



WellMed Texas Prior Authorization Requirements Effective May 2024

General Information

This list contains prior authorization requirements for participating care providers for inpatient and outpatient services. Prior authorization is not required for emergency or urgent care. All listed below changes are part of WellMed ongoing Prior Authorization Governance process to evaluate our medical policies, clinical programs, health benefits, and Utilization Management information.

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

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

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.


Included Benefit Plans

WellMed Prior Authorization Requirements **apply** to the following Benefit Plans for in-network services ¹


- For UnitedHealthcare Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Texas & New Mexico, WellMed Texas Prior Authorization Requirements will apply.
- For WellPoint Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Texas, WellMed Texas Prior Authorization Requirements will apply
- For Cigna Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Texas, WellMed Texas Prior Authorization Requirements will apply.
- For UnitedHealthcare Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Georgia & Florida WellMed Florida/Georgia Part B Injectable Medication Prior Authorization Requirements will apply.
- For Humana Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Texas, WellMed Texas Prior Authorization Requirements will apply.

¹ Subject to Change


How to submit Prior Authorization Request


 For plans administered by WellMed, submit a request at least 14 days before the planned date of service. View prior authorization request requirements and submit your request and clinical information using preferred method <https://eprg.wellmed.net>

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>

 ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

 Phone 1-877-757-4440

 For plans administered by WellMed, Unplanned Hospital Admission notification required. Please notify WellMed no later than one business day after admission using preferred method for notifications: (ePRG) Web Portal <https://eprg.wellmed.net>

Unplanned Inpatient Admissions

 (ePRG) Web Portal <https://eprg.wellmed.net>

 Fax: 1-877-757-8885

 Phone: 1-877-490-8982

 Medical Records :ONLY send Medical Records associated with an inpatient admission to (ePRG) <https://eprg.wellmed.net>

Or Fax 1-844-567-6855.

Out-of-Network Services

Procedures and Services	Additional Information	How to obtain Prior Authorization
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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 who is not contracted with WellMed.

 Phone 1-877-757-4440

Additional Services Provided by WellMed

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

- 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

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 the inpatient setting in person or via phone.

Inpatient Care Manager Provides:

- 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

Inpatient Admissions

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

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	Prior Authorization Required	Fax: 1-877-757-8885 Phone: 1-877-490-8982 Web Portal (ePRG): https://eprg.wellmed.net
For United Healthcare Benefit Plans Delegated to WellMed Medical Management in Houston, East Texas & West Texas	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 https://access.navihealth.com/caseload
For Humana Benefit Plans Delegated to WellMed Medical Management in Houston Delegated to WellMed Medical Management		

Unplanned 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
Emergency Room Admission	Notification is Required. Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours	Fax: 1-877-757-8885 Phone: 1-877-490-8982

Other Services That May Require PA Other Services That May Require PA

Procedures and Services	Additional Information and How to obtain Prior Authorization
Behavioral Health Services through a designated behavioral health network	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.
Clinical Trials	For specific codes requiring prior authorization, please call the number on the member's health plan ID card for detailed information regarding coverage.

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	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		
Electrophysiological Procedures	Prior Authorization Required	93653	93656			
Enhanced External Counter Pulsation (EECP)	Prior Authorization Required	G0166	G0177			

Procedures and Services	Additional Information	CPT or HCPCS Codes				
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
		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	
Implantable Pain Pump Neurostimulators Implantation of a device that Sends Electrical impulses Orthopedic Surgeries Spine and Joint Surgeries	Prior Authorization Required	22100	22101	22102	22103	22110
		22112	22114	22116	22206	22207
		22208	22210	22212	22214	22216
		22220	22222	22224	22226	22510
	Prior Authorization Required	22511	22512	22513	22514*	22515
		22532	22533	22534	22548	22551
	CPT 22514* is subject to the Site of Service Review in addition to Medical Necessity Review	22552	22554	22556	22558	22585
		22586	22590	22595	22600	22610
		22612	22614	22630	22632	22633
		22634	22800	22802	22804	22808
		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	61850	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		
63252	63055	63056	63057	63064		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Implantable Pain Pump Neurostimulators con't	Prior Authorization Required	63066	63075	63076	63077	63078
Implantation of a device that Sends Electrical impulses		63081	63082	63085	63086	63087
		63088	63090	63091	63101	63102
		63170	63172	63173	63182	63185
		63190	63191	63194	63195	63196
		63197	63198	63199	63200	63250
Orthopedic Surgeries con't		63251	63252	63266	63267	63268
Spine and Joint Surgeries		63270	63271	63272	63273	63275
		63276	63277	63278	63280	63281
		63283	63285	63286	63287	63295
		63300	63301	63302	63303	63304
		63305	63306	63307	63308	63650
		63655	63661	63662	63663	63664
		63685	64553	64555	64561	64566
		64568	64569	64570	64575	64580
		64581	64585	64590	64595	64722
		64999	95990	95991	0201T	0587T
		0588T	J7330	L8697		
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	21123	21125	21127	21141	21142
	In addition to Medical Necessity Review	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

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.

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Plastic, Reconstructive, or Cosmetic Procedures Breast Reconstruction (Non – Mastectomy) Reconstruction of the breast Except when following a Mastectomy	Prior Authorization is 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		
		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 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			

Site of Service Specific Procedures

Prior Authorization Required. Services listed are subject to Site of Service review in addition to Medical Necessity

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Site of Service Ophthalmology	Prior Authorization IS Required	65426	65730	65855	66170	66761
	ONLY if services are rendered	66821	66982	66984	66985	67311
	in a Hospital Outpatient Setting	67312				
Site of Service Procedures	Prior Authorization IS Required	14040	14060	14301	15100	15120
	ONLY if services are rendered	15220	15240	15260	15877	19125
	in a Hospital Outpatient Setting	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	49591	49593	52000
		52001	52005	52007	52204	52214
		52224	52234	52235	52275	52276
		52281	52282	52285	52287	52300
		52310	52315	52320	52325	67911
Venous Procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior Authorization Required	36465	36466	37700	37718	37722
		37765	37766	37780		
Ventricular Assist Devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal Blood flow.	Prior Authorization IS required	36473	36475	36478		
	For Codes listed. Codes are subject to Site of Service review in					
Ventricular Assist Devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal Blood flow.	Prior Authorization Required	33927	33928	33929	33975	33976
		33979	33981	33982	33983	

Testing

Procedures and Services	Additional Information	CPT or HCPCS Codes				
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	*81405	*81406
		*81407	*81408	*81432	*81433	*81435
		*81436	*81437	*81445	*81450	*81455
		*81479	*81518	*81519	*81521	*81525
		*81539	*81540	*81541	*81542	*81551
		*81599				

Durable Medical Equipment (DME)

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		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Durable Medical Equipment (DME)	Prior Authorization Required REGARDLESS of Cost	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	E2331	E2340
E2341	E2342	E2343	E2351	E2358
E2359	E2360	E2361	E2362	E2363
E2364	E2366	E2367	E2373	E2376
E2377	E2394	E2397	E2500	E2504
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
K0008	K0009	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	K0743	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	K0831
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			
Face, Cornea, Ear, Larynx, Trachea Prosthetics & Accessories	Prior Authorization Required REGARDLESS of Cost	L8041	L8042	L8043	L8044	L8045
		L8046	L8047	L8049	L8505	L8609
Hip Orthosis	Prior Authorization Required REGARDLESS of Cost	L1630	L1640	L1680	L1685	L1690
		L1700	L1710	L1720	L1730	L1755
Knee, Ankle & Foot Orthosis	Prior Authorization Required REGARDLESS of Cost	L1834	L1840	L1843	L1844	L1845
		L1846	L1851	L1852	L1860	L2000
		L2005	L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2040	L2050
		L2060	L2070	L2080	L2090	L2106
		L2108	L2126	L2128	L2132	L2134
		L2136				
Lower Limb Prosthetics	Prior Authorization Required REGARDLESS of Cost	L5010	L5020	L5050	L5060	L5100
		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	L5845	L5848	L5850		
L5856	L5857	L5858	L5859	L5910		
L5920	L5925	L5930	L5940	L5950		
L5960	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		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
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
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	L0112	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
Upper Limb Prosthetics	Prior Authorization Required REGARDLESS of Cost	L0820	L0830	L0859	L0999	
		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	L6950	L6955	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	L8702

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
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

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

Facility-Based Sleep Studies	Prior Authorization Required	95782	95783	95805	95807	95808
	Authorization is NOT Required For sleep studies performed at HOME	95810	95811			
Oral Appliances	Prior Authorization Required	E0485	E0486			
Sleep Apnea Procedures and Surgeries Maxillomandibular Advancement or Oral Pharyngeal Tissue Reduction for Treatment of Obstructive Sleep Apnea	Prior Authorization Required	21685	41512	41530	41599	42145

Advanced Radiology & Radiation Treatments

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	Prior Authorization Required	77371	77372	77373	G0339	G0340

Advance Radiology

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

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Advance Radiology	Prior Authorization Required	70336	70450	70460	70470	70480
Procedures and Services 3D Imaging CT, CTA, MRI and MRA Nuclear Medicine PET Scan		70481	70482	70486	70487	70488
	For TX and El Paso/NM members (Excluding Humana)	70490	70491	70492	70496	70498
	Contact eviCore for Prior Authorization	70540	70542	70543	70544	70545
	Phone: 1-855-252-1120	70546	70547	70548	70549	70551
	Or go to:	70552	70553	70554	70555	71250
	https://www.evicore.com/	71260	71270	71271	71275	71550
		71551	71552	71555	72125	72126
		72127	72128	72129	72130	72131
		72132	72133	72141	72142	72146
		72147	72148	72149	72156	72157
	For TX Humana Members	72158	72159	72191	72192	72193
	Follow WellMed Prior Auth Request Process	72194	72195	72196	72197	72198
		73200	73201	73202	73206	73218
		73219	73220	73221	73222	73223
		73225	73700	73701	73702	73706
		73718	73719	73720	73721	73722
		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	76376	76377
		76380	76391	76497	76498	77021
		77022	77046	77047	77048	77049
		77078	77084	78012	78013	78014
		78015	78016	78018	78020	78070
		78071	78072	78075	78102	78103
		78104	78140	78185	78195	78201
		78202	78215	78216	78226	78227
		78104	78140	78185	78195	78201
		78202	78215	78216	78226	78227
		78230	78231	78232	78258	78261
		78262	78264	78265	78266	78278
		78282	78290	78291	78306	78315
		78414	78428	78445	78456	78457
		78458	78459	78466	78468	78469
		78472	78473	78481	78483	78491

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Advance Radiology Cont'	Prior Authorization Required	78492	78499	78579	78580	78582
		78597	78598	78600	78601	78605
	For TX and El Paso/NM members (Excluding Humana) Contact eviCore for Prior Authorization Phone: 1-855-252-1120 Or go to: https://www.evicore.com/	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	0633T	0634T
		0635T	0636T	0637T	0638T	0710T
		0711T	0712T	0713T	C8900	C8901
		C8902	C8909	C8910	C8911	C8914
	C8918	C8919	C8920	C8931	C8932	
	C8933	C8934	C8935	C8936		
	For TX Humana Members Follow WellMed Prior Auth Request Process	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

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Cardiac Procedures	Prior Authorization Required	33206	33207	33208	33212	33213
		33214	33221	33224	33225	33227
	For TX and El Paso/NM members (Excluding Humana) Contact eviCore for Prior Authorization Phone: 1-855-252-1120 Or go to: https://www.evicore.com/	33228	33229	33230	33231	33240
		33249	33262	33263	33264	33270
		33274	33289	78429	78430	78431
		78432	78433	78451	78452	78453
		78454	93303	93304	93306	93307
		93308	93312	93313	93314	93315
		93316	93317	93318	93319	93320
		93321	93325	93350	93351	93352
		93356	93451	93452	93453	93454
		93455	93456	93457	93458	93459
	93460	93461	93462	93593	93594	
	For TX Humana Members Follow WellMed Prior Auth Request Process	93596	0331T	0332T	0439T	0501T
		0502T	0503T	0504T	0515T	0516T
		0517T	0516T	0517T	0571T	0614T
		0623T	0624T	0625T	0626T	0648T
0649T		0698T	C8921	C8922	C8923	
C8924	C8925	C8926	C8928	C8929		
C8930	C9762	C9763				
Peripheral Arterial Procedures	Prior Authorization Required	37220	37221	37224	37225	37226
		37227	37228	37229		

Cardiac Procedures (San Antonio Only)

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Cardiac Procedures TX Members in San Antonio	Prior Authorization Required	33214	33221	33224	33225	33227
	Follow the WellMed Prior Authorization Request Process	33228	33229	33230	33231	33240
	Prior Authorization Required	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	

Medicare Part B Injectable Medications

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.

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 As Unclassified Requires Prior Authorization when Assigned a permanent code.	J1411	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		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						
Colony Stimulating Factor (Short-Acting)		Q5125				
Dermatologic Agent		J1747	J7352			
Endocrine-Metabolic		J0225	J9381			
Enzymes		J0180	J0219	J0221	J0775	J1786
		J2840	J3385			
Erythropoiesis Stimulating Agents (ESA)		J0218	J0881	J0885	J0888	J1449
		Q5106	Q5127			
Gastrointestinal Agents		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
		J1559	J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J7504	J7511
Immunologic Agents	Prior Authorization Required	C9151	J0129	J0202	J0480	J0485
		J0490	J0491	J0565	J0596	J0597
		J0598	J0717	J1302	J1551	J1554
		J1559	J1566	J1602	J1628	J1745
		J1823	J2323	J2329	J2350	J2507
		J3262	J3357	J3358	J3380	J3590
		Q5103	Q5104	Q5109	Q5121	
Iron Supplements		J1437	J1439	Q0138		
Monoclonal Antibody		J0172	J1747	J2327	J2329	
Neurologic & Musculoskeletal Agents		J0222	J0584	J0879	J1301	J1428
		J2326	J3398	J3399		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Unclassified Agents	In addition to the listed codes, any Part B Drug with a cost of \$1000 or more per dose, will require Prior Authorization.	A9699	C9399	J3490	J3590	J7999
Oncologic Agents and Oncologic Supportive Agents	Additionally, any newly assigned code that was previously listed	C9098	J0174	J0185	J0640	J0641
	As Unclassified Requires	J0642	J0893	J0894	J0897	J1190
	Prior Authorization when Assigned a permanent code.	J1442	J1447	J1448	J1453	J1454
	In addition to the listed codes, any Part B Drug with a cost of \$1000 or more per dose, will require Prior Authorization.	J1627	J1747	J1930	J1950	J1951
		J2353	J2506	J2783	J2820	J9000
		J9015	J9017	J9019	J9020	J9021
		J9022	J9023	J9025	J9027	J9029
		J9030	J9032	J9033	J9034	J9036
		J9037	J9039	J9040	J9041	J9042
		J9043	J9044	J9045	J9046	J9047
		J9049	J9050	J9055	J9056	J9057
		J9058	J9059	J9060	J9061	J9063
		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
		J9213	J9214	J9215	J9216	J9217
		J9218	J9223	J9225	J9227	J9228
		J9229	J9230	J9245	J9246	J9250
		J9259	J9260	J9261	J9262	J9263
		J9264	J9266	J9267	J9268	J9269
		J9270	J9271	J9272	J9274	J9280
		J9281	J9285	J9293	J9294	J9295
		J9296	J9297	J9298	J9299	J9301
		J9302	J9303	J9304	J9305	J9306
		J9307	J9308	J9309	J9311	J9312
		J9313	J9314	J9316	J9317	J9318
		J9319	J9320	J9322	J9323	J9325
		J9328	J9330	J9340	J9347	J9348
		J9349	J9350	J9351	J9352	J9353
		J9354	J9355	J9356	J9357	J9358
		J9360	J9370	J9371	J9390	J9393
		J9394	J9395	J9400	J9600	J9999
	Prior Authorization Required	Q2017	Q2041	Q2042	Q2043	Q2049
		Q2050	Q2053	Q2054	Q2055	Q2056
		Q5101	Q5108	Q5110	Q5111	Q5112
		Q5113				
	Prior Authorization Required ONLY if Provider Specialty is NOT Ophthalmology	J9035	Q5107	Q5114	Q5115	Q5116
	Prior Authorization Required	Q5117				
Ophthalmic Agents		J0178	J0179	J2777	J2778	J2779
		J2781	J3241	J3396	J7311	J7312
		J7313	J7314	J7316	Q5124	
Osteoporosis		J0897	J3111			
Pulmonary Hypertension		J1325	J3285	J7686	Q4074	
Therapeutic		A9513	A9543	A9590	A9606	A9699

Medicare Part B Injectable Medications 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
Bevacizumab		J3590	J9035	Q5107	Q5118	Q5126
		Q5129				
Bone Density Agents - Oncology And Osteoporosis		J0897	J3111			
Colony Stimulating Factors – Short Acting		J1442	J1447	Q5101	Q5110	Q5125
Colony Stimulating Factors – Long Acting		J1449	J2506	Q5108	Q5111	Q5120
Erythropoiesis Stimulating Agents (ESA)		Q5122	Q5127	Q5130		
Gemcitabine		J0885	Q5106			
Gonadotropin Releasing Hormone Analogs - Oncology		J9201	J9198			
Gout Agents		J1950	J9217			
Hyaluronic Acid		J2507				
		J7318	J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327	J7328
		J7329	J7331	J7332		
Immune Globulins		J1459	J1551	J1554	J1555	J1556
		J1557	J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575	J1576
		J1599				
Infliximab		J1745	Q5103	Q5104	Q5121	
Intravenous Iron		J1437	J1439	Q0138		
Replacement Therapy						
Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors		J0178	J0179	J2777	J2778	J2779
		Q5124	Q5128			
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			



MEMO

To: Valued Physicians, Providers, and Vendors
From: WellMed Medical Management - Utilization Management
Date: March 1, 2024
Re: Prior Authorization Requests and Advance Notifications Changes Effective April 1, 2024

Dear Valued Physicians, Providers, and Vendors:

Modifications to the WellMed Georgia/Florida Prior Authorization List were recently approved Effective April 1, 2024.

- Please see the below information and the additional pages attached for details.

Below is a summary of the changes:

Additions

- J0585, J0586, J0587, J0588, J3380, J2350, J0129, J1456, A9067, J9227, J9247, J9348, J9331, J9048, J1954, J1932, J9196, J1576, J2781, Q2056, J9259, J9350, J9029, J9056, J9058, J9059, J9063, J9322, J9323, J9347 to the Part B Medication Category
- Roctavian, Rystiggo, Vyvgart Hytrulo, Panzyga, Empaveli, Eylea HD, Izervay avacincaptad pegol, to the Unlisted Category

The Prior Authorization List effective April 1, 2024 can be located in the Provider Resources tab in the WellMed Florida and Georgia Links.

- Our authorization management systems including provider portal ePRG: <https://eprg.wellmed.net> will be updated effective April 1, 2024.
- Authorizations can be submitted in ePRG and by phone at 1-877-757-4440.

We appreciate your hard work and dedication to our members. Please feel free to contact our local Physician Business Manager or Sr. Provider Relations Representative.

- Contact information can be found on ePRG (hyperlink included above), located in the Provider Resources tab in the WellMed Florida and Georgia links.
- Please utilize the appropriate Quick Reference Guide (QRG) for your market under Provider Relations.
- For Prior Authorization requests, please submit the request using the provider portal.

Sincerely,
Utilization Management

WellMed Florida/Georgia Prior Authorization Requirements Part B Injectable Medications Effective April 1, 2024

General Information

This list contains Prior Authorization Requirements for participating care providers in Florida and Georgia for Part B Injectable Medications only. Prior authorization is not required for emergency or urgent care.

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.

Included Plans

WellMed Prior Authorization Requirements **apply** to the following Benefit Plans: ¹

- For UnitedHealthcare Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Georgia & Florida ¹, WellMed Florida/Georgia Part B Injectable Medication Prior Authorization Requirements will apply.

¹ Subject to Change



Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded Benefit Plans: ¹

- For South Florida Medica HealthCare and Preferred Care Partners Benefit Plans Delegated to WellMed Medical Management in Florida must follow UnitedHealthcare Prior Authorization program, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at UHCprovider.com
- For UnitedHealthcare Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Georgia must follow UnitedHealthcare Prior Authorization List program requirements for General Prior Authorization requirements, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at UHCprovider.com
- For UnitedHealthcare Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Florida must follow UnitedHealthcare Prior Authorization List program requirements for General Prior Authorization requirements, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at UHCprovider.com

¹ Subject to Change

These benefit plans must follow UnitedHealthcare Prior Authorization Program for General Prior Authorization Requirements. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at UHCprovider.com

How to submit Prior Authorization Request



For plans administered by WellMed, submit a request at least 14 days before the planned date of service. View prior authorization request requirements and submit your request and clinical information using preferred method <https://eprg.wellmed.net>

Standard



For prompt determination, submit **ALL STANDARD** requests using the Web Portal (ePRG): <https://eprg.wellmed.net>



Phone 1-877-757-4440

Expedited



For prompt determination, submit ALL EXPEDITE requests using the Web Portal (ePRG): <https://eprg.wellmed.net>



ONLY submit EXPEDITED requests when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.



Phone 1-877-757-4440

Medicare Part B Injectable Medications

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			
Antihemophilia Agent		J1411			
Antihyperlipidemic		J1305	J1306		
Asthma Agent		J2356			
Bevacizumab		Q5126	Q5129		
Blood Modifiers		J0791 J9332	J0896	J1300	J1303
Botulinum Toxins A&B		J0585	J0586	J0587	J0588
Colony Stimulating Factor (Short Acting)		J1449	Q5125	Q5127	Q5130
Dermatologic Agent		J1747	J7352		
Endocrine – Metabolic		J0225	J9381		
Enzymes		J0219			
Erythropoiesis Stimulating Agents (ESA)		J0218 Q5127	J0881	J0885	J1449
Gastrointestinal Agent		J0223	J0224		
Immunologic Agent		C9151 J1551 J1558 J1569 J2329 Q5121	J0129 J1554 J1559 J1572 J2350	J0491 J1555 J1561 J1575 J3380	J1302 J1556 J1566 J1599 J3590
Infliximab		J1745	Q5103	Q5104	
Intravitreal Vascular Endothelial Growth Factor		Q5128			
Monoclonal Antibody		J0172	J1747	J2327	J2329
Neurologic & Musculoskeletal		J0222 J3398	J0584 J3399	J0879	J1301
					J2326

Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Oncologic Agents & Oncologic Supportive Agents	Prior Authorization is required	C9098	J0174	J0185	J0640	J0641
	For ANY newly released or	J0642	J0893	J0894	J0897	J1442
	Unassigned Part B Drugs for	J1447	J1448	J1453	J1454	J1456
	Oncology, Oncology	J1627	J1747	J1930	J1932	J1950
	Supportive Agents &	J1951	J1954	J2353	J2469	J2506
	Therapeutic	J2820	J9000	J9015	J9017	J9019
	Radiopharmaceutical	J9020	J9021	J9022	J9023	J9025
	Categories, in addition to the	J9027	J9029	J9030	J9032	J9033
	Codes listed.	J9034	J9036	J9037	J9039	J9040
		J9041	J9042	J9043	J9044	J9045
		J9046	J9047	J9048	J9049	J9050
		J9055	J9056	J9057	J9058	J9059
		J9060	J9061	J9063	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	J9196
		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	J9247
		J9250	J9259	J9260	J9261	J9262
		J9263	J9264	J9266	J9267	J9268
		J9269	J9270	J9271	J9272	J9274
		J9280	J9281	J9285	J9293	J9294
		J9295	J9296	J9297	J9298	J9299
		J9301	J9302	J9303	J9304	J9305
		J9306	J9307	J9308	J9309	J9311
		J9312	J9313	J9314	J9316	J9317
		J9318	J9319	J9320	J9322	J9323
	J9325	J9328	J9330	J9331	J9340	
	J9347	J9348	J9349	J9350	J9351	
	J9352	J9353	J9354	J9355	J9356	
	J9357	J9358	J9360	J9370	J9371	
	J9390	J9393	J9394	J9395	J9400	
	J9600	J9999	Q2017	Q2041	Q2042	
	Q2043	Q2049	Q2050	Q2053	Q2054	
	Q2055	Q2056	Q2504	Q5101	Q5108	
	Q5110	Q5111	Q5112	Q5113	Q5114	
	*Prior Authorization Required	Q5115	Q5116	Q5117	Q5118	
	ONLY if the Specialty is NOT	Q5120	Q5112	Q5123	Q5119	
	Ophthalmologist.	*J9035	*Q5107			

Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Ophthalmologic Agents	Prior Authorization Required	J0178 J2781	J0179 J3241	J2777 Q5124	J2778	J2779
Therapeutic Radiopharmaceuticals		A9513 A9067	A9543 A9699	A9590	A9606	A9607
Unclassified Agents	Prior Authorization Required	C9399	J3490	J3590		
The following Unclassified Drugs will require Prior Authorization:	<ul style="list-style-type: none"> • Elevidys – Neurologic & Musculoskeletal Agents • Eylea HD - Aflibercept • Izervay - Avacincaptad Pegol • Leqembi – Monoclonal Antibody • Qalsody - Neurologic & Musculoskeletal Agents • Roctavian – Antihemophilic Agents • Rystiggo – Immunologic Agent • Syfovre – Ophthalmologic Agent • Vyjuvek – Dermatologic Agent • Vyvgart Hytrulo – Blood Modifiers • Zynteglo – Autologous Stem 					

Step Therapy

Medicare Part B Injectable Medications 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
Bevacizumab		J3590 Q5129	J9035	Q5107	Q5118	Q5126
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	Q5101	Q5110	Q5125
Colony Stimulating Factors (Long – Acting)		J1449 Q5122	J2506 Q5127	Q5108 Q5130	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		J7318 J7324 J7329	J7320 J7325 J7331	J7321 J7326 J7332	J7322 J7327	J7323 J7328
Immune Globulins		J1459 J1557 J1568 J1599	J1551 J1558 J1569	J1554 J1559 J1572	J1555 J1561 J1575	J1556 J1566 J1576
Infliximab		J1745	Q5103	Q5104	Q5121	
Intravenous Iron Replacement Therapy		J1437	J1439	Q0138		
Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors		J0178 Q5124	J0179 Q5128	J2777	J2778	J2779

Medicare Part B Injectable Medications 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				
Leucovorin/Levoleucovorin		J0640	J0641	J0642		
Rituximab		J9311	J9312	Q5115	Q5119	Q5123
Systemic Lupus Erythematosus Agents		J0490	J0491			
Trastuzumab	Prior Authorization Required	J9355 Q5116	J9356 Q5117	Q5112	Q5113	Q5114