



WellMed Prior Authorization Requirements Effective May 1, 2026

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 ¹

- For UnitedHealthcare Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Texas & New Mexico, 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 Humana Medicare Advantage Benefit Plans Delegated to WellMed Medical Management in Texas, WellMed Texas Prior Authorization Requirements will apply.

¹ Subject to Change

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)

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>

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

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

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

 Phone 1-877-299-7213

Expedited

 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 1-877-299-7213

 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

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): https://eprg.wellmed.net
For UnitedHealthcare Benefit Plans Delegated to WellMed Medical Management in Houston, East Texas & West Texas	Contact Home & Community Care to obtain Authorization for Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC), Skilled Nursing Facility (SNF) and Subacute admissions	Home & Community Care Utilization Management: Fax: 1-844-244-9482 Phone: 1-855-851-1127 https://access.navihealth.com/case load
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

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				
Bioengineered Skin Substitute	Prior Authorization Required	A2035	Q4101	Q4102	Q4103	Q4104
		Q4105	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
		Q4211	Q4212	Q4213	Q4214	Q4215
		Q4216	Q4217	Q4218	Q4219	Q4220
		Q4221	Q4222	Q4226	Q4227	Q4229
		Q4230	Q4232	Q4233	Q4234	Q4235
		Q4237	Q4238	Q4239	Q4240	Q4241
		Q4242	Q4245	Q4246	Q4247	Q4248
		Q4249	Q4250	Q4254	Q4255	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures	Prior Authorization Required	20974	20975	20979		
Cochlear and Osseointegrated Implants Surgically implanted devices to help persons with profound deafness achieve conversational speech	Prior Authorization Required	69714 L8690	69718 L8691	69930 L8692	L8614	L8619
Electrophysiological Procedures	Prior Authorization Required	93653	93656			
Enhanced External Counter Pulsation (EECP)	Prior Authorization Required	G0166	G0177			

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Gender Dysphoria Treatment	Prior Authorization is required for the following codes regardless of DX	55970	55980			
		Prior Authorization is required for the following codes ONLY if billed with listed DX codes	F64.0 Z87.890	F64.1	F64.2	F64.8
		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				
	Hyperbaric Oxygen	Prior Authorization Required	99183	99184	G0277	
Orthopedic Surgeries Spine and Joint Surgeries	Prior Authorization Required	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
		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		
Implantable Pain Pump Neurostimulators Implantation of a device that sends electrical impulses	Prior Authorization Required	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						
Orthopedic Surgeries cont'd Spine and Joint Surgeries	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	63266	63267	63268	63270		
		63271	63272	63273	63275	63276		
		63277	63278	63280	63281	63283		
		63285	63286	63287	63295	63300		
Implantable Pain Pump Neurostimulators cont'd Implantation of a device that sends electrical impulses		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		
		Oral-maxillofacial / TMJ / Surgery Orthognathic Surgery 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								
Potentially unproven services (including experimental/ investigational and/or linked services)	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:							
	Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials							
	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				
Plastic, Reconstructive, or Cosmetic Procedures Breast Reconstruction (Non – Mastectomy) Reconstruction of the breast except when following a mastectomy	Prior Authorization is NOT 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				
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	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			
Rhinoplasty 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				
Venous Procedures	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	37718	37722	37765	37766
		37780				
Ventricular Assist Devices (VAD)	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				
Molecular Diagnostic / Genetic Testing	Prior Authorization Required	81120	81121	81165	81166	81167
		81215	81216	81217	81225	81226
		81227	81228	81229	81230	81231
		81232	81240	81241	81242	81247
		81291	81302	81321	81335	81404
		84999	87999			
Molecular Diagnostic / Genetic Testing Reviewed By Oncogenic Specialty Team	Prior Authorization Required Codes with an asterisk (*) are for internal purposes.	*0005U	*0012M	*0013M	*0018U	*0026U
		*0034U	*0037U	*0047U	*0089U	*0090U
		*0102U	*0211U	*0239U	*0242U	*0244U
		*0245U	*0326U	*0334U	*0340U	*0364U
		*0379U	*0388U	*0422U	*0473U	*0485U
	Provider submission process is the same for codes listed in this section and will be reviewed by the Oncogenic Specialty Team	*0493U	*0540U	*0560U	*0561U	*0569U
		*81162	*81175	*81201	*81202	*81292
		*81293	*81295	*81298	*81314	*81317
		*81405	*81406	*81407	*81408	*81432
		*81435	*81437	*81445	*81450	*81455
		*81479	*81518	*81519	*81521	*81525
		*81539	*81540	*81541	*81542	*81551
		*81599				

Durable Medical Equipment (DME)

(For Prosthetics see Orthotics and Prosthetics)

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Durable Medical Equipment (DME)	Prior Authorization Required REGARDLESS 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	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	E1018	E1020
		E1029	E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085	E1086
		E1087	E1089	E1100	E1110	E1150
		E1160	E1161	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	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		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Durable Medical Equipment (DME) Cont'd	Prior Authorization Required REGARDLESS of Cost	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			
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 Cost	L1904	L1907	L1920	L1932	L1940
		L1945	L1950	L1951	L1960	L1970
		L1971	L1980	L1990		
		L8035	L8039			
Breast Prosthesis						
Face, Cornea, Ear, Larynx, Trachea Prosthetics & Accessories	Prior Authorization Required REGARDLESS of Cost	L8041	L8042	L8043	L8044	L8045
		L8046	L8047	L8049	L8505	L8609
Hip Orthosis	Prior Authorization Required REGARDLESS of Cost	L1630	L1640	L1680	L1685	L1690
		L1700	L1710	L1720	L1730	L1755
Knee, Ankle & Foot Orthosis	Prior Authorization Required REGARDLESS 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				
Lower Limb Prosthetics	Prior Authorization Required REGARDLESS 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		
Miscellaneous Orthotics and Prosthetics	Prior Authorization Required REGARDLESS of Cost	L8499	L8604	L8699		

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Orthopedic Shoes	Prior Authorization Required REGARDLESS 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
Orthotic Add on Codes	Prior Authorization Required REGARDLESS 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
Orthotic Repair	Prior Authorization Required REGARDLESS of Cost	L4000	L4020	L4030	L4040	L4045
		L4050	L4055	L4631		
Scoliosis	Prior Authorization Required REGARDLESS of Cost	L1000	L1001	L1005	L1200	L1300
Spinal Orthosis	Prior Authorization Required REGARDLESS 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
Upper Limb Prosthetics	Prior Authorization Required REGARDLESS 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				
Upper Extremity Orthosis	Prior Authorization Required REGARDLESS 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				
Transplant Evaluation and Program	Prior Authorization Required	32850	32851	32852	32853	32854
		32855	32856	33930	33933	33935
		33940	33944	33945	38208	38209
		38210	38212	38213	38214	38215
		38225	38226	38227	38228	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
	Q2041	Q2042	S2060	S2061	S2152	
Cardiac/Pulmonary Rehabilitation	Prior Authorization Required	93797	93798	94799	G0237	G0238
		G0239	G0422	G0423		

Home Health

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

Sleep Studies and Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Facility-Based Sleep Studies	Prior Authorization Required	95782	95783	95805	95807	95808
	Authorization is NOT required for sleep studies performed at HOME	95810	95811			
Oral Appliances	Prior Authorization Required	E0485	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

Transportation

Procedures and Services	Additional Information	CPT or HCPCS Codes			
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Non-Emergency Air Transport	Prior Authorization Required for non-urgent ambulance transportation by air between specified locations	A0430	A0431	A0435	A0436
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Routine Transportation	Prior Authorization is NOT required for non-emergency ground ambulance transport types below:	A0426	A0428		
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Hospital to Hospital	Modifier HH
SNF to SNF	Modifier NN
SNF/post-acute to Hospital	Modifier NH
Hospital to SNF/post-acute	Modifier HN
Hospital to Residential, Domiciliary, Custodial Facility other than 1819 Facility	Modifier HE
Residential, Domiciliary Custodial Facility, other than 1819 Facility to Hospital	Modifier EH

Prior Authorization Required for non-emergency transport by ground ambulance required for all other non-emergency transportation

Advanced Radiology & Radiation Treatments

Radiation Treatment

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Intensity Modulated Radiation Therapy (IMRT)	Prior Authorization Required	77402	77407	77412		
Proton Beam Therapy	Prior Authorization Required	77520	77522	77523	77525	
Stereotactic Radiosurgery (SRS) And Stereotactic Body Radiation	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				
Advance Radiology	Prior Authorization Required	70336	70450	70460	70470	70472
		70473	70480	70481	70482	70486
Procedures and Services 3D Imaging CT, CTA, MRI and MRA Nuclear Medicine PET Scan		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	78492	78499	78579
		78580	78582	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	78230	78231	78232

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Advance Radiology Cont'd	Prior Authorization Required	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	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
		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						
Cardiac Procedures	Prior Authorization Required	33206	33207	33208	33212	33213		
		33214	33221	33224	33225	33227		
		33228	33229	33230	33231	33240		
		33249	33262	33263	33264	33270		
		33274	75577	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	0571T	0614T		
		0648T	0649T	0698T	0795T	C8921		
		C8922	C8923	C8924	C8925	C8926		
		C8928	C8929	C8930	C9762	C9763		
		Peripheral Arterial Procedures	Prior Authorization Required	37220	37221	37224	37225	37226
				37227	37228	37229		

Medicare Part B Injectable Medications

New start Part B Injectable medications may be subject to both medical necessity and Step Therapy reviews, based on the health plan's established criteria. Medication is considered a 'new start' if it has not been administered within the past 365 days. Visit health plan sites for drug-specific Step Therapy requirements.

Procedures and Services	Additional Information	CPT or HCPCS Codes			
Antiviral	J0738				
Antihemophilic Agents	J1411	J1412	J7170	J7172	J7173
	J7174	J7180	J7182	J7183	J7185
	J7186	J7187	J7189	J7190	J7192
	J7193	J7194	J7195	J7197	J7198
	J7200	J7201	J7202	J7204	J7205
	J7207	J7209	J7212		
Antihyperlipidemic	J1305	J1306			
Antimicrobials	J0872	J0873	J0875	J0878	J2406
	J2407				
Antimigraine Agents	J3032				
Asthma Agents	J0517	J2182	J2357	J2356	J2786
Bone Modifying Agents	J0897	J3111	Q5136	Q5157	Q5158
	Q5159				
Blood Modifiers	J0256	J0791	J0896	J1299	J1303
	J1307	J2802	J2998	J9256	J9332
	J9334	Q5151	Q5152		
Botulinum Toxins A & B (Botox Injections)	J0585	J0586	J0587	J0588	J0589
Central Nervous System Agents	J0802				
Dermatologic Agent	J7352				
Endocrine-Metabolic	J0225	J1809			
Enzyme Replacement	J0180	J0217	J0218	J0219	J0221
	J0775	J1203	J1322	J1458	J1743
	J1786	J1931	J2508	J2840	J3060
	J3385	J7171			
Erythropoiesis Stimulating	J0881	J0885	J0888	Q5106	
Gastrointestinal Agents	J0223	J0224			
Cellular and Gene Therapy	J1413	J1414	J3387	J3389	J3391
	J3392	J3393	J3394	J3401	Q2053
	Q2054	Q2055	Q2056	Q2057	Q2058
Hyaluronic Acid	J7318	J7320	J7321	J7322	J7323
	J7324	J7325	J7326	J7327	J7328
	J7329	J7331	J7332		
Hormone Replacement Therapy	J1072				
Immune Globulins (IVIG/SCIG)	J1459	J1551	J1552	J1554	J1555
	J1556	J1557	J1558	J1559	J1561
	J1566	J1568	J1569	J1572	J1575
	J1576	J1599	J7504	J7511	90283
	90284				

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Immunologic Agents	Prior Authorization Required	J0129	J0202	J0480	J0485	J0490
		J0491	J0565	J0593	J0596	J0597
		J0598	J0717	J1602	J1628	J1745
		J1823	J2267	J2323	J2329	J2350
		J2351	J2507	J3245	J3247	J3262
		J3357	J3358	J3380	J3402	J9038
		J9333	Q5098	Q5099	Q5100	Q5103
		Q5104	Q5121	Q5133	Q5134	Q5135
		Q5137	Q5138	Q5156	Q9996	Q9997
		Q9998	Q9999			
Intravenous Iron Replacement Therapy		J1437	J1439	Q0138		
Monoclonal Antibody		J0174	J0175	J1302	J1746	J1747
		J2327	J9376	J9381		
Neurologic & Musculoskeletal Agents		J0222	J0584	J1301	J1304	J1428
		J1429	J2326	J3398	J3399	
Unclassified Agents	Prior Authorization Required for any Part B unclassified drug with a cost of \$1000 or more per drug	A9699	C9399	J3490	J3590	J7999
	Any newly assigned drug code that was previously listed as unclassified and required a Prior Authorization, will continue to require a Prior Authorization when assigned a permanent code if drug cost is \$1000 or more per drug					
Oncologic Agents and Oncologic Supportive Agents		J0185	J0640	J0641	J0642	J0870
		J0893	J0894	J0897	J1190	J1323
		J1326	J1434	J1442	J1447	J1448
		J1449	J1453	J1454	J1456	J1627
		J1930	J1932	J1950	J1951	J1954
		J2353	J2468	J2469	J2506	J2783
		J2820	J3055	J3263	J3316	J9000
		J9011	J9015	J9017	J9021	J9022
		J9023	J9024	J9025	J9026	J9027
		J9028	J9029	J9030	J9032	J9033
		J9034	J9036	J9039	J9040	J9041
		J9042	J9043	J9045	J9046	J9047
		J9049	J9050	J9052	J9055	J9056
		J9057	J9060	J9061	J9063	J9064
		J9065	J9071	J9072	J9073	J9074
		J9075	J9076	J9100	J9118	J9119
		J9120	J9130	J9144	J9145	J9150
		J9153	J9155	J9171	J9172	J9173
		J9175	J9176	J9177	J9178	J9179
		J9181	J9185	J9190	J9196	J9198
		J9200	J9201	J9202	J9203	J9204
		J9205	J9206	J9207	J9208	J9209
		J9210	J9211	J9213	J9214	J9215

Procedures and Services	Additional Information	CPT or HCPCS Codes				
Oncologic Agents and Oncologic Supportive Agents cont'd	Prior Authorization Required	J9216	J9217	J9218	J9223	J9225
		J9226	J9227	J9228	J9229	J9230
		J9245	J9246	J9260	J9261	J9262
		J9263	J9264	J9266	J9267	J9268
		J9269	J9271	J9272	J9273	J9274
		J9276	J9280	J9281	J9285	J9286
		J9289	J9292	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	J9326	J9328	J9329
		J9330	J9345	J9347	J9348	J9349
		J9350	J9351	J9352	J9353	J9354
		J9355	J9356	J9357	J9358	J9359
		J9360	J9361	J9370	J9380	J9382
		J9390	J9393	J9394	J9395	J9400
		J9600	J9999	Q2041	Q2042	Q2043
		Q2049	Q2050	Q5101	Q5108	Q5110
		Q5111	Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119	Q5120
		Q5122	Q5123	Q5125	Q5126	Q5127
		Q5129	Q5130	Q5136	Q5146	Q5148
			Q5157	Q5158		
			Prior Authorization Required ONLY if provider is NOT Ophthalmology	J9035	Q5107	
Ophthalmologic Agents		J0177	J0178	J0179	J2777	J2778
		J2779	J2781	J2782	J3241	J3396
		J3403	J7311	J7312	J7313	J7314
		J7316	Q5124	Q5128	Q5147	Q5149
		Q5150	Q5153	Q5155		
Pulmonary Hypertension		J1325	J3285	J7686	Q4074	
Therapeutic Radiopharmaceuticals		A9513	A9543	A9590	A9606	A9607