WellMed Texas
Prior Authorization Requirements
Effective July 1, 2022

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 require prior authorization in Texas for in-network services

**Austin**
- H4527-002A - AARP Medicare Advantage (HMO)
- H4527-003 - UnitedHealthcare Dual Complete Focus (HMO D-SNP)
- H4527-024A - AARP Medicare Advantage Patriot (HMO-POS)
- H4527-039 - UnitedHealthcare Chronic Complete (HMO C-SNP)
- H1278-004A - AARP Medicare Advantage Walgreens (PPO)
- R6801-008A - UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
- R6801-009A - UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
- R6801-011A - UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
- R6801-012A - UnitedHealthcare Medicare Advantage Choice (Regional PPO)
- H2593-029A - Amerivantage Classic (HMO)
- H2593-032A - Amerivantage Dual Coordination (HMO D-SNP)
- H8849-008-006 - Amerivantage Classic Plus (HMO)
- H8849-010-006 - Amerivantage Dual Coordination Plus (HMO D-SNP)
- H8849-011-006 - Amerivantage Dual Secure Plus (HMO D-SNP)
- H4514 - 013-002 - UnitedHealthcare Dual Complete (HMO D-SNP)
- H5322 -025A - UnitedHealthcare Dual Complete (HMO D-SNP)
- H0028 -037 - Humana Gold Plus (HMO)
- H0028 -044 - Humana Gold Plus (HMO D-SNP)

**Houston**
- H4514 - 013-001 - UnitedHealthcare Dual Complete (HMO D-SNP)
- H5322 -025H - UnitedHealthcare Dual Complete (HMO D-SNP)
- H4527 -024H - AARP Medicare Advantage Patriot (HMO-POS)
- H4527 -037 - AARP Medicare Advantage Plan 1 (HMO-POS)
- H1278-014A - AARP Medicare Advantage Choice (PPO)
- R6801-008H - UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
- R6801-009H - UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
- R6801-011H - UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
- R6801-012H - UnitedHealthcare Medicare Advantage Choice (Regional PPO)
- H4514-007A - AARP Medicare Advantage Plan 2 (HMO)
- H4514-014A - AARP Medicare Advantage Ally (HMO-POS)
- H4514-015 - UnitedHealthcare Chronic Complete Ally (HMO-POS C-SNP)
- H4514-016 - UnitedHealthcare Dual Complete Ally (HMO D-SNP)
- H1278-015H - AARP Medicare Advantage Choice (PPO)

**Rio Grande Valley**
- H5322-025V - UnitedHealthcare Dual Complete (HMO D-SNP)
- H0028-046 - Humana Gold Plus (HMO)
- H0028-045 - Humana Gold Plus (HMO D-SNP)
- H0783-002 - Humana Gold Plus (HMO D-SNP)
- H4513-060-002 - Cigna TotalCare (HMO D-SNP)
- H4513-061-002 - Cigna Preferred Medicare (HMO)
- H4513-009 - Cigna Fundamental Medicare (HMO)
- H4527-013A - AARP Medicare Advantage (HMO)
- H4527-015 - UnitedHealthcare Dual Complete Plan 1 (HMO D-SNP)
- H4527-024V - AARP Medicare Advantage Patriot (HMO-POS)
- H4527-042 - UnitedHealthcare Chronic Complete (HMO C-SNP)
Dallas/Fort Worth

H4590- 012 - AARP Medicare Advantage SecureHorizons Plan 1 (HMO-POS)
H4590- 020 - UnitedHealthcare Dual Complete (HMO D-SNP)
H4590- 027 - AARP Medicare Advantage Patriot (HMO-POS)
H4590- 041 - AARP Medicare Advantage SecureHorizons Plan 2 (HMO-POS)
H4590- 042 - AARP Medicare Advantage (HMO-POS)
H4590- 043 - AARP Medicare Advantage (HMO-POS)
H4590- 044 - UnitedHealthcare Medicare Advantage Ally (HMO-POS C-SNP)
H4590- 803- Group Retiree Plan(s)
H1278- 013 - AARP Medicare Advantage Choice (PPO)
H1278- 015 - AARP Medicare Advantage Choice (PPO)
R6801- 008D- UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801- 009D- UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801- 011D- UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801- 012D- UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H4514- 013-003- UnitedHealthcare Dual Complete (HMO D-SNP)
H4514- 025D- UnitedHealthcare Dual Complete (HMO D-SNP)
H0028- 043-001- Humana Gold Plus (HMO)
H0028- 043-002- Humana Gold Plus (HMO)
H0028- 032- Humana Gold Plus (HMO D-SNP)
H0028- 031D-Humana Gold Plus (HMO D-SNP)
H0028- 014 Humana Gold Plus (HMO)
H1278- 015D- AARP Medicare Advantage Choice (PPO)

San Antonio

H4590 - 010 - AARP Medicare Advantage SecureHorizons (HMO)
H4590 - 022 - UnitedHealthcare Dual Complete (HMO D-SNP)
H4590 - 029 - AARP Medicare Advantage Patriot (HMO)
H4590 - 037 - UnitedHealthcare Chronic Complete (HMO C-SNP)
H4590 - 045 - AARP Medicare Advantage (HMO)
H4590 - 803 - Group Retiree Plan(s)
H1278 - 005-AARP Medicare Advantage Choice (PPO)
R6801 - 008S-UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801 - 009S-UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801 - 011S-UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801 - 012S-UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H5322 - 025S-UnitedHealthcare Dual Complete (HMO D-SNP)
H0028 - 030-Humana Gold Plus (HMO)
H0028 - 036S-Humana Gold Plus (HMO D-SNP)
H0028 - 039S- Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
H0028 - 039S- Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
H4513-028-Cigna Preferred Medicare (HMO)
H4513-029-Cigna TotalCare (HMO D-SNP)
H4513-060-001- Cigna TotalCare (HMO D-SNP)
H4513-061-001-Cigna Preferred Medicare (HMO)
H4513-062S-Cigna Fundamental Medicare (HMO)
H4513-066-Cigna Preferred Savings Medicare (HMO)
H2593- 029S-Amerivantage Classic (HMO)
H2593- 032S-Amerivantage Dual Coordination (HMO D-SNP)
H8849-006-Amerivantage Select Plus (HMO)
H8849-008-003-Amerivantage Classic Plus (HMO)
H8849-010-003-Amerivantage Dual Coordination Plus (HMO D-SNP)
H8849-011-003-Amerivantage Dual Secure Plus (HMO D-SNP)
El Paso

H4527-005- AARP Medicare Advantage (HMO)
H4527-006- UnitedHealthcare Dual Complete (HMO D-SNP)
H4527-024E- AARP Medicare Advantage Patriot (HMO-POS)
H4527-040- UnitedHealthcare Chronic Complete (HMO C-SNP)
R6801-008E- UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801-009E- UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801-011E- UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801-012E- UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H2228-041- UnitedHealthcare Dual Complete Choice Premier (PPO D-SNP)
H0028-035-Humana Gold Plus (HMO)
H0028-034-Humana Gold Plus (HMO D-SNP)
H0028-031E-Humana Gold Plus (HMO D-SNP)
H4513-060-003-Cigna TotalCare (HMO D-SNP)
H4513-081-003-Cigna Preferred Medicare (HMO)
H4513-062E-Cigna Fundamental Medicare (HMO)
H2593-029E-Amerivantage Classic (HMO)
H2593-032E-Amerivantage Dual Coordination (HMO D-SNP)
H8849-008-004-Amerivantage Classic Plus (HMO)
H8849-010-004-Amerivantage Dual Coordination Plus (HMO D-SNP)
H8849-011-004-Amerivantage Dual Secure Plus (HMO D-SNP)

El Paso/New Mexico

H2228-(ENM)-023- AARP Medicare Advantage Choice (PPO)

Waco

H4527-002W- AARP Medicare Advantage (HMO)
H4527-024W- AARP Medicare Advantage Patriot (HMO-POS)
H1278-004W- AARP Medicare Advantage Walgreens (PPO)
R6801-006W- UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801-009W- UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801-011W- UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801-012W- UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H5322-025W- UnitedHealthcare Dual Complete (HMO D-SNP)

West Texas

R6801-008R-UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801-009R-UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801-011R-UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801-012R-UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H5322-025R-UnitedHealthcare Dual Complete (HMO D-SNP)

How to submit the request?

<table>
<thead>
<tr>
<th>Standard</th>
<th>Expedited</th>
<th>Emergency Hospital Inpatient Admissions</th>
<th>Specialist Referral Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></td>
<td>For prompt determination, submit ALL EXPEDITES requests using the Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></td>
<td>Fax: 1-877-757-8885 Phone: 1-877-490-8982</td>
<td>Referrals to specialists are required in some markets. All referral requests must be submitted through the provider portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a></td>
</tr>
<tr>
<td>Phone: 1-877-757-4440</td>
<td>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. Phone: 1-877-757-4440</td>
<td>ONLY send Medical Records associated with an inpatient admission to <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a> Or Fax: 1-844-567-6855.</td>
<td>Please follow your market’s current referral process (if your market currently does not have a referral process, then this does not apply).</td>
</tr>
</tbody>
</table>
### Care Management

You may refer patients for any of the services listed below by submitting a referral through [https://eprg.wellmed.net](https://eprg.wellmed.net)

<table>
<thead>
<tr>
<th>Complex Care Management</th>
<th>Transition Care Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
<td>• Inpatient Care Managers offer coordination of care to Members in the inpatient setting in person or via phone.</td>
</tr>
<tr>
<td></td>
<td><strong>Inpatient Care Manager Provides:</strong></td>
</tr>
<tr>
<td></td>
<td>• Navigation of the patient through the health care system</td>
</tr>
<tr>
<td></td>
<td>• Monitoring of medical necessity for ongoing inpatient services</td>
</tr>
<tr>
<td></td>
<td>• Life Planning</td>
</tr>
<tr>
<td></td>
<td>• Development of Plan of Care</td>
</tr>
<tr>
<td></td>
<td>• Discharge planning</td>
</tr>
<tr>
<td></td>
<td>• Social Services support</td>
</tr>
<tr>
<td></td>
<td>• Medication Reconciliation</td>
</tr>
<tr>
<td></td>
<td>• Coordination of Benefits</td>
</tr>
</tbody>
</table>

**Patients may be enrolled in Complex Care by:**

• The primary care provider  
• Self-referral  
• Claims data  
• Transition Care Management  
• Utilization management  
• Discharge planning

**The program includes:**

• Health status assessment  
• Home safety assessment  
• Medication reconciliation  
• Life Planning  
• Development of Plan of Care  
• Social Services support  
• Coordination of Benefits (those provided by the health plan and those available in the community)
The following services require Prior Authorization before scheduling/rendering the services

<table>
<thead>
<tr>
<th>Inpatient Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>How to obtain Prior Authorization</th>
</tr>
</thead>
</table>
| Elective/scheduled admission (Acute care facility), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility (SNF), and Subacute admissions | Prior Authorization required | Fax: 1-877-757-8885  
Phone: 1-877-490-8982  
Web Portal (ePRG): https://eprg.wellmed.net  
naviHealth Utilization Management:  
Fax: 1-844-244-9482  
Phone: 1-855-851-1127  
https://access.naviehealth.com/caseload |

| 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 |

<table>
<thead>
<tr>
<th>Out-of-Network Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>All out-of-network inpatient and certain outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Services That May Require PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>Behavioral Health Services through a designated behavioral health network</td>
</tr>
<tr>
<td>Clinical Trials</td>
</tr>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Bioengineered Skin Substitute</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>Bone Growth Stimulator</strong></td>
</tr>
<tr>
<td>Electronic stimulation or ultrasound to heal fractures</td>
</tr>
<tr>
<td><strong>Cochlear and Osseointegrated Implants</strong></td>
</tr>
<tr>
<td>Surgically implanted devices to help persons with profound deafness achieve conversational speech</td>
</tr>
<tr>
<td><strong>Electrophysiologic Procedures</strong></td>
</tr>
<tr>
<td><strong>Enhanced External Counter Pulsation (EECP)</strong></td>
</tr>
<tr>
<td><strong>Gender Dysphoria Treatment</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Hyperbaric Oxygen</strong></td>
</tr>
<tr>
<td><strong>Implantable Pain Pumps</strong></td>
</tr>
<tr>
<td><strong>Neurostimulators</strong></td>
</tr>
<tr>
<td>(Implantation of a device</td>
</tr>
<tr>
<td>that sends electrical</td>
</tr>
<tr>
<td>impulses)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Orthopedic Surgeries</strong></td>
</tr>
<tr>
<td>(Spine and joint surgeries)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>22514* will ALSO subject to Site of Service review in addition to medical necessity review</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Implantable Pain Pumps</strong></td>
</tr>
<tr>
<td><strong>Neurostimulators Cont’d</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Orthopedic Surgeries Cont’d</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Molecular Diagnostic/ Genetic</strong></td>
</tr>
<tr>
<td>Testing</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Molecular Diagnostic / Genetic</strong></td>
</tr>
<tr>
<td>Testing Reviewed</td>
</tr>
<tr>
<td>by Oncogenetic Specialty</td>
</tr>
<tr>
<td>Review Team</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Oral-maxillofacial/TMJ</strong></td>
</tr>
<tr>
<td>Surgery/ Orthognathic Surgery</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Other codes not listed in any category, including</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

©2021 WellMed Medical Management, Inc.
<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plastic, Reconstructive, or Cosmetic Procedures</td>
<td>Prior Authorization NOT</td>
<td>11920  1925  19350  19368  19396</td>
</tr>
<tr>
<td>Breast reconstruction (non-mastectomy)</td>
<td>required if surgical codes</td>
<td>11921  19328  19357  19369  19499</td>
</tr>
<tr>
<td>Reconstruction of the breast</td>
<td>billed with the listed breast</td>
<td>11922  19330  19361  19370  L8600</td>
</tr>
<tr>
<td>Cosmetic procedures</td>
<td>required if surgical codes</td>
<td>11920  1925  19350  19368  19396</td>
</tr>
<tr>
<td>Breast reconstruction (non-mastectomy)</td>
<td>prior authorization required</td>
<td>11921  19328  19357  19369  19499</td>
</tr>
<tr>
<td>Reconstruction of the breast</td>
<td>billed with the listed breast</td>
<td>11922  19330  19361  19370  L8600</td>
</tr>
</tbody>
</table>

Plastic, Reconstructive, or Cosmetic Procedures

<table>
<thead>
<tr>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50.011  C50.221  C50.511  C50.821  D05.12</td>
</tr>
<tr>
<td>C50.012  C50.222  C50.512  C50.822  D05.80</td>
</tr>
<tr>
<td>C50.019  C50.229  C50.519  C50.829  D05.81</td>
</tr>
<tr>
<td>C50.021  C50.311  C50.521  C50.911  D05.82</td>
</tr>
<tr>
<td>C50.022  C50.312  C50.522  C50.912  D05.90</td>
</tr>
<tr>
<td>C50.029  C50.319  C50.529  C50.919  D05.91</td>
</tr>
<tr>
<td>C50.111  C50.321  C50.611  C50.921  D05.92</td>
</tr>
<tr>
<td>C50.112  C50.322  C50.612  C50.922  Z42.1</td>
</tr>
<tr>
<td>C50.119  C50.329  C50.619  C50.929  Z85.3</td>
</tr>
<tr>
<td>C50.121  C50.411  C50.621  C79.81  Z90.10</td>
</tr>
<tr>
<td>C50.122  C50.412  C50.622  D05.00  Z90.11</td>
</tr>
<tr>
<td>C50.129  C50.419  C50.629  D05.01  Z90.12</td>
</tr>
<tr>
<td>C50.211  C50.421  C50.811  D05.02  Z90.13</td>
</tr>
<tr>
<td>C50.212  C50.422  C50.812  D05.10</td>
</tr>
<tr>
<td>C50.219  C50.429  C50.819  D05.11</td>
</tr>
</tbody>
</table>

Plastic, Reconstructive, or Cosmetic Procedures

<table>
<thead>
<tr>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11960  21182  21263  30560  67961</td>
</tr>
<tr>
<td>11971  21183  21267  30620  67966</td>
</tr>
<tr>
<td>17106  21184  21268  30999  67999</td>
</tr>
<tr>
<td>17107  21230  21275  31295  69399</td>
</tr>
<tr>
<td>17108  21235  21299  31296  92700</td>
</tr>
<tr>
<td>17999  21248  21740  31297  96999</td>
</tr>
<tr>
<td>21172  21249  21742  31298  Q2026</td>
</tr>
<tr>
<td>21173  21255  21274  40799</td>
</tr>
<tr>
<td>21179  21256  28344  67909</td>
</tr>
<tr>
<td>21180  21260  30545  67912</td>
</tr>
<tr>
<td>21181  21261  30545  67950</td>
</tr>
</tbody>
</table>

Plastic, Reconstructive, or Cosmetic Procedures

<table>
<thead>
<tr>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15820  15847  30435  67900  67906</td>
</tr>
<tr>
<td>15821  30400  30450  67901  67908</td>
</tr>
<tr>
<td>15822  30410  30460  67902</td>
</tr>
<tr>
<td>15823  30420  30462  67903</td>
</tr>
<tr>
<td>15830  30430  30465  67904</td>
</tr>
</tbody>
</table>

Plastic, Reconstructive, or Cosmetic Procedures

<table>
<thead>
<tr>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15820  15847  30435  67900  67906</td>
</tr>
<tr>
<td>15821  30400  30450  67901  67908</td>
</tr>
<tr>
<td>15822  30410  30460  67902</td>
</tr>
<tr>
<td>15823  30420  30462  67903</td>
</tr>
<tr>
<td>15830  30430  30465  67904</td>
</tr>
<tr>
<td>Procedures and Services</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Site of Service</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Site of Service</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Venous Procedures**

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

<table>
<thead>
<tr>
<th>Prior Authorization required</th>
<th>36465</th>
<th>36466</th>
<th>37700</th>
<th>37718</th>
<th>37722</th>
</tr>
</thead>
<tbody>
<tr>
<td>These codes will ALSO be subject to Site of Service review in addition to medical necessity review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ventricular Assist Devices (VAD)</th>
<th>Prior Authorization required</th>
<th>33927</th>
<th>33928</th>
<th>33929</th>
<th>33975</th>
<th>33976</th>
</tr>
</thead>
<tbody>
<tr>
<td>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Radiation Treatment

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity modulated radiation therapy (IMRT)</td>
<td>Prior Authorization required</td>
<td>G6015 G6016 77385 77386</td>
</tr>
<tr>
<td>Proton Beam Therapy</td>
<td>Prior Authorization required</td>
<td>77520 77522 77523 77525</td>
</tr>
<tr>
<td>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</td>
<td>Prior Authorization required</td>
<td>77371 77372 77373 G0339 G0340</td>
</tr>
</tbody>
</table>

### Advanced Radiology & Radiation Treatments

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization required</td>
<td>70336 71271 72198 74182 78013</td>
<td></td>
</tr>
<tr>
<td>For TX members from Austin, Corpus Christi, Dallas/Fort Worth, El Paso, (excluding El Paso/ New Mexico AARP Medicare</td>
<td>70450 71275 73200 74183 78014</td>
<td></td>
</tr>
<tr>
<td>Advantage Choice (PPO)), Rio Grande Valley, San Antonio, West Texas</td>
<td>70460 71550 73201 74185 78015</td>
<td></td>
</tr>
<tr>
<td>• Contact eviCore for Prior Authorization 1-888-693-3211</td>
<td>70470 71551 73202 74261 78016</td>
<td></td>
</tr>
<tr>
<td>• OR go to: <a href="https://myportal.medsolutions.com/">https://myportal.medsolutions.com/</a></td>
<td>70480 71552 73206 74262 78018</td>
<td></td>
</tr>
<tr>
<td>For TX Humana Members from Austin, Corpus Christi, El Paso</td>
<td>70481 71555 73218 74712 78020</td>
<td></td>
</tr>
<tr>
<td>Advantage PPO, Humana Choice Regional PPO</td>
<td>70486 72126 73220 75557 78071</td>
<td></td>
</tr>
<tr>
<td>• Follow regular WellMed Prior Authorization request process</td>
<td>70487 72127 73221 75559 78072</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70488 72128 73222 75561 78075</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70490 72129 73223 75563 78102</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70491 72130 73225 75565 78103</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70492 72131 73700 75571 78104</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization required</td>
<td>70496 72132 73701 75572 78140</td>
<td></td>
</tr>
<tr>
<td>For TX United Members from El Paso/New Mexico AARP</td>
<td>70498 72133 73702 75573 78185</td>
<td></td>
</tr>
<tr>
<td>Medicare Advantage Choice PPO and Houston and Waco</td>
<td>70540 72141 73706 75574 78195</td>
<td></td>
</tr>
<tr>
<td>• Contact eviCore for Prior Authorization 1-855-252-1120</td>
<td>70542 72142 73718 75635 78201</td>
<td></td>
</tr>
<tr>
<td>• OR go to: <a href="https://myportal.medsolutions.com/">https://myportal.medsolutions.com/</a></td>
<td>70543 72146 73719 76376 78202</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70544 72147 73720 76377 78215</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70545 72148 73721 76380 78216</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70546 72149 73722 76391 78226</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70547 72156 73723 76497 78227</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70548 72157 73725 76498 78230</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>70549</td>
<td>72158</td>
<td></td>
</tr>
<tr>
<td>70551</td>
<td>72159</td>
<td></td>
</tr>
<tr>
<td>70552</td>
<td>72191</td>
<td></td>
</tr>
<tr>
<td>70553</td>
<td>72192</td>
<td></td>
</tr>
<tr>
<td>70554</td>
<td>72193</td>
<td></td>
</tr>
<tr>
<td>70555</td>
<td>72194</td>
<td></td>
</tr>
<tr>
<td>71250</td>
<td>72195</td>
<td></td>
</tr>
<tr>
<td>71260</td>
<td>72196</td>
<td></td>
</tr>
<tr>
<td>71270</td>
<td>72197</td>
<td></td>
</tr>
<tr>
<td>78282</td>
<td>78483</td>
<td></td>
</tr>
<tr>
<td>78290</td>
<td>78491</td>
<td></td>
</tr>
<tr>
<td>78291</td>
<td>78492</td>
<td></td>
</tr>
<tr>
<td>78306</td>
<td>78499</td>
<td></td>
</tr>
<tr>
<td>78315</td>
<td>78579</td>
<td></td>
</tr>
<tr>
<td>78414</td>
<td>78580</td>
<td></td>
</tr>
<tr>
<td>78428</td>
<td>78582</td>
<td></td>
</tr>
<tr>
<td>78445</td>
<td>78597</td>
<td></td>
</tr>
<tr>
<td>78456</td>
<td>78598</td>
<td></td>
</tr>
<tr>
<td>78457</td>
<td>78600</td>
<td></td>
</tr>
<tr>
<td>78458</td>
<td>78601</td>
<td></td>
</tr>
<tr>
<td>78459</td>
<td>78605</td>
<td></td>
</tr>
<tr>
<td>78466</td>
<td>78606</td>
<td></td>
</tr>
<tr>
<td>78468</td>
<td>78608</td>
<td></td>
</tr>
<tr>
<td>78469</td>
<td>78610</td>
<td></td>
</tr>
<tr>
<td>78472</td>
<td>78630</td>
<td></td>
</tr>
<tr>
<td>78473</td>
<td>78635</td>
<td></td>
</tr>
<tr>
<td>78481</td>
<td>78645</td>
<td></td>
</tr>
<tr>
<td>0649T</td>
<td>0623T</td>
<td></td>
</tr>
<tr>
<td>0710T</td>
<td>0711T</td>
<td></td>
</tr>
<tr>
<td>77021</td>
<td>77022</td>
<td></td>
</tr>
<tr>
<td>77046</td>
<td>77047</td>
<td></td>
</tr>
<tr>
<td>77048</td>
<td>77049</td>
<td></td>
</tr>
<tr>
<td>77078</td>
<td>77084</td>
<td></td>
</tr>
<tr>
<td>78012</td>
<td>78014</td>
<td></td>
</tr>
<tr>
<td>78814</td>
<td>78815</td>
<td></td>
</tr>
<tr>
<td>78816</td>
<td>78832</td>
<td></td>
</tr>
<tr>
<td>78832</td>
<td>78833</td>
<td></td>
</tr>
<tr>
<td>0042T</td>
<td>0609T</td>
<td></td>
</tr>
<tr>
<td>0610T</td>
<td>0611T</td>
<td></td>
</tr>
<tr>
<td>0612T</td>
<td>0633T</td>
<td></td>
</tr>
<tr>
<td>0634T</td>
<td>0635T</td>
<td></td>
</tr>
<tr>
<td>0636T</td>
<td>0637T</td>
<td></td>
</tr>
<tr>
<td>0638T</td>
<td>0626T</td>
<td></td>
</tr>
<tr>
<td>0639T</td>
<td>0630T</td>
<td></td>
</tr>
<tr>
<td>0631T</td>
<td>0625T</td>
<td></td>
</tr>
<tr>
<td>0712T</td>
<td>0713T</td>
<td></td>
</tr>
<tr>
<td>78231</td>
<td>78232</td>
<td></td>
</tr>
<tr>
<td>78258</td>
<td>78261</td>
<td></td>
</tr>
<tr>
<td>78262</td>
<td>78264</td>
<td></td>
</tr>
<tr>
<td>78265</td>
<td>78266</td>
<td></td>
</tr>
<tr>
<td>78278</td>
<td>78279</td>
<td></td>
</tr>
<tr>
<td>78909</td>
<td>78910</td>
<td></td>
</tr>
<tr>
<td>78911</td>
<td>78912</td>
<td></td>
</tr>
<tr>
<td>78913</td>
<td>78914</td>
<td></td>
</tr>
<tr>
<td>78915</td>
<td>78916</td>
<td></td>
</tr>
<tr>
<td>78917</td>
<td>78918</td>
<td></td>
</tr>
<tr>
<td>78919</td>
<td>78920</td>
<td></td>
</tr>
<tr>
<td>78921</td>
<td>78922</td>
<td></td>
</tr>
<tr>
<td>78923</td>
<td>78924</td>
<td></td>
</tr>
<tr>
<td>78925</td>
<td>78926</td>
<td></td>
</tr>
<tr>
<td>78927</td>
<td>78928</td>
<td></td>
</tr>
<tr>
<td>78929</td>
<td>78930</td>
<td></td>
</tr>
<tr>
<td>78931</td>
<td>78932</td>
<td></td>
</tr>
<tr>
<td>78933</td>
<td>78934</td>
<td></td>
</tr>
<tr>
<td>78935</td>
<td>78936</td>
<td></td>
</tr>
<tr>
<td>78937</td>
<td>78938</td>
<td></td>
</tr>
<tr>
<td>78939</td>
<td>78940</td>
<td></td>
</tr>
<tr>
<td>78941</td>
<td>78942</td>
<td></td>
</tr>
<tr>
<td>78943</td>
<td>78944</td>
<td></td>
</tr>
<tr>
<td>78945</td>
<td>78946</td>
<td></td>
</tr>
<tr>
<td>78947</td>
<td>78948</td>
<td></td>
</tr>
<tr>
<td>78949</td>
<td>78950</td>
<td></td>
</tr>
<tr>
<td>78951</td>
<td>78952</td>
<td></td>
</tr>
<tr>
<td>78953</td>
<td>78954</td>
<td></td>
</tr>
<tr>
<td>78955</td>
<td>78956</td>
<td></td>
</tr>
<tr>
<td>78957</td>
<td>78958</td>
<td></td>
</tr>
<tr>
<td>78959</td>
<td>78960</td>
<td></td>
</tr>
<tr>
<td>78961</td>
<td>78962</td>
<td></td>
</tr>
<tr>
<td>78963</td>
<td>78964</td>
<td></td>
</tr>
<tr>
<td>78965</td>
<td>78966</td>
<td></td>
</tr>
<tr>
<td>78967</td>
<td>78968</td>
<td></td>
</tr>
<tr>
<td>78969</td>
<td>78970</td>
<td></td>
</tr>
<tr>
<td>78971</td>
<td>78972</td>
<td></td>
</tr>
<tr>
<td>78973</td>
<td>78974</td>
<td></td>
</tr>
<tr>
<td>78975</td>
<td>78976</td>
<td></td>
</tr>
<tr>
<td>78977</td>
<td>78978</td>
<td></td>
</tr>
<tr>
<td>78979</td>
<td>78980</td>
<td></td>
</tr>
<tr>
<td>78981</td>
<td>78982</td>
<td></td>
</tr>
<tr>
<td>78983</td>
<td>78984</td>
<td></td>
</tr>
<tr>
<td>78985</td>
<td>78986</td>
<td></td>
</tr>
<tr>
<td>78987</td>
<td>78988</td>
<td></td>
</tr>
<tr>
<td>78989</td>
<td>78990</td>
<td></td>
</tr>
<tr>
<td>78991</td>
<td>78992</td>
<td></td>
</tr>
<tr>
<td>78993</td>
<td>78994</td>
<td></td>
</tr>
<tr>
<td>78995</td>
<td>78996</td>
<td></td>
</tr>
<tr>
<td>78997</td>
<td>78998</td>
<td></td>
</tr>
<tr>
<td>78999</td>
<td>78999</td>
<td></td>
</tr>
<tr>
<td>C8900</td>
<td>C8901</td>
<td></td>
</tr>
<tr>
<td>C8902</td>
<td>C8903</td>
<td></td>
</tr>
<tr>
<td>C8904</td>
<td>C8905</td>
<td></td>
</tr>
<tr>
<td>C8906</td>
<td>C8907</td>
<td></td>
</tr>
<tr>
<td>C8908</td>
<td>C8909</td>
<td></td>
</tr>
<tr>
<td>C8910</td>
<td>C8911</td>
<td></td>
</tr>
<tr>
<td>C8912</td>
<td>C8913</td>
<td></td>
</tr>
<tr>
<td>C8914</td>
<td>C8915</td>
<td></td>
</tr>
<tr>
<td>C8916</td>
<td>C8917</td>
<td></td>
</tr>
<tr>
<td>C8918</td>
<td>C8919</td>
<td></td>
</tr>
<tr>
<td>C8920</td>
<td>C8921</td>
<td></td>
</tr>
<tr>
<td>C8922</td>
<td>C8923</td>
<td></td>
</tr>
<tr>
<td>C8924</td>
<td>C8925</td>
<td></td>
</tr>
<tr>
<td>C8926</td>
<td>C8927</td>
<td></td>
</tr>
<tr>
<td>C8928</td>
<td>C8929</td>
<td></td>
</tr>
<tr>
<td>C8930</td>
<td>C8931</td>
<td></td>
</tr>
<tr>
<td>C8932</td>
<td>C8933</td>
<td></td>
</tr>
<tr>
<td>C8934</td>
<td>C8935</td>
<td></td>
</tr>
<tr>
<td>C8936</td>
<td>C8937</td>
<td></td>
</tr>
<tr>
<td>C8938</td>
<td>C8939</td>
<td></td>
</tr>
<tr>
<td>C8940</td>
<td>C8941</td>
<td></td>
</tr>
<tr>
<td>C8942</td>
<td>C8943</td>
<td></td>
</tr>
<tr>
<td>C8944</td>
<td>C8945</td>
<td></td>
</tr>
<tr>
<td>C8946</td>
<td>C8947</td>
<td></td>
</tr>
<tr>
<td>C8948</td>
<td>C8949</td>
<td></td>
</tr>
<tr>
<td>C8950</td>
<td>C8951</td>
<td></td>
</tr>
<tr>
<td>C8952</td>
<td>C8953</td>
<td></td>
</tr>
<tr>
<td>C8954</td>
<td>C8955</td>
<td></td>
</tr>
<tr>
<td>C8956</td>
<td>C8957</td>
<td></td>
</tr>
<tr>
<td>C8958</td>
<td>C8959</td>
<td></td>
</tr>
<tr>
<td>C8960</td>
<td>C8961</td>
<td></td>
</tr>
<tr>
<td>C8962</td>
<td>C8963</td>
<td></td>
</tr>
<tr>
<td>C8964</td>
<td>C8965</td>
<td></td>
</tr>
<tr>
<td>C8966</td>
<td>C8967</td>
<td></td>
</tr>
<tr>
<td>C8968</td>
<td>C8969</td>
<td></td>
</tr>
<tr>
<td>C8970</td>
<td>C8971</td>
<td></td>
</tr>
<tr>
<td>C8972</td>
<td>C8973</td>
<td></td>
</tr>
<tr>
<td>C8974</td>
<td>C8975</td>
<td></td>
</tr>
<tr>
<td>C8976</td>
<td>C8977</td>
<td></td>
</tr>
<tr>
<td>C8978</td>
<td>C8979</td>
<td></td>
</tr>
<tr>
<td>C8980</td>
<td>C8981</td>
<td></td>
</tr>
<tr>
<td>C8982</td>
<td>C8983</td>
<td></td>
</tr>
<tr>
<td>C8984</td>
<td>C8985</td>
<td></td>
</tr>
<tr>
<td>C8986</td>
<td>C8987</td>
<td></td>
</tr>
<tr>
<td>C8988</td>
<td>C8989</td>
<td></td>
</tr>
<tr>
<td>C8990</td>
<td>C8991</td>
<td></td>
</tr>
<tr>
<td>C8992</td>
<td>C8993</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization required</td>
<td>33206 33264 93308 93454 0503T</td>
<td></td>
</tr>
<tr>
<td>For TX Members from Austin, Corpus Christi, El Paso,</td>
<td>33207 33270 93312 93455 0504T</td>
<td></td>
</tr>
<tr>
<td><strong>(excluding El Paso/ New Mexico, (UnitedHealthcare (PPO))</strong></td>
<td>33208 33274 93313 93456 0515T</td>
<td></td>
</tr>
<tr>
<td>Dallas/Fort Worth, Rio Grande Valley, West Texas</td>
<td>33212 33289 93314 93457 0516T</td>
<td></td>
</tr>
<tr>
<td>• Contact eviCore for Prior Authorization 1-888-693-3211</td>
<td>33213 78429 93315 93458 0517T</td>
<td></td>
</tr>
<tr>
<td><strong>OR go to</strong> <a href="https://myportal.medsolutions.com">https://myportal.medsolutions.com</a></td>
<td>33214 78430 93316 93459 C8921</td>
<td></td>
</tr>
<tr>
<td>For TX members with Humana from Austin, Corpus Christi,</td>
<td>33221 78431 93317 93460 C8922</td>
<td></td>
</tr>
<tr>
<td>Dallas/Fort Worth, El Paso, Rio Grande Valley, &amp; San Antonio</td>
<td>33224 78432 93318 93461 C8923</td>
<td></td>
</tr>
<tr>
<td>• Follow regular WellMed Prior Authorization request process</td>
<td>33225 78433 93320 93462 C8924</td>
<td></td>
</tr>
<tr>
<td>For United Members from El Paso/New Mexico AARP</td>
<td>33227 78451 93321 93593 C8925</td>
<td></td>
</tr>
<tr>
<td>Medicare Advantage Choice PPO and Houston and Waco</td>
<td>33228 78452 93325 93594 C8926</td>
<td></td>
</tr>
<tr>
<td>• Contact eviCore for Prior Authorization 1-855-252-1120</td>
<td>33229 78453 93350 93596 C8928</td>
<td></td>
</tr>
<tr>
<td><strong>OR go to</strong> <a href="https://myportal.medsolutions.com">https://myportal.medsolutions.com</a></td>
<td>33230 78454 93351 93533 C8929</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization required</td>
<td>33231 93303 93352 0331T C8930</td>
<td></td>
</tr>
<tr>
<td>For TX Members from San Antonio:</td>
<td>33240 93304 93356 0332T 0648T</td>
<td></td>
</tr>
<tr>
<td>• Follow regular WellMed Prior Authorization Request process</td>
<td>33249 93306 93451 0439T 0649T</td>
<td></td>
</tr>
<tr>
<td></td>
<td>33262 93307 93452 0501T 0623T</td>
<td></td>
</tr>
<tr>
<td></td>
<td>33263 0626T 93453 0502T 0624T</td>
<td></td>
</tr>
<tr>
<td>0625T</td>
<td>C9762 93319 0698T 0571T</td>
<td></td>
</tr>
<tr>
<td>0617T</td>
<td>0614T C9763</td>
<td></td>
</tr>
</tbody>
</table>

©2021 WellMed Medical Management, Inc.
<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures and Services</td>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment Cont’d</strong></td>
<td><strong>Prior Authorization required</strong></td>
<td><strong>E0639</strong> <strong>E0992</strong> <strong>E1230</strong> <strong>E2358</strong> <strong>K0008</strong></td>
</tr>
<tr>
<td><strong>(For Prosthetics see Orthotics and Prosthetics)</strong></td>
<td><strong>REGARDLESS of the cost</strong></td>
<td><strong>E0640</strong> <strong>E1002</strong> <strong>E1231</strong> <strong>E2359</strong> <strong>K0009</strong></td>
</tr>
<tr>
<td><strong>K0010</strong></td>
<td><strong>K0098</strong> <strong>K0808</strong> <strong>K0837</strong> <strong>K0861</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0011</strong></td>
<td><strong>K0105</strong> <strong>K0812</strong> <strong>K0838</strong> <strong>K0862</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0012</strong></td>
<td><strong>K0108</strong> <strong>K0813</strong> <strong>K0839</strong> <strong>K0863</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0013</strong></td>
<td><strong>K0455</strong> <strong>K0814</strong> <strong>K0840</strong> <strong>K0864</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0014</strong></td>
<td><strong>K0606</strong> <strong>K0815</strong> <strong>K0841</strong> <strong>K0869</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0020</strong></td>
<td><strong>K0607</strong> <strong>K0816</strong> <strong>K0842</strong> <strong>K0870</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0037</strong></td>
<td><strong>K0608</strong> <strong>K0820</strong> <strong>K0843</strong> <strong>K0871</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0039</strong></td>
<td><strong>K0609</strong> <strong>K0821</strong> <strong>K0848</strong> <strong>K0877</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0040</strong></td>
<td><strong>K0672</strong> <strong>K0822</strong> <strong>K0849</strong> <strong>K0878</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0041</strong></td>
<td><strong>K0730</strong> <strong>K0823</strong> <strong>K0850</strong> <strong>K0879</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0044</strong></td>
<td><strong>K0733</strong> <strong>K0824</strong> <strong>K0851</strong> <strong>K0880</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0046</strong></td>
<td><strong>K0743</strong> <strong>K0825</strong> <strong>K0852</strong> <strong>K0884</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0047</strong></td>
<td><strong>K0744</strong> <strong>K0826</strong> <strong>K0853</strong> <strong>K0885</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0050</strong></td>
<td><strong>K0745</strong> <strong>K0827</strong> <strong>K0854</strong> <strong>K0886</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0051</strong></td>
<td><strong>K0746</strong> <strong>K0828</strong> <strong>K0855</strong> <strong>K0890</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0053</strong></td>
<td><strong>K0800</strong> <strong>K0829</strong> <strong>K0856</strong> <strong>K0891</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0056</strong></td>
<td><strong>K0801</strong> <strong>K0830</strong> <strong>K0857</strong> <strong>K0898</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0065</strong></td>
<td><strong>K0802</strong> <strong>K0831</strong> <strong>K0858</strong> <strong>K0899</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0072</strong></td>
<td><strong>K0806</strong> <strong>K0835</strong> <strong>K0859</strong> <strong>K0900</strong></td>
<td></td>
</tr>
<tr>
<td><strong>K0073</strong></td>
<td><strong>K0807</strong> <strong>K0836</strong> <strong>K0860</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Negative Pressure Wound Therapy</strong></td>
<td><strong>Prior Authorization required</strong></td>
<td><strong>E2402</strong></td>
</tr>
</tbody>
</table>

### Orthotics and Prosthetics

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ankle Foot Orthosis – AFO</strong></td>
<td><strong>Prior Authorization required</strong></td>
<td><strong>L1904</strong> <strong>L1932</strong> <strong>L1950</strong> <strong>L1970</strong> <strong>L1990</strong></td>
</tr>
<tr>
<td><strong>L1907</strong></td>
<td><strong>L1940</strong> <strong>L1951</strong> <strong>L1971</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L1920</strong></td>
<td><strong>L1945</strong> <strong>L1960</strong> <strong>L1980</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Breast Prosthesis**

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face, Cornea, Ear, Larynx, Trachea Prosthetics &amp; Accessories</strong></td>
<td><strong>Prior Authorization required</strong></td>
<td><strong>L8035</strong> <strong>L8039</strong></td>
</tr>
<tr>
<td><strong>L8041</strong></td>
<td><strong>L8043</strong> <strong>L8045</strong> <strong>L8047</strong> <strong>L8505</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L8042</strong></td>
<td><strong>L8044</strong> <strong>L8046</strong> <strong>L8049</strong> <strong>L8609</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hip Orthosis</strong></td>
<td></td>
<td><strong>L1630</strong> <strong>L1680</strong> <strong>L1690</strong> <strong>L1710</strong> <strong>L1730</strong></td>
</tr>
<tr>
<td><strong>L1640</strong></td>
<td><strong>L1685</strong> <strong>L1700</strong> <strong>L1720</strong> <strong>L1755</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knee Ankle Foot Orthosis (KAFO)</strong></td>
<td></td>
<td><strong>L2000</strong> <strong>L2034</strong> <strong>L2050</strong> <strong>L2106</strong> <strong>L2134</strong></td>
</tr>
<tr>
<td><strong>L2005</strong></td>
<td><strong>L2036</strong> <strong>L2060</strong> <strong>L2108</strong> <strong>L2136</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L2010</strong></td>
<td><strong>L2037</strong> <strong>L2070</strong> <strong>L2126</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L2020</strong></td>
<td><strong>L2038</strong> <strong>L2080</strong> <strong>L2128</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L2030</strong></td>
<td><strong>L2040</strong> <strong>L2090</strong> <strong>L2132</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knee Orthosis</strong></td>
<td></td>
<td><strong>L1834</strong> <strong>L1843</strong> <strong>L1845</strong> <strong>L1851</strong> <strong>L1860</strong></td>
</tr>
<tr>
<td><strong>L1840</strong></td>
<td><strong>L1844</strong> <strong>L1846</strong> <strong>L1852</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower Limb Prosthetics</strong></td>
<td></td>
<td><strong>L5010</strong> <strong>L5585</strong> <strong>L5653</strong> <strong>L5712</strong> <strong>L5859</strong></td>
</tr>
<tr>
<td><strong>L5020</strong></td>
<td><strong>L5590</strong> <strong>L5654</strong> <strong>L5714</strong> <strong>L5910</strong></td>
<td></td>
</tr>
<tr>
<td><strong>L5050</strong></td>
<td><strong>L5595</strong> <strong>L5655</strong> <strong>L5716</strong> <strong>L5920</strong></td>
<td></td>
</tr>
<tr>
<td>Procedures and Services</td>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Lower Limb Prosthetics Cont’d</strong></td>
<td>Prior Authorization required <strong>REGARDLESS</strong> of the cost</td>
<td>L5060 L5600 L5661 L5718 L5925</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5100 L5610 L5665 L5722 L5930</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5105 L5611 L5668 L5724 L5940</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5150 L5613 L5670 L5726 L5950</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5160 L5614 L5671 L5728 L5960</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5200 L5616 L5672 L5780 L5961</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5210 L5620 L5673 L5781 L5962</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5220 L5622 L5676 L5782 L5964</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5230 L5624 L5677 L5785 L5966</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5250 L5626 L5678 L5790 L5968</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5270 L5628 L5679 L5795 L5972</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5280 L5629 L5680 L5810 L5973</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5301 L5630 L5681 L5811 L5974</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5312 L5631 L5682 L5812 L5975</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5321 L5637 L5683 L5814 L5976</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5331 L5638 L5684 L5816 L5978</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5341 L5639 L5686 L5818 L5979</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5400 L5640 L5688 L5822 L5980</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5420 L5642 L5690 L5824 L5981</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5500 L5643 L5699 L5826 L5982</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5505 L5644 L5700 L5828 L5984</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5510 L5645 L5701 L5830 L5985</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5520 L5646 L5702 L5840 L5986</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5530 L5647 L5703 L5845 L5987</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5535 L5648 L5704 L5848 L5988</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5540 L5649 L5705 L5850 L5990</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5560 L5650 L5706 L5856 L5999</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5570 L5651 L5707 L5857 L7510</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L5580 L5652 L5711 L5858 L7520</td>
</tr>
<tr>
<td><strong>Miscellaneous Orthotics and Prosthetics</strong></td>
<td></td>
<td>L8499 L8604 L8699</td>
</tr>
<tr>
<td><strong>Orthopedic Shoe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthotic Add On Codes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthotic Repair</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
©2021 WellMed Medical Management, Inc.
## Scoliosis

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spinal Orthosis</strong></td>
<td>Prior Authorization required <strong>REGARDLESS</strong> of the cost</td>
<td>L0112 L0457 L0484 L0634 L0700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0140 L0460 L0486 L0636 L0710</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0150 L0462 L0622 L0637 L0810</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0170 L0464 L0623 L0638 L0820</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0200 L0466 L0624 L0640 L0830</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0220 L0468 L0629 L0648 L0859</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0452 L0480 L0631 L0650 L0999</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L0456 L0482 L0632 L0651</td>
</tr>
<tr>
<td><strong>Upper Limb Prosthetics</strong></td>
<td></td>
<td>L6000 L6386 L6648 L6715 L6960</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6010 L6388 L6686 L6721 L6965</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6020 L6400 L6687 L6722 L6970</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6026 L6450 L6688 L6880 L6975</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6050 L6500 L6689 L6881 L7007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6055 L6550 L6690 L6882 L7008</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6100 L6570 L6691 L6883 L7009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6110 L6580 L6692 L6884 L7040</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6120 L6582 L6693 L6885 L7045</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6130 L6584 L6694 L6895 L7170</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6200 L6586 L6695 L6900 L7180</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6205 L6588 L6696 L6905 L7181</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6250 L6590 L6697 L6910 L7185</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6300 L6621 L6698 L6915 L7186</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6310 L6623 L6704 L6920 L7190</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6320 L6624 L6707 L6925 L7191</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6350 L6625 L6708 L6930 L7259</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6360 L6628 L6709 L6935 L7404</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6370 L6637 L6711 L6940 L7405</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6380 L6638 L6712 L6945 L7499</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6382 L6646 L6713 L6950</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L6384 L6647 L6714 L6955</td>
</tr>
<tr>
<td><strong>Upper Extremity Orthosis</strong></td>
<td></td>
<td>L3671 L3764 L3901 L3961 L3976</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L3674 L3765 L3904 L3967 L3977</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L3720 L3766 L3905 L3971 L3978</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L3730 L3891 L3921 L3973 L8701</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L3740 L3900 L3956 L3975 L8702</td>
</tr>
</tbody>
</table>

## Ancillary/Specialty Services

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transplant Evaluation and Program</strong></td>
<td>Prior Authorization required</td>
<td>32850 38208 44135 47145 50365</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32851 38209 44136 47146 50370</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32852 38210 44137 47147 50380</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32853 38212 44715 48550 50547</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32854 38213 44720 48551 0537T</td>
</tr>
</tbody>
</table>

©2021 WellMed Medical Management, Inc.
<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transplant Evaluation and Program Cont’d</strong></td>
<td>Prior Authorization required</td>
<td>32855  38214  44721  48552  0538T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32856  38215  47133  48554  0539T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33930  38232  47135  50300  0540T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33933  38240  47140  50320  Q2041</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33935  38241  47141  50323  Q2042</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33940  38242  47142  50325  S2060</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33944  44132  47143  50340  S2061</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33945  44133  47144  50360  S2152</td>
</tr>
<tr>
<td><strong>Cardiac/Pulmonary Rehabilitation</strong></td>
<td>Prior Authorization required</td>
<td>93797  93798  94799  G0237  G0238</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G0239  G0422  G0423  G0424</td>
</tr>
</tbody>
</table>

### Home Health

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

### Transportation

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-emergency air transport</strong></td>
<td>Prior Authorization required</td>
<td>A0430  A0431  A0435  A0436</td>
</tr>
<tr>
<td>Non-urgent ambulance transportation by air between specified locations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sleep Studies and Treatment

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility Based Sleep Studies</strong></td>
<td>Prior Authorization NOT required if services performed at HOME</td>
<td>95782  95783  95805  95807  95808</td>
</tr>
<tr>
<td></td>
<td></td>
<td>95810  95811</td>
</tr>
<tr>
<td><strong>Oral Appliances</strong></td>
<td>Prior Authorization required</td>
<td>E0485  E0486</td>
</tr>
<tr>
<td><strong>Peripheral Arterial Procedures</strong></td>
<td>Prior Authorization required</td>
<td>37220  37221  37224  37225  37226</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37227  37228  37229</td>
</tr>
<tr>
<td><strong>Sleep apnea procedures and surgeries</strong></td>
<td>Prior Authorization required</td>
<td>21685  41512  41530  41599  42145</td>
</tr>
<tr>
<td>Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure/ Drug Category</td>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Antihyperlipidemic</strong></td>
<td>In addition to the listed codes, any Part B drug with a cost of $1,000 or more per dose requires prior authorization.</td>
<td>J1305</td>
</tr>
<tr>
<td><strong>Antimicrobials</strong></td>
<td>Additionally, any newly assigned code which was previously listed as unclassified will require prior authorization when assigned a permanent code</td>
<td>J0875 J0878 J2407 J3032</td>
</tr>
<tr>
<td><strong>Antimigraine Agent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure/ Drug Category</td>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Oncologic Agents and Oncologic Supportive Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior authorization required</td>
<td>J0641</td>
<td>J9044</td>
</tr>
<tr>
<td>In addition to the listed codes, any Part B drug with a cost of $1,000 or more per dose requires prior authorization.</td>
<td>J0894</td>
<td>J9047</td>
</tr>
<tr>
<td>Additionally, any newly assigned code which was previously listed as unclassified will require prior authorization when assigned a permanent code</td>
<td>J1951</td>
<td>J9118</td>
</tr>
<tr>
<td>J1627</td>
<td>J9098</td>
<td>J9210</td>
</tr>
<tr>
<td>J1930</td>
<td>J9100</td>
<td>J9211</td>
</tr>
<tr>
<td>J1453</td>
<td>J9065</td>
<td>J9208</td>
</tr>
<tr>
<td>J1454</td>
<td>J9070</td>
<td>J9209</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior authorization required</td>
<td>J9035</td>
<td>Q5107</td>
</tr>
<tr>
<td>ONLY If Provider Specialty If is NOT Ophthalmologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure/ Drug Category</td>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Unclassified Agents</td>
<td>Prior authorization required</td>
<td>A9699 C9399 J3490 J3590 J7999</td>
</tr>
</tbody>
</table>

In addition to the listed codes, any Part B drug with a cost of $1,000 or more per dose requires prior authorization. Additionally, any newly assigned code which was previously listed as unclassified will require prior authorization when assigned a permanent code.

### Step Therapy

*These drugs are subject to step therapy review in addition to medical necessity review*

<table>
<thead>
<tr>
<th>Procedure/ Drug Category</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiemetics</td>
<td>Prior authorization required</td>
<td>J0185 J1453 J1454 J1627 J2469</td>
</tr>
<tr>
<td>Colony Stimulating Agents</td>
<td></td>
<td>J1442 J1447 J2506 Q5101 Q5110</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q5111 Q5120 Q5121 Q5122 Q5108</td>
</tr>
<tr>
<td>Erythropoiesis Stimulating Agents (ESA)</td>
<td></td>
<td>J0885 Q5106</td>
</tr>
<tr>
<td>Hyaluronic Acid</td>
<td></td>
<td>J7318 J7320 J7321 J7322 J7323</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J7324 J7326 J7327 J7329 J7331</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J7332 J7325 J7328</td>
</tr>
<tr>
<td>Immunologic Agent</td>
<td></td>
<td>J1745 Q5103 Q5104 Q5121</td>
</tr>
<tr>
<td>Ophthalmologic Agents</td>
<td></td>
<td>J0178 J0179 J2503 J2778</td>
</tr>
<tr>
<td>Oncologic Agents and Oncologic Supportive Agents</td>
<td></td>
<td>J0640 J0641 J0642 J9035 J9198</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J9201 J9311 J9312 J9355 J9356</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q5107 Q5112 Q5113 Q5114 Q5115</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q5116 Q5117 Q5118 Q5119 Q5123</td>
</tr>
</tbody>
</table>
WellMed Florida Prior Authorization Requirements
For Part B Injectable Medications
Effective July 1, 2022

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 require prior authorization in Florida for in-network services:

Orlando, North Florida, NE Florida, South Florida, SW Florida, Tampa, Treasure Coast
H1045-025 UnitedHealthcare The Villages Medicare Advantage (HMO)
H1045-026 AARP Medicare Advantage (HMO-POS)
H1045-028 AARP Medicare Advantage (HMO-POS)
H1045-030 AARP Medicare Advantage (HMO-POS)
H1045-031 AARP Medicare Advantage (HMO-POS)
H1045-032 AARP Medicare Advantage (HMO-POS)
H1045-033 AARP Medicare Advantage (HMO)
H1045-034 AARP Medicare Advantage Plan 2 (HMO)
H1045-036 AARP Medicare Advantage Focus (HMO-POS)
H1045-041 AARP Medicare Advantage (HMO-POS)
H1045-042 AARP Medicare Advantage (HMO-POS)
H1045-043 AARP Medicare Advantage (HMO-POS)
H1045-045 AARP Medicare Advantage Focus (HMO-POS)
H1045-048-001 UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP)
H1045-048-002 UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP)
H1045-048-003 UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP)
H1045-048-004 UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP)
H1045-055 AARP Medicare Advantage (HMO)
UnitedHealthcare Dual Complete Choice (PPO D-SNP)
UnitedHealthcare Dual Complete Choice (PPO D-SNP)
R0759-001 AARP Medicare Advantage Choice Plan 2 (Regional PPO)
R0759-001 AARP Medicare Advantage Patriot (Regional PPO)
H2406-008 AARP Medicare Advantage Choice (PPO)
H2406-009 AARP Medicare Advantage Choice (PPO)
H2406-010 AARP Medicare Advantage Choice (PPO)
H2406-011 AARP Medicare Advantage Choice (PPO)
H2406-012 AARP Medicare Advantage Choice (PPO)
H2406-013 AARP Medicare Advantage Choice (PPO)
H2406-014 AARP Medicare Advantage Choice (PPO)
H2406-015 AARP Medicare Advantage Choice (PPO)
H2406-016 AARP Medicare Advantage Choice (PPO)
H2406-017 AARP Medicare Advantage Choice (PPO)
H2406-018 AARP Medicare Advantage Choice (PPO)
H2406-019 AARP Medicare Advantage Choice (PPO)
Excluded Plans

WellMed Prior Authorization Requirements do not apply to the following excluded benefit plans\(^1\) in Florida:

**South Florida:**
- Medica HealthCare Plans MedicareMax (HMO DSNP) H5420-006
- Medica HealthCare Plans MedicareMax HMO H5420-001
- Medica HealthCare Plans MedicareMax HMO H5420-003
- Preferred Choice Broward (HMO) H1045-005
- Preferred Choice Dade (HMO) H1045-001
- Preferred Choice Palm Beach (HMO) H1045-037
- Preferred Complete Care (HMO) H1045-046
- Preferred Medicare Assist Palm Beach (HMO D-SNP) H1045-038
- Preferred Medicare Assist Plan 1 (HMO-DSNP) H1045-012
- Preferred Medicare Assist Plan 2 (HMO-DSNP) H1045-053
- Preferred Special Care Miami-Dade (HMO C-SNP) H1045-018

\(^1\) 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](http://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?

<table>
<thead>
<tr>
<th>Standard</th>
<th>Expedited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-877-757-4440</td>
<td>Phone: 1-877-757-4440</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

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

### Medicare Part B Medications

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihyperlipidemic</td>
<td>Prior Authorization Required</td>
<td>J1305</td>
</tr>
<tr>
<td>Blood Modifiers</td>
<td></td>
<td>J1300 J1303 J0791 J0896</td>
</tr>
<tr>
<td>Dermatologic Agent</td>
<td></td>
<td>J7352</td>
</tr>
<tr>
<td>Erythropoiesis Stimulating Agents (ESA)</td>
<td></td>
<td>J0885</td>
</tr>
<tr>
<td>Gastrointestinal agent</td>
<td></td>
<td>J0223</td>
</tr>
<tr>
<td>Immunologic Agent</td>
<td></td>
<td>J1823 Q5104</td>
</tr>
<tr>
<td>Neurologic &amp; Musculoskeletal Agents</td>
<td></td>
<td>J3399 J0222 J0584 J1301 J2326</td>
</tr>
<tr>
<td>Therapeutic Radiopharmaceuticals</td>
<td></td>
<td>A9513 A9543 A9590 A9606 A9699</td>
</tr>
<tr>
<td>Procedures and Services</td>
<td>Additional Information</td>
<td>CPT or HCPCS Codes</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>

Prior authorization required **ONLY** if specialty is **NOT** Ophthalmologist
Effective July 1, 2022, The following Unclassified Drugs will require prior authorization

- Danyelza – Chemotherapy
- Margenza – Chemotherapy
- Byooviz - Ophthalmic Agent; VEGF Inhibitor
- Susvimo – Ophthalmic Agent; VEGF Inhibitor
- Vabysmo - Ophthalmic Agent; VEGF Inhibitor
- Leqvio – Antihyperlipidemic
- Vyvgart - Blood modifier agent
- Tezspire - Anti-Asthma
- Saphnelo - Immunological Agent
- Ryplazim - Blood modifier agent

### Ophthalmologic agents

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Prior authorization required</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiemetics</td>
<td>J0185</td>
<td>J1453</td>
</tr>
<tr>
<td>Colony Stimulating Agents</td>
<td>J1442</td>
<td>J1447</td>
</tr>
<tr>
<td>Erythropoiesis Stimulating Agents (ESA)</td>
<td>J7318</td>
<td>J7320</td>
</tr>
<tr>
<td>Hyaluronic Acid</td>
<td>J7324</td>
<td>J7326</td>
</tr>
<tr>
<td>Immunologic Agents</td>
<td>J0640</td>
<td>J0641</td>
</tr>
<tr>
<td>Oncologic Agents and Oncologic Supportive Agents</td>
<td>J9201</td>
<td>J9311</td>
</tr>
<tr>
<td>Ophthalmologic agents</td>
<td>J5116</td>
<td>J5117</td>
</tr>
</tbody>
</table>

**Step Therapy**

These drugs are subject to step therapy review in addition to medical necessity review

<table>
<thead>
<tr>
<th>Procedures and Services</th>
<th>Additional Information</th>
<th>CPT or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiemetics</td>
<td>Prior authorization required</td>
<td>J0185</td>
</tr>
<tr>
<td>Colony Stimulating Agents</td>
<td>These drugs are subject to step therapy review in addition to medical necessity review</td>
<td>J1442</td>
</tr>
<tr>
<td>Erythropoiesis Stimulating Agents (ESA)</td>
<td>*For J0885 authorization is required for Epogen and Procrit</td>
<td>J7318</td>
</tr>
<tr>
<td>Hyaluronic Acid</td>
<td>*J0885</td>
<td>J7324</td>
</tr>
<tr>
<td>Immunologic Agents</td>
<td>J0640</td>
<td>J0641</td>
</tr>
<tr>
<td>Oncologic Agents and Oncologic Supportive Agents</td>
<td>J9201</td>
<td>J9311</td>
</tr>
<tr>
<td>Ophthalmologic agents</td>
<td>J5116</td>
<td>J5117</td>
</tr>
</tbody>
</table>

©2022 WellMed Medical Management, Inc.