

Medicare Part B Prior Authorization Updates

Effective 4/1/2023





Medicare Prior Authorization

List effective 4/1/2023

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 April 1st, 2023 Prior Authorization will be required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9146	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG*	Add PA
	C9147	INJECTION TREMELIMUMAB-ACTL 1 MG*	Add PA
	C9148	INJECTION TECLISTAMAB-CQYV, 0.5 MG*	Add PA
	C9149	INJECTION TEPLIZUMAB-MZWV, 5 MCG	Add PA
	J0208	INJECTION SODIUM THIOSULFATE 100 MG*	Add PA
	J0218	INJECTION OLIPUDASE ALFA-RPCP 1 MG	Add PA
	J1411	INJ ETRANACOGENE DEZAPARVOVEC-DRLB PER THR DOSE	Add PA
	J1449	INJECTION EFLAPEGRASTIM-XNST 0.1 MG	Add PA
	J1747	INJECTION SPESOLIMAB-SBZO 1 MG	Add PA
	J9196	INJ GEMCITABINE HCI NOT THR EQUIV J9201 200 MG*	Add PA
	J9294	INJ PEMETREXED HOSPIRA NOT THR EQUIV J9305 10 MG*	Add PA
	J9296	INJ PEMETREXED ACCORD NOT THR EQUIV J9305 10 MG*	Add PA
	J9297	INJ PEMETREXED SANDOZ NOT THR EQUIV J9305 10 MG*	Add PA
	Q5127	INJECTION PEG-FPGK STIMUFEND BIOSIMILAR 0.5 MG	Add PA
	Q5128	INJECTION RANIBIZUMAB-EQRN BIOSIMILAR 0.1 MG	Add PA
	Q5129	INJECTION BEVACIZUMAB-ADCD BIOSIMILAR 10 MG	Add PA
	Q5130	INJECTION PEG-PBBK FYLNETRA BIOSIMILAR 0.5 MG	Add PA

* Oncology/supportive drug-prior authorization requests are to be submitted to and reviewed by New Century Health