

Medicare Prior Authorization Change Summary

Effective 1/1/2023





Medicare Prior Authorization

List effective 1/1/2023

Wellcare By Health Net and Wellcare By Trillium Advantage require prior authorization (PA) 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 By Health Net and Wellcare By Trillium Advantage.

Wellcare By Health Net and Wellcare By Trillium Advantage are 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 our websites at <https://wellcare.healthnetoregon.com/for-providers/medicare-pre-auth.html> and <https://www.trilliumohp.com/providers/preauth-check/medicare-pre-auth.html>

Effective January 1st, 2023, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Anesthesia	No PA Required	Anesthesia for nerve blocks	01991, 01992
Audiology	PA Required	Hearing aid	V5256, V5258, V5261
	No PA Required	Speech audiometry threshold	0210T
Behavioral Health	PA Required	Behavior assessments	97151, 97152
		Adaptive behavior treatment	97153, 97154, 97155, 97156
	No PA Required	Psychotherapy, training & education	90832, 90834, 90837, 90846, 90847, 90853, G0177
		Hypnotherapy	90880
		Brief behavior assessment	96127
Breast reconstruction	PA Required except with breast cancer diagnosis	Breast reconstruction	19367, 19368, 19369
Cardiovascular	PA Required	Artificial heart	33927
		Pulmonary artery pressure sensor	C2624
		Unlisted procedures	37501
	No PA Required	Operative ablation	33261
		Exclusion left atrial appendage	33267, 33268, 33269
		Artificial heart removal/replacement	33928, 33929
		Extracorporeal membrane oxygenation (ECMO)	33953, 33954, 33955, 33956, 33957, 33958, 33959
		External circulatory support	92971, G0166
		Carotid intima media thickness study	93895
		Carotid sinus baroreflex activation device	0269T
		Devices and monitoring	0497T, 0498T, 0650T
		Blinded procedure for NYHA Class III/IV heart failure	C9758
Cochlear and other auditory implants	PA Required	Auditory implant and device	L8619, L8690, L8691
	No PA Required	Replacement Headset/headpiece	L8615
Cosmetic and reconstructive	PA Required	Lipectomy	15876, 15878
		Reconstruction head/face	21175, 21179, 21180, 21181, 21182, 21183, 21184, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275

Service Category	PA Rule	Services	Procedure Codes
		Excision or surgical planing for rhinophyma	30120
	No PA Required	Reduction forehead	21137, 21138, 21139
		Otoplasty	69300
Dental	No PA Required	Application of topical fluoride varnish	99188
Dermatology	PA Required	Chemodenervation of eccrine glands	64650, 64653
	No PA Required	Autografts	15131, 15135, 15136, 15150, 15152, 15155, 15156, 15157
		Laser treatments	17106, 0491T, 0492T
		Cryotherapy	17340
		Incision and drainage, deep abscess	22010, 22015
		Cell therapy for scleroderma	0489T, 0490T
		Autologous platelet rich plasma	G0465
Diagnostic imaging	PA Required	Magnetic resonance image guided high intensity focused ultrasound	0398T
	No PA Required	Ablation, cryosurgical, of fibroadenoma	19105
		Discography	72285, 72295
		Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac)	76979
		Fluoroscopic guidance	77002, 77003
		Unlisted imaging procedures	78199, 78399, 75899, 78799
		Salivary gland imaging and function study	78230, 78231, 78232
		Gastrointestinal system imaging	78261, 78282, 78299
		Nervous system imaging	78610, 78635, 78660, 78699
		CAD for lesion detection	0174T, 0175T
		Myocardial imaging	0331T, 0332T
		Radiostereometric analysis (RSA)	0348T, 0349T, 0350T
		Optical coherence tomography (OCT)	0351T, 0352T, 0353T, 0354T, 0443T, 0485T, 0486T, 0606T
		Biomechanical mapping	0487T
		Spectroscopy studies	0493T, 0641T, 0642T, 0658T
		Cardiac magnetic resonance imaging for morphology and function	C9762, C9763
		Set-up portable x-ray equipment	Q0092
DME & Supplies	PA Required	Walker, heavy-duty	E0147

Service Category	PA Rule	Services	Procedure Codes
		Hospital beds and accessories	E0181, E0184, E0185, E0186, E0193, E0196, E0197, E0199, E0250, E0251, E0255, E0256, E0260, E0261, E0271, E0272, E0277, E0280, E0293, E0294, E0295, E0301, E0303, E0304, E0305, E0310, E0329, E0371, E0373
		Respiratory devices	E0434, E0439, E0445, E0465, E0466, E0470, E0471, E0482, E0483, E0486, E1390, E1399
		Patient lifts	E0630, E0635, E0636, E0640
		Pneumatic compressor devices	E0650, E0651, E0652, E0656, E0660, E0667, E0668, E0671, E0673, E0675, E0676
		Nerve stimulators	E0720, E0730, E0731, E0740, E0745, E0747, E0748, E0760, E0766
		Diabetic devices & supplies	E0784, K0554
		Continuous passive motion device	E0935

Service Category	PA Rule	Services	Procedure Codes
		Wheelchairs, power operated vehicles, and accessories	E0953, E0954, E0956, E0957, E0973, E0981, E0982, E0990, E1002, E1007, E1008, E1010, E1016, E1028, E1031, E1035, E1038, E1050, E1060, E1088, E1150, E1161, E1195, E1226, E1230, E1236, E1238, E1240, E2209, E2210, E2228, E2300, E2310, E2312, E2313, E2322, E2325, E2330, E2331, E2359, E2361, E2363, E2365, E2366, E2367, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2613, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2626, E2627, K0003, K0004, K0005, K0006, K0007, K0010, K0017, K0018, K0019, K0037, K0042, K0043, K0044, K0045, K0047, K0051, K0052, K0053, K0069, K0070, K0071, K0072, K0077, K0108, K0195, K0733, K0739, K0800, K0801, K0806, K0808, K0813, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0835, K0836, K0837, K0838, K0839, K0841, K0842, K0843, K0848, K0849, K0856, K0857, K0858, K0859, K0861, K0862, K0863
		Upper & lower limb bracing devices	E1800, E1801, E1805, E1810, E1811, E1815, E1825
		Speech generating device/accessory	E2508, E2510, E2512
	No PA Required	Skin protection supplies	E0188, E0190, E0191, A4640
		Pump or water circulating pad	E0236
		Respiratory equipment	E0550, E0555, E0560, E0565, E0600, E0615, E0621, E0700, E0781, E0791, K0730
		Traction equipment, trapeze bars, extremity belt/harness	E0849, E0855, E0870, E0910, E0911, E0912, E0940, E0945

Service Category	PA Rule	Services	Procedure Codes
		Wheelchairs and accessories	E0950, E0951, E0952, E0955, E0960, E0978, E0995, E1020, E2202, E2203, E2204, E2311, E2321, E2323, E2326, E2342, E2601, E2602, E2611, E2612, E2619, K0002, K0038, K0039, K0040, K0041, K0056, K0073
		Infusion pumps and supplies	A4220, A4222, A4602, B9004, K0455, K0552, K0553, K0603
		Helmet	A8003
		Miscellaneous DME supplies	A4465, A5102, A7048, A9999
		Surgical supplies	C1761, C1823, L8612, L8684
Endocrinology	PA Required	Unlisted laparoscopy procedure	60659
	No PA Required	Ambulatory continuous glucose monitoring	95250
		Creation of subcutaneous pocket/removal implantable interstitial glucose sensor	0446T, 0447T, 0448T
Enteral & Parenteral nutrition	PA Required	In-line cartridge digestive enzyme	B4105
	No PA Required	Nutrition	B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4160, B4161, B4185
		Home therapy	S9340, S9341, S9342, S9343
Gastroenterology	PA Required	Unlisted laparoscopy, spleen	38129
		Transoral lower esophageal myotomy	43497
	No PA Required	Esophagogastroduodenoscopy	43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259
		Gastric/gastrointestinal systems surgery/procedures	43651, 43652, 43882, 44139, 44899, 45499, 47570, 0184T
General surgery	No PA Required	Hernia repair	49495, 49496, 49505, 49525, 49550, 49570, 49585, 49650, 49651
		Adrenalectomy	60545
Genetic counseling	No PA Required	Genetic counseling services	96040
Gynecology	No PA Required	Vulvectomy	56632, 56637, 56640
		Stress incontinence treatment, revision/removal of vaginal graft	57288, 57289, 57296
		Hysteroscopy	58558, 58565, 58579
		Laparoscopy	58672, 58673, 58674, 58679
		Resection initial/tumor debulking	58950, 58958
		Hysterectomy after cesarean	59525
		Uterine fibroids(s) ablation	0404T

Service Category	PA Rule	Services	Procedure Codes
Home care	No PA Required	Home visit	99501, 99502, 99503, 99505, 99506, 99507, 99511
Infertility	PA Required	Artificial insemination	58321, 58322, 58323, 58345
		Embryo transfer	58970, 58974, 58976
Infusion services	No PA Required	Infusion and home infusion therapy	96371, 96422, 96425, 96440, 96549, S9346, S9348, S9364, S9366, S9367, S9494, S9500
Injectable medications	Step therapy	Injectables	J2777, J3299, Q2056, Q5124, Q5125
	PA Required	Injectables	C9047, J0135, J0180, J0221, J0565, J0596, J0630, J0725, J0745, J1170, J1290, J1322, J1560, J1600, J1620, J1726, J1729, J1744, J1750, J1756, J1830, J2358, J2440, J2502, J2504, J3060, J3355, J7175, J7179, J7189, J7196, J7201, J7209, Q0138, Q0139, Q0221, Q2026
	No PA Required	Injectables	0481T, C9257, C9290, J0122, J0130, J0200, J0205, J0210, J0215, J0288, J0289, J0300, J0348, J0380, J0390, J0395, J0401, J0470, J0475, J0480, J0485, J0520, J0583, J0600, J0620, J0637, J0714, J0740, J0742, J0770, J0834, J0841, J0875, J0878, J0887, J0895, J1071, J1162, J1180, J1201, J1250, J1265, J1270, J1320, J1325, J1327, J1436, J1440, J1451, J1452, J1571, J1573, J1640, J1645, J1652, J1655, J1730, J1738, J1833, J1835, J1890, J1945, J1950, J1960, J1990, J2248, J2260, J2265, J2270, J2274, J2278, J2315, J2320, J2407, J2425, J2426, J2513, J2547, J2670, J2724, J2725, J2730, J2770, J2788, J2792, J2810, J2910, J2916, J2995, J3070, J3090, J3095, J3145, J3265, J3280, J3320, J3350, J3364, J3365, J3400, J7168, J7316, Q5105, S0020, S0028, S0030, S0032, S0073, S0077, S0078, S0164, S0171
Laboratory	PA Required	DMD (Dystrophin)	81161
		Multianalyte assay tests	0014M, 0017M

Service Category	PA Rule	Services	Procedure Codes
		Proprietary Laboratory Analysis (PLA) Codes	0002U, 0003U, 0027U, 0037U, 0040U, 0062U, 0063U, 0092U, 0093U, 0105U, 0108U, 0112U, 0117U, 0163U, 0169U, 0170U, 0171U, 0174U, 0177U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0250U, 0254U, 0329U
		Quantitative drug testing	G0481, G0482, G0483
	No PA Required	Drug tests	80184, 80368, 83992, G0480, G0659
		Unlisted lab procedures	81099, 85999, 86849, 87999, 88099, 88749, 89240
		Human leukocyte antigen (HLA) Typing	81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 86812, 86813, 86816, 86817, 86825, 86826, 86828, 86829, 86830, 86831, 86832, 86833, 86834, 86835
		Genetic and multianalyte assay tests	81341, 81420, 81506, 81507, 82784, 87483, 88239,
		Proprietary Laboratory Analysis (PLA) Codes	0140U, 0141U, 0142U, 0152U, 0206U, 0207U, 0210U, 0226U, 0251U, 0323U, 0330U, 0500T
	PA Required	Buprenorphine/naloxone	J0574
		Dexamethasone, ophthalmic insert	J1096
		Ganciclovir 4.5 mg long-acting implant	J7310
		Lymphocyte immune globulin	J7511
		Treprostinil inhalation solution	J7686
		Iloprost inhalation solution	Q4074
		Dextroamphetamine sulfate 5mg	S0160
Medication	No PA Required	Bupivacaine collagen-matrix implant 1 mg	C9089
		Cinacalcet oral 1mg for (ESRD on dialysis)	J0604
		Phenylephrine & Ketorolac Ophthalmic	J1097
		Insulin for administration through DME	J1817
		Topical for actinic keratosis	J7308, J7309
		Capsaicin patch	J7335, J7336

Service Category	PA Rule	Services	Procedure Codes
		Parenteral solutions	J7501, J7503, J7505, J7508, J7516, J7518, J7520, J7525, J7599
		Inhalation solutions	J2062, J7604, J7622, J7624, J7627, J7628, J7629, J7632, J7633, J7634, J7635, J7636, J7640, J7641, J7647, J7648, J7649, J7650, J7658, J7659, J7660, J7667, J7668, J7669, J7670, J7680, J7681, J7683, J7684, J7685, J7699
		Non-inhalation drug for DME	J7799
		Unlisted chemo drug	J7999
		Antiemetics	J8498, J8597, Q0167, Q0174, S0183
		Leuprolide acetate per 1mg	J9218
		Drug or biological, part b drug competitive acquisition program (CAP)	Q4082
		Drugs for opioid use disorder	S0106, S0109
		Calcitrol	S0169
Neonatal care	PA Required	Unlisted fetal invasive procedure	59897
	No PA Required	Initiation of hypothermia in neonate	99184
Neurology	PA Required	Creation of lesion by stereotactic method	61790, 61791
	No PA Required	Graft for facial nerve paralysis	15840, 15841, 15842, 15845
		Injection for myelogram/CT	62284, 62294
		Removal of implanted catheter	62355
		Quantitative sensory testing (QST)	0106T, 0107T, 0108T, 0109T, 0110T
Neurostimulators	PA Required	Insertion/replacement neurostimulator	0425T, 0426T
	No PA Required	Electronic analysis of neurostimulator	95970, 95971, 95972, 95980, 95981, 95982
		Removal of neurostimulators system	0428T
Nutritional counseling	No PA Required	Nutritional counseling, dietitian visit	S9470
Ophthalmology	PA Required	Prosthetic eye, scleral cover shell	V2623, V2627, V2629
	No PA Required	Keratoplasty, keratoprosthesis	65730, 65750, 65755, 65756, 65757, 65770
		Glaucoma treatments	65855, 66170, 66172, 66183
		Cataract procedures	66820, 66821, 66825, 66830, 66840, 66850, 66852, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991
		Treatment of extensive/progressive retinopathy, scleral reinforcement	67228, 67255
		Unlisted ophthalmology procedure	67399, 92499

Service Category	PA Rule	Services	Procedure Codes
		Orbitotomy without bone flap	67405
		Canthotomy	67715
		Eyelid procedures	67912, 67938, 67961, 67966, 67999
		Conjunctiva procedures	68325, 68340, 68360, 68371, 68399
		Lacrimal procedures	68761, 68899
		Retinal prosthesis	0100T
		Ocular monitoring and screening	0198T, 0329T, 0330T, 0333T, 0378T, 0379T
		Scleral lenses	V2531
Orthopedic	PA Required	Computer-assisted surgical navigation	0054T, 0055T
	No PA Required	Procedures upper extremities	23450, 23462, 23465, 23490, 24346, 25240, 25449, 25830, 26497, 26530, 26531, 26535, 26536
		Open treatment of iliac spine(s)	27215
		Procedures lower extremities	27330, 27455, 27457, 27538, 27540, 27830, 28302, 28302, 28510, 28705, 28715, 28725, 28730, 28735, 28737, 28740
		Arthroscopy	29800, 29830, 29835, 29847, 29900, 29902, 29904, 29905, 29906
		Device placement for radiostereometric analysis	0347T
		SI Joint injection	G0259
Orthotics and Prosthetics	PA Required	Prosthesis (penile)	C1813, C2622
		Spinal orthotics	L0456, L0457, L0462, L0464, L0482, L0486, L0491, L0631, L0636, L0637, L0648, L0650, L0999, L1005, L1499
		Lower extremity orthotics	L1685, L1686, L1832, L1833, L1834, L1843, L1844, L1845, L1846, L1907, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1990, L2020, L2036, L2037, L2108, L2250, L2280, L2330, L2340, L2350, L2510, L2520, L2861, L2999, L3030, L3230, L3730, L3763, L3901, L3999, L4631

Service Category	PA Rule	Services	Procedure Codes
		Lower extremity prosthetics	L5000, L5020, L5050, L5100, L5210, L5220, L5301, L5312, L5321, L5331, L5530, L5540, L5580, L5590, L5611, L5617, L5626, L5631, L5643, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5665, L5671, L5673, L5677, L5679, L5681, L5683, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5781, L5782, L5785, L5790, L5811, L5812, L5814, L5816, L5822, L5828, L5840, L5845, L5848, L5856, L5857, L5920, L5940, L5950, L5960, L5961, L5962, L5964, L5968, L5973, L5975, L5976, L5979, L5980, L5981, L5984, L5986, L5987, L5988, L5999
		Upper extremity prosthetics	L6055, L6100, L6110, L6120, L6500, L6550, L6621, L6624, L6686, L6687, L6689, L6693, L6694, L6695, L6696, L6698, L6708, L6709, L6721, L6722, L6880, L6881, L6882, L6884, L6935, L6955, L7007, L7009, L7040, L7180, L7404, L7499, L8699, L8701, L9900
	No PA Required	Impression and prosthetic preparation	21076, 21079, 21080, 21081, 21082, 21083, 21085
		Cervical collar	L0200
		Orthotics	L0460, L0635, L1848, L2112, L2114, L2116, L3760, L3905, L3915, L3916, L3960, L4205, L5450, L5460
		Battery charger(s)	L7366, L7368
		Custom breast prosthesis	L8035
		Artificial larynx	L8500
		Ocular implant	L8610, L8670
Osteopathy	No PA Required	Osteopathic manipulative treatment	98925, 98926, 98927, 98928, 98929
Otolaryngology	No PA Required	Surgical procedures of nasal/sinus and ears	31050, 31051, 31075, 31080, 31081, 31084, 31086, 31087, 31090, 31201, 31290, 31291, 31294, 31611, 69717, 69979

Service Category	PA Rule	Services	Procedure Codes
Pain management	PA Required	Injection, anesthetic agent or steroid	64400, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64430, 64445, 64446, 64447, 64448, 64449, 64454, 64480, 64484, 64491, 64492, 64494, 64495
		Implant of hypoglossal neurostimulator	64582
		Destruction by neurolytic agent	64634, 64636, 64640
	No PA Required	Injection, anesthetic agent	64505, 64517, 64530
		Destruction by neurolytic agent	64620, 64630, 64632, 64680, 64681
Preventive	No PA Required	Unlisted preventative medicine service	99429, 0358T
		Preventive behavior change program	0403T, 0488T
Professional services	No PA Required	Physician or other qualified health care professional supervision	99380, G0068, G0128, G2082, G0039
Pulmonology	PA Required	Drug Induced Sleep Endoscopy (DISE)	42975
	No PA Required	Bronchoscopy	C9751
Skin substitute	PA Required	Skin substitute products	Q4107, Q4108, Q4114, Q4123, Q4127, Q4130, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4149, Q4150, Q4152, Q4156, Q4157, Q4164, Q4173, Q4175, Q4184, Q4185, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4249, Q4250, Q4254, Q4255, Q4112, Q4113
	No PA Required	Dermal and epidermal substitute	J7340
Therapy service	PA Required	Activity therapy	G0176
	No PA Required	Extracorporeal shock wave	0101T, 0102T
Transplant services	No PA Required	Surgical preparation	0494T, 0495T, 0496T
Transportation	No PA Required	Ambulance services	A0426, A0428, A0431, A0436, A0999
Unlisted misc. procedures	PA Required	Unlisted procedure mediastinum, diaphragm, mouth	39499, 39599, 40899
	No PA Required	Unlisted procedure, immunology	95199
Urology	PA Required	Unlisted laparoscopy, renal	50549
		Lithotripsy, extracorporeal shock wave	50590

Service Category	PA Rule	Services	Procedure Codes
	No PA Required	Closure of vesicouterine fistula	51925
		Cystourethroscopy	52005, 52007, 52204, 52224, 52234, 52235, 52240, 52276, 52287, 52300, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52402, C9740, C9761, C9769
		Insertion of tandem cuff	53444
		Transurethral radiofrequency micro-remodeling of female bladder neck and proximal	53860
		Destruction of penial lesion(s)	54060
		Unlisted laparoscopy, testis	54699
		Biopsy, prostate; needle or punch	55700
Vaccines	No PA Required	Immunizations/administration SARS-CoV-2	90376, 90620, 91311, 0112A