

Medicare Part B Prior Authorization Updates

Effective 7/1/2022



Medicare Prior Authorization

List effective 7/1/2022

Wellcare by Health Net and Wellcare by Trillium Advantage requires prior authorization 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:

- Wellcare By Trillium Advantage: [Medicare Pre-Authorization Check](#)
- Wellcare By Health Net: [Medicare Pre-Authorization Check](#)

Effective July 1st, 2022, Prior Authorization will be required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9094	Injection, sutimlimab-jome, 10 mg	Add PA
	C9095	Injection, tebentafusp-tebn, 1 mcg	Add PA
	C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Add PA
	C9097	Injection, faricimab-svoa, 0.1 mg	Add PA
	C9098	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Add PA
	J1306	Injection, inclisiran, 1 mg	Add PA
	J1551	Injection, immune globulin (Cutaquig), 100 mg	Add PA
	J2356	Injection, tezepelumab-ekko, 1 mg	Add PA
	J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Add PA
	J2998	Injection, plasminogen, human-tvmh, 1 mg	Add PA
	J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	Add PA
	J9331	Injection, sirolimus protein-bound particles, 1 mg	Add PA
	J9332	Injection, efgartigimod alfa-fcab, 2 mg	Add PA