

Medicare Part B Prior Authorization Updates

Effective 10/1/2023





Medicare Prior Authorization

List effective 10/1/2023

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, 2023 Prior Authorization will be required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9153	INJECTION AMISULPRIDE 1 MG	Add PA
	C9155	INJECTION EPCORITAMAB-BYSP 0.16 MG*	Add PA
	C9157	INJECTION TOFersen 1 MG	Add PA
	J0801	INJECTION CORTICOTROPIN ACTHAR GEL UP TO 40 U	Add PA
	J0802	INJECTION CORTICOTROPIN ANI UP TO 40 UNITS	Add PA
	J0889	DAPRODUSTAT ORAL 1 MG FOR ESRD ON DIALYSIS	Add PA
	J2781	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG	Add PA
	J7214	INJECTION FVIII/VWD FAC CMPLX REC PER FVIII IU	Add PA
	J9051	INJECTION BORTEZOMIB NOT TE TO J9041 0.1 MG*	Add PA
	J9064	INJECTION CABAZITAXEL NOT TE TO J9043 1 MG*	Add PA
	J9345	INJECTION RETIFANLIMAB-DLWR 1 MG*	Add PA

* Oncology/supportive drug-prior authorization requests are to be submitted to and reviewed by New Century Health