

Medicare Prior Authorization

Changes effective 7/1/2022

Wellcare requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare.

Wellcare is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on Health Plan website at <https://www.wellcare.com/en/Louisiana/Providers/Authorization-Lookup>

Effective July 1st, 2022, the following are changes to prior authorization requirements:

Service Category	Change	Services	Procedure Codes
Dermatology	Remove	Acne surgery	10040
		Laser treatment/ablation	96920, 96921, 96922, 0479T, 0480T
General Surgery	Remove	Autografts	15100, 15101, 15120, 15121, 15130, 15200, 15220, 15221, 15240, 15241, 15260, C9250
		Pedicle formation	15570, 15574, 15576
		Tissue transfers	14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302
		Biologic implant	15777
		Mastectomy	19301, 19302, 19303, 19305, 19307, 19361
		Hernia repair	49507, 49520, 49521, 49553, 49561, 49566, 49568, 49572, 49587, 49590, 49655
		Endocrine system surgery	60210, 60220, 60240, 60271, 60500, 60502, 60512, 60540
		Unlisted procedures	
		Application low-cost skin substitute	C5271, C5273, C5274, C5276, C5277, C5278
Orthopedic	Remove	Repair ankle ligament	27695
		Osteotomy	28310
		Computer assisted navigation	0054T, 0055T
Pulmonology	Remove	Bronchoscopy	31622, 31623, 31624, 31625, 31626, 31627, 31628, 31629, 31630, 31632, 31635, 31636, 31641, 31645, 31648, 31652, 31653, 31654

Service Category	Change	Services	Procedure Codes
		Nitric oxide measurement	95012
Cardiac	Remove	Pacemaker	33224
		Catheterization	36140, 36222, 36223, 36224, 36225, 36226, 36227, 36245, 36246, 36247, 36248, 36251, 36252, 36253, 37222, 37223, 37232, 37233, 37235
		Angioplasty	92920, 92921, 92924, 92941
		Percutaneous congenital repair	93580
		Electrophysiology procedures	93613, 93619, 93620, 93650, 93655, 93657, 93660
		Physician service cardiac rehab	93797, 93798
		Coronary artery disease analysis	0501T, 0502T, 0503T, 0504T
Gastroenterology	Remove	Endoscopy services	43233, 43243, 43244, 43246, 43252, 43266, 43270
		Surgical services	43285, 43653
Urology	Remove	Ablation	50592, 50593
		Cystourethroscopy	52260, 52282, 52283, 52290, 52334, 52355, 52400
		Bladder procedures	52500, 53440, 53445, 53446, 57287
		Prostate procedures	52601, 52630, 52648, 52649
Gynecological	Remove	Vulvectomy	56620, 56630, 56631
		Vaginal graft	57295
		Computer-aided mapping	57465
		Hysteroscopy	58555, 58560, 58561, 58563
		Surgical laparoscopy	58660, 58662, 58670, 58671
		EEG	95705, 95707, 95708, 95710, 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95962
Ophthalmology	Remove	Strabismus surgery	67311, 67312, 67314, 67331
		Orbitotomy	67400, 67412
		Conjunctivoplasty	68326
		Repair lacrimal system	68760, 68815
		Aqueous drainage	0449T
		Vision studies	0509T, 0514T
Otolaryngology	Remove	Tonsillectomy	42821, 42826
		Myringoplasty	69620
		Tympanoplasty	69631, 69641, 69643
		Nasopharyngoscopy	69705, 69706
Diagnostic radiology	Remove	MR Elastography	76391
		Ultrasound	76978
		Radiology guidance	77021

Service Category	Change	Services	Procedure Codes
		Nuclear medicine	70802, 76496, 76499, 76999, 78020, 78195, 78264, 78265, 78278, 78291, 78300, 78306, 78315, 78445, 78580, 78582, 78597, 78598, 78600, 78630, 78700, 78707, 78708, 78709, 78725
Laboratory	Remove	Diagnostic lab	88199, 88399
Behavioral Health	Remove	Psychotherapy	90839, 90847
		Alcohol/substance abuse assessment	G0396, G0397, G2011
Audiology	Remove	VEMP testing	92517
Miscellaneous	Remove	Unlisted codes	20999, 22999, 24999, 25999, 27899, 31599, 31899, 32999, 33999, 36299, 38589, 38999, 41599, 42699, 42999, 47999, 51999, 55559, 58999, 66999, 67299, 69799, 91299, 93799, 93998, 96379, 96999, 99499
Injection & Infusion services	Remove	Chemotherapy administration	96405, 96450
		Home infusion	99601, 99602
Part B Drugs	Remove	Medical injectables	J1212, J1453, J1670, J2704, J2710, J2760
		Pharmacy dispensing fee	G0333
	Add step therapy	Medical injectables	C9077, C9081, J2506, Q2054, Q2055, Q5123