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To: Valued Physicians, Providers, and Vendors  
From: WellMed Medical Management - Utilization Management  
Date: December 1, 2024  
Re: Prior Authorization Requests and Advance Notifications Changes Effective January 1, 2025

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Dear Valued Physicians, Providers, and Vendors:

Modifications to the WellMed Texas Prior Authorization List were recently approved Effective January 1, 2025.

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

Below is a summary of the changes:

## Additions

- J0873, J9052, J9286, J9321, J9323, J9345, J9073, J9075, J0872, J0589, J1203, J7171, J3394, J2267, J3247, J9064, and J9258 to the Part B Medication Category
- 26 codes to the Step Therapy Category
- Amtagvi, Avzivi, Beqvez, Casgevy, Hercesi, Lantidra, Lenmeldy, Nypozi, Rivfloza, Vyondys-53 to the Unlisted Category
- 12 codes to the Experimental & Investigational Category

The Prior Authorization List effective January 1, 2025, is in the Provider Resources tab in the WellMed Texas links.

- Our authorization management systems including provider portal ePRG: <https://eprg.wellmed.net> will be updated effective January 1, 2025.
- Authorizations can be submitted in ePRG and by phone at 1-877-757-4440.

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

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

Sincerely,  
Utilization Management



# WellMed Texas Prior Authorization Requirements Effective January 1, 2025

## General Information

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

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

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

Please verify Eligibility and Medical Benefits before requesting prior authorization (PA)

Members must utilize a contracted provider for all non-emergent services unless the non-contracted provider has obtained prior authorization prior to rendering services.


## Included Benefit Plans

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

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


<sup>1</sup> Subject to Change

# How to submit Prior Authorization Request


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


## Standard

## Expedited


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

 Phone 1-877-757-4440

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


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

 Phone 1-877-757-4440

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

## Unplanned Inpatient Admissions

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

 Fax: 1-877-757-8885  
Phone: 1-877-490-8982



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

Or Fax 1-844-567-6855.

## Out-of-Network Services

### Procedures and Services

All out-of-network inpatient and certain outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and/or treatments

### Additional Information

Prior Authorization may be required for a health care provider, hospital or physician who is not contracted with WellMed.

### How to obtain Prior Authorization

 Phone 1-877-757-4440

# Additional Services Provided by WellMed

## Care Management

You may refer patients for any of the services listed below by submitting a referral through <https://eprg.wellmed.net>

### Complex Care Management

- The Complex Care Management incorporates evidence-based national standards of practice, empowerment of the patient through self-management and coordinated care by the Primary Care Provider (PCP) and other members of the interdisciplinary care team.
- The program consists of early identification of patients stratified as a population band 5. Patients are provided with self-management support, education for self-maintenance, linkage to community resources, and maximization of their available benefits.
- The physician is a part of the plan of care and receives all assessments completed and provided to their patients

Patients may be enrolled in Complex Care by:

- The primary care provider
- Self-referral
- Claims data
- Transition Care Management
- Utilization management
- Discharge planning

The program includes:

- Health status assessment
- Home safety assessment
- Medication reconciliation
- Life Planning
- Development of Plan of Care
- Social Services support
- Coordination of Benefits (those provided by the health plan and those available in the community)

### Transition Care Management

Inpatient Care Managers offer coordination of care to Members in the inpatient setting in person or via phone.

Inpatient Care Manager Provides:

- Navigation of the patient through the health care system
- Monitoring of medical necessity for ongoing inpatient services
- Life Planning
- Development of Plan of Care
- Discharge planning
- Social Services support
- Medication Reconciliation
- Coordination of Benefits

# Inpatient Admissions

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

Procedures and Services	Additional Information	How to obtain Prior Authorization
Elective/scheduled admission (Acute care facility), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility (SNF), and Subacute admissions	Prior Authorization Required	Fax: 1-877-757-8885 Phone: 1-877-490-8982 Web Portal (ePRG): <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a>
For United Healthcare Benefit Plans Delegated to WellMed Medical Management in Houston, East Texas & West Texas	Contact NaviHealth to obtain Authorization for Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility (SNF) and Subacute admissions	NaviHealth Utilization Management: Fax: 1-844-244-9482 Phone: 1-855-851-1127 <a href="https://access.navihealth.com/caseload">https://access.navihealth.com/caseload</a>
For Humana Benefit Plans Delegated to WellMed Medical Management in Houston Delegated to WellMed Medical Management		

# Unplanned Inpatient Admissions

Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours

Procedures and Services	Additional Information	How to obtain Prior Authorization
Emergency Room Admission	Notification is Required. Facilities are responsible for notification for ALL services even if the coverage approval is on file. Notification must be received within 24 hours	Fax: 1-877-757-8885 Phone: 1-877-490-8982

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

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

# Surgeries | Procedures | Testing

## Inpatient or Outpatient Services

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Bioengineered Skin Substitute</b>	Prior Authorization Required	Q4100	Q4101	Q4102	Q4103	Q4104
		Q4105	Q4106	Q4107	Q4108	Q4110
		Q4111	Q4112	Q4113	Q4114	Q4115
		Q4116	Q4117	Q4118	Q4121	Q4122
		Q4123	Q4124	Q4125	Q4126	Q4127
		Q4128	Q4130	Q4132	Q4133	Q4134
		Q4135	Q4136	Q4137	Q4138	Q4139
		Q4140	Q4141	Q4142	Q4143	Q4145
		Q4146	Q4147	Q4148	Q4149	Q4150
		Q4151	Q4152	Q4153	Q4154	Q4155
		Q4156	Q4157	Q4158	Q4159	Q4160
		Q4161	Q4162	Q4163	Q4164	Q4165
		Q4166	Q4167	Q4168	Q4169	Q4170
		Q4171	Q4173	Q4174	Q4175	Q4176
		Q4177	Q4178	Q4179	Q4180	Q4181
		Q4182	Q4183	Q4184	Q4185	Q4186
		Q4187	Q4188	Q4189	Q4190	Q4191
		Q4192	Q4193	Q4194	Q4195	Q4196
		Q4197	Q4198	Q4200	Q4201	Q4202
		Q4203	Q4204	Q4205	Q4206	Q4208
		Q4209	Q4210	Q4211	Q4212	Q4213
		Q4214	Q4215	Q4216	Q4217	Q4218
		Q4219	Q4220	Q4221	Q4222	Q4226
		Q4227	Q4229	Q4230	Q4231	Q4232
		Q4233	Q4234	Q4235	Q4237	Q4238
		Q4239	Q4240	Q4241	Q4242	Q4244
		Q4245	Q4246	Q4247	Q4248	Q4249
Q4250	Q4254	Q4255				
<b>Bone Growth Stimulator</b>	Prior Authorization Required	20974	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760			
<b>Cochlear and Osseointegrated Implants</b>	Prior Authorization Required	69714	69718	69930	L8614	L8619
Surgically implanted devices to help persons with profound deafness achieve conversational speech		L8690	L8691	L8692		
<b>Electrophysiological Procedures</b>	Prior Authorization Required	93653	93656			
<b>Enhanced External Counter Pulsation (EECP)</b>	Prior Authorization Required	G0166	G0177			

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Gender Dysphoria Treatment</b>	Prior Authorization is required for the following codes regardless of DX	55970	55980				
		Prior Authorization is required for the following codes <b>ONLY</b> if billed with listed DX codes	F64.0 Z87.890	F64.1	F64.2	F64.8	F64.9
		14000	14001	14041	15734	15738	
		15750	15757	15758	15775	15776	
		15780	15781	15782	15783	15788	
		15789	15792	15793	19303	21899	
		31599	31899	53410	53420	53425	
		53430	54125	54400	54401	54405	
		54408	54520	54660	54690	55175	
		55180	55866	56625	56800	56805	
		57106	57110	57291	57292	57295	
		57296	57335	57426	58661	58720	
		58940	64856	64892	64896	92507	
		92508					
	<b>Hyperbaric Oxygen</b>	Prior Authorization Required	99183	99184	G0277		
<b>Implantable Pain Pump Neurostimulators</b>	Implantation of a device that sends electrical impulses	22100	22101	22102	22103	22110	
		22112	22114	22116	22206	22207	
		22208	22210	22212	22214	22216	
		22220	22222	22224	22226	22510	
		22511	22512	22513	22514	22515	
<b>Orthopedic Surgeries</b>	Spine and Joint Surgeries	Prior Authorization Required	22532	22533	22534	22548	22551
		22552	22554	22556	22558	22585	
		22586	22590	22595	22600	22610	
		22612	22614	22630	22632	22633	
		22634	22800	22802	22804	22808	
		22810	22812	22818	22819	22830	
		22840	22841	22842	22843	22844	
		22845	22846	22847	22848	22849	
		22850	22852	22853	22854	22855	
		22856	22857	22858	22859	22861	
		22862	22864	22865	22867	22868	
		22869	22870	22899	23470	23472	
		24360	24361	24362	24363	27120	
		27122	27125	27130	27132	27134	
		27137	27138	27279	27280	27412	
		27445	27446	27447	27486	27487	
		29866	29867	29868	29914	29915	
		29916	61850	61860	61863	61864	
		61867	61868	61885	61886	62287	
		62324	62325	62326	62327	62350	
62351	62355	62360	62361	62362			
62365	62367	62368	62380	63001			
63003	63005	63011	63012	63015			
63016	63017	63020	63030	63035			
63040	63042	63043	63044	63045			
63046	63047	63048	63050	63051			
	63252	63055	63056	63057	63064		



Procedures and Services	Additional Information	CPT or HCPCS Codes						
<b>Implantable Pain Pump Neurostimulators cont'd</b> Implantation of a device that sends electrical impulses	Prior Authorization Required	63066	63075	63076	63077	63078		
		63081	63082	63085	63086	63087		
		63088	63090	63091	63101	63102		
		63170	63172	63173	63182	63185		
		63190	63191	63194	63195	63196		
		63197	63198	63199	63200	63250		
		63251	63252	63266	63267	63268		
		63270	63271	63272	63273	63275		
		63276	63277	63278	63280	63281		
		63283	63285	63286	63287	63295		
<b>Orthopedic Surgeries cont'd</b> Spine and Joint Surgeries		63300	63301	63302	63303	63304		
		63305	63306	63307	63308	63650		
		63655	63661	63662	63663	63664		
		63685	64553	64555	64561	64566		
		64568	64569	64570	64575	64580		
		64581	64585	64590	64595	64999		
		95990	95991	0201T	0587T	0588T		
		J7330						
		<b>Oral-maxillofacial / TMJ / Surgery Orthognathic Surgery</b> Treatment of maxillofacial (jaw) functional impairment	Prior Authorization Required	21085	21089	21120	21121	21122
				21123	21125	21127	21141	21142
21143	21145			21146	21147	21150		
21151	21154			21155	21159	21160		
21188	21193			21194	21195	21196		
21198	21199			21206	21210	21215		
21240	21242			21244	21245	21246		
21247								
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	Prior authorization Required	28890	33289	36514	53899	64405		
		64722	64744	66180	69799	69949		
		95965	95966					
	Services, including medications, determined not to be effective for treatment of a medical condition							
	Services determined not to have a beneficial effect on health outcomes due to:							
	<ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> </ul>							
	Cohort studies in the prevailing published peer-reviewed medical literature							

# Plastic, Reconstructive or Cosmetic Procedures

Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function to Include procedures that treat a medical condition.

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Plastic, Reconstructive, or Cosmetic Procedures Breast Reconstruction (Non – Mastectomy)</b> Reconstruction of the breast except when following a mastectomy	Prior Authorization is <b>NOT</b> required if surgical codes listed are billed with Breast Cancer DX Codes	11920	11921	11922	19316	19318
		19325	19328	19330	19340	19342
		19350	19357	19361	19364	19367
		19368	19369	19370	19371	19380
		19396	19499	L8600		
		C50.011	C50.012	C50.019	C50.021	C50.022
		C50.029	C50.111	C50.112	C50.119	C50.121
		C50.122	C50.129	C50.211	C50.212	C50.219
		C50.221	C50.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329	C50.411
		C50.412	C50.419	C50.421	C50.422	C50.429
		C50.511	C50.512	C50.519	C50.521	C50.522
		C50.529	C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812	C50.819
		C50.821	C50.822	C50.829	C50.911	C50.912
		C50.919	C50.921	C50.922	C50.929	C79.81
		D05.00	D05.01	D05.02	D05.10	D05.11
D05.12	D05.80	D05.81	D05.82	D05.90		
D05.91	D05.92	Z42.1	Z85.3	Z90.10		
D90.11	Z90.12	Z90.13				
<b>Plastic, Reconstructive or Cosmetic Procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function to include procedures that treat a medical condition	Prior Authorization Required	11960	11971	15820	15821	15822
		15823	15830	15847	17106	17107
		17108	17999	21172	21175	21179
		21180	21181	21182	21183	21184
		21230	21235	21248	21249	21255
		21256	21260	21261	21263	21267
		21268	21275	21299	21740	21742
		21743	28344	30540	30545	30560
		30620	30999	31295	31296	31297
		31298	40799	67900	67901	67902
		67903	67904	67906	67908	67909
		67912	67950	67961	67966	67999
		69399	92700	96999	Q2026	
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior Authorization Required	30400	30410	30420	30430	30435
		30450	30460	30462	30465	

# Venous and Ventricular Procedures

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Venous Procedures</b>	Prior Authorization Required	36465	36466	36473	36475	36478
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		37700 37780	37718	37722	37765	37766
<b>Ventricular Assist Devices (VAD)</b>	Prior Authorization Required	33927	33928	33929	33975	33976
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33979	33981	33982	33983	

## Testing

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Molecular Diagnostic / Genetic Testing</b>	Prior Authorization Required	81120	81121	81165	81166	81167
		81215	81216	81217	81225	81226
		81227	81228	81229	81230	81231
		81230	81231	81232	81240	81241
		81242	81247	81291	81302	81321
		81335	81404	84999	87999	
<b>Molecular Diagnostic / Genetic Testing Reviewed By Oncogenic Specialty Team</b>	Prior Authorization Required  Codes with an asterisk (*) are for internal purposes. Provider submission process is the same for codes listed in this section and will be reviewed by the Oncogenic Specialty Team	*0005U	*0012M	*0013M	*0018U	*0026U
		*0034U	*0037U	*0047U	*0089U	*0090U
		*0102U	*0239U	*0242U	*0244U	*0245U
		*0326U	*0334U	*0340U	*81162	*81175
		*81201	*81202	*81292	*81293	*81295
		*81298	*81314	*81317	*81405	*81406
		*81407	*81408	*81432	*81433	*81435
		*81436	*81437	*81445	*81450	*81455
		*81479	*81518	*81519	*81521	*81525
		*81539	*81540	*81541	*81542	*81551
		*81599				

## Durable Medical Equipment (DME)

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Durable Medical Equipment (DME)</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	A9999	E0147	E0170	E0193	E0194
		E0217	E0246	E0265	E0266	E0277
		E0290	E0291	E0292	E0293	E0294
		E0296	E0297	E0300	E0301	E0302
		E0303	E0304	E0316	E0328	E0329
		E0350	E0373	E0459	E0462	E0465
		E0466	E0467	E0470	E0471	E0472
		E0482	E0483	E0485	E0603	E0616
		E0617	E0618	E0635	E0636	E0639
		E0640	E0651	E0652	E0656	E0667
		E0668	E0669	E0670	E0671	E0672
		E0673	E0675	E0692	E0693	E0694
		E0700	E0710	E0740	E0745	E0746
		E0747	E0748	E0749	E0760	E0761
		E0764	E0770	E0779	E0782	E0783
		E0784	E0785	E0786	E0830	E0935
		E0953	E0954	E0960	E0966	E0970
		E0973	E0983	E0984	E0986	E0988
		E0992	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009	E1010
		E1011	E1012	E1016	E1017	E1008
		E1009	E1010	E1011	E1012	E1016
		E1017	E1018	E1020	E1029	E1030
		E1035	E1036	E1037	E1050	E1070
		E1084	E1085	E1086	E1087	E1089
		E1100	E1110	E1150	E1160	E1161

Procedures and Services	Additional Information	CPT or HCPCS Codes					
<b>Durable Medical Equipment (DME) Cont'd</b>	<b>Prior Authorization Required REGARDLESS of Cost</b>	E1170	E1171	E1172	E1180	E1190	
		E1195	E1200	E1220	E1222	E1224	
		E1227	E1228	E1229	E1230	E1231	
		E1232	E1233	E1234	E1235	E1236	
		E1237	E1238	E1239	E1270	E1280	
		E1295	E1296	E1297	E1298	E1310	
		E1399	E1812	E1840	E1841	E2100	
		E2201	E2202	E2203	E2204	E2228	
		E2300	E2301	E2310	E2311	E2312	
		E2313	E2321	E2322	E2325	E2327	
		E2328	E2329	E2330	E2331	E2340	
		E2341	E2342	E2343	E2351	E2358	
		E2359	E2360	E2361	E2362	E2363	
		E2364	E2366	E2367	E2373	E2376	
		E2377	E2394	E2397	E2500	E2504	
		E2506	E2508	E2510	E2603	E2604	
		E2606	E2607	E2608	E2609	E2612	
		E2613	E2614	E2615	E2616	E2617	
		E2619	E2620	E2621	E2622	E2623	
		E2624	E2625	E2626	E2627	E2628	
		E2629	E2630	E2631	E2632	K0005	
		K0008	K0009	K0010	K0011	K0012	
		K0013	K0014	K0020	K0037	K0039	
		K0040	K0041	K0044	K0046	K0047	
		K0050	K0051	K0053	K0056	K0065	
		K0072	K0073	K0098	K0105	K0108	
		K0455	K0606	K0607	K0608	K0609	
		K0672	K0730	K0733	K0743	K0744	
		K0745	K0746	K0800	K0801	K0802	
		K0806	K0807	K0808	K0812	K0813	
		K0814	K0815	K0816	K0820	K0821	
		K0822	K0823	K0824	K0825	K0826	
		K0827	K0828	K0829	K0830	K0831	
		K0835	K0836	K0837	K0838	K0839	
		K0840	K0841	K0842	K0843	K0848	
		K0849	K0850	K0851	K0852	K0853	
		K0854	K0855	K0856	K0857	K0858	
		K0859	K0860	K0861	K0862	K0863	
		K0864	K0869	K0870	K0871	K0877	
		K0878	K0879	K0880	K0884	K0885	
		K0886	K0890	K0891	K0898	K0899	
		K0900					
		<b>Negative Pressure Wound Therapy</b>		E2402			

# Orthotics and Prosthetics

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

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Orthopedic Shoes</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L3160	L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215	L3250
		L3251	L3252	L3253	L3254	L3255
		L3257	L3265	L3320	L3485	L3649
<b>Orthotic Add on Codes</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L2200	L2210	L2220	L2230	L2232
		L2240	L2250	L2330	L2260	L2270
		L2275	L2280	L2320	L2340	L2350
		L2387	L2415	L2425	L2520	L2525
		L2526	L2530	L2550	L2627	L2628
		L2755	L2780	L2795	L2800	L2810
		L2820	L2830	L2840	L2861	L2999
<b>Orthotic Repair</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L4000	L4020	L4030	L4040	L4045
		L4050	L4055	L4631		
<b>Scoliosis</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L1000	L1001	L1005	L1200	L1300
		L1310	L1499			
<b>Spinal Orthosis</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L0112	L0140	L0150	L0170	L0200
		L0220	L0452	L0456	L0457	L0460
		L0462	L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622	L0623
		L0624	L0629	L0631	L0632	L0634
		L0636	L0637	L0638	L0640	L0648
		L0650	L0651	L0700	L0710	L0810
<b>Upper Limb Prosthetics</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L0820	L0830	L0859	L0999	
		L6000	L6010	L6020	L6026	L6050
		L6055	L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370	L6380
		L6382	L6384	L6386	L6388	L6400
		L6450	L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6625	L6628
		L6637	L6638	L6646	L6647	L6648
		L6686	L6687	L6688	L6689	L6690
		L6691	L6692	L6693	L6694	L6695
		L6696	L6697	L6698	L6704	L6707
		L6708	L6709	L6711	L6712	L6713
		L6714	L6715	L6721	L6722	L6880
		L6881	L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910	L6915
L6920	L6925	L6930	L6935	L6940		
L6945	L6950	L6955	L6960	L6965		
L6970	L6975	L7007	L7008	L7009		
L7040	L7045	L7170	L7180	L7181		
L7185	L7186	L7190	L7191	L7259		
L7404	L7405	L7499				
<b>Upper Extremity Orthosis</b>	Prior Authorization Required <b>REGARDLESS</b> of Cost	L3671	L3674	L3720	L3730	L3740
		L3764	L3765	L3766	L3891	L3900
		L3901	L3904	L3905	L3921	L3956
		L3961	L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L8701	L8702

## Ancillary/Specialty Services

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Transplant Evaluation and Program</b>	Prior Authorization Required	32850	32851	32852	32853	32854
		32855	32856	33930	33933	33935
		33940	33944	33945	38208	38209
		38210	38212	38213	38214	38215
		38232	38240	38241	38242	44132
		44133	44135	44136	44137	44715
		44720	44721	47133	47135	47140
		47141	47142	47143	47144	47145
		47146	47147	48550	48551	48552
		48554	50300	50320	50323	50325
		50340	50360	50365	50370	50380
		50547	0537T	0538T	0539T	0540T
		Q2041	Q2042	S2060	S2061	S2152
		<b>Cardiac/Pulmonary Rehabilitation</b>	Prior Authorization Required	93797	93798	94799
		G0239	G0422	G0423		

## Home Health

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Home Health Care</b>	Prior Authorization Required	94005	97605	97606	B4185	G0129
Including but not limited to home, nursing home, skilled nursing and assisted living facilities		G0151	G0152	G0153	G0155	G0156
		G0157	G0158	G0159	G0160	G0161
		G0162	G0299	G0300	G0409	G0493
		G0494	G0495	G0496		

## Transportation

<b>Non-Emergency Air Transport</b>	Prior Authorization Required	A0430	A0431	A0435	A0436	
Non-urgent ambulance transportation by air between specified locations						
<b>Routine Transportation</b>	Prior Authorization Required	A0426	A0428			
Non-emergency transport by ground ambulance						

## Sleep Studies and Treatment

<b>Facility-Based Sleep Studies</b>	Prior Authorization Required	95782	95783	95805	95807	95808
	Authorization is <b>NOT</b> required for sleep studies performed at HOME	95810	95811			
<b>Oral Appliances</b>	Prior Authorization Required	E0485	E0486			
<b>Sleep Apnea Procedures and Surgeries</b>	Prior Authorization Required	21685	41512	41530	41599	42145
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea						



# Advanced Radiology & Radiation Treatments

## Radiation Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Intensity Modulated Radiation Therapy (IMRT)</b>	Prior Authorization Required	G6015	G6016	77385	77386	
<b>Proton Beam Therapy</b>	Prior Authorization Required	77520	77522	77523	77525	
<b>Stereotactic Radiosurgery (SRS) And Stereotactic Body Radiation</b>	Prior Authorization Required	77371	77372	77373	G0339	G0340

## Advance Radiology

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

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Advance Radiology</b>	Prior Authorization Required	70336	70450	70460	70470	70480
Procedures and Services 3D Imaging CT, CTA, MRI and MRA Nuclear Medicine PET Scan		70481	70482	70486	70487	70488
		70490	70491	70492	70496	70498
		70540	70542	70543	70544	70545
		70546	70547	70548	70549	70551
		70552	70553	70554	70555	71250
		71260	71270	71271	71275	71550
		71551	71552	71555	72125	72126
		72127	72128	72129	72130	72131
		72132	72133	72141	72142	72146
		72147	72148	72149	72156	72157
		72158	72159	72191	72192	72193
		72194	72195	72196	72197	72198
		73200	73201	73202	73206	73218
		73219	73220	73221	73222	73223
		73225	73700	73701	73702	73706
		73718	73719	73720	73721	73722
		73723	73725	74150	74160	74170
		74174	74175	74176	74177	74178
		74181	74182	74183	74185	74261
		74262	74712	74713	75557	75559
		75561	75563	75565	75571	75572
		75573	75574	75635	76376	76377
		76380	76391	76497	76498	77021
		77022	77046	77047	77048	77049
		77078	77084	78012	78013	78014
		78015	78016	78018	78020	78070
		78071	78072	78075	78102	78103
		78104	78140	78185	78195	78201
		78202	78215	78216	78226	78227
		78104	78140	78185	78195	78201
		78202	78215	78216	78226	78227
		78230	78231	78232	78258	78261
		78262	78264	78265	78266	78278
		78282	78290	78291	78306	78315
		78414	78428	78445	78456	78457
		78458	78459	78466	78468	78469
		78472	78473	78481	78483	78491

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Advance Radiology Cont'd</b>	Prior Authorization Required	78492	78499	78579	78580	78582
		78597	78598	78600	78601	78605
		78606	78608	78610	78630	78635
		78645	78650	78660	78699	78707
		78708	78709	78725	78730	78740
		78761	78800	78801	78802	78803
		78804	78811	78812	78813	78814
		78815	78816	78832	0042T	0609T
		0610T	0611T	0612T	0633T	0634T
		0635T	0636T	0637T	0638T	0710T
		0711T	0712T	0713T	C8900	C8901
		C8902	C8909	C8910	C8911	C8914
		C8918	C8919	C8920	C8931	C8932
		C8933	C8934	C8935	C8936	

## Cardiac Procedures

Procedures and Services Cardiac Rhythm Implantable Devices (CRID), Cardiac Diagnostic Cath ECHO & ECHO STRESS, Myocardial Perfusion Imaging (Nuclear Stress) Radiology: Nuclear Medicine

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Cardiac Procedures</b>	Prior Authorization Required	33206	33207	33208	33212	33213
		33214	33221	33224	33225	33227
		33228	33229	33230	33231	33240
		33249	33262	33263	33264	33270
		33274	75580	78429	78430	78431
		78432	78433	78451	78452	78453
		78454	93303	93304	93306	93307
		93308	93312	93313	93314	93315
		93316	93317	93318	93319	93320
		93321	93325	93350	93351	93352
		93356	93451	93452	93453	93454
		93455	93456	93457	93458	93459
		93460	93461	93462	93593	93594
		93596	0331T	0332T	0439T	0515T
		0516T	0517T	0516T	0517T	0571T
		0614T	0623T	0624T	0625T	0626T
		0648T	0649T	0698T	C8921	C8922
		C8923	C8924	C8925	C8926	C8928
		C8929	C8930	C9762	C9763	
<b>Peripheral Arterial Procedures</b>	Prior Authorization Required	37220	37221	37224	37225	37226
		37227	37228	37229		

## Cardiac Procedures (San Antonio Only)

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Cardiac Procedures TX Members in San Antonio</b>	Prior Authorization Required	33214	33221	33224	33225	33227
		33228	33229	33230	33231	33240
	Follow the WellMed Prior Authorization request process	33249	33262	33263	33264	33270
		75580	78429	78430	78431	78432
		78433	78434	0331T	0332T	0439T
		0515T	0516T	0517T	0571T	0614T
	C9762	C9763				

# Medicare Part B Injectable Medications

In addition to the listed codes, any Part B Drug with a cost of \$1000 or more per dose, will require Prior Authorization. Additionally, any newly assigned code that was previously listed as Unclassified requires Prior Authorization when assigned a permanent code.

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Antibiotic</b>		J0872	J2406			
<b>Antihemophilic Agents</b>		J1411	J7170	J7180	J7182	J7183
		J7185	J7186	J7187	J7189	J7190
		J7192	J7193	J7194	J7195	J7197
		J7198	J7200	J7201	J7202	J7204
		J7205	J7207	J7209	J7212	
	Prior Authorization Required In addition to the listed codes, any Part B Drug with a cost of					
<b>Antihyperlipidemic</b>	\$1000 or more per dose, will	J1305	J1306			
<b>Antimicrobials</b>	require Prior Authorization	J0873	J0875	J0878	J2407	
<b>Antimigraine Agents</b>		J3032				
<b>Asthma Agents</b>	Additionally, any newly	J0517	J2182	J2357	J2356	J2786
<b>Blood Modifiers</b>	assigned code that was	J0256	J0791	J0896	J1300	J1303
	previously listed as Unclassified	J2796	J2998	J9332	J9334	
<b>Botulinum Toxins A &amp; B</b> (Botox Injections)	requires Prior Authorization when assigned a permanent	J0585	J0586	J0587	J0588	J0589
<b>Colony Stimulating Factor</b> (Short-Acting)	code	Q5125				
<b>Dermatologic Agent</b>		J1747	J3401	J7352		
<b>Endocrine-Metabolic</b>		J0225	J9381			
<b>Enzymes</b>		J0180	J0219	J0221	J0775	J1203
		J1786	J2840	J3385	J7171	
<b>Erythropoiesis Stimulating Agents (ESA)</b>		J0218	J0881	<b>J0885</b>	J0888	J1449
		Q5106	Q5127			
<b>Gastrointestinal Agents</b>		J0223	J0224			
<b>Gene Therapy</b>		J3393	J3394			
<b>Hyaluronic Acid</b>		J7318	J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327	J7328
		J7329	J7331	J7332		
<b>Immune Globulins (IVIG/SCIG)</b>		J1459	J1555	J1556	J1557	J1558
		J1559	J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J7504	J7511
		90283	90284			
<b>Immunologic Agents</b>		C9151	J0129	J0202	J0480	J0485
		J0490	J0491	J0565	J0596	J0597
		J0598	J0717	J1302	J1551	J1554
		J1559	J1566	J1602	J1628	J1745
		J1823	J2267	J2323	J2329	J2350
		J2507	J3247	J3262	J3357	J3358
		J3380	J3590	J9333	Q5103	Q5104
		Q5109	Q5121	Q5133	Q5135	
<b>Iron Supplements</b>		J1437	J1439	Q0138		
<b>Monoclonal Antibody</b>		J0172	J1747	J2327	J2329	
<b>Neurologic &amp; Musculoskeletal Agents</b>		J0222	J0584	J1301	J1304	J1413
		J1428	J2326	J3398	J3399	

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Unclassified Agents</b>	Prior Authorization Required	A9699	C9399	J3490	J3590	J7999
<b>Oncologic Agents and Oncologic Supportive Agents</b>	In addition to the listed codes, any Part B Drug with a cost of \$1000 or more per dose, will Require Prior Authorization	C9098 J0642 J1442 J1627 J1954 J3263 J9020 J9027 J9034 J9041 J9046 J9055 J9060 J9071 J9118 J9145 J9160 J9176 J9185 J9202 J9207 J9213 J9218 J9229 J9258 J9263 J9269 J9280 J9294 J9299 J9305 J9311 J9317 J9322 J9330 J9349 J9354 J9360 J9394	J0174 J0893 J1447 J1747 J2353 J9000 J9021 J9029 J9036 J9042 J9047 J9056 J9061 J9073 J9119 J9150 J9165 J9177 J9190 J9203 J9208 J9214 J9223 J9230 J9259 J9264 J9270 J9281 J9295 J9301 J9306 J9312 J9318 J9323 J9340 J9350 J9355 J9370 J9395	J0185 J0894 J1448 J1930 J2506 J9015 J9022 J9030 J9037 J9043 J9049 J9057 J9063 J9075 J9120 J9151 J9171 J9178 J9198 J9204 J9209 J9215 J9225 J9245 J9260 J9266 J9271 J9285 J9296 J9302 J9307 J9313 J9319 J9324 J9345 J9351 J9356 J9371 J9400	J0640 J0897 J1453 J1950 J2783 J9017 J9023 J9032 J9039 J9044 J9050 J9058 J9064 J9098 J9130 J9153 J9173 J9179 J9200 J9205 J9210 J9216 J9227 J9246 J9261 J9267 J9272 J9286 J9297 J9303 J9308 J9314 J9320 J9325 J9347 J9352 J9357 J9390 J9600	J0641 J1190 J1454 J1951 J2820 J9019 J9025 J9033 J9040 J9045 J9052 J9059 J9065 J9100 J9144 J9155 J9175 J9181 J9201 J9206 J9211 J9217 J9228 J9250 J9262 J9268 J9274 J9293 J9298 J9304 J9309 J9316 J9321 J9328 J9348 J9353 J9358 J9393 J9999
	Prior Authorization Required	Q2017 Q2050 Q5101 Q5113	Q2041 Q2053 Q5108	Q2042 Q2054 Q5110	Q2043 Q2055 Q5111	Q2049 Q2056 Q5112
	Prior Authorization Required <b>ONLY</b> if provider specialty is <b>NOT</b> Ophthalmology	J9035 Q5117	Q5107	Q5114	Q5115	Q5116
<b>Ophthalmic Agents</b>		J0177 J2779 J7311 Q5124	J0178 J2781 J7312	J0179 J2782 J7313	J2777 J3241 J7314	J2778 J3396 J7316
<b>Osteoporosis</b>		J0897	J3111			
<b>Pulmonary Hypertension</b>		J1325	J3285	J7686	Q4074	
<b>Therapeutic Radiopharmaceuticals</b>		A9513 A9699	A9543	A9590	A9606	A9607

## Medicare Part B Injectable Medications Step Therapy

These drugs are subject to Step Therapy review in addition to Medical Necessity review.

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Antiemetics</b>	Prior Authorization Required	J0185	J1453	J1454	J1627	J2469
<b>Asthma Agents</b>		J0517	J2182	J2786		
<b>Bevacizumab</b>		J3590	J9035	Q5107	Q5118	Q5126
		Q5129				
<b>Bone Density Agents - Oncology And Osteoporosis</b>		J0897	J3111			
<b>Colony Stimulating Factors (Short Acting)</b>		J1442	J1447	Q5101	Q5110	Q5125
<b>Colony Stimulating Factors (Long Acting)</b>		J1449	J2506	Q5108	Q5111	Q5120
		Q5122	Q5127	Q5130		
<b>Erythropoiesis Stimulating Agents (ESA)</b>	<b>*Prior Authorization ONLY Required for cancer/ chemotherapy associated diagnosis</b>	<b>*J0885</b>	Q5106			
<b>Gemcitabine</b>		J9201	J9198			
<b>Gonadotropin Releasing Hormone Analogs - Oncology</b>		J1950	J9217			
<b>Gout Agents</b>		J2507				
<b>Hyaluronic Acid</b>		J7318	J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327	J7328
		J7329	J7331	J7332		
<b>Immunologic Agents</b>		J3262	Q5133	Q5135		
<b>Immune Globulins</b>		J1459	J1551	J1554	J1555	J1556
		J1557	J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575	J1576
		J1599	90283	90284		
<b>Infliximab</b>		J1745	Q5103	Q5104	Q5121	
<b>Intravenous Iron Replacement Therapy</b>		J1437	J1439	Q0138		
<b>Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>		J0178	J0179	J2777	J2778	J2779
		Q5124	Q5128			
<b>Leucovorin/Levoleucovorin</b>		J0640	J0641	J0642		
<b>Oncologic Agents and Oncologic Supportive Agents</b>		J1954	J3263	J9022	J9119	J9228
		J9271	J9294	J9296	J9297	J9299
		J9304	J9305	J9314	J9324	
<b>Rituximab</b>		J9311	J9312	Q5115	Q5119	Q5123
<b>Systemic Lupus Erythematosus Agents</b>		J0490	J0491			
<b>Therapeutic Radiopharmaceuticals</b>		A9607				
<b>Trastuzumab</b>		J9355	J9356	Q5112	Q5113	Q5114
		Q5116	Q5117			



# MEMO

To: Valued Physicians, Providers, and Vendors  
From: WellMed Medical Management - Utilization Management  
Date: December 1, 2024  
Re: Prior Authorization Requests and Advance Notifications Changes Effective January 1, 2025

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Dear Valued Physicians, Providers, and Vendors:

Modifications to the WellMed Florida Prior Authorization List were recently approved Effective January 1, 2025.

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

Below is a summary of the changes:

## Additions

- J0873, J9052, J9286, J9321, J9323, J9345, J9073, J9075, J0872, J0589, J1203, J7171, J3394, J2267, J3247, J9064, and J9258 to the Part B Medication Category
- 26 codes to the Step Therapy Category
- Amtagvi, Avzivi, Beqvez, Casgevy, Hercesi, Lantidra, Lenmeldy, Nypozi, Rivfloza, Vyondys-53 to the Unlisted Category

The Prior Authorization List effective January 1, 2025, can be located in the Provider Resources tab in the WellMed Florida Links.

- Our authorization management systems including provider portal ePRG: <https://eprg.wellmed.net> will be updated effective January 1, 2025.
- Authorizations can be submitted in ePRG and by phone at 1-877-757-4440.

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

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

Sincerely,  
Utilization Management

# WellMed Florida Prior Authorization Requirements Part B Injectable Medications Effective January 1, 2025

## General Information

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

Please verify Eligibility and Medical Benefits before requesting prior authorization (PA)

Members must utilize a contracted provider for all non-emergent services unless the non-contracted provider has obtained prior authorization prior to rendering services.

## Included Plans

WellMed Prior Authorization Requirements **apply** to the following Benefit Plans: <sup>1</sup>

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

<sup>1</sup> Subject to Change



## Excluded Plans

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

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

<sup>1</sup> Subject to Change

These benefit plans must follow UnitedHealthcare Prior Authorization Program for General Prior Authorization Requirements. For details, please refer to the UnitedHealthcare Care Provider Administrative guide at [UHCprovider.com](http://UHCprovider.com)



## How to submit Prior Authorization Request



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

### Standard

### Expedited



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



Phone 1-877-757-4440



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



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



Phone 1-877-757-4440

## Medicare Part B Injectable Medications

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

### Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes			
<b>Antibiotic</b>	Prior Authorization required	J0872	J2406		
<b>Antihemophilia Agent</b>		J1411			
<b>Antihyperlipidemic</b>		J1305	J1306		
<b>Asthma Agent</b>		J0517	J2182	J2786	J2356
<b>Bevacizumab</b>		Q5126	Q5129		
<b>Blood Modifiers</b>		J0791	J0896	J1300	J1303
		J9332	J9334		J2998
<b>Botulinum Toxins A&amp;B</b>		J0585	J0586	J0587	J0588
				J0589	
<b>Colony Stimulating Factor (Short Acting)</b>		J1449	Q5125	Q5127	Q5130
<b>Dermatologic Agent</b>		J1747	J7352	J3401	
<b>Endocrine – Metabolic</b>		J0225	J9381	J7171	
<b>Enzymes</b>		J0219	J1203		
<b>Erythropoiesis Stimulating Agents (ESA)</b>		J0218	J0885	J1449	Q5106
					Q5127
<b>Gastrointestinal Agent</b>		J0223	J0224		
<b>Gene Therapy</b>		J3393	J3394		
<b>Immunologic Agent</b>		C9151	J0129	J0491	J1302
		J1551	J1554	J1555	J1556
		J1558	J1559	J1561	J1566
		J1569	J1572	J1575	J1599
		J2267	J2329	J3247	J2350
		J3380	J3590	J9333	Q5104
		Q5133	Q5135		Q5121
<b>Immune Globulins</b>		90283	90284		
<b>Infliximab</b>		J1745	Q5103	Q5104	
<b>Intravitreal Vascular Endothelial Growth Factor</b>		Q5128			
<b>Monoclonal Antibody</b>		J0172	J1747	J2327	J2329
<b>Neurologic &amp; Musculoskeletal</b>		J0222	J0584	J1301	J1304
		J2326	J3398	J3399	J1413

## Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Oncologic Agents &amp; Oncologic Supportive Agents</b>	Prior Authorization is required for ANY newly released or Unassigned Part B Drugs for Oncology, Oncology	C9098	J0174	J0185	J0640	J0641
		J0642	J0873	J0893	J0894	J0897
		J1442	J1447	J1448	J1453	J1454
		J1456	J1627	J1747	J1930	J1932
		J1950	J1951	J1954	J2353	J2469
	Supportive Agents & Therapeutic	J2506	J2820	J3263	J9000	J9015
	Radiopharmaceutical categories, in addition to the codes listed.	J9017	J9019	J9020	J9021	J9022
		J9023	J9025	J9027	J9029	J9030
		J9032	J9033	J9034	J9036	J9037
		J9039	J9040	J9041	J9042	J9043
		J9044	J9045	J9046	J9047	J9048
		J9049	J9050	J9052	J9055	J9056
		J9057	J9058	J9059	J9060	J9061
		J9063	J9064	J9071	J9073	J9075
		J9098	J9100	J9118	J9119	J9120
		J9130	J9144	J9145	J9150	J9151
		J9153	J9155	J9160	J9165	J9171
		J9173	J9175	J9176	J9177	J9178
		J9179	J9181	J9185	J9190	J9196
		J9198	J9200	J9201	J9202	J9203
		J9204	J9205	J9206	J9207	J9208
		J9209	J9210	J9211	J9212	J9213
		J9214	J9215	J9216	J9217	J9218
		J9223	J9225	J9226	J9227	J9228
		J9229	J9230	J9245	J9246	J9247
		J9250	J9258	J9259	J9260	J9261
		J9262	J9263	J9264	J9266	J9267
		J9268	J9269	J9270	J9271	J9272
		J9274	J9280	J9281	J9285	J9286
		J9293	J9294	J9295	J9296	J9297
		J9298	J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313	J9314
		J9316	J9317	J9318	J9319	J9320
		J9321	J9322	J9323	J9324	J9325
		J9328	J9330	J9331	J9340	J9345
		J9347	J9348	J9349	J9350	J9351
		J9352	J9353	J9354	J9355	J9356
		J9357	J9358	J9360	J9370	J9371
		J9390	J9393	J9394	J9395	J9400
	J9600	J9999	Q2017	Q2041	Q2042	
	Q2043	Q2049	Q2050	Q2053	Q2054	
	*Prior Authorization required	Q2055	Q2056	Q2504	Q5101	
	<b>ONLY if the Specialty is NOT</b>	Q5110	Q5111	Q5112	Q5113	
	Ophthalmology.	Q5115	Q5116	Q5117	Q5118	
		Q5120	Q5112	Q5123	<b>*J9035</b>	
					<b>*Q5107</b>	

## Medicare Part B Medications

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Ophthalmologic Agents</b>	Prior Authorization required	J0178 J2779	J0179 J2781	J0177 J2782	J2777 J3241	J2778 Q5124
<b>Therapeutic Radiopharmaceuticals</b>		A9513 A9067	A9543 A9699	A9590	A9606	A9607
<b>Unclassified Agents</b>	Prior Authorization required	C9399	J3490	J3590		
<b>The following Unclassified Drugs will require Prior Authorization:</b>	<ul style="list-style-type: none"> <li>• Amtagvi – Oncology Agent</li> <li>• Avzivi – Oncology Agent</li> <li>• Beqvez – Antihemophilis Agent</li> <li>• Casgevy – Gene Therapy</li> <li>• Hercesi – Oncology Agent</li> <li>• Lantidra – Endocrine-Metabolic Agent</li> <li>• Leqembi – Monoclonal Antibo</li> <li>• Lenmeldy – Gene Therapy</li> <li>• Nypozi – Colony Stimulating Factor (Short Acting)</li> <li>• Rivfloza – Immunologic Agent</li> <li>• Roctavian – Antihemophilic Agents</li> <li>• Syfovre – Ophthalmologic Agents</li> <li>• Vyondys-53 – Musculoskeletal Agent</li> </ul>					

## Step Therapy

### Medicare Part B Injectable Medications Step Therapy

These drugs are subject to step therapy review in addition to medical necessity review

Procedures and Services	Additional Information	CPT or HCPCS Codes				
<b>Antiemetics</b>	Prior Authorization required	J0185	J1453	J1454	J1627	J2469
<b>Asthma Agent</b>		J0517	J2182	J2786		
<b>Bevacizumab</b>		J3590	J9035	Q5107	Q5118	Q5126
		Q5129				
<b>Bone Density Agents – Oncology and Osteoporosis</b>		J0897	J3111			
<b>Colony Stimulating Factors (Short – Acting)</b>	These drugs are subject to Step Therapy review in addition to medical necessity review	J1442	J1447	Q5101	Q5110	Q5125
<b>Colony Stimulating Factors (Long – Acting)</b>		J1449	J2506	Q5108	Q5111	Q5120
		Q5122	Q5127	Q5130		
<b>Erythropoiesis Stimulating Agents (ESA)</b>	CPT <b>J0885*</b> Authorization is required for Epogen & Procrit  Prior Authorization for Procrit <b>ONLY</b> required for cancer/ chemotherapy associated diagnosis	<b>J0885*</b>	Q5106			
<b>Gemcitabine</b>		J9201	J9198			
<b>Gonadotropin Releasing Hormone Analogs – Oncology</b>		J1950	J9217			
<b>Gout Agent</b>		J2507				
<b>Hyaluronic Acid</b>		J7318	J7320	J7321	J7322	J7323
		J7324	J7325	J7326	J7327	J7328
		J7329	J7331	J7332		
<b>Immunologic Agent</b>		J3262	Q5133	Q5135		
<b>Immune Globulins</b>		J1459	J1551	J1554	J1555	J1556
		J1557	J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575	J1576
		J1599	90283	90284		
<b>Infliximab</b>		J1745	Q5103	Q5104	Q5121	
<b>Intravenous Iron Replacement Therapy</b>		J1437	J1439	Q0138		
<b>Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>		J0178	J0179	J2777	J2778	J2779
		Q5124	Q5128			

## Medicare Part B Injectable Medications Step Therapy

These drugs are subject to step therapy review in addition to medical necessity review

Procedures and Services	Additional Information	CPT or HCPCS Codes			
<b>Leucovorin/Levoleucovorin</b>	J0640	J0641	J0642		
<b>Oncologic Agents &amp; Oncologic Supportive Agents</b>	J3263	J9324	J1954	J9022	J9119
	J9228	J9271	J9294	J9296	J9297
	J9299	J9304	J9305	J9314	
<b>Rituximab</b>	J9311	J9312	Q5115	Q5119	Q5123
<b>Systemic Lupus Erythematosus Agents</b>	J0490	J0491			
<b>Therapeutic Radiopharmaceuticals</b>	A9607				
<b>Trastuzumab</b>	J9355	J9356	Q5112	Q5113	Q5114
	Q5116	Q5117			