b>ONLY:</b> Zolgenzma®, Reblozyl®, Avsola®	C9399	J3490	J3590			
<b>Step Therapy</b>							
Procedures and Services	Additional Information	CPT or HCPCS Codes					
Colony Stimulating Agents	Prior authorization required	J1442 J1447	J2505 Q5101	Q5108 Q5110	Q5111		
Erythropoiesis Stimulating Agents (ESA)	These drugs are subject to step therapy review in addition to medical necessity review	J0881	J0885				
Hyaluronic Acid		J7318 J7320	J7321 J7322	J7323 J7324	J7326 J7327	J7329 J7331	J7332
Immunologic Agents		J1745					
Unclassified Agents	For the following drug <b>ONLY:</b> Avsola® & Ziextenzo®	C9399	C9058	J3490	J3590		

# 2020 Summary of Changes to WellMed Prior Authorization Requirements

## General Information

### This document applies for Part B Medication Requirements in Florida and all Prior Authorization Services in Texas

All listed below changes are part of WellMed ongoing Prior Authorization Governance process to evaluate our medical policies, clinical programs, health benefits, and Utilization Management information.

Although prior authorization requirements may be removed for certain codes, post-service determinations may still be applicable based on criteria published in medical policies, local/national coverage determination criteria, and/or state fee schedule coverage.

For more information about changes in WellMed Prior Authorization program and current prior authorization requirements, please visit WellMed provider portal [ePRG](#).

Texas	Florida
<ul style="list-style-type: none"> <li><b>WellMed Texas Prior Authorization Requirements</b> will apply in San Antonio, Austin, Corpus Christi, Rio Grande Valley, Dallas &amp; Fort Worth, El Paso (except AARP Medicare Complete Choice PPO)</li> <li><b>Houston, Waco, and El Paso/New Mexico (AARP Medicare Complete Choice PPO)</b> must follow UnitedHealthcare Prior Authorization program, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at <a href="#">UHCprovider.com</a></li> </ul>	<ul style="list-style-type: none"> <li><b>WellMed Florida Prior Authorization Requirements (Part B Medications only)</b> will apply in Northeast Florida, Tampa, Orlando, Treasure Coast, Southwest Florida, South Florida (except Medica HealthCare and Preferred Care Partners of Florida)</li> <li><b>South Florida (Medica HealthCare and Preferred Care Partners of Florida)</b> must follow UnitedHealthcare Prior Authorization program, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at <a href="#">UHCprovider.com</a></li> </ul>

## Announcement Date: August 1, 2020

This month's published changes affect WellMed Texas and WellMed Florida Prior Authorization Requirements.

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
<b>Cosmetic and reconstructive procedures</b>	15820, 15821, 15822, 15823, 15847, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 67900, 67901, 67902, 67903, 67904, 67906, 67908	UPDATE	October 1, 2020	Effective October 1, 2020 these codes will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review
<b>Implantable Pain Pumps Neurostimulators</b>	22514	UPDATE	October 1, 2020	Effective October 1, 2020 this code will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review

Changes related to WellMed Texas Prior Authorization List

Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
<b>Oral-maxillofacial/TMJ Surgery/Orthognathic Surgery Treatment</b>	21210	UPDATE	October 1, 2020	Effective October 1, 2020 this code will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review
<b>Venous Procedures</b>	36473, 36475, 36478	UPDATE	October 1, 2020	Effective October 1, 2020 these codes will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review
<b>Electrophysiologic Procedures</b>	93653, 93656	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization
<b>Medicare Part B Medications</b>	J0791, J0896, J1558, J0223, J3399, J7314, J7333, J9177, J9358, Q5119, Q5120, Q5121	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization. Some drugs have been previously reviewed under unclassified codes and now have newly assigned codes
<b>Medicare Part B Medications Step Therapy</b>	J7333, Q5120, Q5121	ADD	October 1, 2020	These drugs are subject to step therapy review in addition to medical necessity review
<b>Orthotics and Prosthetics</b>	L8701, L8702, L9900	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization
<b>Peripheral Arterial procedures</b>	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization

### Changes related to WellMed Texas Prior Authorization List

Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
<b>Site of Service</b>	14040, 14060, 14301, 15100, 15120, 15220, 15240, 15260, 15380, 15877, 19125, 20912, 23430, 23615, 23630, 24515, 24516, 24665, 24666, 25545, 25605, 25606, 25607, 25608, 25609, 26055, 26123, 28120, 28285, 28288, 28291, 28296, 29823, 29824, 29827, 29828, 29848, 29870, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29888, 30520, 36474, 36479, 36482, 36483, 39476, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259, 44388, 44389, 45378, 45379, 45380, 45381, 45384, 45385, 45386, 45389, 45390, 49505, 49521, 49525, 49550, 49553, 49570, 49572, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 50590, 51720, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52275, 52276, 52281, 52282, 52285, 52287, 52300, 52310, 52315, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52630, 53445, 55040, 55700, 57240, 57260, 57288, 58558, 64612, 64615, 64718, 64721, 65756, 65820, 67041, 67042, 67108, 67113, 67145, 67210, 67911	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization <b>ONLY</b> if services are rendered in Hospital Outpatient setting

### Changes related to WellMed Florida Prior Authorization List

Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
<b>Medicare Part B Medications</b>	J0791, J0896, J0223, J3399, J7333, J9177, J9358, Q5119, Q5120, Q5121	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization. Some drugs have been previously reviewed under unclassified codes and now have newly assigned codes
<b>Medicare Part B Medications</b>	C9399, J3490, J3590	UPDATE	October 1, 2020	Effective October 1, 2020 drug <i>Tepezza</i> ® will require prior authorization
<b>Medicare Part B Medications Step Therapy</b>	J7333, Q5120, Q5121	ADD	October 1, 2020	These drugs are subject to step therapy review in addition to medical necessity review

## Announcement Date: March 1, 2020

This month's published changes affect WellMed Texas and WellMed Florida Prior Authorization Requirements.

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Medicare Part B Medications	A9590, J9118, J9119, J9215, J9269, J9313	ADD	April 1, 2020	Effective April 1, 2020 these codes will require prior authorization
Orthotics and Prosthetics	L5620, L5629, L5637, L5655, L5668, L5670, L5672, L5678, L5680, L5684, L5686, L5688, L5690, L5699, L5850, L5925, L5972, L5974, L5978, L5985, L7510, L7520	ADD	April 1, 2020	Effective April 1, 2020 these codes will require prior authorization REGARDLESS of the cost

  

Changes related to WellMed Florida Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Medicare Part B Medications	A9590	ADD	April 1, 2020	Effective April 1, 2020 this code will require prior authorization
Medicare Part B Medications	J9212, J9213, J9216	REMOVE	March 1, 2020	Effective March 1, 2020 these codes will <b>NOT</b> require prior authorization

## Announcement Date: February 1, 2020

This month's published changes affect WellMed Texas and WellMed Florida Prior Authorization Requirements.

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Advanced Radiology & Radiation Treatment	77058, 77059	REMOVE	February 1, 2020	Effective February 1, 2020 these codes will <b>NOT</b> require prior authorization
Advanced Radiology & Radiation Treatment	78282, 78456	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization. For ALL TX members (exclusions apply) – contact eviCore. For Humana members from Austin, El Paso, DFW – follow regular WellMed Prior Authorization request process
Cardiac Procedures	78429, 78430, 78431, 78432, 78433	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization. For TX members from Rio Grande Valley, Austin, Corpus Christi, El Paso (exclusion apply) – contact eviCore. For Humana members from Austin, El Paso and for ALL members from San Antonio and DFW – follow regular WellMed Prior Authorization request process

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
<b>Gender Dysphoria Treatment</b>	19304, 20926	REMOVE	February 1, 2020	Effective February 1, 2020 these codes will <b>NOT</b> require prior authorization
<b>Implantable Pain Pumps Neurostimulators</b>	L8679, 0587T, 0588T	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization
<b>Medicare Part B Medications</b>	J0642, J0894, J7318, J9199, J9309, A9543	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization
<b>Medicare Part B Medications</b>	J9219	REMOVE	February 1, 2020	Effective February 1, 2020 this code will <b>NOT</b> require prior authorization
<b>Orthotics and Prosthetics</b>	L1907, L1960, L2415, L2425, L2530, L2550, L2755, L2780, L2795, L2810, L2820, L2830, L2840, L2999	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization REGARDLESS of the cost
<b>Site of Service Ophthalmology</b>	65426, 65730, 65855, 66170, 66761, 66821, 66982, 66984, 67028, 67036, 67040, 67228, 67311, 67312	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization ONLY if services are rendered in Hospital Outpatient setting in the following markets: San Antonio, Austin, Corpus Christi, El Paso (exclusions apply), Rio Grande Valley, DFW
Changes related to WellMed Florida Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
<b>Medicare Part B Medications</b>	J0894, J1930, J2353, J9199, J9309, A9543	ADD	February 1, 2020	Effective February 1, 2020 these codes will require prior authorization
<b>Medicare Part B Medications</b>	J0642	ADD	March 1, 2020	Effective March 1, 2020 this code will require prior authorization
<b>Medicare Part B Medications</b>	J3111, J9219	REMOVE	February 1, 2020	Effective February 1, 2020 these codes will <b>NOT</b> require prior authorization



# WellMed Texas Medicare Advantage Prior Authorization Requirements Effective January 1, 2021

## General Information

This list contains prior authorization requirements for participating care providers in Texas and New Mexico for inpatient and outpatient services. Prior authorization is **NOT** required for emergency or urgent care.

## Included Plans

The following listed plans<sup>1</sup> require prior authorization in Texas for **in-network** services:

<p><b>Austin:</b>  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  AARP Medicare Advantage Walgreens (PPO)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)  Amerivantage Classic (HMO)  Amerivantage Dual Coordination (HMO SNP)  Amerivantage Dual Secure (HMO SNP)</p> <p><b>Corpus Christi:</b>  AARP Medicare Advantage SecureHorizons (HMO)  UnitedHealthcare Dual Complete  UnitedHealthcare Group Retiree Plans (HMO)  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  AARP Medicare Advantage Choice (PPO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  Humana Gold Plus (HMO)  Humana Gold Plus HMO DSNP  Humana Gold Plus - Diabetes and Heart HMO CSNP</p> <p><b>Rio Grande Valley:</b>  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  AARP Medicare Advantage Choice (PPO)  Cigna-HealthSpring TotalCare (HMO SNP)  Cigna Fundamental Medicare (HMO)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)</p>	<p><b>El Paso:</b>  AARP Medicare Advantage Focus (HMO)  AARP Medicare Advantage Focus Essential (HMO)  UnitedHealthcare Dual Complete Focus (HMO SNP)  UnitedHealthcare Chronic Complete (HMO CSNP)  Cigna-HealthSpring Preferred (HMO)  Cigna-HealthSpring TotalCare (HMO SNP)  Cigna Fundamental Medicare (HMO)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)  Humana Gold Plus (SNP)  Amerivantage Classic (HMO)  Amerivantage Dual Coordination  Amerivantage Dual Secure (HMO SNP)  Amerivantage Select</p> <p><b>El Paso &amp; New Mexico:</b>  AARP Medicare Advantage Choice (PPO)</p> <p><b>Dallas &amp; Fort Worth:</b>  AARP Medicare Advantage SecureHorizons (HMO)  AARP Medicare Advantage SecureHorizons Essential (HMO)  AARP Medicare Advantage Choice (PPO)  UnitedHealthcare Dual Complete  AARP Medicare Advantage SecureHorizons Plan 2 (HMO POS)  AARP Medicare Advantage (HMO POS)  UnitedHealthcare Group Retiree Plans (HMO)  UnitedHealthcare Medicare Advantage Ally (HMO-POS C-SNP)  Humana Gold Plus (HMO)  Humana Gold Plus (HMO SNP)  Humana Gold Plus SNP</p>	<p><b>San Antonio:</b>  AARP Medicare Advantage SecureHorizons (HMO)  AARP Medicare Advantage SecureHorizons Essential (HMO)  UnitedHealthcare Dual Complete  UnitedHealthcare Chronic Complete  UnitedHealthcare Group Retiree Plans (HMO)  AARP Medicare Advantage Walgreens (PPO)  UnitedHealthcare Group Medicare Advantage (PPO)  Cigna-HealthSpring Preferred (HMO)  Cigna-HealthSpring TotalCare (HMO SNP)  Cigna Fundamental Medicare (HMO)  Amerivantage Classic (HMO)  Amerivantage Dual Coordination (HMO SNP)  Amerivantage Dual Secure (HMO SNP)  Amerivantage Select (HMO)  Humana Gold Plus (HMO)  Humana Gold Plus HMO DSNP  Humana Gold Plus - Diabetes and Heart HMO</p> <p><b>Houston:</b>  AARP Medicare Advantage Plan 1 (HMO- POS)  AARP Medicare Advantage Plan 2 (HMO)  AARP Medicare Advantage Choice (PPO)  UnitedHealthcare Dual Complete (HMO D-SNP)</p> <p><b>Waco:</b>  AARP Medicare Advantage Focus Essential (HMO)  AARP Medicare Advantage Focus  AARP Medicare Advantage (HMO POS)  AARP Medicare Advantage Walgreens (PPO)</p>
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## Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded benefit plan(s)<sup>1</sup> in Texas

**San Antonio :** UnitedHealthcare Group Medicare Advantage (PPO)

<sup>1</sup> Subject to Change

These benefit plans must follow UnitedHealthcare Prior Authorization Program. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at [UHCprovider.com](https://www.uhcprovider.com)



**Please verify eligibility and medical benefits before requesting prior authorization (PA).**

Members are required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

**How to submit the request?**

Standard	Expedited	Hospital Inpatient Admissions	Specialist Referral Program
<p>For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></p> <p>Fax: 1-866-322-7276 Phone:1-877-757-4440</p>	<p>ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.</p> <p>Fax: 1-866-322-7276 Phone:1-877-757-4440</p>	<p>Fax: 1-877-757-8885 Phone:1-877-490-8982</p>	<p>Referrals to specialists are required in some markets. Please follow your market's current referral process (if your market currently does not have a referral process, then this does not apply). All referral requests must be submitted through the provider portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></p>

**The following services require Prior Authorization before scheduling/rendering the services**

Inpatient Admissions		
Procedures and Services	Additional Information	How to obtain Prior Authorization
<p>Elective/scheduled admission (acute care facility) Acute Inpatient Rehabilitation Long Term Acute Care (LTAC) Skilled Nursing Facility (SNF) Subacute admissions Emergency Room admission Inpatient and Observation stays</p>	<p>Prior Authorization required</p> <p>Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours</p>	<p>Fax: 1-877-757-8885 Phone: 1-877-490-8982</p>
<p>Emergency Room admission</p>	<p>Notification is required Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours</p>	<p>Fax: 1-877-757-8885 Phone: 1-877-490-8982</p>
Out-of-Network Services		
Procedures and Services	Additional Information	How to obtain Prior Authorization
<p>All out-of-network inpatient and outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments</p>	<p>Prior Authorization required for all recommendations from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with WellMed</p>	<p>Fax: 1-866-322-7276 Phone: 1-877-757-4440</p>
Other Services That May Require PA		
Procedures and Services	Additional Information and how to obtain Prior Authorization	
<p><b>Behavioral Health Services</b> Behavioral Health Services through a designated behavioral health network</p>	<p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/ substance use services</p>	
<p><b>Clinical Trials</b></p>	<p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card for detailed information regarding coverage.</p>	



**Surgeries/Procedure/Testing (Inpatient or Outpatient Services)**

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Artificial Skin Substitute</b>	Prior Authorization required	Q4121	Q4123				
<b>Bioengineered Skin Substitute</b>	Prior Authorization required	Q4100	Q4122	Q4149	Q4174	Q4198	Q4227
		Q4100	Q4123	Q4150	Q4175	Q4200	Q4228
		Q4101	Q4124	Q4151	Q4176	Q4201	Q4229
		Q4102	Q4125	Q4152	Q4177	Q4202	Q4230
		Q4103	Q4126	Q4153	Q4178	Q4203	Q4231
		Q4104	Q4127	Q4154	Q4179	Q4204	Q4232
		Q4104	Q4128	Q4155	Q4180	Q4205	Q4233
		Q4105	Q4130	Q4156	Q4181	Q4206	Q4234
		Q4106	Q4132	Q4157	Q4182	Q4208	Q4235
		Q4107	Q4133	Q4158	Q4183	Q4209	Q4236
		Q4108	Q4134	Q4159	Q4184	Q4210	Q4237
		Q4108	Q4135	Q4160	Q4185	Q4211	Q4238
		Q4110	Q4136	Q4161	Q4186	Q4212	Q4239
		Q4111	Q4137	Q4162	Q4187	Q4213	Q4240
		Q4112	Q4138	Q4163	Q4188	Q4214	Q4241
		Q4113	Q4139	Q4164	Q4189	Q4215	Q4242
		Q4114	Q4140	Q4165	Q4190	Q4216	Q4244
		Q4115	Q4141	Q4166	Q4191	Q4217	Q4245
		Q4116	Q4142	Q4167	Q4192	Q4218	Q4246
		Q4117	Q4143	Q4168	Q4193	Q4219	Q4247
		Q4118	Q4145	Q4169	Q4194	Q4220	Q4248
		Q4121	Q4146	Q4170	Q4195	Q4221	Q4249
			Q4147	Q4171	Q4196	Q4222	Q4250
			Q4148	Q4173	Q4197	Q4226	Q4254
							Q4255
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior Authorization Required	20974 E0749	20975	20979	E0760	E0747	E0748
<b>Botox Injections</b>	Prior Authorization Required	J0585	J0586	J0587	J0588		
<b>Cochlear and Osseointegrated Implants</b> Surgically implanted devices to help persons with profound deafness achieve conversational speech	Prior Authorization Required	69714 69715	69718 69930	L8614 L8619	L8690 L8691	L8692	
<b>Electrophysiologic Procedures</b>	Prior Authorization Required	93653	93656				
<b>Enhanced External Counter Pulsation (EECP)</b>	Prior Authorization Required	G0166	G0177				
<b>Gender Dysphoria Treatment</b>	Prior Authorization required regardless of DX codes	55970	55980				
	Prior Authorization required <b>ONLY</b> if billed with the following DX codes	F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890
		14000	15780	31599	54408	57106	58940
		14001	15781	31899	54520	57110	64856
		14041	15782	53410	54660	57291	64892
		15734	15783	53420	54690	57292	64896
		15738	15788	53425	55175	57295	92507
		15750	15789	53430	55180	57296	92508
		15757	15792	54125	55866	57335	
		15758	15793	54400	56625	57426	
		15775	19303	54401	56800	58661	
		15776	21899	54405	56805	58720	

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Hyperbaric Oxygen</b>	Prior Authorization Required	99183	99184	G0277			
<b>Implantable Pain Pumps Neurostimulators</b> (Implantation of a device that sends electrical impulses)	Prior Authorization Required	0200T	22610	22869	62326	63086	63077
		0201T	22612	22870	62327	63087	63078
		0587T	22614	22899	62350	63088	63081
		0588T	22630	23470	62351	63090	63282
		22100	22632	23472	62355	63091	63283
		22101	22633	24360	62360	63101	63285
		22102	22634	24361	62361	63102	63290
		22103	22800	24362	62362	63103	63295
		22110	22802	24363	62365	63170	63300
		22112	22804	27120	62367	63172	63301
		22114	22808	27122	62368	63173	63302
		22116	22810	27125	62380	63180	63303
		22206	22812	27130	63001	63182	63304
		22207	22818	27132	63003	63185	63305
<b>Orthopedic Surgeries</b> (Spine and joint surgeries)	Prior Authorization Required	22208	22819	27134	63005	63190	63306
		22210	22865	27137	63011	63191	63307
		22212	22867	27138	63012	63194	63308
		22214	22830	27279	63015	63195	63650
		22216	22840	62324	63016	63196	63655
		22558	22841	62325	63082	63286	63661
		22585	22842	27280	63085	63287	63663
		22220	22843	27412	63017	63197	63664
		22222	22844	27445	63020	63198	63685
		22224	22845	27446	63030	63199	64553
		22226	22846	27447	63035	63200	64555
		22510	22847	27486	63040	63250	64561
		22511	22848	27487	63042	63251	64566
		22512	22849	29866	63043	63252	64568
		22513	22850	29867	63044	63265	64569
		22515	22851	29868	63045	63266	64570
		22532	22852	29914	63046	63267	64575
		22533	22853	29915	63047	63268	64580
		22534	22854	29916	63048	63270	64581
		22548	22855	61850	63050	63271	64585
		22551	22856	61860	63051	63272	64590
		22552	22857	61863	63055	63273	64595
		22554	22858	61864	63056	63275	64722
		22556	22859	61867	63057	63276	64999
		22586	22861	61868	63064	63277	95990
		22590	22862	61885	63066	63278	95991
		22595	22864	61886	63075	63280	J7330
		22600	22868	62287	63076	63281	L8679
	This code will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review	22514					



Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Molecular Diagnostic/ Genetic Testing</b>	Prior Authorization Required	81120	81216	81240	81401	81450	81551
		81121	81217	81241	81402	81455	84999
		81165	81225	81242	81403	81479	87999
		81166	81226	81247	81404	81518	
		81167	81227	81291	81405	81519	
		81201	81230	81321	81406	81541	
		81214	81231	81335	81407	81545	
		81215	81232	81400	81408		
<b>Mohs micrographic surgery</b>	Prior Authorization Required	17311	17312	17313	17314	17315	
<b>Oral-maxillofacial/TMJ Surgery/Orthognathic Surgery</b> Treatment of maxillofacial (jaw) functional impairment	Prior Authorization Required	21085	21125	21146	21159	21196	21242
		21089	21127	21147	21160	21198	21244
		21120	21141	21150	21188	21199	21245
		21121	21142	21151	21193	21206	21246
		21122	21143	21154	21194	21215	21247
		21123	21145	21155	21195	21240	
			This code will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review	21210			
<b>Other codes</b> not listed in any category, including unlisted/unspecified	Prior Authorization Required	28890	53899	64744	69799	95965	
		36514	64405	66180	69949	95966	
<b>Plastic, Reconstructive, or Cosmetic Procedures</b>	Prior Authorization <b>NOT</b> required if surgical codes billed with the listed breast cancer DX codes	11920	19324	19342	19366	19371	L8600
		11921	19325	19350	19367	19380	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	cancer DX codes	1922	19328	19357	19368	19396	
		19316	19330	19361	19369	19499	
		19318	19340	19364	19370		
		C50.011	C50.212	C50.412	C50.612	C50.912	D05.80
		C50.012	C50.219	C50.419	C50.619	C50.919	D05.81
		C50.019	C50.221	C50.421	C50.621	C50.921	D05.82
		C50.021	C50.222	C50.422	C50.622	C50.922	D05.90
		C50.022	C50.229	C50.429	C50.629	C50.929	D05.91
		C50.029	C50.311	C50.511	C50.811	C79.81	D05.92
		C50.111	C50.312	C50.512	C50.812	D05.00	Z42.1
		C50.112	C50.319	C50.519	C50.819	D05.01	Z85.3
		C50.119	C50.321	C50.521	C50.821	D05.02	Z90.10
		C50.121	C50.322	C50.522	C50.822	D05.10	Z90.11
		C50.122	C50.329	C50.529	C50.829	D05.11	Z90.12
		C50.129	C50.411	C50.611	C50.911	D05.12	Z90.13
							C50.211
<b>Plastic, Reconstructive, or Cosmetic Procedures</b>	Prior Authorization Required	11960	21179	21249	21299	30999	67961
		11971	21180	21255	21740	31295	67966
<b>Cosmetic and reconstructive procedures</b>		15830	21181	21256	21742	31296	67999
		17106	21182	21260	21743	31297	69399
		17107	21183	21261	28344	31298	92700
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17108	21184	21263	30540	40799	96999
		17999	21230	21267	30545	67909	Q2026
		21172	21235	21268	30560	67912	
		21175	21248	21275	30620	67950	

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	These codes will <b>ALSO</b> be a subject to Site of Service review in addition to medical necessity review	15820	15823	30410	30435	30462	67902
		15821	15847	30420	30450	30465	67903
		15822	30400	30430	30460	67900	67904
						67901	67906
<b>Rhinoplasty</b>							
Treatment of nasal functional impairment and septal deviation							
<b>Site of Service Ophthalmology</b>	Prior Authorization required <b>ONLY</b> if services are rendered in Hospital Outpatient setting	65426	65855	66761	66982	67028	67228
		65730	66170	66821	66984	67040	
<b>Site of Service</b>	Prior Authorization <b>ONLY</b> if services are rendered in Hospital Outpatient setting	14040	26123	43236	52352	49550	52001
		14060	28120	43237	52353	49553	52224
		14301	28285	43238	52354	49570	58558
		15100	28288	43239	52005	49572	64612
		15120	28291	43240	52007	49585	64615
		15220	28296	43241	52204	49587	64718
		15240	29823	43242	52214	49650	64721
		15260	29824	43245	52224	49651	67145
		15877	29827	43247	52234	49652	67210
		19125	29848	43248	52235	49653	67911
		20912	29828	43249	52275	49654	
		23430	29870	43250	52276	49655	
		23615	29874	43251	52281	49656	
		23630	29875	43253	52285	50590	
		24515	29876	43254	52287	51720	
		24516	29877	43255	52300	67041	
		24666	29879	43259	52310	67042	
		24665	29880	49505	52315	67108	
		25545	29881	49521	52282	67113	
		25605	29888	52320	52356	55700	
		25606	30520	52325	52630	57240	
		25607	36474	52330	53445	57260	
		25608	36479	52332	55040	57288	
		25609	36482	52341	65756	51728	
		26055	36483	52344	65820	51729	
			43235	52351	49525	52000	
		<b>Venous Procedures</b>	Prior Authorization Required	36465	37700	37722	37765
36466	37718						
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	These codes will <b>ALSO</b> be subject to Site of Service review in addition to medical necessity review	36473	36475	36478			
<b>Ventricular Assist Devices (VAD)</b>	Prior Authorization Required	33927	33929	33976	33981	33983	
		33928	33975	33979	33982		
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow							



## Radiation Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior Authorization Required	G6015	G6016	77385	77386		
<b>Proton Beam Therapy</b>	Prior Authorization Required	77520	77522	77523	77525		
<b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b>	Prior Authorization Required	77371 77372	77373	G0173	G0251	G0339	G0340

## Advanced Radiology & Radiation Treatments

Procedures and Services	Additional Information	CPT or HCPCS Codes					
3D Imaging	Prior Authorization Required	0042T	72130	73725	78014	78459	78803
CT and CTA		70336	72131	74150	78015	78466	78804
MRI and MRA	<b>For TX members from</b>	70450	72132	74160	78016	78468	78811
Nuclear Medicine	Austin, Corpus Christi,	70460	72133	74170	78018	78469	78812
PET Scan	Dallas/Fort Worth, El Paso, El Paso/New Mexico, San Antonio (excluding UnitedHealthcare Group Medicare Advantage PPO), Rio Grande Valley, Waco, & Houston	70470 70480 70481 70482 70486 70487 70488 70490 70491	72141 72142 72146 72147 72148 72149 72156 72157 72158	74174 74175 74176 74177 74178 74181 74182 74183 74185	78020 78070 78071 78072 78075 78102 78103 78104 78140	78472 78473 78481 78483 78491 78492 78494 78496 78499	78813 78814 78815 78816 78831 78830 78832 C8900 C8901
	- Contact eviCore for Prior Authorization 1-888-693-3211 OR go to :	70492 70496 70498	72159 72191 72192	74261 74262 74712	78185 78195 78201	78579 78580 78582	C8902 C8903 C8905
	- <a href="https://myportal.medsolutions.com/">https://myportal.medsolutions.com/</a>	70540 70542 70543 70544 70545	72193 72194 72195 72196 72197	74713 75557 75559 75561 75563	78202 78215 78216 78226 78227	78597 78598 78607 86010 78605	<b>C8906</b> C8908 C8909 C8910 C8911
	<b>For Humana Members from</b>	70546	72198	75565	78230	78606	C8912
	Austin, El Paso, DFW, Rio Grande Valley (Humana Gold Plus, Humana Gold Plus SNP-DE, Humana Choice Medicare Advantage PPO, Humana Choice Regional PPO) – follow regular WellMed Prior Authorization request process	70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71275	73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700	75571 75572 75573 75574 75635 76376 76377 76380 76391 76497 76498 77021	78231 78232 78258 78261 78262 78264 78265 78266 78278 78290 78291 78300	78608 78610 78630 78630 78635 78645 78650 78660 78699 78700 78701 78707	C8913 C8914 C8918 C8919 C8920 C8931 C8932 C8935 C8936 G0297
	<b>For TX Members from San Antonio with: (UnitedHealthcare Group Medicare Advantage (PPO): Please visit UHCprovider.com/priorauth &gt; Radiology for more details and the CPT codes that require prior authorization</b>	71550 71551 71552 71555 72125 72126 72127 72128 72129	73701 73702 73706 73718 73719 73720 73721 73722 73723	77022 77046 77047 77048 77049 77078 77084 78012 78013	78305 78306 78315 78414 78428 78445 78456 78457 78458	78708 78709 78725 78730 78740 78761 78800 78801 78802	





## Cardiac Procedures

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Cardiac Rhythm Implantable Devices (CRID) Cardiac Diagnostic Cath ECHO & ECHO STRESS Myocardial Perfusion Imaging (Nuclear Stress) Radiology: Nuclear Medicine	Prior Authorization Required	0331T	33212	33264	78454	93351	93530
	<b>For TX Members from</b>	0332T	33213	33270	93303	93352	93531
		0439T	33214	33274	93307	93356	93532
	<b>Austin, Corpus Christi, El Paso, El Paso/New Mexico,</b>	0501T	33221	33289	93308	93451	C8921
		0502T	33224	78429	93312	93452	93533
	<b>Dallas/Fort Worth, Rio Grande Valley, Waco, &amp; Houston</b>	0503T	33225	78430	93313	93453	C8922
		0504T	33227	78431	93314	93454	C8923
	- Contact eviCore for Prior Authorization 1-888-693-3211	0515T	33228	78432	93315	93455	C8924
	<i>OR go to</i>	0516T	33229	78433	93316	93456	C8925
		0517T	33230	78434	93317	93457	C8926
	<a href="https://myportal.medsolutions.com">https://myportal.medsolutions.com</a>	0520T	33231	78451	93320	93458	C8928
		0572T	33240	78452	93318	93459	C8929
	<b>For TX members with Humana from Dallas/Fort Worth, El Paso, Rio Grande Valley</b>	33206	33249	78453	93321	93460	C8930
		33207	33262	93304	93325	93461	
		33208	33263	93306	93350	93462	
	- Follow regular WellMed Prior Authorization request process						
	Prior Authorization Required	0331T	0515T	33213	33229	33264	78434
		0332T	0516T	33214	33230	33270	
	<b>For TX Members from</b>	0439T	0517T	33221	33231	78429	
	<b>San Antonio excluding</b>	0501T	33206	33224	33240	78430	
<b>(UnitedHealthcare Group Medicare Advantage (PPO):</b>	0502T	33207	33225	33262	78431		
	0503T	33212	33227	33249	78432		
- Follow regular WellMed Prior Authorization Request process	0504T	33208	33228	33263	78433		
<b>follow</b> regular WellMed Prior Authorization request							
<b>For TX Members from San Antonio with:</b>							
<b>(UnitedHealthcare Group Medicare Advantage (PPO):</b>							
- Please visit <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> > <i>Cardiology</i> for more details and the CPT codes that require prior authorization							
<b>Durable Medical Equipment</b> (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required <b>REGARDLESS</b> of the cost	A9999	E0675	E1070	E2630	K0008	K0823
		E0147	E0692	E1084	E2631	K0009	K0824
		E0170	E0693	E1085	E2632	K0010	K0825
		E0193	E0694	E1086	K0005	K0011	K0826
		E0194	E0700	E1087	E2313	K0012	K0827
		E0217	E0710	E1089	E2321	K0013	K0828
		E0246	E0740	E1100	E2322	K0014	K0829
		E0265	E0745	E1110	E2325	K0020	K0830
		E0266	E0746	E1150	E2327	K0037	K0831
		E0277	E0747	E1160	E2328	K0039	K0835
		E0290	E0748	E1161	E2329	K0040	K0836
		E0291	E0749	E1170	E2330	K0041	K0837
		E0292	E0760	E1171	E2331	K0044	K0838
		E0293	E0761	E1172	E2340	K0046	K0839
		E0294	E0764	E1180	E2341	K0047	K0840
		E0296	E0770	E1190	E2361	K0050	K0841
		E0297	E0779	E1195	E2362	K0051	K0842
		E0300	E0782	E1200	E2363	K0053	K0843
		E0301	E0783	E1220	E2364	k0054	K0848
		E0302	E0784	E1222	E2366	K0056	K0849

## Durable Medical Equipment (DME)

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Durable Medical Equipment (cont'd)</b> (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required <b>REGARDLESS</b> of the cost	E0303	E0785	E1224	E2367	K0065	K0851
		E0304	E0786	E1227	E2373	K0072	K0852
		E0316	E0830	E1228	E2376	K0073	K0853
		E0328	E0935	E1229	E2377	K0098	K0854
		E0329	E0953	E1230	E2394	K0105	K0855
		E0350	E0954	E1231	E2397	K0108	K0856
		E0373	E0960	E1232	E2500	K0455	K0857
		E0459	E0966	E1233	E2504	K0606	K0858
		E0462	E0970	E1234	E2506	K0607	K0859
		E0465	E0973	E1235	E2508	K0608	K0860
		E0466	E0983	E1236	E2510	K0609	K0861
		E0467	E0984	E1237	E2603	K0672	K0862
		E0470	E0986	E1238	E2604	K0730	K0863
		E0471	E0988	E1239	E2606	K0733	K0864
		E0472	E0992	E1270	E2607	K0743	K0869
		E0482	E1002	E1280	E2608	K0744	K0870
		E0483	E1003	E1295	E2609	K0745	K0871
		E0485	E1004	E1296	E2612	K0746	K0877
		E0603	E1005	E1297	E2613	K0800	K0878
		E0616	E1006	E1298	E2614	K0801	K0879
		E0617	E1007	E1310	E2615	K0802	K0880
		E0618	E1008	E1399	E2616	K0806	K0884
		E0635	E1009	E1812	E2617	K0807	K0885
		E0636	E1010	E1840	E2619	K0808	K0886
		E0639	E1011	E1841	E2620	K0812	K0890
		E0640	E1012	E2100	E2621	K0813	K0891
		E0651	E1016	E2201	E2622	K0814	K0898
		E0652	E1017	E2202	E2623	K0815	K0899
		E0656	E1018	E2203	E2624	K0816	K0900
		E0667	E1020	E2204	E2625	K0820	
		E0668	E1029	E2228	E2626	K0821	
		E0669	E1030	E2300	E2627	K0822	
		E0670	E1035	E2301	E2628	E1050	
E0671	E1036	E2310	E2629	E2312			
E0672	E1037	E2311	E0673	K0850			
<b>Negative Pressure Wound Therapy</b>	Prior Authorization Required	E2402					

## Orthotics and Prosthetics

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Ankle Foot Orthosis – AFO</b>	Prior Authorization required <b>REGARDLESS</b> of the cost	L1904	L1920	L1940	L1950	L1970	L1980
		L1907	L1932	L1945	L1951	L1971	L1990
		L1960					
<b>Breast Prosthesis</b>		L8035	L8042	L8045	L8049	L8604	
		L8039	L8043	L8046	L8499	L8609	
		L8041	L8044	L8047	L8505	L8699	
<b>Hip Orthosis</b>		L1630	L1680	L1690	L1710	L1730	
		L1640	L1685	L1700	L1720	L1755	
<b>Knee Ankle Foot Orthosis (KAFO)</b>		L2000	L2030	L2038	L2070	L2108	L2134
		L2005	L2034	L2040	L2080	L2126	L2136
		L2010	L2036	L2050	L2090	L2128	
		L2020	L2037	L2060	L2106	L2132	
<b>Knee Orthosis</b>		L1834	L1843	L1845	L1851	L1860	
		L1840	L1844	L1846	L1852		
<b>Lower Limb Prosthetics</b>		L5010	L5535	L5643	L5683	L5790	L5960
		L5020	L5540	L5644	L5684	L5795	L5961
		L5050	L5560	L5645	L5686	L5810	L5962
		L5060	L5570	L5646	L5688	L5811	L5964
		L5100	L5580	L5647	L5690	L5812	L5966
		L5105	L5585	L5648	L5699	L5814	L5968
		L5150	L5590	L5649	L5700	L5816	L5972
		L5160	L5595	L5650	L5701	L5818	L5973
		L5200	L5600	L5651	L5702	L5822	L5974
		L5210	L5610	L5652	L5703	L5824	L5975
		L5220	L5611	L5653	L5704	L5826	L5976
		L5230	L5613	L5654	L5705	L5828	L5978
		L5250	L5614	L5655	L5706	L5830	L5979
		L5270	L5616	L5661	L5707	L5840	L5980
		L5280	L5620	L5665	L5711	L5845	L5981
		L5301	L5622	L5668	L5712	L5848	L5982
		L5312	L5624	L5670	L5714	L5850	L5984
		L5321	L5626	L5671	L5716	L5856	L5985
		L5331	L5628	L5672	L5718	L5857	L5986
		L5341	L5629	L5673	L5722	L5858	L5987
		L5400	L5630	L5676	L5724	L5859	L5988
		L5420	L5631	L5677	L5726	L5910	L5990
		L5500	L5637	L5678	L5728	L5920	L5999
	L5505	L5638	L5679	L5780	L5925	L7510	
	L5510	L5639	L5680	L5781	L5930	L7520	
	L5520	L5640	L5681	L5782	L5940		
	L5530	L5642	L5682	L5785	L5950		
<b>Orthopedic Shoe</b>		L3160	L3206	L3211	L3215	L3253	L3265
		L3201	L3207	L3212	L3250	L3254	L3320
		L3202	L3208	L3213	L3251	L3255	L3485
		L3203	L3209	L3214	L3252	L3257	L3649
		L3204					

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Orthotic Add On Codes</b>	Prior Authorization required <b>REGARDLESS</b> of the cost	L2200	L2250	L2340	L2525	L2755	L2830
		L2210	L2260	L2350	L2526	L2780	L2840
		L2220	L2270	L2387	L2530	L2795	L2861
		L2230	L2275	L2415	L2550	L2800	L2999
		L2232	L2280	L2425	L2627	L2810	<b>L9900</b>
		L2240	L2320	L2520	L2628	L2820	
<b>Orthotic Repair</b>		L4000	L4030	L4045	L4050	L4055	L4631
		L4020	L4040				
<b>Scoliosis</b>		L1000	L1005	L1200	L1300	L1310	L1499
		L1001					
<b>Spinal Orthosis</b>		L0112	L0456	L0480	L0629	L0640	L0820
		L0140	L0457	L0482	L0631	L0648	L0830
		L0150	L0460	L0484	L0632	L0650	L0859
		L0170	L0462	L0486	L0634	L0651	L0999
		L0200	L0464	L0622	L0636	L0700	
		L0220	L0466	L0623	L0637	L0710	
		L0452	L0468	L0624	L0638	L0810	
<b>Upper Limb Prosthetics</b>		L6000	L6380	L6625	L6698	L6900	L7040
		L6010	L6382	L6628	L6704	L6905	L7045
		L6020	L6384	L6637	L6707	L6910	L7170
		L6026	L6386	L6638	L6708	L6915	L7180
		L6050	L6388	L6646	L6709	L6920	L7181
		L6055	L6400	L6647	L6711	L6925	L7185
		L6100	L6450	L6648	L6712	L6930	L7186
		L6110	L6500	L6686	L6713	L6935	L7190
		L6120	L6550	L6687	L6714	L6940	L7191
		L6130	L6570	L6688	L6715	L6945	L7259
		L6200	L6580	L6689	L6721	L6950	L7404
		L6205	L6582	L6690	L6722	L6955	L7405
		L6250	L6584	L6691	L6880	L6960	L7499
		L6300	L6586	L6692	L6881	L6965	
		L6310	L6588	L6693	L6882	L6970	
		L6320	L6590	L6694	L6883	L6975	
		L6350	L6621	L6695	L6884	L7007	
		L6360	L6623	L6696	L6885	L7008	
		L6370	L6624	L6697	L6895	L7009	
	<b>Upper Extremity Orthosis</b>		L3671	L3764	L3901	L3961	L3976
		L3674	L3765	L3904	L3967	L3977	
		L3720	L3766	L3905	L3971	L3978	
		L3730	L3891	L3921	L3973	L8701	
		L3740	L3900	L3956	L3975		

### Ancillary/Specialty Services

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Transplant Evaluation and Program</b> Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required <b>ONLY</b> if billed with transplant related DX codes	99205					
	Prior Authorization Required	0537T	33930	38214	44715	47146	50360
		0538T	33933	38215	44720	47147	50365
		0539T	33935	38232	44721	48550	50370
		0540T	33940	38240	47133	48551	50380
		32850	33944	38241	47135	48552	50547
		32851	33945	38242	47140	48554	Q2041
		32852	38208	44132	47141	50300	Q2042
		32853	38209	44133	47142	50320	S2060
		32854	38210	44135	47143	50323	S2061
		32855	38212	44136	47144	50325	S2152
	32856	38213	44137	47145	50340		
<b>Cardiac/Pulmonary Rehabilitation</b>	Prior Authorization Required	93797	94799	G0238	G0422	G0424	
		93798	G0237	G0239	G0423		

### Home Health

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Skilled Nursing Visit Therapies</b> <b>Home Health Aide</b>	Prior Authorization Required	94005	G0129	G0155	G0159	G0299	G0494
		97605	G0151	G0156	G0160	G0300	G0495
		97606	G0152	G0157	G0161	G0409	G0496
		B4185	G0153	G0158	G0162	G0493	

### Transportation

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior Authorization Required	A0430	A0431	A0435	A0436		
<b>Routine Transportation</b>	Prior Authorization Required	A0426	A0428	A0432	A0433	A0434	A0999

### Sleep Studies and Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Facility Based Sleep Studies</b>	Prior Authorization <b>NOT</b> required if services performed at HOME	95782	95805	95808	95811		
		95783	95807	95810			
<b>Oral Appliances</b>	Prior Authorization Required	E0486	E0485				
<b>Peripheral Arterial Procedures</b>	Prior Authorization Required	37220	37221	37224	37225	37226	37227
		37228	37229				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior Authorization Required	21685	41512	41530	41599	42145	42299



Medicare Part B Medications

Procedure/ Drug Category	Additional Information	CPT or HCPCS Codes					
Antihemophilic Agents	Prior authorization required	J7170 J7180 J7182 J7183	J7185 J7186 J7187 J7189	J7190 J7192 J7193 J7194	J7195 J7197 J7198 J7200	J7201 J7205 J7207	J7209
Antimigraine Agent		J3032					
Antimicrobials	Prior authorization is also required for:	J0875	J0878	J2407			
Asthma Agents		J0517	J2182	J2357	J2786		
Blood Modifiers		C9053 J0896	J0256	J2796	J1300	J1303	J0791
Botulinum Toxins A & B	• Any newly released or unassigned Part B drug for Oncology, Oncology supportive agents & Therapeutic radiopharmaceuticals categories in addition to the listed codes	J0585	J0586	J0587	J0588		
Calcimimetics		J0606					
Dermatologic Agent		*J3490	*J3590	* For J3490 & J3590 authorization required for: Scenesse			
Enzymes		J0180	J0221	J0775	J1786	J3385	
Erythropoiesis Stimulating Agents (ESA)	• Any newly released or unassigned Part B drug with a billed amount	J0881	J0885	J0888	Q5106		
Gastrointestinal agent		C9056	J0223				
Hyaluronic Acid	of \$1000 or more per dose, for all other listed categories	J7318 J7320 J7321	J7322 J7323 J7333	J7324 J7325	J7326 J7327	J7328 J7329	J7331 J7332
Immune Globulins (IVIG/ SCIG)		J1459 J1555	J1556 J1557 J1558	J1561 J1566	J1568 J1569	J1572 J1575	J1599 J7504 J7511
Immunologic Agents		J0129 J0202 J0480 J0485	J0490 J0565 J0596 J0597	J0598 J0717 J1602 J1628	J1745 J2323 J2350 J2507	J3262 J3357 J3358 J3380	Q5103 Q5104 Q5109
Iron Supplements		J1439	Q0138	J1437			
Neurologic & Musculoskeletal Agents		C9036 J0222	J0584 J3399	J1301	J1428	J2326	J3398
Ophthalmic Agents		J0178 J0179	J2503 J2778	J3396 J7311	J7312 J7314	J7313	J7316
Osteoporosis		J0897	J3111				
Pulmonary Hypertension		J1325	J3285	J7686	Q4074		
Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9699	

Procedure/ Drug Category	Additional Information	CPT or HCPCS Codes						
Oncologic Agents and Oncologic Supportive Agents	Prior Authorization Required	C9058	J9030	J9153	J9213	J9295	J9371	
		J0185	J9032	J9155	J9214	J9299	J9390	
		J0640	J9033	J9160	J9215	J9301	J9395	
		J0641	J9034	J9165	J9216	J9302	J9400	
		J0642	J9036	J9171	J9217	J9303	J9600	
		J0894	J9039	J9173	J9218	J9305	Q2017	
		J0897	J9040	J9175	J9225	J9306	Q2041	
		J1190	J9041	J9176	J9226	J9307	Q2042	
		J1442	J9042	J9177	J9227	J9308	Q2043	
		J1447	J9043	J9178	J9228	J9309	Q2049	
		J1453	J9044	J9179	J9229	J9311	Q2050	
		J1454	J9045	J9181	J9230	J9312	Q5101	
		J1627	J9047	J9185	J9245	J9313	Q5108	
		J1930	J9050	J9190	J9250	J9315	Q5110	
		J2353	J9055	J9199	J9260	J9320	Q5111	
		J2469	J9057	J9200	J9261	J9325	Q5112	
		J2505	J9060	J9201	J9262	J9328	Q5113	
		J2783	J9065	J9202	J9263	J9330	Q5114	
		J2820	J9070	J9203	J9264	J9340	Q5115	
		J9000	J9098	J9204	J9266	J9351	Q5116	
		J9015	J9100	J9205	J9267	J9352	Q5117	
		J9017	J9118	J9206	J9268	J9354	Q5118	
		J9019	J9119	J9207	J9269	J9355	Q5119	
		J9020	J9120	J9208	J9270	J9356	Q5120	
		J9022	J9130	J9209	J9271	J9357	Q5121	
		J9023	J9145	J9210	J9280	J9358	J9999	
		J9025	J9150	J9211	J9285	J9360	J9246	
		J9027	J9151	J9212	J9293	J9370		
			Prior authorization required <b>ONLY</b> if specialty is <b>NOT</b> Ophthalmologist	J9035	Q5107			
		Unclassified Agents	Prior authorization required for categories other than Oncology, Oncology supportive agents & Therapeutic Radiopharmaceuticals unclassified drug codes with a billed amount of \$1000 or more per dose require a Clinical Review	A9699	C9399	J3490	J3590	J7999
<b>Step Therapy</b>								
<i>These drugs are subject to step therapy review in addition to medical necessity review</i>								
Procedures and Services	Additional Information	CPT or HCPCS Codes						
Colony Stimulating Agents	Prior authorization required	J1442	J2505	Q5108	Q5111	Q5121		
		J1447	Q5101	Q5110	Q5120			
Erythropoiesis Stimulating Agents (ESA)	These drugs are subject to step therapy review in addition to medical necessity review	J0881	J0885					
Hyaluronic Acid		J7318	J7321	J7323	J7326	J7329		
		J7320	J7322	J7324	J7327	J7331		
Immunologic Agents		J1745						
Unclassified Agents	For the following drug <b>ONLY:</b> Nyvepria	C9399	C9058	J3490	J3590			



**Additional Services Provided by WellMed**

Care Management	
<p>You may refer patients for any of the services listed below by submitting a referral through <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></p>	
Complex Care Management	Transition Care Management
<ul style="list-style-type: none"> <li>• The Complex Care Management incorporates evidence- based national standards of practice, empowerment of the patient through self-management and coordinated care by the Primary Care Provider (PCP) and other members of the interdisciplinary care team.</li> <li>• The program consists of early identification of patients stratified as a population band 5. Patients are provided with self-management support, education for self- maintenance, linkage to community resources, and maximization of their available benefits.</li> <li>• The physician is a part of the plan of care and receives all assessments completed and provided to their patients.</li> </ul> <p><b>Patients may be enrolled in Complex Care by:</b></p> <ul style="list-style-type: none"> <li>• The primary care provider</li> <li>• Self-referral</li> <li>• Claims data</li> <li>• Disease management</li> <li>• Utilization management</li> <li>• Discharge planning</li> </ul> <p><b>The program includes:</b></p> <ul style="list-style-type: none"> <li>• Health status assessment</li> <li>• Home safety assessment</li> <li>• Medication reconciliation</li> <li>• Life Planning</li> <li>• Development of Plan of Care</li> <li>• Social Services support</li> <li>• Coordination of Benefits (those provided by the health plan and those available in the community)</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient Care Managers offer coordination of care to Members in the inpatient setting in person or via phone.</li> </ul> <p><b>Inpatient Care Manager Provides:</b></p> <ul style="list-style-type: none"> <li>• Navigation of the patient through the health care system</li> <li>• Monitoring of medical necessity for ongoing inpatient services</li> <li>• Life Planning</li> <li>• Development of Plan of Care</li> <li>• Discharge planning</li> <li>• Social Services support</li> <li>• Medication Reconciliation</li> <li>• Coordination of Benefits</li> </ul>

# WellMed Florida Medicare Advantage Prior Authorization Requirements For Part B Injectable Medications Effective January 1, 2021

## General Information

This list contains prior authorization requirements for participating care providers in **Florida** for Part B Injectable medications **ONLY**. Prior authorization is **NOT** required for emergency or urgent care.

## Included Plans

The following listed plans<sup>1</sup> require prior authorization in Florida for **in-network** services:

<p><b>Northeast Florida:</b>  AARP Medicare Advantage (HMO-POS)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Focus (HMO-POS)  AARP Medicare Advantage Choice (PPO)</p>	<p><b>Orlando:</b>  AARP Medicare Advantage (HMO-POS)  UHC Medicare Advantage Walgreens (HMO C-SNP)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  UHC The Villages Medicare Advantage 1 (HMO)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>
<p><b>Tampa:</b>  ARP Medicare Advantage (HMO-POS)  AARP Medicare Advantage Focus (HMO-POS)  UHC Medicare Advantage Walgreens (HMO C-SNP)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>	<p><b>Treasure Coast:</b>  AARP Medicare Advantage (HMO-POS)  UHC Medicare Advantage Walgreens (HMO C-SNP)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Focus (HMO-POS)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>
<p><b>Southwest Florida:</b>  AARP Medicare Advantage (HMO-POS)  AARP Medicare Advantage Plan 2 (HMO)  AARP Medicare Advantage Choice Plan 2 (regional PPO)  AARP Medicare Advantage Choice Essential (regional PPO)  AARP Medicare Advantage Choice (PPO)  UHC Medicare Advantage Walgreens (HMO C-SNP)</p>	<p><b>South Florida:</b>  AARP Medicare Advantage Choice (PPO)</p>

## Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded benefit plans in Florida:

<p><b>South Florida:</b>  Medica HealthCare Plans MedicareMax HMO  Medica HealthCare Plans MedicareMax HMO SNP  Preferred Choice Dade (HMO-POS)  Preferred Complete Care (HMO)  Preferred Special Care Miami-Dade Preferred  Choice Broward (HMO)</p>	<p>Preferred Medicare Assist Plan 1 (HMO-SNP)  Preferred Medicare Assist Plan 2 (HMO-SNP)  Preferred Choice Palm Beach (HMO)  Preferred Medicare Assist Palm Beach (HMO SNP)</p>
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These benefit plans must follow UnitedHealthcare Prior Authorization Program. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at [UHCprovider.com](http://UHCprovider.com)

<sup>1</sup> Subject to Change

**Please verify eligibility and medical benefits before requesting prior authorization (PA)**

Members are required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

**How to submit the request?**

Standard	Expedited
For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a>  Fax: 1-866-322-7276 Phone: 1-877-757-4440	ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. Fax: 1-866-322-7276 Phone: 1-877-757-4440

**The following services require Prior Authorization before scheduling/rendering the services**

Medicare Part B Medications						
Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Antimigraine Agent</b>	Prior Authorization Required  Prior authorization is also required for <b>ANY</b> newly released or unassigned Part B drug for Oncology	J3032				
<b>Blood Modifiers</b>		C9053	J1300	J1303	J0791	J0896
<b>Dermatologic Agent</b>	Prior Authorization Required for *Scenesse	*J3490	*J3590			
<b>Gastrointestinal agent</b>		C9056	J0223			
<b>IV Iron Supplementation</b>		J1437				
<b>Immunologic Agent</b>	Prior Authorization Required for **Uplinza	**J3490	**J3590			
<b>Neurologic &amp; Musculoskeletal Agents</b>	,Oncology supportive agents & Therapeutic radiopharmaceuticals categories in addition to the listed codes	C9036 J3399	J0222	J0584	J1301	J2326 J3398
<b>Therapeutic Radiopharmaceuticals</b>		A9513	A9543	A9590	A9606	A9699
<b>Oncologic Agents and Oncologic Supportive Agents</b>	***For J0885 authorization is not required for Epogen; Auth Required for Procrit	C9058 J0185 J0640 J0641 J0642 J0881 ***J0885 J0894 J0897 J1442 J1447 J1453	J9027 J9030 J9032 J9033 J9034 J9036 J9039 J9040 J9041 J9042 J9043 J9044	J9150 J9151 J9153 J9155 J9160 J9165 J9171 J9173 J9175 J9176 J9178 J9179	J9211 J9212 J9213 J9214 J9215 J9216 J9217 J9218 J9225 J9226 J9228 J9229	J9293 J9295 J9299 J9301 J9302 J9303 J9305 J9306 J9307 J9308 J9309 J9311
		J9390 J9395 J9400 J9600 J9999 Q2017 Q2041 Q2042 Q2043 Q2049 Q2050 Q5101				

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Oncologic Agents and Oncologic Supportive Agents (cont'd)</b>		J1454	J9045	J9181	J9230	J9311	Q5108
		J1627	J9047	J9185	J9245	J9312	Q5110
		J1930	J9050	J9190	J9250	J9313	Q5111
		J2353	J9055	J9199	J9260	J9315	Q5112
		J2469	J9057	J9200	J9261	J9320	Q5113
		J2505	J9060	J9201	J9262	J9325	Q5114
		J2820	J9065	J9202	J9263	J9328	Q5115
		J9000	J9070	J9203	J9264	J9330	Q5116
		J9015	J9098	J9204	J9266	J9340	Q5117
		J9017	J9100	J9205	J9267	J9351	Q5118
		J9019	J9118	J9206	J9268	J9352	Q5119
		J9020	J9119	J9207	J9269	J9354	Q5120
		J9022	J9120	J9208	J9270	J9355	Q5121
		J9023	J9130	J9209	J9271	J9356	Q5121
		J9025	J9145	J9210	J9280	J9357	J9371
		J9358	J9177	J9360	J9285	J9370	J9246
		Prior authorization required <b>ONLY</b> if specialty is <b>NOT</b> Ophthalmologist	J9035	Q5107			
<b>Unclassified Agents</b>	Prior authorization required For the following drugs <b>ONLY:</b> Nyvepria®	C9399	J3490	J3590			
<b>Ophthalmologic agents</b>	Prior Authorization required	J3241	J0179	J2778	J2503	J0178	
Step Therapy							
Procedures and Services	Additional Information	CPT or HCPCS Codes					
Colony Stimulating Agents	Prior authorization required	J1442	J2505	Q5108	Q5111	Q5121	
		J1447	Q5101	Q5110	Q5120		
Erythropoiesis Stimulating Agents (ESA)	These drugs are subject to step therapy review in addition to medical necessity review	J0881	*J0885	J7333			
Hyaluronic Acid		J7318	J7321	J7323	J7326	J7329	
	*For J0885 authorization is not required for Epogen; Auth Required for Procrit	J7320	J7322	J7324	J7327	J7331	
Immunologic Agents		J1745					
Unclassified Agents	For the following drug <b>ONLY:</b> Nyvepria®	C9399	C9058	J3490	J3590		