

WellMed Texas Medicare Advantage Prior Authorization Requirements Effective January 1, 2020

General Information

This list contains prior authorization requirements for participating care providers in Texas for inpatient and outpatient services. Prior authorization is **not** required for emergency or urgent care.

Included Plans

The following listed plans¹ require prior authorization in San Antonio, Austin, Corpus Christi, El Paso, Rio Grande Valley, Dallas & Fort Worth for in-network services:

AARP Medicare Advantage (HMO POS)	Cigna-HealthSpring Advantage (HMO)
AARP Medicare Advantage (NEW HMO-POS)	Cigna-HealthSpring Preferred (HMO)
AARP Medicare Advantage Focus (HMO)	Cigna-HealthSpring TotalCare (HMO SNP)
AARP Medicare Advantage Focus Essential (HMO)	Humana Gold Plus (HMO SNP)
AARP Medicare Advantage SecureHorizons (HMO)	Humana Gold Plus (HMO)
AARP Medicare Advantage SecureHorizons Essential	Humana Gold Plus (SNP)
AARP Medicare Advantage SecureHorizons Plan 1 (HMO POS)	Humana Gold Plus SNP-DE (HMO SNP)
AARP Medicare Advantage SecureHorizons Plan 2 (HMO POS)	United Healthcare Dual Complete (HMO SNP)
AARP Medicare Advantage Walgreens (PPO)	United Healthcare Medicare Advantage Choice (LPPO)
AARP Medicare Complete Focus (HMO)	UnitedHealthcare Chronic Complete (HMO CSNP)
AARP Medicare Complete SecureHorizons Essential (HMO)	UnitedHealthcare Chronic Complete (NEW HMO CSNP)
Amerivantage Classic (HMO)	UnitedHealthcare Dual Complete (HMO DSNP)
Amerivantage Dual Coordination (HMO SNP)	UnitedHealthcare Dual Complete (HMO SNP)
Amerivantage Dual Secure (HMO SNP)	UnitedHealthcare Dual Complete Focus (HMO SNP)
Amerivantage ESRD (HMO-POS SNP)	UnitedHealthcare Group Retiree Plans (HMO)
Amerivantage Select (HMO)	

Excluded Plans

WellMed Prior Authorization Requirements do not apply to the following excluded benefit plans in El Paso, New Mexico, Waco, and Houston: AARP Medicare Advantage Choice (PPO), AARP Medicare Advantage Plan 1 (HMO-POS), AARP Medicare Advantage Plan 2 (HMO), AARP Medicare Complete (HMO-POS), UnitedHealthcare Dual Complete (PPO DSNP).

These benefit plans must follow UnitedHealthcare Prior Authorization Program. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides)

¹Subject to Change

Please Verify Eligibility and Medical Benefits Before Requesting Prior Authorization (PA)

Members are required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

How to submit the request?

Standard	Expedited	Hospital Inpatient Admissions	Specialist Referral Program
For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): https://eprg.wellmed.net Fax: 1-866-322-7276 Phone:1-877-757-4440	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. Fax: 1-866-322-7276 Phone:1-877-757-4440	Fax: 1-877-757-8885 Phone:1-877-490-8982	Referrals to specialists are required in some markets. Please follow your market's current referral process (if your market currently does not have a referral process, then this does not apply). All referral requests must be submitted through the provider portal (ePRG): https://eprg.wellmed.net

The Following Services Require Prior Authorization Before Scheduling/Rendering the Services

Inpatient Admissions		
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 Emergency Room admission Inpatient and Observation stays	Prior Authorization required 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 outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments	Prior Authorization required for all recommendations from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with WellMed	Fax: 1-866-322-7276 Phone: 1-877-757-4440
Other Services That May Require PA		
Procedures and Services	Additional Information	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 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/Procedure/Testing (Inpatient or Outpatient Services)

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures	Prior Authorization Required	20974	20975	20979			
Botox Injections	Prior Authorization Required	J0585	J0586	J0587	J0588		
Cochlear and Osseointegrated Implants Surgically implanted devices to help persons with profound deafness achieve conversational speech	Prior Authorization Required	69714 69715	69718 69930	L8614 L8619	L8690 L8691	L8692	
Enhanced External Counter Pulsation (EECP)	Prior Authorization Required	G0166	G0177				
Gender Dysphoria Treatment	Prior Authorization required regardless of DX codes	55970	55980				
	Prior Authorization required ONLY if billed with the following DX codes	F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890
		14000	15780	20926	54401	56800	58661
		14001	15781	21899	54405	56805	58720
		14041	15782	31599	54408	57106	58940
		15734	15783	31899	54520	57110	64856
		15738	15788	53410	54660	57291	64892
		15750	15789	53420	54690	57292	64896
		15757	15792	53425	55175	57295	92507
		15758	15793	53430	55180	57296	92508
		15775	19303	54125	55866	57335	
		15776	19304	54400	56625	57426	
Hyperbaric Oxygen	Prior Authorization Required	99183	99184	G0277			
Implantable Pain Pumps Neurostimulators (Implantation of a device that sends electrical impulses)	Prior Authorization Required	0200T 0201T 0375T 22100 22101 22102 22103	22610 22612 22614 22630 22632 23470 22633 22634	22868 22869 22870 22899 23470 23472 24360	62360 62361 62362 63001 63003 63005 63011	63091 63101 63102 63103 63170 63172 63173	63287 63290 63295 63300 63301 63302 63303
Orthopedic Surgeries (Spine and joint surgeries)		22110 22112 22114 22206 22207 22208 22210 22212 22214 22216 22220 22222 22224 22226	22800 22802 22804 22808 22810 22812 22818 22819 22830 22840 22841 22842 22843 22844	24361 24362 24363 27120 27122 27125 27130 27132 27134 27137 27138 27412 27445 27446	63012 63015 63016 63017 63020 63030 63035 63040 63042 63043 63044 63045 63046 63047	63180 63182 63185 63190 63191 63194 63195 63196 63197 63198 63199 63200 63250 63251	63304 63305 63306 63307 63308 63650 63655 63661 63662 63663 63664 63685 63688 64553

Procedures and Services	Additional Information	CPT or HCPCS Codes							
Implantable Pain Pumps Neurostimulators (cont'd)	Prior Authorization Required	22510	22845	27447	63048	63252	64555		
		22511	22846	27486	63050	63265	64561		
		22512	22847	27487	63051	63266	64566		
		Orthopedic Surgeries (cont'd)		22513	22848	29866	63055	63267	64568
				22514	22849	29867	63056	63268	64569
				22515	22850	29868	63057	63270	64570
				22532	22852	29914	63064	63271	64575
				22533	22853	29915	63066	63272	64580
				22534	22854	29916	63075	63273	64581
				22548	22855	61850	63076	63275	64585
				22551	22856	61860	63077	63276	64590
				22552	22857	61863	63078	63277	64595
				22554	22858	61864	63081	63278	64722
		22556	22859	61867	63082	63280	64999		
		22558	22861	61868	63085	63281	J7330		
		22585	22862	61885	63086	63282			
		22590	22864	61886	63087	63283			
22595	22865	62350	63088	63285					
22600	22867	62351	63090	63286					
Molecular Diagnostic/ Genetic Testing	Prior Authorization Required	81120	81170	81226	81247	81405	81519		
		81121	81201	81227	81321	81406	81528		
		81162	81212	81230	81335	81407	81541		
		81163	81214	81231	81400	81408	81545		
		81164	81215	81232	81401	81450	84999		
		81165	81216	81240	81402	81455	87999		
		81166	81217	81241	81403	81479			
81167	81225	81242	81404	81518					
Mohs micrographic surgery	Prior Authorization Required	17311	17312	17313	17314	17315			
Oral-maxillofacial/TMJ Surgery/Orthognathic Surgery	Prior Authorization Required	21085	21125	21146	21159	21196	21240		
		21089	21127	21147	21160	21198	21242		
		21120	21141	21150	21188	21199	21244		
		Treatment of maxillofacial (jaw) functional impairment	21121	21142	21151	21193	21206	21245	
		21122	21143	21154	21194	21210	21246		
		21123	21145	21155	21195	21215	21247		
Other codes not listed in any category, including unlisted/unspecified	Prior Authorization Required	28890	53899	64744	69799	95965			
		36514	64405	66180	69949	95966			
Plastic, Reconstructive, or Cosmetic Procedures	Prior Authorization NOT required if surgical codes billed with the listed breast cancer DX codes	11920	19318	19325	19342	19366	19370		
		11921	19361	19328	19350	19367	19380		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy		11922	19371	19330	19357	19368	19396		
		19316	19324	19340	19364	19369	19499		
							L8600		
		C50.011	C50.212	C50.412	C50.612	C50.912	D05.80		
		C50.012	C50.219	C50.419	C50.619	C50.919	D05.81		
		C50.019	C50.221	C50.421	C50.621	C50.921	D05.82		
		C50.021	C50.222	C50.422	C50.622	C50.922	D05.90		
		C50.022	C50.229	C50.429	C50.629	C50.929	D05.91		
		C50.029	C50.311	C50.511	C50.811	C79.81	D05.92		
		C50.111	C50.312	C50.512	C50.812	D05.00	Z42.1		
		C50.112	C50.319	C50.519	C50.819	D05.01	Z85.3		
		C50.119	C50.321	C50.521	C50.821	D05.02	Z90.10		
		C50.121	C50.322	C50.522	C50.822	D05.10	Z90.11		
		C50.122	C50.329	C50.529	C50.829	D05.11	Z90.12		
		C50.129	C50.411	C50.611	C50.911	D05.12	Z90.13		
		C50.211							

Procedures and Services	Additional Information	CPT or HCPCS Codes						
Plastic, Reconstructive, or Cosmetic Procedures (cont'd)	Prior Authorization Required	11960	21175	21260	30420	31296	67950	
		11971	21179	21261	30430	31297	67961	
		15820	21180	21263	30435	31298	67966	
		15821	21181	21267	30450	40799	67999	
		Cosmetic and reconstructive procedures	15822	21182	21268	30460	67900	69399
		Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	15823	21183	21275	30462	67901	92700
		Reconstructive procedures that treat a medical condition or improve or restore physiologic function	15830	21184	21299	30465	67902	96999
		Rhinoplasty	15847	21230	21740	30540	67903	L2200
		Treatment of nasal functional impairment and septal deviation	17106	21235	21742	30545	67904	Q2026
			17107	21248	21743	30560	67906	
	17108	21249	28344	30620	67908			
	17999	21255	30400	30999	67909			
	21172	21256	30410	31295	67912			
Site of Service Ophthalmology	Prior Authorization required for ONLY DFW market AND ONLY if services are rendered in Hospital Outpatient setting	65426	66170	66982	67036	67311		
		65730	66761	66984	67040	67312		
		65855	66821	67028	67228			
Venous Procedures	Prior Authorization Required	36473	36478	37718	37780	37765	37766	
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		36475	37700	37722				
Ventricular Assist Devices (VAD)	Prior Authorization Required	33927	33929	33976	33981	33982	33983	
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33928	33975	33979				
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	77373	G0173	G0251	G0339	G0340	
		77372						

Advanced Radiology & Radiation Treatments

Procedures and Services	Additional Information	CPT or HCPCS Codes					
3D Imaging CT and CTA MRI and MRA Nuclear Medicine PET Scan	Prior Authorization Required	0042T	72129	73722	77059	78414	78730
		70336	72130	73723	77078	78428	78740
	<u>For TX Members, except:</u>	70450	72131	73725	77084	78434	78761
	• Plan Exclusions (see above),	70460	72132	74150	78012	78445	78800
	• Humana Members from Austin, El Paso, DFW	70470	72133	74160	78013	78457	78801
	contact eviCore for	70480	72141	74170	78014	78458	78802
	Prior Authorization	70481	72142	74174	78015	78459	78803
	1-888-693-3211 OR go to	70482	72146	74175	78016	78466	78804
	https://myportal.medsolutions.com	70486	72147	74176	78018	78468	78811
		70487	72148	74177	78020	78469	78812
		70488	72149	74178	78070	78472	78813
		70490	72156	74181	78071	78473	78814
		70491	72157	74182	78072	78481	78815
	<u>For Humana Members from Austin, El Paso, DFW:</u>	70492	72158	74183	78075	78483	78816
	(Humana Gold Plus,	70496	72159	74185	78102	78491	78830
	Humana Gold Plus SNP-DE,	70498	72191	74261	78103	78492	78831
	Humana Choice Medicare	70540	72192	74262	78104	78494	78832
	Advantage PPO, Humana	70542	72193	74712	78140	78496	C8900
	Choice Regional PPO):	70543	72194	74713	78185	78499	C8901
	follow regular WellMed	70544	72195	75557	78195	78579	C8902
	Prior Authorization request	70545	72196	75559	78201	78580	C8903
	process	70546	72197	75561	78202	78582	C8905
		70547	72198	75563	78215	78597	C8906
		70548	73200	75565	78216	78598	C8908
	<u>For TX Members from Houston, Waco, New Mexico and El Paso:</u>	70549	73201	75571	78226	78600	C8909
	plan exclusions please visit	70551	73202	75572	78227	78601	C8910
	UHCprovider.com/priorauth	70552	73206	75573	78230	78605	C8911
	> <i>Radiology</i> for more details	70553	73218	75574	78231	78606	C8912
	and the CPT codes that	70554	73219	75635	78232	78608	C8913
	require prior authorization	70555	73220	76376	78258	78610	C8914
		71250	73221	76377	78261	78630	C8918
		71260	73222	76380	78262	78635	C8919
		71270	73223	76391	78264	78645	C8920
		71275	73225	76497	78265	78650	C8931
		71550	73700	76498	78266	78660	C8932
		71551	73701	77021	78278	78699	C8933
	71552	73702	77022	78290	78700	C8934	
	71555	73706	77046	78291	78701	C8935	
	72125	73718	77047	78300	78707	C8936	
	72126	73719	77048	78305	78708	G0297	
	72127	73720	77049	78306	78709		
	72128	73721	77058	78315	78725		

Cardiac Procedures

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Cardiac Rhythm Implantable Devices (CRID)	Prior Authorization Required	0331T	33208	33262	93307	93352	93530
		0332T	33212	33263	93308	93356	93531
Cardiac Diagnostic Cath ECHO & ECHO STRESS Myocardial Perfusion Imaging (Nuclear Stress) Radiology: Nuclear Medicine	<u>For TX Members from Rio Grande Valley, Austin, Corpus Christi, El Paso except:</u> <ul style="list-style-type: none"> • Plan Exclusions (see above), • Humana Members from Austin, El Paso contact eviCore for Prior Authorization 1-888-693-3211 OR go to https://myportal.medsolutions.com	0439T	33213	33264	93312	93451	93532
		0501T	33214	33270	93313	93452	93533
		0502T	33221	33274	93314	93453	C8921
		0503T	33224	33275	93315	93454	C8922
		0504T	33225	33289	93316	93455	C8923
		0515T	33227	78451	93317	93456	C8924
		0516T	33228	78452	93318	93457	C8925
		0517T	33229	78453	93320	93458	C8926
		0519T	33230	78454	93321	93459	C8928
		0520T	33231	93303	93325	93460	C8929
33206	33240	93304	93350	93461	C8930		
33207	33249	93306	93351	93462			
	<u>For Humana Members from Austin, El Paso:</u> (Humana Gold Plus, Humana Gold Plus SNP-DE) - follow regular WellMed Prior Authorization request process						
	<u>For TX Members from Houston, Waco, New Mexico and El Paso plan exclusions</u> please visit UHCprovider.com/priorauth > Cardiology for more details and the CPT codes that require prior authorization						
	Prior Authorization Required	0331T	0504T	33206	33221	33230	33264
		0332T	0515T	33207	33224	33231	33270
	<u>For TX Members from San Antonio and DFW</u>	0439T	0516T	33208	33225	33240	
		0501T	0517T	33212	33227	33249	
		0502T	0519T	33213	33228	33262	
		0503T	0520T	33214	33229	33263	

DME/Orthotics/Prosthetics

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Durable Medical Equipment (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required REGARDLESS of the cost	A9999	E0669	E1030	E2300	E2625	K0815
		E0147	E0670	E1035	E2301	E2626	K0816
		E0170	E0671	E1036	E2310	E2627	K0820
		E0193	E0672	E1037	E2311	E2628	K0821
		E0194	E0673	E1050	E2312	E2629	K0822
		E0217	E0675	E1070	E2313	E2630	K0823
		E0225	E0692	E1084	E2321	E2631	K0824
		E0239	E0693	E1085	E2322	E2632	K0825

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Durable Medical Equipment (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required REGARDLESS of the cost	E0246	E0694	E1086	E2325	K0005	K0826
		E0265	E0700	E1087	E2327	K0008	K0827
		E0266	E0710	E1089	E2328	K0009	K0828
		E0277	E0740	E1100	E2329	K0010	K0829
		E0290	E0745	E1110	E2330	K0011	K0830
		E0291	E0746	E1150	E2331	K0012	K0831
		E0292	E0747	E1160	E2340	K0013	K0835
		E0293	E0748	E1161	E2341	K0014	K0836
		E0294	E0749	E1170	E2342	K0020	K0837
		E0296	E0760	E1171	E2343	K0037	K0838
		E0297	E0761	E1172	E2351	K0039	K0839
		E0300	E0764	E1180	E2358	K0040	K0840
		E0301	E0770	E1190	E2359	K0041	K0841
		E0302	E0779	E1195	E2360	K0044	K0842
		E0303	E0782	E1200	E2361	K0046	K0843
		E0304	E0783	E1220	E2362	K0047	K0848
		E0316	E0784	E1222	E2363	K0050	K0849
		E0328	E0785	E1224	E2364	K0051	K0850
		E0329	E0786	E1227	E2366	K0053	K0851
		E0350	E0830	E1228	E2367	K0054	K0852
		E0373	E0935	E1229	E2373	K0056	K0853
		E0459	E0953	E1230	E2376	K0065	K0854
		E0462	E0954	E1231	E2377	K0072	K0855
		E0465	E0960	E1232	E2394	K0073	K0856
		E0466	E0966	E1233	E2397	K0098	K0857
		E0467	E0970	E1234	E2500	K0105	K0858
		E0470	E0973	E1235	E2504	K0108	K0859
		E0471	E0983	E1236	E2506	K0455	K0860
		E0472	E0984	E1237	E2508	K0606	K0861
		E0482	E0986	E1238	E2510	K0607	K0862
		E0483	E0988	E1239	E2603	K0608	K0863
		E0485	E0992	E1270	E2604	K0609	K0864
		E0603	E1002	E1280	E2606	K0672	K0869
		E0615	E1003	E1295	E2607	K0730	K0870
		E0616	E1004	E1296	E2608	K0733	K0871
		E0617	E1005	E1297	E2609	K0743	K0877
		E0618	E1006	E1298	E2612	K0744	K0878
		E0635	E1007	E1310	E2613	K0745	K0879
		E0636	E1008	E1399	E2614	K0746	K0880
		E0639	E1009	E1812	E2615	K0800	K0884
		E0640	E1010	E1840	E2616	K0801	K0885
		E0650	E1011	E1841	E2617	K0802	K0886
		E0651	E1012	E2100	E2619	K0806	K0890
		E0652	E1016	E2201	E2620	K0807	K0891
		E0655	E1017	E2202	E2621	K0808	K0898
		E0656	E1018	E2203	E2622	K0812	K0899
		E0667	E1020	E2204	E2623	K0813	K0900
E0668	E1029	E2228	E2624	K0814			
Negative Pressure Wound Therapy	Prior Authorization Required	E2402					

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Orthotics and Prosthetics	Prior Authorization required REGARDLESS of the cost	L0112	L1980	L3740	L5639	L5966	L6708
		L0140	L1990	L3764	L5640	L5968	L6709
		L0150	L2000	L3765	L5642	L5973	L6711
		L0170	L2005	L3766	L5643	L5975	L6712
		L0200	L2010	L3891	L5644	L5976	L6713
		L0220	L2020	L3900	L5645	L5979	L6714
		L0452	L2030	L3901	L5646	L5980	L6715
		L0456	L2034	L3904	L5647	L5981	L6721
		L0457	L2036	L3905	L5648	L5982	L6722
		L0458	L2037	L3921	L5649	L5984	L6880
		L0460	L2038	L3956	L5650	L5986	L6881
		L0462	L2040	L3961	L5651	L5987	L6882
		L0464	L2050	L3967	L5652	L5988	L6883
		L0466	L2060	L3971	L5653	L5990	L6884
		L0468	L2070	L3973	L5654	L5999	L6885
		L0480	L2080	L3975	L5661	L6000	L6895
		L0482	L2090	L3976	L5665	L6010	L6900
		L0484	L2106	L3977	L5671	L6020	L6905
		L0486	L2108	L3978	L5673	L6026	L6910
		L0622	L2126	L4000	L5676	L6050	L6915
		L0623	L2128	L4020	L5677	L6055	L6920
		L0624	L2132	L4030	L5679	L6100	L6925
		L0629	L2134	L4040	L5681	L6110	L6930
		L0631	L2136	L4045	L5682	L6120	L6935
		L0632	L2200	L4050	L5683	L6130	L6940
		L0634	L2210	L4055	L5700	L6200	L6945
		L0636	L2220	L4631	L5701	L6205	L6950
		L0637	L2230	L5010	L5702	L6250	L6955
		L0638	L2232	L5020	L5703	L6300	L6960
		L0640	L2240	L5050	L5704	L6310	L6965
		L0648	L2250	L5060	L5705	L6320	L6970
		L0650	L2260	L5100	L5706	L6350	L6975
		L0651	L2270	L5105	L5707	L6360	L7007
		L0700	L2275	L5150	L5711	L6370	L7008
		L0710	L2280	L5160	L5712	L6380	L7009
		L0810	L2320	L5200	L5714	L6382	L7040
		L0820	L2340	L5210	L5716	L6384	L7045
		L0830	L2350	L5220	L5718	L6386	L7170
		L0859	L2387	L5230	L5722	L6388	L7180
		L0999	L2520	L5250	L5724	L6400	L7181
		L1000	L2525	L5270	L5726	L6450	L7185
		L1001	L2526	L5280	L5728	L6500	L7186
		L1005	L2627	L5301	L5780	L6550	L7190
L1200	L2628	L5312	L5781	L6570	L7191		
L1300	L2800	L5321	L5782	L6580	L7259		
L1310	L2861	L5331	L5785	L6582	L7364		
L1499	L3160	L5341	L5790	L6584	L7366		
L1630	L3201	L5400	L5795	L6586	L7368		
L1640	L3202	L5420	L5810	L6588	L7404		
L1680	L3203	L5500	L5811	L6590	L7405		
L1685	L3204	L5505	L5812	L6621	L7499		
L1690	L3206	L5510	L5814	L6623	L8035		
L1700	L3207	L5520	L5816	L6624	L8039		
L1710	L3208	L5530	L5818	L6625	L8040		
L1720	L3209	L5535	L5822	L6628	L8041		

Procedures and Services	Additional Information	CPT or HCPCS Codes						
Orthotics and Prosthetics (Cont'd)	Prior Authorization required REGARDLESS of the cost	L1730	L3211	L5540	L5824	L6637	L8042	
		L1755	L3212	L5560	L5826	L6638	L8043	
		L1834	L3213	L5570	L5828	L6646	L8044	
		L1840	L3214	L5580	L5830	L6647	L8045	
		L1843	L3215	L5585	L5840	L6648	L8046	
		L1844	L3250	L5590	L5845	L6686	L8047	
		L1845	L3251	L5595	L5848	L6687	L8049	
		L1846	L3252	L5600	L5856	L6688	L8499	
		L1851	L3253	L5610	L5857	L6689	L8505	
		L1852	L3254	L5611	L5858	L6690	L8604	
		L1860	L3255	L5613	L5859	L6691	L8609	
		L1904	L3257	L5614	L5910	L6692	L8627	
		L1920	L3265	L5616	L5920	L6693	L8628	
		L1932	L3320	L5622	L5930	L6694	L8631	
		L1940	L3485	L5624	L5940	L6695	L8659	
		L1945	L3649	L5626	L5950	L6696	L8699	
		L1950	L3671	L5628	L5960	L6697		
		L1951	L3674	L5630	L5961	L6698		
		L1970	L3720	L5631	L5962	L6704		
		L1971	L3730	L5638	L5964	L6707		
Oxygen	Prior Authorization Required	E0424	E0431	E0435	E0441	E1352	E1392	
		E0425	E0433	E0439	E0443	E1390	E1405	
		E0430	E0434	E0440	E0444	E1391	E1406	
							K0738	
Ancillary/Specialty Services								
Procedures and Services	Additional Information	CPT or HCPCS Codes						
Transplant Evaluation and Program Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required ONLY if billed with transplant related DX codes	99205						
		Prior Authorization Required	0537T	33930	38214	44715	47146	50365
	0538T		33933	38215	44720	47147	50370	
	0539T		33935	38232	44721	48550	50380	
	0540T		33940	38240	47133	48551	50360	
	32850		33944	38241	47135	48552	50547	
	32851		33945	38242	47140	48554	S2060	
	32852		38208	44132	47141	50300	S2061	
	32853		38209	44133	47142	50320	S2152	
	32854		38210	44135	47143	50323		
	32855		38212	44136	47144	50325		
	32856		38213	44137	47145	50340		
	Cardiac/Pulmonary Rehabilitation		Prior Authorization Required	93797	94799	G0238	G0422	G0424
		93798		G0237	G0239	G0423		
Home Health								
Procedures and Services	Additional Information	CPT or HCPCS Codes						
Skilled Nursing Visit Therapies Home Health Aide	Prior Authorization Required	94005	G0129	G0155	G0159	G0299	G0494	
		97605	G0151	G0156	G0160	G0300	G0495	
		97606	G0152	G0157	G0161	G0409	G0496	
		B4185	G0153	G0158	G0162	G0493		

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	Prior Authorization Required	A0425 A0426	A0427 A0428	A0429 A0432	A0433 A0434	A0999	

Sleep Studies and Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Facility Based Sleep Studies	Prior Authorization NOT required if services performed at HOME	95782 95783	95800 95801	95805 95806	95807 95808	95810 95811	
Oral Appliances	Prior Authorization Required	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	42299

Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Antihemophilic Agents	Prior authorization required	J7170 J7180	J7185 J7186	J7190 J7192	J7195 J7197	J7201 J7202	J7209
	Prior authorization is also required for:	J7182 J7183	J7187 J7189	J7193 J7194	J7198 J7200	J7205 J7207	
Antimicrobials	• Any newly released or unassigned Part B drug for Oncology, Oncology supportive agents & Therapeutic radiopharmaceuticals categories in addition to the listed codes	J0875	J0878	J2407			
Asthma Agents		J0517	J2182	J2357	J2786		
Blood Modifiers		J0256	J2796	J1300	J1303		
Botulinum Toxins A & B		J0585	J0586	J0587	J0588		
Calcimimetics		J0606					
Enzymes	• Any newly released or unassigned Part B drug with a billed amount of \$1000 or more per dose, for all other listed categories	J0180	J0221	J0775	J1786	J3385	
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885	J0888	Q5106		
Hyaluronic Acid		J7320 J7321	J7322 J7323	J7324 J7325	J7326 J7327	J7329 J7331	J7332
Immune Globulins (IVIG/ SCIG)		J1459 J1555	J1556 J1557	J1561 J1566	J1568 J1569	J1572 J1575	J1599 J7504 J7511

Procedures and Services	Additional Information	CPT or HCPCS Codes							
Immunologic Agents	Prior authorization required	J0129	J0490	J0598	J1745	J3262	Q5103		
		J0202	J0565	J0717	J2323	J3357	Q5104		
	Prior authorization is also required for:	J0480	J0596	J1602	J2350	J3358	Q5109		
		J0485	J0597	J1628	J2507	J3380			
Iron Supplements	<ul style="list-style-type: none"> Any newly released or unassigned Part B drug for Oncology, Oncology supportive agents & Therapeutic radiopharmaceuticals categories in addition to the listed codes Any newly released or unassigned Part B drug with a billed amount of \$1000 or more per dose, for all other listed categories 	J1439	Q0138						
Neurologic & Musculoskeletal Agents		C9036	J0584	J1301	J1428	J2326	J3398		
		J0222							
Ophthalmic Agents			J0178	J2778	J7311	J7312	J7313	J7316	
			J2503	J3396					
Osteoporosis			J0897	J3111					
Pulmonary Hypertension		J1325	J3285	J7686	Q4074				
Therapeutic Radiopharmaceuticals		A9513	A9606	A9699					
Oncologic Agents and Oncologic Supportive Agents	Prior Authorization Required	J0185	J9032	J9153	J9217	J9302	J9600		
		J0640	J9033	J9155	J9218	J9303	J9999		
		J0641	J9034	J9160	J9219	J9305	Q2017		
		J0897	J9035	J9165	J9225	J9306	Q2041		
		J1190	J9036	J9171	J9226	J9307	Q2042		
		J1442	J9039	J9173	J9228	J9308	Q2043		
		J1447	J9040	J9175	J9229	J9311	Q2049		
		J1453	J9041	J9176	J9230	J9312	Q2050		
		J1454	J9042	J9178	J9245	J9315	Q5101		
		J1627	J9043	J9179	J9250	J9320	Q5107		
		J1930	J9044	J9181	J9260	J9325	Q5108		
		J2353	J9045	J9185	J9261	J9328	Q5110		
		J2469	J9047	J9190	J9262	J9330	Q5111		
		J2505	J9050	J9200	J9263	J9340	Q5112		
		J2783	J9055	J9201	J9264	J9351	Q5113		
		J2820	J9057	J9202	J9266	J9352	Q5114		
		J9000	J9060	J9203	J9267	J9354	Q5115		
		J9015	J9065	J9205	J9268	J9355	Q5116		
		J9017	J9070	J9206	J9270	J9356	Q5117		
		J9019	J9098	J9207	J9271	J9357	Q5118		
		J9020	J9100	J9208	J9280	J9360			
		J9022	J9120	J9209	J9285	J9370			
		J9023	J9130	J9211	J9293	J9371			
		J9025	J9145	J9212	J9295	J9390			
		J9027	J9150	J9213	J9299	J9395			
		J9030	J9151	J9214	J9301	J9400			
			Prior authorization required ONLY if specialty is NOT Ophthalmologist	J9035					
		Unclassified Agents	Prior authorization required for categories other than Oncology, Oncology supportive agents & Therapeutic Radiopharmaceuticals unclassified drug codes with a billed amount of \$1000 or more per dose	A9699	C9399	J3490	J3590	J7999	

Additional Services Provided by WellMed

Care Management	
<p>You may refer patients for any of the services listed below by submitting a referral through https://eprg.wellmed.net</p>	
Complex Care Management	Transition Care Management
<ul style="list-style-type: none"> 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. <p>Patients may be enrolled in Complex Care by:</p> <ul style="list-style-type: none"> The primary care provider Self-referral Claims data Disease management Utilization management Discharge planning <p>The program includes:</p> <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Inpatient Care Managers offer coordination of care to members in the inpatient setting in person or via phone. <p>Inpatient Care Manager Provides:</p> <ul style="list-style-type: none"> 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

WellMed Texas Medicare Advantage Prior Authorization Requirements Effective July 1, 2020

General Information

This list contains prior authorization requirements for participating care providers in **Texas** for inpatient and outpatient services. Prior authorization is **NOT** required for emergency or urgent care.

Included Plans

The following listed plans¹ require prior authorization in Texas for **in-network** services:

<p>Austin: AARP Medicare Advantage Focus (HMO) AARP Medicare Advantage Focus Essential (HMO) UnitedHealthcare Dual Complete Focus (HMO SNP) UnitedHealthcare Chronic Complete (HMO CSNP) AARP Medicare Advantage Walgreens (PPO) Humana Gold Plus (HMO) Humana Gold Plus (HMO SNP) Amerivantage Classic (HMO) Amerivantage Dual Coordination (HMO SNP) Amerivantage Dual Secure (HMO SNP) Amerivantage ESRD (HMO-POS SNP)</p>	<p>El Paso: AARP Medicare Advantage Focus (HMO) AARP Medicare Advantage Focus Essential (HMO) UnitedHealthcare Dual Complete Focus (HMO SNP) UnitedHealthcare Chronic Complete (HMO CSNP) Cigna-HealthSpring Preferred (HMO) Cigna-HealthSpring TotalCare (HMO SNP) Humana Gold Plus (HMO) Humana Gold Plus (HMO SNP) Humana Gold Plus (SNP) Amerivantage Classic (HMO)</p>
<p>Corpus Christi: AARP Medicare Advantage SecureHorizons (HMO) UnitedHealthcare Dual Complete UnitedHealthcare Group Retiree Plans (HMO) AARP Medicare Advantage Focus (HMO) AARP Medicare Advantage Focus Essential (HMO) UnitedHealthcare Dual Complete Focus (HMO SNP) UnitedHealthcare Chronic Complete (HMO CSNP)</p>	<p>Dallas & Fort Worth: AARP Medicare Advantage SecureHorizons (HMO) AARP Medicare Advantage SecureHorizons Essential (HMO) UnitedHealthcare Dual Complete AARP Medicare Advantage SecureHorizons Plan 2 (HMO POS) AARP Medicare Advantage (HMO POS) UnitedHealthcare Group Retiree Plans (HMO) Humana Gold Plus (HMO) Humana Gold Plus (HMO SNP) Humana Gold Plus (SNP)</p>
<p>Rio Grande Valley: AARP Medicare Advantage Focus (HMO) AARP Medicare Advantage Focus Essential (HMO) UnitedHealthcare Dual Complete Focus (HMO SNP) UnitedHealthcare Chronic Complete (HMO CSNP) AARP Medicare Advantage Choice (PPO) Cigna-HealthSpring Preferred (HMO) Cigna-HealthSpring TotalCare (HMO SNP) Cigna-HealthSpring Advantage (HMO) Cigna-HealthSpring Preferred (HMO) Group Retiree Plan Humana Gold Plus (HMO) Humana Gold Plus (HMO SNP)</p>	<p>San Antonio: AARP Medicare Advantage SecureHorizons (HMO) AARP Medicare Advantage SecureHorizons Essential (HMO) UnitedHealthcare Dual Complete UnitedHealthcare Chronic Complete UnitedHealthcare Group Retiree Plans (HMO) AARP Medicare Advantage Walgreens (PPO) Cigna-HealthSpring Preferred (HMO) Cigna-HealthSpring TotalCare (HMO SNP) Amerivantage Classic (HMO) Amerivantage Dual Coordination (HMO SNP) Amerivantage Dual Secure (HMO SNP) Amerivantage Select (HMO)</p>

Excluded Plans

WellMed Prior Authorization Requirements **do not apply** to the following excluded benefit plans in Texas/New Mexico:

<p>TX/El Paso & New Mexico: AARP Medicare Advantage Choice (PPO)</p>
<p>Houston: AARP Medicare Advantage Plan 1 (HMO-POS), AARP Medicare Advantage Plan 2 (HMO)</p>
<p>Waco: AARP Medicare Advantage Focus Essential (HMO), AARP Medicare Advantage (HMO POS), AARP Medicare Advantage Walgreens (PPO)</p>

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

¹ Subject to Change

Please Verify Eligibility and Medical Benefits Before Requesting Prior Authorization (PA)

Members are required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

How to submit the request?

Standard	Expedited	Hospital Inpatient Admissions	Specialist Referral Program
<p>For prompt determination, submit ALL STANDARD requests using the Web Portal (ePRG): https://eprg.wellmed.net</p> <p>Fax: 1-866-322-7276 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 time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.</p> <p>Fax: 1-866-322-7276 Phone:1-877-757-4440</p>	<p>Fax: 1-877-757-8885 Phone:1-877-490-8982</p>	<p>Referrals to specialists are required in some markets. Please follow your market's current referral process (if your market currently does not have a referral process, then this does not apply). All referral requests must be submitted through the provider portal (ePRG): https://eprg.wellmed.net</p>

The Following Services Require Prior Authorization Before Scheduling/Rendering the Services

Inpatient Admissions		
Procedures and Services	Additional Information	How to obtain Prior Authorization
<p>Elective/scheduled admission (acute care facility) Acute Inpatient Rehabilitation Long Term Acute Care (LTAC) Skilled Nursing Facility (SNF) Subacute admissions Emergency Room admission Inpatient and Observation stays</p>	<p>Prior Authorization required</p> <p>Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours</p>	<p>Fax: 1-877-757-8885 Phone: 1-877-490-8982</p>
<p>Emergency Room admission</p>	<p>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</p>	<p>Fax: 1-877-757-8885 Phone: 1-877-490-8982</p>
Out-of-Network Services		
Procedures and Services	Additional Information	How to obtain Prior Authorization
<p>All out-of-network inpatient and outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments</p>	<p>Prior Authorization required for all recommendations from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with WellMed</p>	<p>Fax: 1-866-322-7276 Phone: 1-877-757-4440</p>
Other Services That May Require PA		
Procedures and Services	Additional Information and how to obtain Prior Authorization	
<p>Behavioral Health Services Behavioral Health Services through a designated behavioral health network</p>	<p>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</p>	
<p>Clinical Trials</p>	<p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card for detailed information regarding coverage.</p>	

Surgeries/Procedure/Testing (Inpatient or Outpatient Services)

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Artificial Skin Substitute	Prior Authorization required	Q4121	Q4123				
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures	Prior Authorization Required	20974 20975	20979 E0747	E0748 E0749	E0760		
Botox Injections	Prior Authorization Required	J0585	J0586	J0587	J0588		
Cochlear and Osseointegrated Implants Surgically implanted devices to help persons with profound deafness achieve conversational speech	Prior Authorization Required	69714 69715	69718 69930	L8614 L8619	L8690 L8691	L8692	
Enhanced External Counter Pulsation (EECP)	Prior Authorization Required	G0166	G0177				
Gender Dysphoria Treatment	Prior Authorization required regardless of DX codes	55970	55980				
	Prior Authorization required ONLY if billed with the following DX codes	F64.0 14000 14001 14041 15734 15738 15750 15757 15758 15775 15776	F64.1 15780 15781 15782 15783 15788 15789 15792 15793 19303 21899	F64.2 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405	F64.8 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805	F64.9 57106 57110 57291 57292 57295 57296 57335 57426 58661 58720	Z87.890 58940 64856 64892 64896 92507 92508
Hyperbaric Oxygen	Prior Authorization Required	99183	99184	G0277			
Implantable Pain Pumps Neurostimulators (Implantation of a device that sends electrical impulses)	Prior Authorization Required	0200T 0201T 0309T 0375T 0587T 0588T	22558 22585 22586 22869 22590 22595 22600	22865 22867 22868 22869 22870 22870 22899	62324 62325 62326 62327 62350 62351	63082 63085 63086 63087 63088 63090	63286 63287 63290 63295 63300 63301
Orthopedic Surgeries (Spine and joint surgeries)		22100 22101 22102 22103 22110 22112 22114 22116 22206 22207 22208 22210 22212 22214 22216	22610 22612 22614 22630 22632 22633 22634 22800 22802 22804 22808 22810 22812 22818 22819	23470 23472 24360 24361 24362 24363 27120 27122 27125 27130 27132 27134 27137 27138 27279	62355 62360 62361 62362 62365 62367 62368 62380 63001 63003 63005 63011 63012 63015 63016	63091 63101 63102 63103 63170 63172 63173 63180 63182 63185 63190 63191 63194 63195 63196	63302 63303 63304 63305 63306 63307 63308 63650 63655 63660 63661 63662 63663 63664 63685

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Implantable Pain Pumps Neurostimulators (cont'd)	Prior Authorization Required	22220	22830	27280	63017	63197	63688
		22222	22840	27412	63020	63198	64553
Orthopedic Surgeries (cont'd)		22224	22841	27445	63030	63199	64555
		22226	22842	27446	63035	63200	64560
		22510	22843	27447	63040	63250	64561
		22511	22844	27486	63042	63251	64565
		22512	22845	27487	63043	63252	64566
		22513	22846	29866	63044	63265	64568
		22514	22847	29867	63045	63266	64569
		22515	22848	29868	63046	63267	64570
		22520	22849	29914	63047	63268	64575
		22521	22850	29915	63048	63270	64577
		22522	22851	29916	63050	63271	64580
		22523	22852	61850	63051	63272	64581
		22524	22853	61860	63055	63273	64585
		22525	22854	61863	63056	63275	64590
		22532	22855	61864	63057	63276	64595
		22533	22856	61867	63064	63277	64722
		22534	22857	61868	63066	63278	64999
		22548	22858	61885	63075	63280	95990
		22551	22859	61886	63076	63281	95991
		22552	22861	62287	63077	63282	J7330
22554	22862	62318	63078	63283	L8679		
22556	22864	62319	63081	63285			
Molecular Diagnostic/ Genetic Testing	Prior Authorization Required	81120	81216	81240	81401	81450	81551
		81121	81217	81241	81402	81455	84999
		81165	81225	81242	81403	81479	87999
		81166	81226	81247	81404	81518	
		81167	81227	81291	81405	81519	
		81201	81230	81321	81406	81528	
		81214	81231	81335	81407	81541	
		81215	81232	81400	81408	81545	
Mohs micrographic surgery	Prior Authorization Required	17311	17312	17313	17314	17315	
Oral-maxillofacial/TMJ Surgery/Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment	Prior Authorization Required	21085	21125	21146	21159	21196	21240
		21089	21127	21147	21160	21198	21242
		21120	21141	21150	21188	21199	21244
		21121	21142	21151	21193	21206	21245
		21122	21143	21154	21194	21210	21246
		21123	21145	21155	21195	21215	21247
Other codes not listed in any category, including unlisted/unspecified	Prior Authorization Required	28890	53899	64744	69799	95965	
		36514	64405	66180	69949	95966	

Procedures and Services	Additional Information	CPT or HCPCS Codes						
Plastic, Reconstructive, or Cosmetic Procedures	Prior Authorization NOT required if surgical codes billed with the listed breast cancer DX codes	11920	19318	19330	19357	19367	19371	
		11921	19324	19340	19361	19368	19380	
		11922	19325	19342	19364	19369	19396	
		19316	19328	19350	19366	19370	19499	
							L8600	
		Reconstruction of the breast except when following mastectomy	C50.011	C50.212	C50.412	C50.612	C50.912	D05.80
			C50.012	C50.219	C50.419	C50.619	C50.919	D05.81
			C50.019	C50.221	C50.421	C50.621	C50.921	D05.82
			C50.021	C50.222	C50.422	C50.622	C50.922	D05.90
			C50.022	C50.229	C50.429	C50.629	C50.929	D05.91
C50.029	C50.311		C50.511	C50.811	C79.81	D05.92		
C50.111	C50.312		C50.512	C50.812	D05.00	Z42.1		
C50.112	C50.319		C50.519	C50.819	D05.01	Z85.3		
C50.119	C50.321		C50.521	C50.821	D05.02	Z90.10		
C50.121	C50.322		C50.522	C50.822	D05.10	Z90.11		
C50.122	C50.329	C50.529	C50.829	D05.11	Z90.12			
C50.129	C50.411	C50.611	C50.911	D05.12	Z90.13			
C50.211								
Plastic, Reconstructive, or Cosmetic Procedures (cont'd)	Prior Authorization Required	11960	21175	21260	30420	31296	67950	
		11971	21179	21261	30430	31297	67961	
		15820	21180	21263	30435	31298	67966	
		15821	21181	21267	30450	40799	67999	
		15822	21182	21268	30460	67900	69399	
		15823	21183	21275	30462	67901	92700	
		15830	21184	21299	30465	67902	96999	
		15847	21230	21740	30540	67903	Q2026	
		17106	21235	21742	30545	67904		
		17107	21248	21743	30560	67906		
17108	21249	28344	30620	67908				
17999	21255	30400	30999	67909				
21172	21256	30410	31295	67912				
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function Rhinoplasty Treatment of nasal functional impairment and septal deviation		11960	21175	21260	30420	31296	67950	
		11971	21179	21261	30430	31297	67961	
		15820	21180	21263	30435	31298	67966	
		15821	21181	21267	30450	40799	67999	
		15822	21182	21268	30460	67900	69399	
		15823	21183	21275	30462	67901	92700	
		15830	21184	21299	30465	67902	96999	
		15847	21230	21740	30540	67903	Q2026	
		17106	21235	21742	30545	67904		
		17107	21248	21743	30560	67906		
17108	21249	28344	30620	67908				
17999	21255	30400	30999	67909				
21172	21256	30410	31295	67912				
Site of Service Ophthalmology	Prior Authorization required ONLY if services are rendered in Hospital Outpatient setting	65426	66170	66982	67036	67311		
		65730	66761	66984	67040	67312		
		65855	66821	67028	67228			
Venous Procedures	Prior Authorization Required	36465	36473	36478	37718	37780	37766	
		36466	36475	37700	37722	37765		
Ventricular Assist Devices (VAD)	Prior Authorization Required	33927	33929	33976	33981	33983		
		33928	33975	33979	33982			

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	G0173	G0251	G0339	G0340
Advanced Radiology & Radiation Treatments							
Procedures and Services	Additional Information	CPT or HCPCS Codes					
3D Imaging	Prior Authorization Required	0042T	72130	73725	78014	78458	78803
CT and CTA		70336	72131	74150	78015	78459	78804
MRI and MRA	For TX members from	70450	72132	74160	78016	78466	78811
Nuclear Medicine	Austin, Corpus Christi,	70460	72133	74170	78018	78468	78812
PET Scan	DFW, El Paso (except	70470	72141	74174	78020	78469	78813
	AARP Medicare Advantage	70480	72142	74175	78070	78472	78814
	Choice PPO), Rio Grande	70481	72146	74176	78071	78473	78815
	Valley, San Antonio -	70482	72147	74177	78072	78481	78816
	contact eviCore for Prior	70486	72148	74178	78075	78483	78830
	Authorization	70487	72149	74181	78102	78491	78831
	1-888-693-3211	70488	72156	74182	78103	78492	78832
	OR go to	70490	72157	74183	78104	78494	C8900
	https://myportal.medsolutions.com	70491	72158	74185	78140	78496	C8901
		70492	72159	74261	78185	78499	C8902
		70496	72191	74262	78195	78579	C8903
	For Humana Members from	70498	72192	74712	78201	78580	C8905
	Austin, El Paso, DFW, Rio	70540	72193	74713	78202	78582	C8906
	Grande Valley (Humana	70542	72194	75557	78215	78597	C8908
	Gold Plus, Humana Gold	70543	72195	75559	78216	78598	C8909
	Plus SNP-DE, Humana	70544	72196	75561	78226	78600	C8910
	Choice Medicare Advantage	70545	72197	75563	78227	78601	C8911
	PPO, Humana Choice	70546	72198	75565	78230	78605	C8912
	Regional PPO) - follow	70547	73200	75571	78231	78606	C8913
	regular WellMed Prior	70548	73201	75572	78232	78608	C8914
	Authorization request	70549	73202	75573	78258	78610	C8918
	process	70551	73206	75574	78261	78630	C8919
		70552	73218	75635	78262	78635	C8920
	<u>For TX Members from</u>	70553	73219	76376	78264	78645	C8931
	<u>TX: Houston, Waco, El</u>	70554	73220	76377	78265	78650	C8932
	<u>Paso (AARP Medicare</u>	70555	73221	76380	78266	78660	C8933
	<u>Advantage Choice PPO)</u>	71250	73222	76391	78278	78699	C8934
	<u>and New Mexico</u> please visit	71260	73223	76497	78282	78700	C8935
	<u>UHCprovider.com/priorauth</u>	71270	73225	76498	78290	78701	C8936
	> <i>Radiology</i> for more details	71275	73700	77021	78291	78707	G0297
	and the CPT codes that	71550	73701	77022	78300	78708	
	require prior authorization	71551	73702	77046	78305	78709	
		71552	73706	77047	78306	78725	
		71555	73718	77048	78315	78730	
		72125	73719	77049	78414	78740	
		72126	73720	77078	78428	78761	
		72127	73721	77084	78445	78800	
		72128	73722	78012	78456	78801	
		72129	73723	78013	78457	78802	

Cardiac Procedures

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Cardiac Rhythm Implantable Devices (CRID)	Prior Authorization Required	0331T	33214	33274	93307	93356	93532
		0332T	33221	33289	93308	93451	93533
Cardiac Diagnostic Cath ECHO & ECHO STRESS Myocardial Perfusion Imaging (Nuclear Stress) Radiology: Nuclear Medicine	For TX Members from Austin, Corpus Christi, El Paso (except AARP Medicare Advantage Choice PPO), Rio Grande Valley - contact eviCore for Prior Authorization 1-888-693-3211 OR go to https://myportal.medsolutions.com For Humana Members from Austin, El Paso, Rio Grande Valley (Humana Gold Plus, Humana Gold Plus SNP-DE) - follow regular WellMed Prior Authorization request process <u>For TX Members from TX: Houston, Waco, El Paso (AARP Medicare Advantage Choice PPO) and New Mexico please visit UHCprovider.com/priorauth > Cardiology for more details and the CPT codes that require prior authorization</u>	0439T	33224	78429	93312	93452	C8921
		0501T	33225	78430	93313	93453	C8922
		0502T	33227	78431	93314	93454	C8923
		0503T	33228	78432	93315	93455	C8924
		0504T	33229	78433	93316	93456	C8925
		0515T	33230	78434	93317	93457	C8926
		0516T	33231	78451	93318	93458	C8928
		0517T	33240	78452	93320	93459	C8929
		33206	33249	78453	93321	93460	C8930
		33207	33262	78454	93325	93461	
		33208	33263	93303	93350	93462	
		33212	33264	93304	93351	93530	
		33213	33270	93306	93352	93531	
	Prior Authorization Required	0331T	0515T	33213	33229	33264	78434
		0332T	0516T	33214	33230	33270	
	For TX Members from DFW and San Antonio	0439T	0517T	33221	33231	78429	
	follow regular WellMed	0501T	33206	33224	33240	78430	
	Prior Authorization request	0502T	33207	33225	33249	78431	
	process	0503T	33208	33227	33262	78432	
		0504T	33212	33228	33263	78433	

Durable Medical Equipment (DME)

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Durable Medical Equipment (For Prosthetics see Orthotics and Prosthetics)	Prior Authorization required REGARDLESS of the cost	A9999	E0675	E1070	E2313	E2630	K0823
		E0147	E0692	E1084	E2321	E2631	K0824
		E0170	E0693	E1085	E2322	E2632	K0825
		E0193	E0694	E1086	E2325	K0005	K0826
		E0194	E0700	E1087	E2327	K0008	K0827
		E0217	E0710	E1089	E2328	K0009	K0828
		E0246	E0740	E1100	E2329	K0010	K0829
		E0265	E0745	E1110	E2330	K0011	K0830
		E0266	E0746	E1150	E2331	K0012	K0831
		E0277	E0747	E1160	E2340	K0013	K0835
		E0290	E0748	E1161	E2341	K0014	K0836
		E0291	E0749	E1170	E2342	K0020	K0837
		E0292	E0760	E1171	E2343	K0037	K0838
		E0293	E0761	E1172	E2351	K0039	K0839
		E0294	E0764	E1180	E2358	K0040	K0840
		E0296	E0770	E1190	E2359	K0041	K0841
		E0297	E0779	E1195	E2360	K0044	K0842
		E0300	E0782	E1200	E2361	K0046	K0843
		E0301	E0783	E1220	E2362	K0047	K0848
		E0302	E0784	E1222	E2363	K0050	K0849
		E0303	E0785	E1224	E2364	K0051	K0850
		E0304	E0786	E1227	E2366	K0053	K0851
		E0316	E0830	E1228	E2367	k0054	K0852
		E0328	E0935	E1229	E2373	K0056	K0853
		E0329	E0953	E1230	E2376	K0065	K0854
		E0350	E0954	E1231	E2377	K0072	K0855
		E0373	E0960	E1232	E2394	K0073	K0856
		E0459	E0966	E1233	E2397	K0098	K0857
		E0462	E0970	E1234	E2500	K0105	K0858
		E0465	E0973	E1235	E2504	K0108	K0859
		E0466	E0983	E1236	E2506	K0455	K0860
		E0467	E0984	E1237	E2508	K0606	K0861
		E0470	E0986	E1238	E2510	K0607	K0862
		E0471	E0988	E1239	E2603	K0608	K0863
		E0472	E0992	E1270	E2604	K0609	K0864
E0482	E1002	E1280	E2606	K0672	K0869		
E0483	E1003	E1295	E2607	K0730	K0870		
E0485	E1004	E1296	E2608	K0733	K0871		
E0603	E1005	E1297	E2609	K0743	K0877		
E0616	E1006	E1298	E2612	K0744	K0878		
E0617	E1007	E1310	E2613	K0745	K0879		
E0618	E1008	E1399	E2614	K0746	K0880		
E0635	E1009	E1812	E2615	K0800	K0884		
E0636	E1010	E1840	E2616	K0801	K0885		
E0639	E1011	E1841	E2617	K0802	K0886		
E0640	E1012	E2100	E2619	K0806	K0890		
E0651	E1016	E2201	E2620	K0807	K0891		
E0652	E1017	E2202	E2621	K0808	K0898		
E0656	E1018	E2203	E2622	K0812	K0899		
E0667	E1020	E2204	E2623	K0813	K0900		
E0668	E1029	E2228	E2624	K0814			
E0669	E1030	E2300	E2625	K0815			
E0670	E1035	E2301	E2626	K0816			
E0671	E1036	E2310	E2627	K0820			
E0672	E1037	E2311	E2628	K0821			
E0673	E1050	E2312	E2629	K0822			
Negative Pressure Wound Therapy	Prior Authorization Required	E2402					

Orthotics and Prosthetics

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Ankle Foot Orthosis – AFO	Prior Authorization required REGARDLESS of the cost	L1904	L1920	L1940	L1950	L1970	L1980
		L1907	L1932	L1945	L1951	L1971	L1990
		L1960					
Breast Prosthesis		L8035	L8042	L8045	L8049	L8604	
		L8039	L8043	L8046	L8499	L8609	
		L8041	L8044	L8047	L8505	L8699	
Hip Orthosis		L1630	L1680	L1690	L1710	L1730	
		L1640	L1685	L1700	L1720	L1755	
Knee Ankle Foot Orthosis (KAFO)		L2000	L2030	L2038	L2070	L2108	L2134
		L2005	L2034	L2040	L2080	L2126	L2136
		L2010	L2036	L2050	L2090	L2128	
		L2020	L2037	L2060	L2106	L2132	
Knee Orthosis		L1834	L1843	L1845	L1851	L1860	
		L1840	L1844	L1846	L1852		
Lower Limb Prosthetics		L5010	L5535	L5643	L5683	L5790	L5960
		L5020	L5540	L5644	L5684	L5795	L5961
		L5050	L5560	L5645	L5686	L5810	L5962
		L5060	L5570	L5646	L5688	L5811	L5964
		L5100	L5580	L5647	L5690	L5812	L5966
		L5105	L5585	L5648	L5699	L5814	L5968
		L5150	L5590	L5649	L5700	L5816	L5972
		L5160	L5595	L5650	L5701	L5818	L5973
		L5200	L5600	L5651	L5702	L5822	L5974
		L5210	L5610	L5652	L5703	L5824	L5975
		L5220	L5611	L5653	L5704	L5826	L5976
		L5230	L5613	L5654	L5705	L5828	L5978
		L5250	L5614	L5655	L5706	L5830	L5979
		L5270	L5616	L5661	L5707	L5840	L5980
		L5280	L5620	L5665	L5711	L5845	L5981
		L5301	L5622	L5668	L5712	L5848	L5982
		L5312	L5624	L5670	L5714	L5850	L5984
		L5321	L5626	L5671	L5716	L5856	L5985
		L5331	L5628	L5672	L5718	L5857	L5986
		L5341	L5629	L5673	L5722	L5858	L5987
		L5400	L5630	L5676	L5724	L5859	L5988
		L5420	L5631	L5677	L5726	L5910	L5990
		L5500	L5637	L5678	L5728	L5920	L5999
	L5505	L5638	L5679	L5780	L5925	L7510	
	L5510	L5639	L5680	L5781	L5930	L7520	
	L5520	L5640	L5681	L5782	L5940		
	L5530	L5642	L5682	L5785	L5950		
Orthopedic Shoe		L3160	L3206	L3211	L3215	L3253	L3265
		L3201	L3207	L3212	L3250	L3254	L3320
		L3202	L3208	L3213	L3251	L3255	L3485
		L3203	L3209	L3214	L3252	L3257	L3649
		L3204					

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Orthotic Add On Codes	Prior Authorization required REGARDLESS of the cost	L2200	L2250	L2340	L2525	L2755	L2830
		L2210	L2260	L2350	L2526	L2780	L2840
		L2220	L2270	L2387	L2530	L2795	L2861
		L2230	L2275	L2415	L2550	L2800	L2999
		L2232	L2280	L2425	L2627	L2810	
		L2240	L2320	L2520	L2628	L2820	
Orthotic Repair		L4000	L4030	L4045	L4050	L4055	L4631
		L4020	L4040				
Scoliosis		L1000	L1005	L1200	L1300	L1310	L1499
		L1001					
Spinal Orthosis		L0112	L0456	L0480	L0629	L0640	L0820
		L0140	L0457	L0482	L0631	L0648	L0830
		L0150	L0460	L0484	L0632	L0650	L0859
		L0170	L0462	L0486	L0634	L0651	L0999
		L0200	L0464	L0622	L0636	L0700	
		L0220	L0466	L0623	L0637	L0710	
		L0452	L0468	L0624	L0638	L0810	
Upper Limb Prosthetics		L6000	L6380	L6625	L6698	L6900	L7040
		L6010	L6382	L6628	L6704	L6905	L7045
		L6020	L6384	L6637	L6707	L6910	L7170
		L6026	L6386	L6638	L6708	L6915	L7180
		L6050	L6388	L6646	L6709	L6920	L7181
		L6055	L6400	L6647	L6711	L6925	L7185
		L6100	L6450	L6648	L6712	L6930	L7186
		L6110	L6500	L6686	L6713	L6935	L7190
		L6120	L6550	L6687	L6714	L6940	L7191
		L6130	L6570	L6688	L6715	L6945	L7259
		L6200	L6580	L6689	L6721	L6950	L7404
		L6205	L6582	L6690	L6722	L6955	L7405
		L6250	L6584	L6691	L6880	L6960	L7499
		L6300	L6586	L6692	L6881	L6965	
		L6310	L6588	L6693	L6882	L6970	
		L6320	L6590	L6694	L6883	L6975	
		L6350	L6621	L6695	L6884	L7007	
	L6360	L6623	L6696	L6885	L7008		
	L6370	L6624	L6697	L6895	L7009		
Upper Extremity Orthosis		L3671	L3740	L3891	L3905	L3967	L3976
		L3674	L3764	L3900	L3921	L3971	L3977
		L3720	L3765	L3901	L3956	L3973	L3978
		L3730	L3766	L3904	L3961	L3975	

Ancillary/Specialty Services

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Transplant Evaluation and Program Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required ONLY if billed with transplant related DX codes	99205					
	Prior Authorization Required	0537T	33930	38214	44715	47146	50360
		0538T	33933	38215	44720	47147	50365
		0539T	33935	38232	44721	48550	50370
		0540T	33940	38240	47133	48551	50380
		32850	33944	38241	47135	48552	50547
		32851	33945	38242	47140	48554	Q2041
		32852	38208	44132	47141	50300	Q2042
		32853	38209	44133	47142	50320	S2060
		32854	38210	44135	47143	50323	S2061
		32855	38212	44136	47144	50325	S2152
		32856	38213	44137	47145	50340	
Cardiac/Pulmonary Rehabilitation	Prior Authorization Required	93797	94799	G0238	G0422	G0424	
		93798	G0237	G0239	G0423		

Home Health

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Skilled Nursing Visit Therapies	Prior Authorization Required	94005	G0129	G0155	G0159	G0299	G0494
		97605	G0151	G0156	G0160	G0300	G0495
Home Health Aide		97606	G0152	G0157	G0161	G0409	G0496
		B4185	G0153	G0158	G0162	G0493	

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	Prior Authorization Required	A0426	A0428	A0432	A0433	A0434	A0999

Sleep Studies and Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Facility Based Sleep Studies	Prior Authorization NOT required if services performed at HOME	95782	95805	95808	95811		
		95783	95807	95810			
Oral Appliances	Prior Authorization Required	E0486	E0485				
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	42299

Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Antihemophilic Agents	Prior authorization required	J7170	J7185	J7190	J7195	J7201	J7209
		J7180	J7186	J7192	J7197	J7202	
	Prior authorization is also required for:	J7182	J7187	J7193	J7198	J7205	
		J7183	J7189	J7194	J7200	J7207	
Antimicrobials	• Any newly released or unassigned Part B drug for Oncology, Oncology supportive agents & Therapeutic radiopharmaceuticals categories in addition to the listed codes	J0875	J0878	J2407			
Asthma Agents		J0517	J2182	J2357	J2786		
Blood Modifiers		C9053	J0256	J2796	J1300	J1303	
Botulinum Toxins A & B		J0585	J0586	J0587	J0588		
Calcimimetics		J0606					
Enzymes	• Any newly released or unassigned Part B drug with a billed amount of \$1000 or more per dose, for all other listed categories	J0180	J0221	J0775	J1786	J3385	
Erythropoiesis Stimulating Agents (ESA)		J0881	J0885	J0888	Q5106		
Gastrointestinal agent		C9056					
Hyaluronic Acid		J7318	J7322	J7324	J7326	J7328	J7331
		J7320	J7323	J7325	J7327	J7329	J7332
		J7321					
Immune Globulins (IVIG/ SCIG)		J1459	J1556	J1561	J1568	J1572	J1599
		J1555	J1557	J1566	J1569	J1575	J7504
							J7511
Immunologic Agents		J0129	J0490	J0598	J1745	J3262	Q5103
		J0202	J0565	J0717	J2323	J3357	Q5104
		J0480	J0596	J1602	J2350	J3358	Q5109
		J0485	J0597	J1628	J2507	J3380	
Iron Supplements		J1439	Q0138				
Neurologic & Musculoskeletal Agents		C9036	J0584	J1301	J1428	J2326	J3398
		J0222					
Ophthalmic Agents		J0178	J2503	J3396	J7312	J7313	J7316
		J0179	J2778	J7311			
Osteoporosis		J0897	J3111				
Pulmonary Hypertension		J1325	J3285	J7686	Q4074		
Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9699	

Procedures and Services	Additional Information	CPT or HCPCS Codes					
Oncologic Agents and Oncologic Supportive Agents	Prior Authorization Required	C9058	J9030	J9153	J9214	J9301	J9400
		J0185	J9032	J9155	J9215	J9302	J9600
		J0640	J9033	J9160	J9216	J9303	J9999
		J0641	J9034	J9165	J9217	J9305	Q2017
		J0642	J9036	J9171	J9218	J9306	Q2041
		J0894	J9039	J9173	J9225	J9307	Q2042
		J0897	J9040	J9175	J9226	J9308	Q2043
		J1190	J9041	J9176	J9228	J9309	Q2049
		J1442	J9042	J9178	J9229	J9311	Q2050
		J1447	J9043	J9179	J9230	J9312	Q5101
		J1453	J9044	J9181	J9245	J9313	Q5108
		J1454	J9045	J9185	J9250	J9315	Q5110
		J1627	J9047	J9190	J9260	J9320	Q5111
		J1930	J9050	J9199	J9261	J9325	Q5112
		J2353	J9055	J9200	J9262	J9328	Q5113
		J2469	J9057	J9201	J9263	J9330	Q5114
		J2505	J9060	J9202	J9264	J9340	Q5115
		J2783	J9065	J9203	J9266	J9351	Q5116
		J2820	J9070	J9204	J9267	J9352	Q5117
		J9000	J9098	J9205	J9268	J9354	Q5118
		J9015	J9100	J9206	J9269	J9355	
		J9017	J9118	J9207	J9270	J9356	
		J9019	J9119	J9208	J9271	J9357	
		J9020	J9120	J9209	J9280	J9360	
		J9022	J9130	J9210	J9285	J9370	
		J9023	J9145	J9211	J9293	J9371	
		J9025	J9150	J9212	J9295	J9390	
J9027	J9151	J9213	J9299	J9395			
	Prior authorization required ONLY if specialty is NOT Ophthalmologist	J9035	Q5107				
Unclassified Agents	Prior authorization required for categories other than Oncology, Oncology supportive agents & Therapeutic Radiopharmaceuticals unclassified drug codes with a billed amount of \$1000 or more per dose	A9699	C9399	J3490	J3590	J7999	
Step Therapy							
Procedures and Services	Additional Information	CPT or HCPCS Codes					
Colony Stimulating Agents	Prior authorization required	J1442	J2505	Q5108	Q5111		
		J1447	Q5101	Q5110			
Erythropoiesis Stimulating Agents (ESA)	These drugs are subject to step therapy review in addition to medical necessity review	J0881	J0885				
Hyaluronic Acid		J7318	J7321	J7323	J7326	J7329	J7332
		J7320	J7322	J7324	J7327	J7331	
Immunologic Agents		J1745					
Unclassified Agents	For the following drug ONLY: Avsola® & Ziextenzo®	C9399	C9058	J3490	J3590		

Additional Services Provided by WellMed

Care Management	
<p>You may refer patients for any of the services listed below by submitting a referral through https://eprg.wellmed.net</p>	
Complex Care Management	Transition Care Management
<ul style="list-style-type: none"> 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. <p>Patients may be enrolled in Complex Care by:</p> <ul style="list-style-type: none"> The primary care provider Self-referral Claims data Disease management Utilization management Discharge planning <p>The program includes:</p> <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Inpatient Care Managers offer coordination of care to members in the inpatient setting in person or via phone. <p>Inpatient Care Manager Provides:</p> <ul style="list-style-type: none"> 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

2020 Summary of Changes to WellMed Prior Authorization Requirements

General Information

This document applies for Part B Medication Requirements in Florida and all Prior Authorization Services in Texas

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 for certain 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](#).

Texas	Florida
<ul style="list-style-type: none"> WellMed Texas Prior Authorization Requirements will apply in San Antonio, Austin, Corpus Christi, Rio Grande Valley, Dallas & Fort Worth, El Paso (except AARP Medicare Complete Choice PPO) Houston, Waco, and El Paso/New Mexico (AARP Medicare Complete Choice PPO) must follow UnitedHealthcare Prior Authorization program, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at UHCprovider.com 	<ul style="list-style-type: none"> WellMed Florida Prior Authorization Requirements (Part B Medications only) will apply in Northeast Florida, Tampa, Orlando, Treasure Coast, Southwest Florida, South Florida (except Medica HealthCare and Preferred Care Partners of Florida) South Florida (Medica HealthCare and Preferred Care Partners of Florida) must follow UnitedHealthcare Prior Authorization program, including UnitedHealthcare Summary of Changes to Advance Notification and Prior Authorization Requirements available at UHCprovider.com

Announcement Date: August 1, 2020

This month's published changes affect WellMed Texas and WellMed Florida Prior Authorization Requirements.

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Cosmetic and reconstructive procedures	15820, 15821, 15822, 15823, 15847, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 67900, 67901, 67902, 67903, 67904, 67906, 67908	UPDATE	October 1, 2020	Effective October 1, 2020 these codes will ALSO be a subject to Site of Service review in addition to medical necessity review
Implantable Pain Pumps Neurostimulators	22514	UPDATE	October 1, 2020	Effective October 1, 2020 this code will ALSO be a subject to Site of Service review in addition to medical necessity review

Changes related to WellMed Texas Prior Authorization List

Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Oral-maxillofacial/TMJ Surgery/Orthognathic Surgery Treatment	21210	UPDATE	October 1, 2020	Effective October 1, 2020 this code will ALSO be a subject to Site of Service review in addition to medical necessity review
Venous Procedures	36473, 36475, 36478	UPDATE	October 1, 2020	Effective October 1, 2020 these codes will ALSO be a subject to Site of Service review in addition to medical necessity review
Electrophysiologic Procedures	93653, 93656	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization
Medicare Part B Medications	J0791, J0896, J1558, J0223, J3399, J7314, J7333, J9177, J9358, Q5119, Q5120, Q5121	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization. Some drugs have been previously reviewed under unclassified codes and now have newly assigned codes
Medicare Part B Medications Step Therapy	J7333, Q5120, Q5121	ADD	October 1, 2020	These drugs are subject to step therapy review in addition to medical necessity review
Orthotics and Prosthetics	L8701, L8702, L9900	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization
Peripheral Arterial procedures	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization

Changes related to WellMed Texas Prior Authorization List

Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Site of Service	14040, 14060, 14301, 15100, 15120, 15220, 15240, 15260, 15380, 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, 36479, 36482, 36483, 39476, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259, 44388, 44389, 45378, 45379, 45380, 45381, 45384, 45385, 45386, 45389, 45390, 49505, 49521, 49525, 49550, 49553, 49570, 49572, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 50590, 51720, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52275, 52276, 52281, 52282, 52285, 52287, 52300, 52310, 52315, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52630, 53445, 55040, 55700, 57240, 57260, 57288, 58558, 64612, 64615, 64718, 64721, 65756, 65820, 67041, 67042, 67108, 67113, 67145, 67210, 67911	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization ONLY if services are rendered in Hospital Outpatient setting

Changes related to WellMed Florida Prior Authorization List

Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Medicare Part B Medications	J0791, J0896, J0223, J3399, J7333, J9177, J9358, Q5119, Q5120, Q5121	ADD	October 1, 2020	Effective October 1, 2020 these codes will require prior authorization. Some drugs have been previously reviewed under unclassified codes and now have newly assigned codes
Medicare Part B Medications	C9399, J3490, J3590	UPDATE	October 1, 2020	Effective October 1, 2020 drug <i>Tepezza</i> ® will require prior authorization
Medicare Part B Medications Step Therapy	J7333, Q5120, Q5121	ADD	October 1, 2020	These drugs are subject to step therapy review in addition to medical necessity review

Announcement Date: March 1, 2020

This month's published changes affect WellMed Texas and WellMed Florida Prior Authorization Requirements.

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Medicare Part B Medications	A9590, J9118, J9119, J9215, J9269, J9313	ADD	April 1, 2020	Effective April 1, 2020 these codes will require prior authorization
Orthotics and Prosthetics	L5620, L5629, L5637, L5655, L5668, L5670, L5672, L5678, L5680, L5684, L5686, L5688, L5690, L5699, L5850, L5925, L5972, L5974, L5978, L5985, L7510, L7520	ADD	April 1, 2020	Effective April 1, 2020 these codes will require prior authorization REGARDLESS of the cost

Changes related to WellMed Florida Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Medicare Part B Medications	A9590	ADD	April 1, 2020	Effective April 1, 2020 this code will require prior authorization
Medicare Part B Medications	J9212, J9213, J9216	REMOVE	March 1, 2020	Effective March 1, 2020 these codes will NOT require prior authorization

Announcement Date: February 1, 2020

This month's published changes affect WellMed Texas and WellMed Florida Prior Authorization Requirements.

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Advanced Radiology & Radiation Treatment	77058, 77059	REMOVE	February 1, 2020	Effective February 1, 2020 these codes will NOT require prior authorization
Advanced Radiology & Radiation Treatment	78282, 78456	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization. For ALL TX members (exclusions apply) – contact eviCore. For Humana members from Austin, El Paso, DFW – follow regular WellMed Prior Authorization request process
Cardiac Procedures	78429, 78430, 78431, 78432, 78433	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization. For TX members from Rio Grande Valley, Austin, Corpus Christi, El Paso (exclusion apply) – contact eviCore. For Humana members from Austin, El Paso and for ALL members from San Antonio and DFW – follow regular WellMed Prior Authorization request process

Changes related to WellMed Texas Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Gender Dysphoria Treatment	19304, 20926	REMOVE	February 1, 2020	Effective February 1, 2020 these codes will NOT require prior authorization
Implantable Pain Pumps Neurostimulators	L8679, 0587T, 0588T	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization
Medicare Part B Medications	J0642, J0894, J7318, J9199, J9309, A9543	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization
Medicare Part B Medications	J9219	REMOVE	February 1, 2020	Effective February 1, 2020 this code will NOT require prior authorization
Orthotics and Prosthetics	L1907, L1960, L2415, L2425, L2530, L2550, L2755, L2780, L2795, L2810, L2820, L2830, L2840, L2999	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization REGARDLESS of the cost
Site of Service Ophthalmology	65426, 65730, 65855, 66170, 66761, 66821, 66982, 66984, 67028, 67036, 67040, 67228, 67311, 67312	ADD	March 1, 2020	Effective March 1, 2020 these codes will require prior authorization ONLY if services are rendered in Hospital Outpatient setting in the following markets: San Antonio, Austin, Corpus Christi, El Paso (exclusions apply), Rio Grande Valley, DFW
Changes related to WellMed Florida Prior Authorization List				
Procedures and Services	CPT or HCPCS Codes	Action	Effective Date	Additional Information
Medicare Part B Medications	J0894, J1930, J2353, J9199, J9309, A9543	ADD	February 1, 2020	Effective February 1, 2020 these codes will require prior authorization
Medicare Part B Medications	J0642	ADD	March 1, 2020	Effective March 1, 2020 this code will require prior authorization
Medicare Part B Medications	J3111, J9219	REMOVE	February 1, 2020	Effective February 1, 2020 these codes will NOT require prior authorization