

Medicare Part B Prior Authorization Updates

Effective 10/1/2024





Medicare Prior Authorization

List effective 10/1/2024

Wellcare by Health Net and Wellcare by Trillium Advantage requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare.

Wellcare is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on Health Plan website at:

- Wellcare By Trillium Advantage: [Medicare Pre-Authorization Check](#)
- Wellcare By Health Net: [Medicare Pre-Authorization Check](#)

Effective October 1st, 2024 Prior Authorization will be required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9169	INJECT NOGAPENDEKIN ALFA INBAKICEPT-PMLN 1 MCG	Add PA
	C9170	INJECTION TARLATAMAB-DLLE 1 MG	Add PA
	C9172	INJ FIDANACOGENE ELAPARVOVEC-DZKT PER THER DOSE	Add PA
	J0175	INJECTION DONANEMAB-AZBT 2 MG	Add PA
	J8522	CAPECITABINE ORAL 50 MG	Add PA
	J8541	DEXAMETHASONE (HEMADY) ORAL 0.25 MG	Add PA
	J9329	INJECTION TISLELIZUMAB-JSGR 1MG	Add PA
	Q5135	INJECTN TOCILIZUMAB-AAZG TYENNE BIOSIMILAR 1 MG	Add PA
	Q5136	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	Add PA