

WellMed Texas

Prior Authorization Requirements

Effective April 1, 2023

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

H0028037 Humana Gold Plus (HMO)
H0028044 Humana Gold Plus (HMO D-SNP)
H4527-024A- AARP Medicare Advantage Patriot (HMO-POS)
H2593-029A Amerivantage Classic (HMO)
H2593-032A Amerivantage Dual Coordination (HMO D SNP)
H4514-013-002 UnitedHealthcare Dual Complete (HMO DSNP)
H4527-002A AARP Medicare Advantage (HMO)
H4527-003 UnitedHealthcare Dual Complete Focus (HMO DSNP)
H4527-024A AARP Medicare Advantage Patriot (HMO POS)
H4527-039 UnitedHealthcare Chronic Complete (HMO CSNP)
H5322-025A UnitedHealthcare Dual Complete (HMO DSNP)
H8849-008-006 Amerivantage Classic Plus (HMO)
H8849-010-006 Amerivantage Dual Coordination Plus (HMO DSNP)
H8849-011-006 - Amerivantage Dual Secure Plus (HMO D-SNP)
R6801-011M UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
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)

Corpus Christi

H4590-025-AARP Medicare Advantage SecureHorizons (HMO)
H4590-033- UnitedHealthcare Dual Complete Plan 2 (HMO D-SNP)
H4590-803-Group Retiree Plan(s)
H4527-001-AARP Medicare Advantage (HMO)
H4527-004-UnitedHealthcare Dual Complete Plan 1 (HMO D-SNP)
H4527-024C-AARP Medicare Advantage Patriot (HMO-POS)

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)
H1278-014-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)
H4514-007-AARP Medicare Advantage Plan 2 (HMO)
H4514-014-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)
H4514-018 Unitedhealthcare Dual Complete Select (HMO-POS D-SNP)
R6801-011M UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)

Rio Grande Valley

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)
H4527-013-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)

H4527-041-UnitedHealthcare Chronic Complete (HMO C-SNP)
R6801-008C-UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801-009C-UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801-011C-UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801-012C-UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H1278-016-AARP Medicare Advantage Choice (PPO)
H5322-025C-UnitedHealthcare Dual Complete (HMO D-SNP)
H0028-029-Humana Gold Plus (HMO)
H0028-036C-Humana Gold Plus (HMO D-SNP)
H0028-039C-Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
R6801-011M UnitedHealthcare Dual Complete Choice (Regional PPO D-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)
H0028-059- Humana Gold Plus (HMO D-SNP)
H4514-019 UnitedHealthcare Dual Complete Select (HMO-POS D-SNP)
R6801-011M UnitedHealthcare Dual Complete Select (PPO D-SNP)

R6801-008V-UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801-009V-UnitedHealthcare Medicare Gold (Regional PPO C-SNP)
R6801-011V-UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)
R6801-012V-UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H1278-010-AARP Medicare Advantage Choice (PPO)
H5322-026-UnitedHealthcare Dual Complete Plan 2 (HMO D-SNP)
H5322-025V Unitedhealthcare Dual Complete (HMO D-SNP)
H0028-046 Humana Gold Plus (HMO)
R6801-011M UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP)

San Antonio

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)
H4513-061-004 Cigna Preferred Medicare (HMO)
H4513-060-004 Cigna TotalCare (HMO D-SNP)
R6801-011M Unitedhealthcare Dual Complete Choice (Regional PPO D-SNP)
H4590 - 022 - UnitedHealthcare Dual Complete (HMO D-SNP)
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)
H4590 - 010 - AARP Medicare Advantage SecureHorizons (HMO)

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)
 H4513-061-003- 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)
 R6801-011M Unitedhealthcare Dual Complete Choice (Regional PPO 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)
 R6801-008W- 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)
 R6801-011M Unitedhealthcare Dual Complete (Regional PPO 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)
 H1278-003 UnitedHealthcare AARP Medicare Advantage Choice PPO
 H4527-045 AARP Medicare Advantage (HMO-POS)
 R6801-011M Unitedhealthcare Dual Complete Choice (Regional D-SNP)

How to submit the request?

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

Care Management

You may refer patients for any of the services listed below by submitting a referral through <https://eprg.wellmed.net>

Complex Care Management	Transition Care Management
<ul style="list-style-type: none"> 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. 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. The physician is a part of the plan of care and receives all assessments completed and provided to their patients. <p>Patients may be enrolled in Complex Care by:</p> <ul style="list-style-type: none"> The primary care provider Self-referral Claims data Transition Care Management Utilization management Discharge planning 	<ul style="list-style-type: none"> Inpatient Care Managers offer coordination of care to Members in the inpatient setting in person or via phone. <p>Inpatient Care Manager Provides:</p> <ul style="list-style-type: none"> Navigation of the patient through the health care system Monitoring of medical necessity for ongoing inpatient services Life Planning Development of Plan of Care Discharge planning Social Services support Medication Reconciliation Coordination of Benefits
<p>The program includes:</p> <ul style="list-style-type: none"> 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

Inpatient Admissions

Facilities are responsible for notification for ALL services even if the coverage approval is on file.
Notification must be received within 24 hours

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), and Subacute admissions	<p>Prior Authorization required</p> <p>For Houston Membership Plans contact Navihealth to obtain Authorization for Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility (SNF) and Subacute admissions</p>	<p>Fax: 1-877-757-8885 Phone: 1-877-490-8982 Web Portal (ePRG): https://eprg.wellmed.net</p> <p>naviHealth Utilization Management: Fax: 1-844-244-9482 Phone: 1-855-851-1127 https://access.navihealth.com/caseload</p>
Unplanned Admission	<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
All out-of-network inpatient and certain outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments	<p>Prior Authorization may be required for a health care provider, hospital or physician who isn't contracted with WellMed.</p>	<p>Phone: 1-877-757-4440</p>

Other Services That May Require PA

Procedures and Services	Additional Information and How to obtain Prior Authorization
Behavioral Health Services Behavioral Health Services through a designated behavioral health network	<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>
Clinical Trials	<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				
Bioengineered Skin Substitute	Prior Authorization required	Q4100	Q4114	Q4130	Q4145	Q4160
		Q4101	Q4115	Q4132	Q4146	Q4161
		Q4102	Q4116	Q4133	Q4147	Q4162
		Q4103	Q4117	Q4134	Q4148	Q4163
		Q4104	Q4118	Q4135	Q4149	Q4164
		Q4105	Q4121	Q4136	Q4150	Q4165
		Q4106	Q4122	Q4137	Q4151	Q4166
		Q4107	Q4123	Q4138	Q4152	Q4167
		Q4108	Q4124	Q4139	Q4153	Q4168
		Q4110	Q4125	Q4140	Q4154	Q4169
		Q4111	Q4126	Q4141	Q4155	Q4170
		Q4112	Q4127	Q4142	Q4156	Q4237
		Q4113	Q4128	Q4143	Q4157	Q4238
		Q4171	Q4187	Q4203	Q4219	Q4239
		Q4173	Q4188	Q4204	Q4220	Q4240
		Q4174	Q4189	Q4205	Q4221	Q4241
		Q4175	Q4190	Q4206	Q4222	Q4242
		Q4176	Q4191	Q4208	Q4226	Q4244
		Q4177	Q4192	Q4209	Q4227	Q4245
		Q4178	Q4193	Q4210	Q4229	Q4246
		Q4179	Q4194	Q4211	Q4230	Q4247
		Q4180	Q4195	Q4212	Q4231	Q4248
		Q4181	Q4196	Q4213	Q4232	Q4249
		Q4182	Q4197	Q4214	Q4233	Q4250
		Q4183	Q4198	Q4215	Q4234	Q4254
		Q4184	Q4200	Q4216	Q4235	Q4255
		Q4185	Q4201	Q4217	Q4158	
		Q4186	Q4202	Q4218	Q4159	

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Bone Growth Stimulator	Prior Authorization required	20974	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760			
Cochlear and Osseointegrated Implants	Prior Authorization required	69714	69718	69930	L8614	L8619
Surgically implanted devices to help persons with profound deafness achieve conversational speech		L8690	L8691	L8692		
Electrophysiologic Procedures	Prior Authorization required	93653	93656			
Enhanced External Counter Pulsation (EECP)	Prior Authorization required	G0166	G0177			
Gender Dysphoria Treatment	Prior Authorization required regardless of DX codes	55970	55980			
	Prior Authorization required ONLY if billed with the following DX codes	F64.0	F64.1	F64.2	F64.8	F64.9
		Z87.890				
		14000	15758	15788	31899	54401
		14001	15775	15789	53410	54405
		14041	15776	15792	53420	54408
		15734	15780	15793	53425	54520
		15738	15781	19303	53430	54660
		15750	15782	21899	54125	54690
		15757	15783	31599	54400	55175
		55180	57106	57296	58940	92508
		55866	57110	57335	64856	
		56625	57291	57426	64892	
		56800	57292	58661	64896	
		56805	57295	58720	92507	

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Hyperbaric Oxygen	Prior Authorization required	99183	99184	G0277		
Implantable Pain Pumps	Prior Authorization required	22100	22558	22852	27412	62368
Neurostimulators		22101	22585	22853	27445	62380
(Implantation of a device		22102	22586	22854	27446	63001
that sends electrical		22103	22590	22855	27447	63003
impulses)		22110	22595	22856	27486	63005
		22112	22600	22857	27487	63011
		22114	22610	22858	29866	63012
Orthopedic Surgeries	Prior Authorization required	22116	22612	22859	29867	63015
(Spine and joint surgeries)		22206	22614	22861	29868	63016
		22207	22630	22862	29914	63017
		22208	22632	22864	29915	63020
		22210	22633	22865	29916	63030
		22212	22634	22867	61850	63035
		22214	22800	22868	61860	63040
		22216	22802	22869	61863	63042
		22220	22804	22870	61864	63043
		22222	22808	22899	61867	63044
		22224	22810	23470	61868	63045
		22226	22812	23472	61885	63046
		22510	22818	24360	61886	63047
		22511	22819	24361	62287	63048
		22512	22830	24362	62324	63050
		22513	22840	24363	62325	63051
	22514* will ALSO subject	22514*	22841	27120	62326	63055
	to Site of Service review	22515	22842	27122	62327	63056
	in addition to medical	22532	22843	27125	62350	63057
	necessity review	22533	22844	27130	62351	63064
		22534	22845	27132	62355	63066
		22548	22846	27134	62360	63075
		22551	22847	27137	62361	63076
		22552	22848	27138	62362	63077
		22554	22849	27279	62365	63078
		22556	22850	27280	62367	63081
		63082	63195	63276	63307	64580
		63085	63196	63277	63308	64581
		63086	63197	63278	63650	64585
		63087	63198	63280	63655	64590
		63088	63199	63281	63661	64595
		63090	63200	63283	63662	64722
		63091	63250	63285	63663	64999
		63101	63251	63286	63664	95990
		63102	63252	63287	63685	95991

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Implantable Pain Pumps	Prior Authorization required	63170	63266	63295	64553	0201T
Neurostimulators Cont'd		63172	63267	63300	64555	0587T
(Implantation of a device that sends electrical impulses)		63173	63268	63301	64561	0588T
		63182	63270	63302	64566	J7330
		63185	63271	63303	64568	L8679
		63190	63272	63304	64569	
Orthopedic Surgeries Cont'd		63191	63273	63305	64570	
(Spine and joint surgeries)		63194	63275	63306	64575	
Molecular Diagnostic/ Genetic Testing	Prior Authorization required	81120	81215	81227	81241	81335
		81121	81216	81230	81242	81404
		81165	81217	81231	81247	84999
		81166	81225	81232	81291	87999
		81167	81226	81240	81321	81228
		81229	81302			
Molecular Diagnostic / Genetic Testing Reviewed by Oncogenetic Specialty Review Team	Prior Authorization required	*0005U	*0102U	*81298	*81435	*81525
	Codes with asterisk () are broken out for internal purposes. Provider submission process is the same for these and the codes listed directly above in this section and will be reviewed by by Oncogenetic Specialty Review Team	*0012M	*0244U	*81314	*81436	*81539
		*0013M	*0245U	*81317	*81437	*81540
		*0018U	*81162	*81405	*81445	*81541
		*0026U	*81175	*81406	*81450	*81542
		*0034U	*81201	*81407	*81455	*81551
		*0037U	*81202	*81408	*81479	*81599
		*0047U	*81292	*81432	*81518	*81347
		*0089U	*81293	*81433	*81519	*81348
		*0090U	*81295	*81360	*81521	*81357
		*0242U	*0326U	*0334U	*0340U	*0239U
Oral-maxillofacial/TMJ Surgery/ Orthognathic Surgery	Prior Authorization required	21085	21127	21150	21193	21215
		21089	21141	21151	21194	21240
		21120	21142	21154	21195	21242
Treatment of maxillofacial (jaw) functional impairment		21121	21143	21155	21196	21244
	21210* is ALSO subject to Site of Service review in addition to medical necessity review	21122	21145	21159	21198	21245
		21123	21146	21160	21199	21246
		21125	21147	21188	21206	21247
		21210*				
Other codes not listed in any category, including unlisted/unspecified	Prior Authorization required	28890	36514	53899	64405	64744
		66180	69799	69949	95965	95966

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Plastic, Reconstructive, or Cosmetic Procedures	Prior Authorization NOT required if surgical codes billed with the listed breast cancer DX codes	11920	19325	19350	19368	19396
Breast reconstruction (non-mastectomy)		11921	19328	19357	19369	19499
Reconstruction of the breast except when following mastectomy		11922	19330	19361	19370	L8600
		19316	19340	19364	19371	
		19318	19342	19367	19380	
		C50.011	C50.221	C50.511	C50.821	D05.12
		C50.012	C50.222	C50.512	C50.822	D05.80
		C50.019	C50.229	C50.519	C50.829	D05.81
		C50.021	C50.311	C50.521	C50.911	D05.82
		C50.022	C50.312	C50.522	C50.912	D05.90
		C50.029	C50.319	C50.529	C50.919	D05.91
		C50.111	C50.321	C50.611	C50.921	D05.92
		C50.112	C50.322	C50.612	C50.922	Z42.1
		C50.119	C50.329	C50.619	C50.929	Z85.3
		C50.121	C50.411	C50.621	C79.81	Z90.10
		C50.122	C50.412	C50.622	D05.00	Z90.11
		C50.129	C50.419	C50.629	D05.01	Z90.12
		C50.211	C50.421	C50.811	D05.02	Z90.13
		C50.212	C50.422	C50.812	D05.10	
		C50.219	C50.429	C50.819	D05.11	
Plastic, Reconstructive, or Cosmetic Procedures	Prior Authorization required	11960	21182	21263	30560	67961
		11971	21183	21267	30620	67966
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		17106	21184	21268	30999	67999
		17107	21230	21275	31295	69399
		17108	21235	21299	31296	92700
		17999	21248	21740	31297	96999
		21172	21249	21742	31298	Q2026
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21175	21255	21743	40799	
		21179	21256	28344	67909	
		21180	21260	30540	67912	
		21181	21261	30545	67950	
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior Authorization required	15820	15847	30435	67900	67906
	These codes will ALSO be subject to Site of Service review in addition to medical necessity review	15821	30400	30450	67901	67908
		15822	30410	30460	67902	
		15823	30420	30462	67903	
		15830	30430	30465	67904	

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Site of Service	Prior Authorization required	65426	65730	65855	66170	66761
Ophthalmology	ONLY if services are rendered in Hospital Outpatient setting	66821	66982	66984	67311	67312
Site of Service	Prior Authorization required	14040	25608	29888	52000	25606
	ONLY if services are rendered in Hospital Outpatient setting	14060	25609	30520	52001	25607
		14301	26055	36474	52005	29880
		15100	26123	36476	52007	29881
		15120	28120	36479	52204	49654
		15220	28285	36482	52214	49655
		15240	28288	36483	52224	67911
		15260	28291	49505	52234	
		15877	28296	49521	52235	
		19125	29823	49525	52275	
		20912	29824	49550	52276	
		23430	29827	49553	52281	
		23615	29828	49570	52282	
		23630	29848	49572	52285	
		24515	29870	49585	52287	
		24516	29874	49587	52300	
		24665	29875	49650	52310	
		24666	29876	49651	52315	
		25545	29877	49652	52320	
		25605	29879	49653	52325	
Venous Procedures	Prior Authorization required	36465	36466	37700	37718	37722
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		37765	37766	37780		
	These codes will ALSO be subject to Site of Service review in addition to medical necessity review	36473	36475	36478		
Ventricular Assist Devices (VAD)	Prior Authorization required	33927	33928	33929	33975	33976
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33979	33981	33982	33983	

Radiation Treatment

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

Advanced Radiology & Radiation Treatments

Procedures and Services 3D Imaging, CT and CTA MRI and MRA, Nuclear Medicine, PET Scan

Additional Information	CPT or HCPCS Codes				
Prior Authorization required	70336	71271	72198	74182	78013
For TX members from Austin, Corpus Christi, Dallas/Fort Worth, El Paso, (excluding El Paso/ New Mexico AARP Medicare Advantage Choice (PPO)), Rio Grande Valley, San Antonio, West Texas	70450	71275	73200	74183	78014
• Contact eviCore for Prior Authorization 1-888-693-3211	70460	71550	73201	74185	78015
• OR go to : https://myportal.medsolutions.com/	70470	71551	73202	74261	78016
	70480	71552	73206	74262	78018
	70481	71555	73218	74712	78020
	70482	72125	73219	74713	78070
For TX Humana Members from Austin, Corpus Christi, El Paso DFW, Rio Grande Valley, San Antonio (Humana Gold Plus, Humana Gold Plus SNP-DE, Humana Choice Medicare)	70486	72126	73220	75557	78071
Advantage PPO, Humana Choice Regional PPO	70487	72127	73221	75559	78072
• Follow regular WellMed Prior Authorization request process	70488	72128	73222	75561	78075
	70490	72129	73223	75563	78102
	70491	72130	73225	75565	78103
	70492	72131	73700	75571	78104
Prior Authorization required	70496	72132	73701	75572	78140
For TX United Members from El Paso/New Mexico AARP Medicare Advantage Choice PPO and Houston and Waco	70498	72133	73702	75573	78185
• Contact eviCore for Prior Authorization 1-855-252-1120	70540	72141	73706	75574	78195
• OR go to: https://myportal.medsolutions.com/	70542	72142	73718	75635	78201
	70543	72146	73719	76376	78202
	70544	72147	73720	76377	78215
	70545	72148	73721	76380	78216
	70546	72149	73722	76391	78226
	70547	72156	73723	76497	78227
	70548	72157	73725	76498	78230

Additional Information

CPT or HCPCS Codes

70549	72158	74150	77021	78231
70551	72159	74160	77022	78232
70552	72191	74170	77046	78258
70553	72192	74174	77047	78261
70554	72193	74175	77048	78262
70555	72194	74176	77049	78264
71250	72195	74177	77078	78265
71260	72196	74178	77084	78266
71270	72197	74181	78012	78278
78282	78483	78650	78814	C8909
78290	78491	78660	78815	C8910
78291	78492	78699	78816	C8911
78306	78499	78707	78832	C8914
78315	78579	78708	0042T	C8918
78414	78580	78709	0609T	C8919
78428	78582	78725	0610T	C8920
78445	78597	78730	0611T	C8931
78456	78598	78740	0612T	C8932
78457	78600	78761	0633T	C8933
78458	78601	78800	0634T	C8934
78459	78605	78801	0635T	C8935
78466	78606	78802	0636T	C8936
78468	78608	78803	0637T	0648T
78469	78610	78804	0638T	0626T
78472	78630	78811	C8900	78434
78473	78635	78812	C8901	
78481	78645	78813	C8902	
0649T	0623T	0624T	0625T	
0710T	0711T	0712T	0713T	

Cardiac Procedures

Procedures and Services Cardiac Rhythm Implantable Devices (CRID), Cardiac Diagnostic Cath ECHO & ECHO STRESS,
Myocardial Perfusion Imaging (Nuclear Stress) Radiology: Nuclear Medicine

Additional Information	CPT or HCPCS Codes				
Prior Authorization required	33206	33264	93308	93454	0504T
For TX Members from Austin, Corpus Christi, El Paso, (excluding El Paso/ New Mexico, <u>(UnitedHealthcare (PPO))</u>)	33207	33270	93312	93455	0515T
Dallas/Fort Worth, Rio Grande Valley, West Texas	33208	33274	93313	93456	0516T
• Contact eviCore for Prior Authorization 1-888-693-3211	33212	33289	93314	93457	0517T
• OR go to https://myportal.medsolutions.com	33213	78429	93315	93458	C8921
	33214	78430	93316	93459	C8922
	33221	78431	93317	93460	C8923
For TX members with Humana from Austin, Corpus Christi, Dallas/Fort Worth, El Paso, Rio Grande Valley, & San Antonio	33224	78432	93318	93461	C8924
• Follow regular WellMed Prior Authorization request process	33225	78433	93320	93462	C8925
	33227	78451	93321	93593	C8926
	33228	78452	93325	93594	C8928
For United Members from El Paso/New Mexico AARP	33229	78453	93350	93596	C8929
Medicare Advantage Choice PPO and Houston and Waco	33230	78454	93351	0331T	C8930
• Contact eviCore for Prior Authorization 1-855-252-1120	33231	93303	93352	0332T	0648T
• OR go to : https://myportal.medsolutions.com	33240	93304	93356	0439T	0649T
	33249	93306	93451	0501T	0623T
	33262	93307	93452	0502T	0624T
	33263	0626T	93453	0698T	0571T
	0625T	C9762	93319	0503T	0617T
	0614T	C9763			
Prior Authorization required	33206	33225	33262	78433	0504T
For TX Members from San Antonio:	33207	33227	33263	78434	0515T
• Follow regular WellMed Prior Authorization Request process	33208	33228	33264	0331T	0516T
	33212	33229	33270	0332T	0517T
	33213	33230	78429	0439T	0571T
	33214	33231	78430	0501T	0614T
	33221	33240	78431	0502T	C9762
	33224	33249	78432	0503T	C9763

Durable Medical Equipment (DME)
(For Prosthetics see Orthotics and Prosthetics)

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Durable Medical Equipment (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required	A9999	E0651	E1003	E1232	E2360
	REGARDLESS of the cost	E0147	E0652	E1004	E1233	E2361
		E0170	E0656	E1005	E1234	E2362
		E0193	E0667	E1006	E1235	E2363
		E0194	E0668	E1007	E1236	E2364
		E0217	E0669	E1008	E1237	E2366
		E0246	E0670	E1009	E1238	E2367
		E0265	E0671	E1010	E1239	E2373
		E0266	E0672	E1011	E1270	E2376
		E0277	E0673	E1012	E1280	E2377
		E0290	E0675	E1016	E1295	E2394
		E0291	E0692	E1017	E1296	E2397
		E0292	E0693	E1018	E1297	E2500
		E0293	E0694	E1020	E1298	E2504
		E0294	E0700	E1029	E1310	E2506
		E0296	E0710	E1030	E1399	E2508
		E0297	E0740	E1035	E1812	E2510
		E0300	E0745	E1036	E1840	E2603
		E0301	E0746	E1037	E1841	E2604
		E0302	E0747	E1050	E2100	E2606
		E0303	E0748	E1070	E2201	E2607
		E0304	E0749	E1084	E2202	E2608
		E0316	E0760	E1085	E2203	E2609
		E0328	E0761	E1086	E2204	E2612
		E0329	E0764	E1087	E2228	E2613
		E0350	E0770	E1089	E2300	E2614
		E0373	E0779	E1100	E2301	E2615
		E0459	E0782	E1110	E2310	E2616
		E0462	E0783	E1150	E2311	E2617
		E0465	E0784	E1160	E2312	E2619
		E0466	E0785	E1161	E2313	E2620
		E0467	E0786	E1170	E2321	E2621
		E0470	E0830	E1171	E2322	E2622
		E0471	E0935	E1172	E2325	E2623
		E0472	E0953	E1180	E2327	E2624
		E0482	E0954	E1190	E2328	E2625
		E0483	E0960	E1195	E2329	E2626
		E0485	E0966	E1200	E2330	E2627
		E0603	E0970	E1220	E2331	E2628
		E0616	E0973	E1222	E2340	E2629
	E0617	E0983	E1224	E2341	E2630	
	E0618	E0984	E1227	E2342	E2631	
	E0635	E0986	E1228	E2343	E2632	
	E0636	E0988	E1229	E2351	K0005	

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

Orthotics and Prosthetics

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Ankle Foot Orthosis – AFO	Prior Authorization required REGARDLESS of the cost	L1904	L1932	L1950	L1970	L1990
		L1907	L1940	L1951	L1971	
		L1920	L1945	L1960	L1980	
Breast Prosthesis		L8035	L8039			
Face, Cornea, Ear, Larynx, Trachea Prosthetics & Accessories		L8041	L8043	L8045	L8047	L8505
		L8042	L8044	L8046	L8049	L8609
Hip Orthosis		L1630	L1680	L1690	L1710	L1730
		L1640	L1685	L1700	L1720	L1755
Knee Ankle Foot Orthosis (KAFO)		L2000	L2034	L2050	L2106	L2134
		L2005	L2036	L2060	L2108	L2136
		L2010	L2037	L2070	L2126	
		L2020	L2038	L2080	L2128	
		L2030	L2040	L2090	L2132	
Knee Orthosis		L1834	L1843	L1845	L1851	L1860
		L1840	L1844	L1846	L1852	
Lower Limb Prosthetics		L5010	L5585	L5653	L5712	L5859
		L5020	L5590	L5654	L5714	L5910
		L5050	L5595	L5655	L5716	L5920

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Lower Limb Prosthetics Cont'd	Prior Authorization required REGARDLESS of the cost	L5060	L5600	L5661	L5718	L5925	
		L5100	L5610	L5665	L5722	L5930	
		L5105	L5611	L5668	L5724	L5940	
		L5150	L5613	L5670	L5726	L5950	
		L5160	L5614	L5671	L5728	L5960	
		L5200	L5616	L5672	L5780	L5961	
		L5210	L5620	L5673	L5781	L5962	
		L5220	L5622	L5676	L5782	L5964	
		L5230	L5624	L5677	L5785	L5966	
		L5250	L5626	L5678	L5790	L5968	
		L5270	L5628	L5679	L5795	L5972	
		L5280	L5629	L5680	L5810	L5973	
		L5301	L5630	L5681	L5811	L5974	
		L5312	L5631	L5682	L5812	L5975	
		L5321	L5637	L5683	L5814	L5976	
		L5331	L5638	L5684	L5816	L5978	
		L5341	L5639	L5686	L5818	L5979	
		L5400	L5640	L5688	L5822	L5980	
		L5420	L5642	L5690	L5824	L5981	
		L5500	L5643	L5699	L5826	L5982	
		L5505	L5644	L5700	L5828	L5984	
		L5510	L5645	L5701	L5830	L5985	
		L5520	L5646	L5702	L5840	L5986	
		L5530	L5647	L5703	L5845	L5987	
		L5535	L5648	L5704	L5848	L5988	
		L5540	L5649	L5705	L5850	L5990	
		L5560	L5650	L5706	L5856	L5999	
		L5570	L5651	L5707	L5857	L7510	
		L5580	L5652	L5711	L5858	L7520	
		Miscellaneous Orthotics and Prosthetics		L8499	L8604	L8699	
Orthopedic Shoe		L3160	L3206	L3212	L3251	L3257	
		L3201	L3207	L3213	L3252	L3265	
		L3202	L3208	L3214	L3253	L3320	
		L3203	L3209	L3215	L3254	L3485	
		L3204	L3211	L3250	L3255	L3649	
Orthotic Add On Codes		L2200	L2260	L2387	L2550	L2810	
		L2210	L2270	L2415	L2627	L2820	
		L2220	L2275	L2425	L2628	L2830	
		L2230	L2280	L2520	L2755	L2840	
		L2232	L2320	L2525	L2780	L2861	
		L2240	L2340	L2526	L2795	L2999	
		L2250	L2350	L2530	L2800	L9900	
		L2330					
	Orthotic Repair		L4000	L4030	L4045	L4050	L4055
			L4631	L4020	L4040		

Scoliosis	L1000	L1001	L1005	L1200	L1300
	L1310	L1499			

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

Ancillary/Specialty Services

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

Procedures and Services	Additional Information					
Transplant Evaluation and Program Cont'd	Prior Authorization required	32855	38214	44721	48552	0538T
		32856	38215	47133	48554	0539T
		33930	38232	47135	50300	0540T
		33933	38240	47140	50320	Q2041
		33935	38241	47141	50323	Q2042
		33940	38242	47142	50325	S2060
		33944	44132	47143	50340	S2061
		33945	44133	47144	50360	S2152
Cardiac/Pulmonary Rehabilitation	Prior Authorization required	93797	93798	94799	G0237	G0238
		G0239	G0422	G0423		

Home Health

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

Transportation

Procedures and Services	Additional Information	CPT or HCPCS Codes			
Non-emergency air transport	Prior Authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified locations					

Sleep Studies and Treatment

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

Medicare Part B Medications

Procedure/ Drug Category	Additional Information	CPT or HCPCS Codes				
Antibiotic	Prior authorization required	J2406				
Antihemophilic Agents	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	J7170	J7180	J7182	J7183	J7185
		J7186	J7187	J7189	J7190	J7192
		J7193	J7194	J7195	J7197	J7198
		J7200	J7201	J7202	J7204	J7205
		J7207	J7209	J7212		
Antihyperlipidemic		J1305	J1306			
Antimicrobials	prior authorization when	J0875	J0878	J2407		
Antimigraine Agent	assigned a permanent code	J3032				
Asthma Agents		J0517	J2182	J2357	J2356	J2786
Blood Modifiers		J0256	J0791	J0896	J1300	J1303
		J2796	J9332	J2998		
Botulinum Toxins A & B (Botox Injections)		J0585	J0586	J0587	J0588	
Colony Stimulating Factor (Short-acting)		Q5125				
Dermatologic Agent		J7352				
Endocrine-Metabolic		J0225				
Enzymes		J0180	J0221	J0775	J1786	J2840
		J3385				
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885	J0888	Q5106	
Gastrointestinal agent		J0223	J0224			
Hyaluronic Acid		J7318	J7320	J7321	J7322	J7323
		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	J1823	J2323
		J2350	J2507	J3262	J3357	J3358
		J3380	Q5103	Q5104	Q5109	Q5121
		J1551	J1554	J0491	J1302	
Iron Supplements		J1437	J1439	Q0138		
Monoclonal Antibody		J2327				
Neurologic & Musculoskeletal Agents		J0222	J0584	J1301	J1428	J2326
		J3398	J3399			
Ophthalmic Agents		J0178	J0179	J2778	J2779	J3241
		J3396	J7311	J7312	J7313	J7314

Ophthalmic Agents Cont'd	J7316	Q5124	J2777		
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		J0185	J9041	J9190	J9264	J9352	
		J0640	J9042	J9198	J9266	J9354	
		J0641	J9043	J9200	J9267	J9355	
		Prior authorization required	J0642	J9044	J9201	J9268	J9356
			J0894	J9045	J9202	J9269	J9357
		In addition to the listed codes, any Part B drug with a cost of \$1,000 or more per dose requires prior authorization.	J0897	J9047	J9203	J9270	J9358
			J1190	J9050	J9204	J9271	J9360
			J1442	J9055	J9205	J9280	J9370
			J1447	J9057	J9206	J9281	J9371
			J1453	J9060	J9207	J9285	J9390
		Additionally, any newly assigned code which was previously listed as unclassified will require prior authorization when assigned a permanent code	J1454	J9065	J9208	J9293	J9395
			J1627	J9070	J9209	J9295	J9400
			J1930	J9098	J9210	J9299	J9600
			J1951	J9100	J9211	J9301	J9999
			J2353	J9118	J9212	J9302	Q2017
			J2469	J9119	J9213	J9303	Q2041
			J2506	J9120	J9214	J9304	Q2042
			J2783	J9130	J9215	J9305	Q2043
			J2820	J9144	J9216	J9306	Q2049
			J9000	J9145	J9217	J9307	Q2050
			J9015	J9150	J9218	J9308	Q5101
			J9017	J9151	J9223	J9309	Q5108
			J9019	J9153	J9225	J9311	Q5110
			J9020	J9155	J9226	J9312	Q5111
			J9022	J9160	J9227	J9313	Q5112
			J9023	J9165	J9228	J9316	Q5113
			J9025	J9171	J9229	J9317	Q5114
			J9027	J9173	J9230	J9320	Q5115
			J9030	J9175	J9245	J9325	Q5116
			J9032	J9176	J9246	J9328	Q5117
			J9033	J9177	J9250	J9330	Q5118
			J9034	J9178	J9260	J9340	Q5119
			J9036	J9179	J9261	J9349	Q5120
		J9037	J9181	J9262	J9351	Q5123	
		J9039	J9185	J9263	J9319	Q5122	
		J9040	J9318	Q2053	Q2054	Q2055	
		C9098	J9353	J1950	J9071	J9298	
		J9021	J9061	J9272			
	Prior authorization required	J9035	Q5107				
	ONLY If Provider Specialty If is NOT Ophthalmologist						

Procedure/ Drug Category	Additional Information	CPT or HCPCS Codes				
Unclassified Agents	Prior authorization required	A9699	C9399	J3490	J3590	J7999
	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

Procedure/ Drug Category	Additional Information	CPT or HCPCS Codes				
Antiemetics	Prior authorization required	J0185	J1453	J1454	J1627	J2469
Bevacizumb		J9035	J3590	J9999	Q5107	Q5118
Bone Density Agents- Oncology and Osteoporosis		J0897	J3111			
Colony Stimulating factors (Short-Acting)	These drugs are subject to step therapy review in addition to medical necessity review	J1442	J1447	J3590	Q5101	Q5110
		C9396	Q5125			
Colony Stimulating factors (Long-Acting)		J2506	J3590	Q5108	Q5111	Q5120
		Q5122				
Erythropoiesis Stimulating Agents (ESA)	*For J0885 authorization is required for Epogen and Procrit	*J0885	Q5106			
Gemcitabine		J9201	J9198			
Gonadotropin Releasing Hormone Analogs-Oncology		J1950	J9217			
Gout Agent		J2507				
Hyaluronic Acid		J7320	J7321	J7322	J7323	J7324
		J7326	J7327	J7329	J7331	J7332
		J7318	J7325	J7328		
Immune Globulins		J1459	J1551	J1554	J1555	J1556
		J1557	J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575	J1599
Infliximab		J1745	Q5104	Q5103	Q5121	
Intravenous Iron Replacement Therapy		J1437	J1439	Q0138		

Intravitreal Vascular Endothelial Growth Factor

Leucovorin/Levoleucovorin

Rituximab

Systemic Lupus Erythematosus Agents

Trastuzumab

J0178	J0179	J2777	J2778	J2779
J3590	Q5124			
J0640	J0641	J0642		
J9311	J9312	Q5115	Q5119	Q5123
J0490	J0491			
J9355	J9356	Q5112	Q5113	Q5114
Q5116	Q5117			

WellMed Florida Prior Authorization Requirements For Part B Injectable Medications Effective April 1, 2023

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 plans¹ require prior authorization in Florida for in-network services:

Orlando, North Florida, NE Florida, South Florida, SW Florida, Tampa, Treasure Coast

H1045-025UnitedHealthcare The Villages Medicare Advantage (HMO) H1045-025
H1045-026AARP Medicare Advantage (HMO-POS)
H1045-028AARP Medicare Advantage (HMO-POS) H1045-028
H1045-030AARP Medicare Advantage (HMO-POS) H1045-030
H1045-031AARP Medicare Advantage (HMO-POS)
H1045-033AARP Medicare Advantage (HMO-POS) H1045-033
H1045-034AARP Medicare Advantage Plan 2 (HMO) H1045-034
H1045-036AARP Medicare Advantage Focus (HMO-POS) H1045-036
H1045-039UnitedHealthcare Dual Complete LP (HMO-POS D-SNP)
H1045-041AARP Medicare Advantage (HMO-POS)
H1045-042AARP Medicare Advantage (HMO-POS) H1045-042
H1045-043AARP Medicare Advantage (HMO-POS) H1045-043
H1045-045AARP Medicare Advantage Focus (HMO-POS) H1045-045
H1045-048-001UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)
H1045-048-002UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)
H1045-048-003UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)
H1045-048-004UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)
H1045-055AARP Medicare Advantage (HMO)
H1889-001AARP Medicare Advantage Choice Plan 2 (Regional PPO)
H1889-002AARP Medicare Advantage Patriot (Regional PPO)
H1889-002-001UnitedHealthcare Dual Complete Choice (PPO D-SNP)
H1889-002-002UnitedHealthcare Dual Complete Choice (PPO D-SNP)
H2406-008AARP Medicare Advantage Choice (PPO)
H2406-009AARP Medicare Advantage Choice (PPO) H2406-009
H2406-010AARP Medicare Advantage Choice (PPO) H2406-010
H2406-011AARP Medicare Advantage Choice (PPO) H2406-011
H2406-012AARP Medicare Advantage Choice (PPO)
H2406-013AARP Medicare Advantage Choice (PPO) H2406-013
H2406-014AARP Medicare Advantage Choice (PPO) H2406-014
H2406-015AARP Medicare Advantage Choice (PPO) H2406-015
H2406-016AARP Medicare Advantage Choice (PPO) H2406-016
H2406-017AARP Medicare Advantage Choice (PPO) H2406-017
H2406-018AARP Medicare Advantage Choice (PPO) H2406-018
H2406-019AARP Medicare Advantage Choice (PPO) H2406-019
R0759-001AARP Medicare Advantage Choice Plan 2 (regional PPO) R0759-001
R0759-002AARP Medicare Advantage Patriot (Regional PPO) R0759-002
R0759-003UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)

Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded benefit plans¹ in Florida:

South Florida:

H1045-001Preferred Choice Dade (HMO) H1045-001
H1045-005Preferred Choice Broward (HMO) H1045-005
H1045-012Preferred Medicare Assist Plan 1 (HMO-DSNP) H1045-012
H1045-018Preferred Special Care Miami-Dade (HMO C-SNP) H1045-018
H1045-037Preferred Choice Palm Beach (HMO) H1045-037
H1045-038Preferred Medicare Assist Palm Beach (HMO D-SNP) H1045-038
H1045-056UnitedHealthcare The Villages Medicare Focus (HMO-POS)
H5420-001Medica HealthCare Plans MedicareMax HMO H5420-001
H5420-003Medica HealthCare Plans MedicareMax HMO H5420-003
H5420-006Medica HealthCare Plans MedicareMax Plus 1 (HMO D-SNP) H5420-006
H5420-014MedicareMax Chronic (HMO C-SNP)

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](https://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
For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): https://eprg.wellmed.net Phone: 1-877-757-4440	For prompt determination, submit ALL EXPEDITE requests using the Web Portal (ePRG): https://eprg.wellmed.net 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.

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

Medicare Part B Medications						
Procedures and Services	Additional Information	CPT or HCPCS Codes				
Antibiotic	Prior Authorization Required	J2406				
Antihyperlipidemic		J1305	J1306			
Asthma Agent		J2356				
Blood Modifiers		J1300	J1303	J0791	J0896	J9332
		J2998				
Colony Stimulating Factor (Short-Acting)		Q5125				
Dermatologic Agent		J7352				
Endocrine-Metabolic		J0225				
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885			
Gastrointestinal Agent		J0223	J0224			
Immunologic Agent		J1823	Q5104	Q5121	J1551	J1554
		J0491	J1302			
Monoclonal Antibody		J2327				
Neurologic & Musculoskeletal Agents		J0222	J0584	J1301	J2326	J3398
		J3399				
Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9699

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Oncologic Agents and Oncologic Supportive Agents	Prior authorization is also	J0185	J9043	J9200	J9268	J9356
	required for ANY newly released	J0640	J9044	J9201	J9269	J9357
	or unassigned Part B drug for	J0641	J9045	J9202	J9270	J9358
	Oncology, Oncology	J0642	J9047	J9203	J9271	J9360
	supportive agents &	J0894	J9050	J9204	J9280	J9370
	Therapeutic	J0897	J9055	J9205	J9281	J9371
	radiopharmaceuticals categories	J1442	J9057	J9206	J9285	J9390
	in addition to the listed codes	J1447	J9060	J9207	J9293	J9395
		J1453	J9065	J9208	J9295	J9400
		J1454	J9070	J9209	J9299	J9600
		J1627	J9098	J9210	J9301	J9999
		J1930	J9100	J9211	J9302	Q2017
		J2353	J9118	J9212	J9303	Q2041
		J2469	J9119	J9213	J9304	Q2042
		J2506	J9120	J9214	J9305	Q2043
		J2820	J9130	J9215	J9306	Q2049
		J9000	J9144	J9216	J9307	Q2050
		J9015	J9145	J9217	J9308	Q5101
		J9017	J9150	J9218	J9309	Q5108
		J9019	J9151	J9223	J9311	Q5110
		J9020	J9153	J9225	J9312	Q5111
		J9022	J9155	J9226	J9313	Q5112
		J9023	J9160	J9228	J9316	Q5113
		J9027	J9165	J9229	J9317	Q5114
		J9030	J9171	J9230	J9318	Q5115
		J9032	J9173	J9245	J9319	Q5116
		J9033	J9175	J9246	J9320	Q5117
		J9034	J9176	J9250	J9325	Q5118
		J9036	J9177	J9260	J9328	Q5119
		J9037	J9178	J9261	J9330	Q5120
		J9039	J9179	J9262	J9340	Q5122
		J9040	J9181	J9263	J9349	Q5123
		J9041	J9185	J9264	J9351	Q2053
	J9042	J9190	J9266	J9352	Q2054	
	J9198	J9267	J9354	J9355	Q2055	
	C9098	J9353	J1950	J9071	J9298	
	J9021	J9061	J9272			
	Prior authorization required	J9035	Q5107			
	ONLY if specialty is NOT					
	Ophthalmologist					

Unclassified Agents	Prior authorization required	C9399	J3490	J3590		
	The following Unclassified Drugs will require prior authorization					
	<ul style="list-style-type: none"> • Danyelza – Chemotherapy • Margenza –Chemotherapy • Vabysmo - Ophthalmic Agent; VEGF Inhibitor • Saphnelo - Immunological Agent • Zynteglo - Autologous stem cell transplant • Skysona- Autologous stem cell transplant • Rolvedon - Colony stimulating factor • Stimufend - Colony stimulating factor • Xenpozyme - Enzyme Replacement Therapy • Spevigo- Monoclonal Antibody IL-23 inhibitor 					
Ophthalmologic agents	Prior authorization required	J0178	J0179	J2778	J2779	J3241
		Q5124	J2777			

Step Therapy						
These drugs are subject to step therapy review in addition to medical necessity review						
Procedures and Services	Additional Information	CPT or HCPCS Codes				
Antiemetics	Prior authorization required	J0185	J1453	J1454	J1627	J2469
Bevacizumb		J9035	J3590	J9999	Q5107	Q5118
Bone Density Agents- Oncology and Osteoporosis		J0897	J3111			
Colony Stimulating factors (Short-Acting)	These drugs are subject to step therapy review in addition to medical necessity review	J1442	J1447	J3590	Q5101	Q5110
		C9396	Q5125			
Colony Stimulating factors (Long-Acting)		J2506	J3590	Q5108	Q5111	Q5120
		Q5122				
Erythropoiesis Stimulating Agents (ESA)	*For J0885 authorization is required for Epogen and Procrit	*J0885	Q5106			
Gemcitabine		J9201	J9198			
Gonadotropin Releasing Hormone Analogs- Oncology		J1950	J9217			
Gout Agent		J2507				
Hyaluronic Acid		J7320	J7321	J7322	J7323	J7324
		J7326	J7327	J7329	J7331	J7332
		J7318	J7325	J7328		

Immune Globulins	J1459	J1551	J1554	J1555	J1556
	J1557	J1558	J1559	J1561	J1566
	J1568	J1569	J1572	J1575	J1599
Infliximab	J1745	Q5104	Q5103	Q5121	
Intravenous Iron Replacement Therapy	J1437	J1439	Q0138		
Intravitreal Vascular Endothelial Growth Factor	J0178	J0179	J2777	J2778	J2779
	J3590	Q5124			
Leucovorin/Levoleucovorin	J0640	J0641	J0642		
Rituximab	J9311	J9312	Q5115	Q5119	Q5123
Systemic Lupus Erythematosus Agents	J0490	J0491			
Trastuzumab	J9355	J9356	Q5112	Q5113	Q5114
	Q5116	Q5117			