

WellMed Texas

Prior Authorizations Requirements

Effective June 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 services.

Included Planes

The following listed plans require prior authorization in Texas for **IN-NETWORK Services**:

Austin

H002– 8037 Humana Gold Plus (HMO)
H002 – 8044 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)

El Paso/New Mexico

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

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 Silver (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 D-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)
R6801 – 009A UnitedHealthcare Medicare Gold (Regional PPO C SNP)
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 – 024C AARP Medicare Advantage Patriot (HMO-POS)
H4527 – 041 UnitedHealthcare Chronic Complete (HMO C-SNP)
R680 – 008C UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R680 – 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)
H002 – 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 D-SNP)
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 – 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 Dual Complete Choice (Regional PPO D-SNP)
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)

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)
R6801 – 008V UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
R6801 – 09V 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 (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 – 030S Humana Gold Plus (HMO)
H0028 – 036S Humana Gold Plus (HMO D-SNP)
H4513 – 061 – 004 Cigna Preferred Medicare (HMO)
H4513 – 061 - 004 Cigna Preferred Medicare (HMO)
R6801-011M Unitedhealthcare Dual Complete Choice (Regional PPO D-SNP)
H4590 - 022 - UnitedHealthcare Dual Complete (HMO D-SNP)
H4513 – 062S Cigna Fundamental Medicare (HMO)H4
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 Claissic 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)

R6801 – 011M UnitedHealthcare Dual Complete Select (PPO 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)
- 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)

Waco

- H4527 – 002W AARP Medicare Advantage (HMO)
- H4527 – 024W AARP Medicare Advantage Patriot (HMO-POS)
- H178 – 004W AARP Medicare Advantage Walgreens (PPO)
- R6801 – 008W UnitedHealthcare Medicare Silver (Regional PPO C-SNP)
- R6801 – 009W UnitedHealthcare Medicare Gold (Regional PPC 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
- H5322 – 025R UnitedHealthcare Dual Complete (HMO D-SNP)
- H1278 – 003 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>Phone: 1-877-757-4440</p> <p>ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review period may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.</p>	<p>Fax: 1-877-757-8885</p> <p>Phone: 1-877-490-8982</p> <p>ONLY send Medical Records associated with an inpatient admission to https://eprg.wellmed.net</p> <p>Or by fax.</p> <p>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>

Additional Services Provided by WellMed

CARE MANAGEMENT

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

Complex Care Management

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 interdisciplinary care team members.

The program involves identifying patients stratified as a population band 5. Patients will receive self-management support, education for self-maintenance linkage to community resources, and maximizing available benefits.

The physician is a part of the plan of care and receives all assessments completed and provided to their patients.

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.)

Transition Care Management

Inpatient Care Managers offer coordination of care to Members in an inpatient setting in person or via phone.

Inpatient Care Manager Provides:

- Navigation of the patient through the healthcare 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

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

INPATIENT ADMISSIONS		
Facilities are responsible for notification of ALL services, even if the coverage approval is on file. Notification is required 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) Subacute admissions	**Prior Authorization required for <u>Houston Membership Plans</u> contact naviHealth to obtain Authorization for Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility (SNF) and Subacute admissions** naviHealth Utilization Management: Fax: 1-844-244-9482 Phone: 1-855-851-1127 Web Portal: https://access.navihealth.com/caseload	Fax: 1-877-757-8885 Phone: 1-877-490-8982 Web Portal (ePRG): https://eprg.wellmed.net
Unplanned Admission	Notification is required Facilities are responsible for notification for ALL services, even if the coverage approval is on file. Notification must be received within 24 hours	Fax: 1-877-757-8885 Phone: 1-877-490-8982

OUT-OF-NETWORK SERVICES		
Procedures and Services	Additional Information	How to obtain Prior Authorization
All out-of-network inpatient and certain outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services, and/or treatments	Prior Authorization may be required for a health care provider, hospital, or physician(s) not contracted with WellMed.	Phone: 1-877-757-4440

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	For specific codes requiring prior authorization, please call the member's health plan at the number on the back of the card and refer to Mental Health and Substance Abuse Services.
Clinical Trials	For specific codes requiring prior authorization, please call the member's health plan at the number on the back of the card for detailed coverage information.

**SURGERIES/PROCEDURES/TESTING
(Inpatient or Outpatient Services)**

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

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		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Electrophysiological Procedures	Prior Authorization Required	93653	93656			
Enhanced External Counter Pulsation (EECP)	Prior Authorization Required	G0166	G0177			
Gender Dysphoria Treatment	Prior Authorization is Required For the Following codes regardless of DX	55970	55980			
	Prior Authorization IS Required For the following codes IF billed With listed DX codes.	F64.0 Z87.890	F64.1	F64.2	F64.8	F64.9
		14000	14001	14041	15734	15738
		15750	15757	15758	15775	15776
		15780	15781	15782	15783	15788
		15789	15792	15793	19303	21899
		31599	31899	53410	53420	53425
		53430	54125	54400	54401	54405
		54408	54520	54660	54690	55175
		55180	55866	56625	56800	56805
		57106	57110	57291	57292	57295
		57296	57335	57426	58661	58720
		58940	64856	64892	64896	92507
		92508				
Hyperbaric Oxygen	Prior Authorization Required	99183	99184	G0277		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Implantable Pain Pump	Prior Authorization Required	22100	22101	22102	22103	22110
Neurostimulators		22112	22114	22116	22206	22207
Implantation of a device that sends		22208	22210	22212	22214	22216
Electrical impulses		22220	22222	22224	22226	22510
		22511	22512	22513	22514*	22515
		22532	22533	22534	22548	22551
Orthopedic Surgeries	Prior Authorization Required	22552	22554	22556	22558	22585
Spine and Joint Surgeries		22586	22590	22595	22600	22610
	CPT 22514* is subject to the Site of	22612	22614	22630	22632	22633
	Service Review in addition to	22634	22800	22802	22804	22808
	Medical Necessity Review	22810	22812	22818	22819	22830
		22840	22841	22842	22843	22844
		22845	22846	22847	22848	22849
		22850	22852	22853	22854	22855
		22856	22857	22858	22859	22861
		22862	22864	22865	22867	22868
		22869	22870	22899	23470	23472
		24360	24361	24362	24363	27120
		27122	27125	27130	27132	27134
		27137	27138	27279	27280	27412
		27445	27446	27447	27486	27487
		29866	29867	29868	29914	29915
		29916	64850	61860	61863	61864
		61867	61868	61885	61886	62287
		62324	62325	62326	62327	62350
		62351	62355	62360	62361	62362
		62365	62367	62368	62380	63001
		63003	63005	63011	63012	63015
		63016	63017	63020	63030	63035
		63040	63042	63043	63044	63045
		63046	63047	63048	63050	63051
		63055	63056	63057	63064	63066
		63075	63075	63076	63077	63078
		63081	63082	63085	63086	63087
		63088	63090	63091	63101	63102
		63170	63172	63173	63182	63185
		63172	63173	63182	63185	63190
		63191	63194	63195	63196	63197
		63198	63199	63200	63250	63251
		63252	63266	63267	63268	63270
		63271	63272	63273	63275	63276

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Implantable Pain Pump	Prior Authorization Required	63277	63278	63280	63281	63283
Neurostimulators Cont'd		63285	63286	63287	63295	63300
Implantation of a device that sends Electrical Impulses		63301	63302	63303	63304	63305
		63306	63307	63308	63650	63655
		63661	63662	63663	63664	63685
		64553	64555	64561	64566	64568
Orthopedic Surgeries Cont'd	Prior Authorization Required	64569	64570	64575	64580	64581
Spine and Joint Surgeries		64585	64590	64595	64722	64999
		95990	95991	0201T	0587T	0588T
		J7330	L8679			
Molecular Diagnostic / Genetic Testing	Prior Authorization Required	81120	81121	81165	81166	81167
		81215	81216	81217	81225	81226
		81227	81228	81229	81230	81231
		81230	81231	81232	81240	81241
		81242	81247	81291	81302	81321
		81335	81404	84999	87999	
Molecular Diagnostic / Genetic Testing Reviewed by Oncogenic Specialty Team	Prior Authorization Required (Codes with an asterisk* are for internal purposes) The provider submission process is the Same for these codes listed in this section and will be reviewed by the Oncogenic Specialty Team	*0005U	*0012M	*0013M	*0018U	*0026U
		*0034U	*0037U	*0047U	*0089U	*0090U
		*0102U	*0239U	*0242U	*0244U	*0245U
		*0326U	*0334U	*0340U	*81162	*81175
		*81201	*81202	*81292	*81293	*81295
		*81298	*81314	*81317	*81347	*81348
		*81357	*81360	*81405	*81406	*81407
		*81408	*81432	*81433	*81435	*81436
		*81437	*81445	*81450	*81455	*81479
		*81518	*81519	*81521	*81525	*81539
		*81540	*81541	*81542	*81551	*81599
Oral-maxillofacial / TMJ Surgery/ Orthognathic Surgery	Prior Authorization Required	21085	21089	21120	21121	21122
Treatment of Maxillofacial (jaw) Functional impairment	CPT 21210* is subject to the Site of Service Review in addition to Medical Necessity Review	21123	21125	21127	21141	21142
		21143	21145	21146	21147	21150
		21151	21154	21155	21159	21160
		21188	21193	21194	21195	21196
		21198	21199	21206	21210*	21215
		21240	21242	21244	21245	21246
		21247				
Other Codes not listed in any of the Categories, 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 Breast Reconstruction	Prior Authorization NOT Required If surgical codes listed are billed With Breast Cancer DX Codes	11920	11921	11922	19316	19318	
		19325	19328	19330	19340	19342	
		19350	19357	19361	19364	19367	
		19368	19369	19370	19371	19380	
		19396	19499	L8600			
		Breast Reconstruction (Non – Mastectomy)					
		Reconstruction of the breast Except when following a Mastectomy	C50.011	C50.012	C50.019	C50.021	C50.022
			C50.029	C50.111	C50.112	C50.119	C50.121
			C50.122	C50.129	C50.211	C50.212	C50.219
			C50.221	C50.222	C50.229	C50.311	C50.312
	C50.319	C50.321	C50.322	C50.329	C50.411		
	C50.412	C50.419	C50.421	C50.422	C50.429		
	C50.511	C50.512	C50.519	C50.521	C50.522		
	C50.529	C50.611	C50.612	C50.619	C50.621		
	C50.622	C50.629	C50.811	C50.812	C50.819		
	C50.821	C50.822	C50.829	C50.911	C50.912		
	C50.919	C50.921	C50.922	C50.929	C79.81		
	D05.00	D05.01	D05.02	D05.10	D05.11		
	D05.12	D05.80	D05.81	D05.82	D05.90		
	D05.91	D05.92	Z42.1	Z85.3	Z90.10		
	D90.11	Z90.12	Z90.13				
Plastic, Reconstructive or Cosmetic Procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring Physiological function to include procedures that treat a Medical Condition.	Prior Authorization Required	11960	11971	17106	17107	17108	
		17999	21172	21175	21179	21180	
		21181	21182	21183	21184	21230	
		21235	21248	21249	21255	21256	
		21260	21261	21263	21267	21268	
		21275	21299	21740	21742	21743	
		28344	30540	30545	30560	30620	
		30999	31295	31296	31297	31298	
		40799	67909	67912	67950	67961	
		67966	67999	69399	92700	96999	
	Q2026						
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior Authorization IS required for Codes listed. Codes are subject to Site of Service review in addition to Medical Necessity	15820	15821	15822	15823	15830	
		15847	30400	30410	30420	30430	
		30435	30450	30460	30462	30465	
		67900	67901	67902	67903	67904	
		67906	67908				

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Site of Service Ophthalmology	Prior Authorization IS Required ONLY if services are rendered in a Hospital Outpatient Setting	65426	65730	65855	66170	66761
		66821	66985	66984	67311	67312
Site of Service	Prior Authorization IS Required ONLY if services are rendered in a Hospital Outpatient Setting	14040	14060	14301	15100	15120
		15220	15240	15260	15877	19125
		20912	23430	23615	23630	24515
		24516	24665	24666	25545	25605
		25606	25607	25608	25609	26055
		26123	28120	28285	28288	28291
		28296	29823	29824	29827	29828
		29848	29870	29874	29875	29876
		29877	29879	29880	29881	29888
		30520	36474	36476	36479	36482
		36483	49505	49521	49525	49550
		49553	49570	49572	49585	49587
		49650	49651	49652	49653	49654
		49655	52000	52001	52005	52007
		52204	52214	52224	52234	52235
52275	52276	52281	52282	52285		
52287	52300	52310	52315	52320		
52325	67911					
Venous Procedures	Prior Authorization Required	36465	36466	37700	37718	37722
		37765	37766	37780		
	Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior Authorization IS required for Codes listed. Codes are subject to Site of Service review in addition to Medical Necessity	36473	36475	36478	
Ventricular Assist Devices (VAD)	Prior Authorization Required	33927	33928	33929	33975	33976
		33979	33981	33982	33983	
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal Blood flow.						

RADIATION TREATMENT

Procedures and Services	Additional Information	CPT or HCPCS Codes				
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, CTA, MRI, MRA, Nuclear Medicine & PRT Scans

Additional Information	CPT or HCPCS Codes				
Prior Authorization Required for:	70336	70450	70460	70470	70480
TX Members from Austin, Corpus Christi, DFW, El Paso,	70481	70482	70486	70487	70488
Rio Grande Valley, San Antonio, and West Texas Markets	70490	70491	70492	70496	70498
*Excluding El Paso/New México AARP Medicare Advantage Choice (PPO)	70540	70542	70543	70544	70545
• Contact eviCore for Prior Authorization:	70546	70547	70548	70549	70551
Phone: 1-888-693-3211 or Portal: https://myportal.medsolutions.com/	70552	70553	70554	70555	71250
	71260	71270	71271	71275	71550
TX HUMANA Members from Austin, Corpus Christi, DFW, El Paso,	71551	71552	71555	72125	72126
Rio Grande Valley, and San Antonio *(Humana Gold Plus, Humana Gold	72127	72128	72129	72130	72131
Plus SNP-DE, Humana Choice Medicare Advantage PPO, Humana	72132	72133	72141	72142	72146
Choice Regional PPO)	72147	72148	72149	72156	72157
• Follow the WellMed Prior Authorization Request Process.	72158	72159	72191	72192	72193
	72194	72195	72196	72197	72198
Prior Authorization Required for:	73200	73201	73202	73206	73218
TX UNITED Members from El Paso/New Mexico AARP Medicare	73219	73220	73221	73222	73223
Advantage Choice PPO, Houston, and Waco	73225	73700	73701	73702	73706
• Contact eviCore for Prior Authorization:	73718	73719	73720	73721	73722
Phone: 1-855-252-1120 or Portal: https://myportal.medsolutions.com/	73723	73725	74150	74160	74170
	74174	74175	74176	74177	74178
	74181	74182	74183	74185	74261
	74262	74712	74713	75557	75559
	75561	75563	75565	75571	75572
	75573	75574	75635	76380	76391
	76497	76498	77021	77022	77046

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

Procedures and Services	Additional Information	CPT or HCPCS Codes				
		77047	77048	77049	77078	77084
		78012	78013	78014	78015	78016
		78018	78020	78070	78071	78072
		78072	78075	78102	78103	78104
		78140	78185	78195	78201	78202
		78215	78216	78226	78227	78230
		78231	78232	78258	78261	78262
		78264	78265	78266	78278	78282
		78290	78219	78306	78315	78414
		78428	78434	78445	78456	78457
		78458	78459	78466	78468	78469
		78472	78473	78481	78491	78492
		78499	78579	78580	78582	78597
		78598	78600	78601	78605	78606
		78608	78610	78630	78635	78645
		78650	78660	78699	78707	78708
		78709	78725	78730	78740	78761
		78800	78801	78802	78803	78804
		78811	78812	78813	78814	78815
		78816	78832	0042T	0609T	0610T
		0611T	0612T	0623T	0624T	0625T
		0626T	0633T	0634T	0635T	0636T
		0637T	0638T	0648T	0649T	0710T
		0711T	0712T	0713T	C8900	C8901
		C8902	C8909	C8910	C8911	C8914
		C8918	C8919	C8920	C8931	C8932
		C8933	C8934	C8935	C8936	

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

DURABLE MEDICAL EQUIPMENT (DME)
 (For Prosthetics, see Orthotics and Prosthetics)

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Durable Medical Equipment (DME)	Prior Authorization Required REGARDLESS of Cost	A9999	E0147	E0170	E0193	E0194
		E0217	E0246	E0265	E0266	E0277
		E0290	E0291	E0292	E0293	E0294
		E0296	E0297	E0300	E0301	E0302
		E0303	E0304	E0316	E0328	E0329
		E0350	E0373	E0459	E0462	E0465
		E0466	E0467	E0470	E0471	E0472
		E0482	E0483	E0485	E0603	E0616
		E0617	E0618	E0635	E0636	E0639
		E0640	E0651	E0652	E0656	E0667
		E0668	E0669	E0670	E0671	E0672
		E0673	E0675	E0692	E0693	E0694
		E0700	E0710	E0740	E0745	E0746
		E0747	E0748	E0749	E0760	E0761
		E0764	E0770	E0779	E0782	E0783
		E0784	E0785	E0786	E0830	E0935
		E0953	E0954	E0960	E0966	E0970
		E0973	E0983	E0984	E0986	E0988
		E0992	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009	E1010
		E1011	E1012	E1016	E1017	E1008
		E1009	E1010	E1011	E1012	E1016
		E1017	E1018	E1020	E1029	E1030
		E1035	E1036	E1037	E1050	E1070
		E1084	E1085	E1086	E1087	E1089
		E1100	E1110	E1150	E1160	E1161
		E1170	E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1222	E1224
		E1227	E1228	E1229	E1230	E1231
		E1232	E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1270	E1280
		E1295	E1296	E1297	E1298	E1310
		E1399	E1812	E1840	E1841	E2100
E2201	E2202	E2203	E2204	E2228		
E2300	E2301	E2310	E2311	E2312		
E2313	E2321	E2322	E2325	E2327		
E2328	E2329	E2330	E2231	E2340		
E2341	E2342	E2343	E2351	E2358		
E2359	E2360	E2361	E2362	E2363		
E2364	E2366	E2367	E2373	E2376		
E2377	E2394	E2397	E2500	E2504		

DURABLE MEDICAL EQUIPMENT (DME) Cont'd						
Procedures and Services	Additional Information	CPT or HCPCS Codes				
Durable Medical Equipment (DME) Cont'd	Prior Authorization Required REGARDLESS of Cost	E2506	E2508	E2510	E2603	E2604
		E2606	E2607	E2608	E2609	E2612
		E2613	E2614	E2615	E2616	E2617
		E2619	E2620	E2621	E2622	E2623
		E2624	E2625	E2626	E2627	E2628
		E2629	E2630	E2631	E2632	K0005
		K0010	K0011	K0012	K0013	K0014
		K0020	K0037	K0039	K0040	K0041
		K0044	K0046	K0047	K0050	K0051
		K0053	K0056	K0065	K0072	K0073
		K0098	K0105	K0108	K0455	K0606
		K0607	K0608	K0609	K0672	K0730
		K0733	K0744	K0745	K0746	K0800
		K0801	K0802	K0806	K0807	K0808
		K0812	K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828	K0829
		K0830	K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861	K0862
		K0863	K0864	K0869	K0870	K0871
		K0877	K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891	K0898
K0899	K0900					

Negative Pressure Wound Therapy

E2402

ORTHOTICS AND PROSTHETICS						
Procedures and Services	Additional Information	CPT or HCPCS Codes				
Ankle Foot Orthosis – AFO	Prior Authorization Required REGARDLESS of Cost	L1904	L1907	L1920	L1932	L1940
		L1945	L1950	L1951	L1960	L1970
		L1971	L1980	L1990		

Breast Prosthesis

L8035 L8039

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Face, Cornea, Ear, Larynx, Trachea Prosthetics & Accessories	Prior Authorization Required	L8041	L8042	L8043	L8044	L8045
	REGARDLESS of Cost	L8046	L8047	L8049	L8505	L8609
Hip Orthosis	Prior Authorization Required	L1630	L1640	L1680	L1685	L1690
	REGARDLESS of Cost	L1700	L1710	L1720	L1730	L1755
Knee Ankle Foot Orthosis (KAFO)	Prior Authorization Required	L2000	L2005	L2010	L2020	L2030
	REGARDLESS of Cost	L2034	L2036	L2037	L2038	L2040
		L2050	L2060	L2070	L2080	L2090
		L2106	L2108	L2126	L2128	L2132
		L2134	L2136			
Knee Orthosis	Prior Authorization Required	L1834	L1840	L1843	L1844	L1845
	REGARDLESS of Cost	L1846	L1851	L1852	L1860	
Lower Limb Prosthetics	Prior Authorization Required	L5010	L5020	L5050	L5060	L5100
	REGARDLESS of Cost	L5105	L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505	L5510
		L5520	L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590	L5595
		L5600	L5610	L5611	L5613	L5614
		L5616	L5620	L5622	L5624	L5626
		L5628	L5629	L5630	L5631	L5637
		L5638	L5639	L5640	L5642	L5643
		L5644	L5645	L5646	L5647	L5648
		L5649	L5650	L5651	L5652	L5653
		L5654	L5655	L5661	L5665	L5668
		L5670	L5671	L5672	L5673	L5676
		L5677	L5678	L5679	L5680	L5681
		L5682	L5683	L5684	L5686	L5688
		L5690	L5699	L5700	L5701	L5702
		L5703	L5704	L5705	L5706	L5707
		L5711	L5712	L5714	L5716	L5718
		L5722	L5724	L5726	L5728	L5780
	L5781	L5782	L5785	L5790	L5795	
	L5810	L5811	L5812	L5814	L5816	
	L5818	L5822	L5824	L5826	L5828	
	L5830	L5840	L5848	L5850	L5856	
	L5857	L5858	L5859	L5910	L5920	
	L5925	L5930	L5940	L5950	L5960	

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Lower Limb Prosthetics Cont'd	Prior Authorization Required REGARDLESS of Cost	L5961	L5962	L5964	L5966	L5968
		L5972	L5973	L5974	L5975	L5976
		L5978	L5979	L5980	L5981	L5982
		L5984	L5985	L5986	L5987	L5988
		L5990	L5999	L7510	L7520	
Miscellaneous Orthotics and Prosthetics	Prior Authorization Required REGARDLESS of Cost	L8499	L8604	L8699		
Orthopedic Shoes	Prior Authorization Required REGARDLESS of Cost	L3160	L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215	L3250
		L3251	L3252	L3253	L3254	L3255
		L3257	L3265	L3320	L3485	L3649
Orthotic Add On Codes	Prior Authorization Required REGARDLESS of Cost	L2200	L2210	L2220	L2230	L2232
		L2240	L2250	L2330	L2260	L2270
		L2275	L2280	L2320	L2340	L2350
		L2387	L2415	L2425	L2520	L2525
		L2526	L2530	L2550	L2627	L2628
		L2755	L2780	L2795	L2800	L2810
		L2820	L2830	L2840	L2861	L2999
	L9900					
Orthotic Repair	Prior Authorization Required REGARDLESS of Cost	L4000	L4020	L4030	L4040	L4045
		L4050	L4055	L4631		
Scoliosis	Prior Authorization Required REGARDLESS of Cost	L1000	L1001	L1005	L1200	L1300
		L1310	L1499			
Spinal Orthosis	Prior Authorization Required REGARDLESS of Cost	L0012	L0140	L0150	L0170	L0200
		L0220	L0452	L0456	L0457	L0460
		L0462	L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622	L0623
		L0624	L0629	L0631	L0632	L0634
		L0636	L0637	L0638	L0640	L0648
		L0650	L0651	L0700	L0710	L0810
		L0820	L0830	L0859	L0999	

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Upper Limb Prosthetics	Prior Authorization Required REGARDLESS of Cost	L6000	L6010	L6020	L6026	L6050
		L6055	L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370	L6380
		L6382	L6384	L6386	L6388	L6400
		L6450	L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6625	L6628
		L6637	L6638	L6646	L6647	L6648
		L6686	L6687	L6688	L6689	L6690
		L6691	L6692	L6693	L6694	L6695
		L6696	L6697	L6698	L6704	L6707
		L6708	L6709	L6711	L6712	L6713
		L6714	L6715	L6721	L6722	L6880
		L6881	L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935	L6940
		L6945	L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185	L7186
L7190	L7191	L7259	L7404	L7405		
L7499						
Upper Extremity Orthosis	Prior Authorization Required REGARDLESS of Cost	L3671	L3674	L3720	L3730	L3740
		L3764	L3765	L3766	L3891	L3900
		L3901	L3904	L3905	L3921	L3956
		L3961	L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L8701	L8072

ANCILLARY/SPECIALTY SERVICES

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Transplant Evaluation and Program	Prior Authorization Required	32850	32851	32852	32853	32854
		32855	32856	33930	33933	33935
		33940	33944	33945	38208	38209
		38210	38212	38213	38214	38215
		38232	38240	38241	38242	44132
		44133	44135	44136	44137	44715
		44720	44721	47133	47135	47140
		47141	47142	47143	47144	47145
		47146	47147	48550	48551	48552
		48554	50300	50320	50323	50325
		50340	50360	50365	50370	50380
		50547	0537T	0538T	0539T	0540T
		Q2041	Q2042	S2060	S2061	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 Therapy Home Health Aide	Prior Authorization Required	94005	97605	97606	B4185	G0129
		G0151	G0152	G0153	G0155	G0156
		G0157	G0158	G0159	G0160	G0161
		G0162	G0299	G0300	G0409	G0493
		G0494	G0495	G0496		

TRANSPORTATION

Procedures and Services	Additional Information	CPT or HCPCS Codes			
Non-Emergency Air Transport Non-urgent Ambulance Transportation by air between Specified locations	Prior Authorization Required	A0430	A0431	A0435	A0436
Routine Transportation Non-emergency transport by Ground Ambulance	Prior Authorization Required	A0426	A0428		

SLEEP STUDIES AND TREATMENT

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Facility-Based Sleep Studies	Prior Authorization Required	95782	95783	95805	95807	95808
	*Authorization is NOT required	95810	95811			
	For studies performed at <u>HOME</u> *					
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

Procedures and Services	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 \$1000 or more per dose, will Require Prior Authorization. Additionally, any newly assigned Code that 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	As Unclassified Requires Prior Authorization when	J1305	J1306			
Antimicrobials	Assigned a permanent code.	J0875	J0878	J2407		
Antimigraine Agents		J3032				
Asthma Agents		J0517	J2182	J2357	J2356	J2786
Blood Modifiers		J0256	J0791	J0896	J1300	J1303
		J2796	J2998	J9332		
Botulinum Toxins A & B		J0585	J0586	J0587	J0588	
Botox Injections						

MEDICARE PART B MEDICATIONS Cont'd

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Colony Stimulating Factor (Short-Acting)	Prior Authorization Required	Q5125				
Dermatologic Agent		J7352				
Endocrine-Metabolic		J0225				
Enzymes		J0180 J3385	J0221	J0775	J1786	J2840
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885	J0888	Q5106	
Gastrointestinal Agents		J0223	J0224			
Hyaluronic Acid		J7318 J7324 J7329	J7320 J7325 J7331	J7321 J7326 J7332	J7322 J7327	J7323 J7328
Immune Globulins (IVIG/SCIG)		J1459 J1561 J1575	J1555 J156 J1599	J1556 J1568 J7504	J1557 J1569 J7511	J1558 J1572
Immunologic Agents		J0129 J0491 J0717 J1628 J2507 Q5103	J0202 J0565 J1302 J1745 J3262 Q5104	J0480 J0596 J1551 J1823 J3357 Q5109	J0485 J0597 J1554 J2323 J3358 Q5121	J0490 J0598 J1602 J2350 J3380
Iron Supplements		J1437	J1439	Q0138		
Monoclonal Antibody		J2327				
Neurologic & Musculoskeletal Agents		J0222 J3398	J0584 J3399	J1301	J1428	J2326
Ophthalmic Agents		J0178 J3241 J7314	J0179 J3396 J7316	J2777 J7311 Q5124	J2778 J7312	J2779 J7313
Osteoporosis		J0897	J3111			

MEDICARE PART B MEDICATIONS cont'd

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Pulmonary Hypertension	Prior Authorization Required	J1325	J3285	J7686	Q4074	
Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9699
Oncologic Agents and Oncologic Supportive Agents	Prior Authorization Required	J0185	J0640	J0641	J0642	J0894
		J0897	J1190	J1442	J1447	J1453
	In addition to the listed codes,	J1454	J1627	J1930	J1951	J2353
	Any Part B Drug with a cost of	J2469	J2506	J2783	J2820	J9000
	\$1000 or more per dose, will	J9015	J9017	J9019	J9020	J9022
	Require Prior Authorization.	J9023	J9025	J9027	J9030	J9032
	Additionally, any newly assigned	J9033	J9034	J9036	J9037	J9039
	Code that was previously listed	J9040	J9041	J9042	J9043	J9044
	As Unclassified Requires	J9045	J9047	J9050	J9055	J9057
	Prior Authorization when	J9060	J9065	J9070	J9098	J9100
	Assigned a permanent code.	J9118	J9119	J9120	J9130	J9144
		J9145	J9150	J9151	J9153	J9155
		J9160	J9165	J9171	J9173	J9175
		J9176	J9177	J9178	J9179	J9181
		J9185	J9190	J9198	J9200	J9201
		J9202	J9203	J9204	J9205	J9206
		J9207	J9208	J9209	J9210	J9211
		J9212	J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9225	J9226
		J9227	J9228	J9229	J9230	J9245
		J9246	J9250	J9260	J9261	J9262
		J9263	J9264	J9266	J9267	J9268
		J9269	J9270	J9271	J9280	J9281
		J9285	J9293	J9295	J9301	J9302
		J9303	J9304	J9305	J9306	J9307
		J9308	J9309	J9311	J9312	J9313
		J9316	J9317	J9318	J9319	J9320
		J9325	J9328	J9330	J9340	J9349
		J9351	J9352	J9354	J9355	J9356
		J9358	J9360	J9370	J9371	J9390
		J9395	J9400	J9600	J9999	Q2017
		Q2041	Q2042	Q2043	Q2049	Q2050
		Q5101	Q5108	Q5110	Q5111	Q5112
		Q5113	Q5114	Q5115	Q5116	Q5117
		Q5118	Q5119	Q5120	Q5122	Q5123
	Prior Authorization Required	J9035	Q5107			
	ONLY if Provider Specialty is					
	NOT Ophthalmology					

MEDICARE PART B MEDICATIONS cont'd

Procedures and Services	Additional Information	CPT or HCPCS Codes				
-------------------------	------------------------	--------------------	--	--	--	--

Osteoporosis	Prior Authorization Required	J0897	J3111			
---------------------	------------------------------	-------	-------	--	--	--

Pulmonary Hypertension		J1325	J3285	J7686	Q4074	
-------------------------------	--	-------	-------	-------	-------	--

Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9699
---	--	-------	-------	-------	-------	-------

Oncologic Agents and Oncologic Supportive Agents		J0185	J0640	J0641	J0642	J0894
		J0897	J1190	J1442	J1447	J1453
		J1454	J1627	J1930	J1951	J2353
		J2469	J2506	J2783	J2820	J9000
		J9015	J9017	J9019	J9020	J9022
		J9023	J9025	J9027	J9030	J9032
		J9033	J9034	J9036	J9037	J9039
		J9040	J9041	J9042	J9043	J9044
		J9045	J9047	J9050	J9055	J9057
		J9060	J9065	J9070	J9098	J9100
		J9118	J9119	J9120	J9130	J9144
		J9145	J9150	J9151	J9153	J9155
		J9160	J9165	J9171	J9173	J9175
		J9176	J9177	J9178	J9179	J9181
		J9185	J9190	J9198	J9200	J9201
		J9202	J9203	J9204	J9205	J9206
		J9207	J9208	J9209	J9210	J9211
		J9212	J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9225	J9226
		J9227	J9228	J9229	J9230	J9245
	J9246	J9250	J9260	J9261	J9262	
	J9263	J9264	J9266	J9267	J9268	
	J9269	J9270	J9271	J9280	J9281	
	J9285	J9293	J9295	J9301	J9302	

Unclassified Agents	Prior Authorization Required	A9699	C9399	J3490	J3590	J7999
----------------------------	------------------------------	-------	-------	-------	-------	-------

In addition to the listed codes, Any Part B Drug with a cost of \$1000 or more per dose, will Require Prior Authorization. Additionally, any newly assigned Code that was previously listed **As Unclassified Requires** Prior Authorization when Assigned a permanent code.



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
Colony Stimulating Agents		J1442	J1447	J2506	Q5101	Q5108
		Q5110	Q5111	Q5120	Q5121	Q5122
Erythropoiesis Stimulating Agents (ESA)		J0885	Q5106			
Hyaluronic Acid		J7318	J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327	J7328
		J7329	J7331	J7332		
Immunologic Agent		J1745	Q5103	Q5104	Q5121	
Ophthalmologic Agents		J0178	J0179	J2778	J2779	Q5124
Oncologic Agents and Oncologic Supportive Agents		J0640	J0641	J0642	J9035	J9198
		J9201	J9311	J9312	J9355	J9356
		Q5107	Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119	Q5123

WellMed Florida/Georgia Prior Authorizations Requirements

Part B Injectable Medications

Effective May 1, 2023

General Information

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

Included Planes

The following listed plans¹ require prior authorization in Florida/Georgia for **IN-NETWORK** services:

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

H1045 – 025 UnitedHealthcare The Villages Medicare Advantage (HMO)	H1889 – 001 AARP Medicare Advantage Choice Plan 2 (Regional PPO)
H1045 – 026 AARP Medicare Advantage (HMO-POS)	H1889 – 002 AARP Medicare Advantage Patriot (Regional PPO)
H1045 – 028 AARP Medicare Advantage (HMO-POS)	H1889 – 002 – 001 UnitedHealthcare Dual Complete Choice (PPO D-SNP)
H1045 – 030 AARP Medicare Advantage (HMO-POS)	H1889 – 002 – 002 UnitedHealthcare Dual Complete Choice (PPO D-SNP)
H1045 – 031 AARP Medicare Advantage (HMO-POS)	H2406 – 008 AARP Medicare Advantage Choice (PPO)
H1045 – 033 AARP Medicare Advantage (HMO-POS)	H2406 – 009 AARP Medicare Advantage Choice (PPO)
H1045 – 034 AARP Medicare Advantage Plan 2 (HMO)	H2406 – 010 AARP Medicare Advantage Choice (PPO)
H1045 – 036 AARP Medicare Advantage Focus (HMO-POS)	H2406 – 011 AARP Medicare Advantage Choice (PPO)
H1045 – 039 UnitedHealthcare Dual Complete LP (HMO-POS D-SNP)	H2406 – 012 AARP Medicare Advantage Choice (PPO)
H1045 – 041 AARP Medicare Advantage (HMO-POS)	H2406 – 013 AARP Medicare Advantage Choice (PPO)
H1045 – 042 AARP Medicare Advantage (HMO-POS)	H2406 – 014 AARP Medicare Advantage Choice (PPO)
H1045 – 043 AARP Medicare Advantage (HMO-POS)	H2406 – 015 AARP Medicare Advantage Choice (PPO)
H1045 – 045 AARP Medicare Advantage Focus (HMO-POS)	H2406 – 016 AARP Medicare Advantage Choice (PPO)
H1045 – 048 – 001 UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)	H2406 – 017 AARP Medicare Advantage Choice (PPO)
H1045 – 048 – 002 UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)	H2406 – 018 AARP Medicare Advantage Choice (PPO)
H1045 – 048 – 003 UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)	H2406 – 019 AARP Medicare Advantage Choice (PPO)
H1045 – 048 – 004 UnitedHealthcare Medicare Advantage Walgreens (HMO POS C-SNP)	R0759 – 001 AARP Medicare Advantage Choice Plan 2 (regional PPO)
H1045 – 055 AARP Medicare Advantage (HMO)	R0759 – 002 AARP Medicare Advantage Patriot (Regional PPO)
H1045 – 056 UnitedHealthcare The Villages Medicare Focus (HMO-POS)	R0759 – 003 UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)

Georgia

H1111 – 011 AARP Medicare Advantage Walgreens (HMO-POS)	H8748 – 009 AARP Medicare Advantage Plus Plan 2 (HMO-POS)
H6528 – 006 UnitedHealthcare Medicare Advantage Choice Plan 1 (PPO)	H8748 – 026 UnitedHealthcare Medicare Advantage Walmart Flex (HMO-POS)
H6528 – 041 AARP Medicare Advantage Choice Rebate (PPO)	R2604 – 001 UnitedHealthcare Medicare Advantage Choice (Regional PPO)
H8748 – 008 AARP Medicare Advantage Plus Plan 1 (HMO-POS)	R2604 – 005 UnitedHealthcare Medicare Advantage Patriot (Regional PPO)

Excluded Plans

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

South Florida

H1045 – 001 Preferred Choice Dade (HMO)	H1045 – 038 Preferred Medicare Assist Palm Beach (HMO D-SNP)
H1045 – 005 Preferred Choice Broward (HMO)	H5420 – 001 Medica HealthCare Plans MedicareMax (HMO)
H1045 – 012 Preferred Medicare Assist Plan 1 (HMO-DSNP)	H5420 – 003 Medica HealthCare Plans MedicareMax (HMO)
H1045 – 018 Preferred Special Care Miami-Dade (HMO C-SNP)	H5420 – 006 Medica HealthCare Plans MedicareMax Plus 1 (HMO D-SNP)
H1045 – 037 Preferred Choice Palm Beach (HMO)	H5420 – 014 MedicareMax 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://www.uhcprovider.com)

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

Members must utilize a contracted provider for all non-emergent services unless the non-contracted provider has obtained prior authorization prior to rendering services.

How to submit a request?

Standard	Expedited
For prompt determination, submit ALL STANDARD requests via Web Portal (ePRG): https://eprg.wellmed.net Or by Phone: 1-877-757-4440	For prompt determination, submit ALL EXPEDITED requests via Web Portal (ePRG): https://eprg.wellmed.net Or by Phone: 1-877-757-4440 ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review period 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		J0791	J0896	J1300	J1303 J2998
		J9332			
Colony Stimulating Factor (Short Acting)		Q5125			
Dermatologic Agent		J7352			
Endocrine – Metabolic		J0225			
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885		
Gastrointestinal Agent		J0223	J0224		
Immunologic Agent		J0491	J1302	J1551	J1554 J1823
		Q5104	Q5121		
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 & Oncologic Supportive Agents	Prior Authorization is required	C9098	J0185	J0640	J0641	J0642
	For ANY newly released or	J0894	J0897	J1442	J1447	J1453
	Unassigned Part B Drugs for	J1454	J1627	J1930	J1950	J2353
	Oncology, Oncology	J2469	J2506	J2820	J9000	J9015
	Supportive Agents &	J9017	J9019	J9020	J9021	J9022
	Therapeutic Radiopharmaceutical	J9023	J9025	J9027	J9030	J9032
	Categories, in addition to the	J9033	J9034	J9036	J9037	J9039
	Codes listed.	J9040	J9041	J9042	J9043	J9044
		J9045	J9047	J9050	J9055	J9057
		J9060	J9061	J9065	J9070	J9071
		J9098	J9100	J9118	J9119	J9120
		J9130	J9144	J9145	J9150	J9151
		J9153	J9155	J9160	J9165	J9171
		J9173	J9175	J9176	J9177	J9178
		J9179	J9181	J9185	J9190	J9198
		J9200	J9201	J9202	J9203	J9204
		J9205	J9206	J9207	J9208	J9209
		J9210	J9211	J9212	J9213	J9214
		J9215	J9216	J9217	J9218	J9223
		J9225	J9226	J9228	J9229	J9230
		J9245	J9246	J9250	J9260	J9261
		J9262	J9263	J9264	J9266	J9267
		J9268	J9269	J9270	J9271	J9272
		J9280	J9281	J9285	J9293	J9295
		J9298	J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313	J9316
		J9317	J9318	J9319	J9320	J9325
		J9328	J9330	J9340	J9349	J9351
		J9352	J9353	J9354	J9355	J9356
		J9357	J9358	J9360	J9370	J9371
		J9390	J9395	J9400	J9600	J9999
	Q2017	Q2041	Q2042	Q2043	Q2049	
	Q2050	Q2053	Q2054	Q2055	Q5101	
	Q5108	Q5110	Q5111	Q5112	Q5113	
	Q5114	Q5115	Q5116	Q5117		
	Prior Authorization Required	J9035	Q5107			
	ONLY if the Specialty is NOT					
	Ophthalmologist.					

Procedures and Services	Additional Information	CPT or HCPCS Codes		
-------------------------	------------------------	--------------------	--	--

Unclassified Agents

Prior Authorization Required

C9399

J3490

J3590

The following Unclassified Drugs

Will require Prior Authorization:

- Danyelza – Chemotherapy
- Margenza – Chemotherapy
- Vabysmo – Ophthalmic Agents; VEGF Inhibitor
- Saphnelo – Immunological Agent
- Ryplazim – Blood Modifier Agent
- Zynteglo – Autologous Stem Cell Transplant
- Skyrizi – Monoclonal Antibody IL – 23 Inhibitor
- 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

J2777

J2778

J2779

J3241

Q5124

Step Therapy

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

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Antiemetics	Prior Authorization Required	J0185	J1453	J1454	J1627	J2469
Bevacizumab		J3590	J9035	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	C9396 Q5110	J1442 Q5125	J1447	J3590	Q5101
Colony Stimulating Factors (Long-Acting)		J2506 Q5122	J3590	Q5108	Q5111	Q5120
Erythropoiesis Stimulating Agents (ESA)	CPT J0885* Authorization is Required for Epogen & Procrit	J0885*	Q5106			
Gemcitabine		J9201	J9198			
Gonadotropin Releasing Hormone Analogs – Oncology		J1950	J9217			
Gout Agent		J2507				
Hyaluronic Acid		J7320 J7326 J7318	J7321 J7327 J7325	J7322 J7329 J7328	J7323 J7331	J7324 J7332
Immune Globulins		J1459 J1557 J1568	J1551 J1558 J1569	J1554 J1559 J1572	J1555 J1561 J1575	J1556 J1566 J1599
Infliximab		J1745	Q5103	Q5102	Q5121	
Intravenous Iron Replacement Therapy		J1437	J1439	Q0138		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
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			