

PROVIDER Update



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Learn About the Medicare Prior Authorization Changes

Drugs that require prior authorization now and other changes that start July 17, 2022

Wellcare By Health Net (Health Net*) is making changes to the Medicare Advantage HMO/PPO prior authorization (PA) requirements as outlined in the table starting on page 2. The PA changes apply to Direct Network physicians, hospitals, ancillary providers, and non-delegated fee-for-service participating physician groups.

Part B Medications that require PA

New Centers for Medicare & Medicaid Services (CMS) medical benefit medication codes effective January 1, 2022:

Code	Description
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg
C9086	Injection, anifrolumab-fnia, 1 mg
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg
J0172	Injection, aducanumab-avwa, 2 mg
J1952	Leuprolide injectable, camcevi, 1 mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J9021	Injection, asparaginase, recombinant, (Rylaze™), 0.1 mg
J9061	Injection, amivantamab-vmjw, 2 mg
J9272	Injection, dostarlimab-gxly, 10 mg
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed chimeric antigen receptor- (CAR-) positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFP (Ambetter from Health Net)
 - HMO/HSP
 - EPO
 - PPO
- Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

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New CMS medical benefit medication codes effective **April 1, 2022**:

Code	Description
C9090	Injection, plasminogen, human-tvmh, 1 mg
C9091	Injection, sirolimus protein bound particles, 1 mg
C9092	Injection, triamcinolone acetonide suprachoroidal (Xipere®), 1 mg
C9093	Injection, ranibizumab, via sustained release intravitreal implant (Susvimo™), 0.1 mg
J0219	Injection, avalglucosidase alpha-ngpt, 4 mg
J0491	Injection, anifrolumab-fnia, 1 mg
J0879	Injection, difelikefalin, 0.1 microgram
J9071	Injection, cyclophosphamide (Auromedics), 5 mg
J9273	Injection, tisotumab vedotin-tftv, 1 mg
J9359	Injection, loncastuximab tesirine-lypl, 0.075 mg
Q5124	Injection, ranibizumab-nuna biosimilar (Byooviz™), 0.1 mg
Q0221	Injection, tixagevimab and cilgavimab for certain adults and pediatric individuals, 600 mg

PA requirement additions effective July 17, 2022

Below are medical benefits plan PA requirement changes for direct network providers.

Service category	Services	Procedure codes
Anesthesia	Anesthesia for spine manipulation or closed procedure	00640
Behavioral health	Transcranial magnetic stimulation	90867
Cardiac	• Cardiac monitor insertion	33285
	• Endovenous ablation	36473
	• Endovascular revascularization	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
	• Intracardiac catheter ablation	93653, 93654, 93656
	• Unlisted procedures	37799
	• Vascular embolization and occlusion	37241, 37242, 37243, 37244

PA requirement additions effective July 17, 2022, continued

Service category	Services	Procedure codes
Dermatology	Benign lesion excision	11451
	Skin tag removal	11200, 11201
Diagnostic radiology	Bone marrow imaging	78102
	Liver/spleen and gallbladder imaging	78201, 78202, 78215, 78216, 78226, 78227
	Radiopharmaceutical localization of tumor	78800, 78802, 78803, 78830, 78831, 78832
	Thyroid/parathyroid imaging	78012, 78013, 78014, 78018, 78070, 78071, 78072
	Unlisted procedure	78999
Ear, nose, throat (ENT)	Nasal/sinus endoscopy	31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31298
	Osseointegrated implant	69714
	Sinus procedures	30130, 30140, 30560
	Unlisted ENT procedures	30999, 31299, 92700
Flap procedures		15600, 15620, 15630, 15650, 15730, 15731, 15733, 15734, 15736, 15738
Gastroenterology	Cholecystectomy	47562, 47563, 47600
	Exploratory laparotomy	49000
	Laparoscopy procedures	43280, 43281, 43282, 43283
	Unlisted procedures	43289, 43499, 43659, 44238, 44799, 44979, 45399, 45999, 46999, 47379, 49329, 49659, 49999
Hernia repair		49560, 49565, 49652, 49653, 49654, 49656, 49657
Laboratory	Bone marrow culture	88237
	Chronic HCV assay	81596
	Engraftment analysis	81267, 81268
	Genetic analysis procedures	81245, 81246, 81261, 81263, 81264, 81310, 81315, 81340, 81342

PA requirement additions effective July 17, 2022, continued

Service category	Services	Procedure codes
Neurology	Electroencephalogram (EEG) or Video EEG (VEEG)	95700, 95711, 95712, 95713, 95714, 95715, 95716
	Neuroplasty procedures	64704, 64708, 64716, 64718, 64719, 64721
	Neurostimulators procedures	64568, 64575, 64999
	Sinusoidal vertical axis rotational testing	92546
Ophthalmology	Cataract procedures	66820, 66821, 66825, 66830, 66840, 66850, 66852, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988
	Corneal procedures/transplant	65730, 65750, 65755, 65756, 65757, 65770
	Glaucoma procedures/surgery	65855, 66170, 66172, 66183,
	Repair procedures of the eye	67228, 67255, 67912, 68761
	Unlisted ophthalmological service/procedure	92499
Orthopedic	Endoscopy (foot, wrist)	29848, 29893
	Procedures of the foot or toes	28008, 28285, 28288, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28300, 28306, 28308, 28312
	Procedures of the lower extremities	27310, 27380, 27385, 27620, 27696, 27698, 27871, 29891, 29892, 29894, 29895, 29897, 29898
	Procedures of the upper extremities	23405, 23406, 23430, 23485, 24301, 24305, 24341, 24342, 24343, 24344, 24357, 24359, 25111, 25112, 25115, 25118, 25310, 25320, 26480, 26483, 26485, 26498, 29805, 29806, 29820, 29821, 29822, 29823, 29824, 29825, 29828, 29834, 29837, 29838, 29844, 29846
	Unlisted procedures	23929, 27599, 28899, 29799
Part B drugs	Medical injectables	J2597, J2794, Q2054
	Inhalation solutions	J7605, J7606, J7626
	CAR-T therapy	0537T, 0539T, 0540T

Additions effective July 17, 2022, continued

Service category	Services	Procedure codes
Pulmonology	Unlisted pulmonary service	94799
Skin substitutes and biologicals		15271, 15273, 15274, 15275, 15277, 15278, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4110, Q4116, Q4121, Q4122, Q4124, Q4126, Q4128, Q4132, Q4133, Q4137, Q4138, Q4148, Q4151, Q4153, Q4154, Q4155, Q4158, Q4159, Q4160, Q4161, Q4163, Q4169, Q4178, Q4183, Q4186, Q4187, Q4195, Q4196, Q4197
Unlisted procedures	Unlisted special service, procedure, or report	21899, 41899, 60699, 99199
Urology	Laparoscopy surgery (prostrate)	55866
	Penile prosthesis	54408
	Prostate procedure	53850, 53854, 53899, 55899

Check eligibility and benefits

Providers should verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is based on the member's eligibility at the time service is rendered.

Use the online prior authorization tool

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization. To check if a CPT or HCPCS code requires authorization, go to the Online Prior Authorization Tool at <https://wellcare.healthnetcalifornia.com/for-providers/medicare-pre-auth.html>.

Additional information

If you have questions regarding the information contained in this update, contact the applicable Provider Services Center within 60 days as listed in the right-hand column on page 1.