

# Trillium Medicaid, Health Net Commercial, Wellcare By Health Net Medicare, and Wellcare By Trillium Advantage Medicare Prior Authorization

Date: 8/20/2025

Trillium Community Health Plan (Trillium), Health Net Health Plan of Oregon, Inc. (Health Net), Wellcare By Trillium Advantage (Wellcare), and Wellcare By Health Net (Wellcare) require 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 commercial, Medicaid, and Medicare products offered.

We are 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 the complete CPT/HCPCS code listing, please see the Online Prior Authorization Tool on our websites at:

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

Please view the following table for prior authorization requirements effective April. 1, 2024.

### CMS Codes Effective April 1, 2025

| <u>CPT/HCPC Code</u> | <u>Description</u>                                 | <u>Trillium Medicaid</u> | <u>Wellcare By Trillium Advantage</u> | <u>Wellcare By Health Net</u> | <u>Health Net Commercial</u> |
|----------------------|--|--------------------------|---------------------------------------|-------------------------------|------------------------------|
| A2030                | MIRO3D FIBERS PER MILLIGRAM                        | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| A2031                | MIRODRY WOUND MATRIX PER SQUARE CENTIMETER         | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| A2032                | MYRIAD MATRIX PER SQUARE CENTIMETER                | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| A2033                | MYRIAD MORCELLS 4 MILLIGRAMS                       | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| A2034                | FOUNDATION DRS SOLO PER SQUARE CENTIMETER          | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| A2035                | CORPLEX P OR THERACOR P OR ALLACOR P PER MG        | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| A6515                | GRADIENT COMP WRAP ADJ STRAPS FULL LEG EACH CSTM   | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A6516                | GRADIENT COMP WRAP ADJ STRAPS FOOT EACH CUSTOM     | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A6517                | GRADIENT COMP WRAP ADJ STRAPS BELOW KNEE EA CSTM   | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A6518                | GRADIENT COMP WRAP ADJ STRAPS ARM EACH CUSTOM      | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A6519                | GRADIENT COMP GARMENT NOS FOR NIGHTTIME USE EACH   | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A6611                | GRADIENT COMP WRAP ADJ STRAPS ABOVE KNEE EA CSTM   | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A9154                | ARTIFICIAL SALIVA 1 ML                             | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| A9611                | FLURPIRIDAZ F 18 DIAGNOSTIC 1 MILLICURIE           | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| C8004                | SIMULATION ANGIOGRAM USE OF PRESSURE GEN CATH      | PA Required for Non-PAR  | PA Required for Non-PAR               | No PA Required                | PA Required for Non-PAR      |
| C8005                | BRONCH RGD/FLEX NON THRM TRANSBRON ABL LES PEF E   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| E0201                | PENILE CONTRACTURE DEV MANUAL >3 LBS TRXN FORCE    | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| E1022                | WHEELCHAIR TRANSPORTATION SECUREMENT SYS ANY TYP   | PA Required for Non-PAR  | PA Required for Non-PAR               | No PA Required                | PA Required for Non-PAR      |
| E1023                | WHEELCHAIR TRANSIT SECUR SYS INCL ALL COMP AND ACC | PA Required for Non-PAR  | PA Required for Non-PAR               | No PA Required                | PA Required for Non-PAR      |
| E1032                | W/C ACC M SWAWY RET/REM MTG HW JS/OTH DRV CTRL     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |

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|----------------------|---|--------------------------|---------------------------------------|-------------------------------|------------------------------|
| E1033                | W/C ACC MAN SWAWY RET/REM MTG HW HEADREST CUSH      | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| E1034                | W/C ACC MAN SWAWY RET/REM MTG HW TRNK/HIP SUP       | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| E1832                | STATIC PROGRESSIVE STRETCH FINGER DVC EXTENSION     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| G0183                | QUANTITATIVE SOFTWARE MEASUREMENTS CARDIAC VOL      | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| G0566                | 3D RADIODEN VAL BN IMG ALGO DERIV FROM PREV MRI     | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| G0567                | INFECTIOUS AGT DETECTION NUCLEIC ACID HEP C SCR     | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| L0720                | CTL SO ANTERIOR POSTERIOR LAT CNTRL PREFAB ITEM     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L1933                | AFO RGD ANT TIB SECT TTL CO FIB/=MATL PREFAB OTS    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L1952                | AFO SPIRAL PLASTIC/OTH MATL PREFAB OFF THE SHELF    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L5827                | ENDOSKEL KN SHIN SGL AX ELMCH SW AND ST PHS CNTRL   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L6028                | PRTL HND FN GR FLEX/NONFLEX I/F ENDOSKEL SYS MOLD   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L6029                | UPPER EXT ADD TEST SCKT/INTERFACE PRTL HND FN GR    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L6030                | UPPER EXTREMITY ADDITION EXT FRAME PRTL HND FN GR   | No PA Required           | No PA Required                        | No PA Required                | No PA Required               |
| L6031                | REPLACEMENT SCKT/INTERFACE PRTL HND FN GR MOLDED    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L6032                | ADD UPR EXT PROS PART HND F UL MATL TI CO FIB/=     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L6033                | ADDITION UPPER EXT PROS PARTIAL HND ACRYLIC MATL    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L6037                | IM POST SUR/EA FTG APP RGD DRSG AND1 C CHG PAR HND  | No PA Required           | No PA Required                        | No PA Required                | No PA Required               |
| L6700                | UPPER EXT ADD EXTRNL PWR FTR MYOELEC CTRL MOD       | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| L7406                | ADDITION TO UPPER EXTREMITY USER ADJ MECHANICAL     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4354                | PALINGEN DUAL LAYER MEMBRANE PER SQ CENTIMETER      | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4355                | ABIOMEND XPLUS MEM ANDABMD XPLUS HYDROMEM PER SQ CM | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |

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| Q4356                | ABIOMEND MEMBRANE AND ABIOMEND HYDROMEM PER SQ CM   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4357                | XWRAP PLUS PER SQUARE CENTIMETER                    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4358                | XWRAP DUAL PER SQUARE CENTIMETER                    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4359                | CHORIPLY PER SQUARE CENTIMETER                      | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4360                | AMCHOPLAST FD PER SQUARE CENTIMETER                 | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4361                | EPIXPRESS PER SQUARE CENTIMETER                     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4362                | CYGNUS DISK PER SQUARE CENTIMETER                   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4363                | AMNIO BURGEON MEMBRANE AND HYDROMEM PER SQ CM       | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4364                | AMNIO BURGEON XPLUS MEM ANDXPLUS HYDROMEM PER SQ CM | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4365                | AMNIO BURGEON DUAL LAYER MEMBRANE PER SQ CM         | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4366                | DUAL LAYER AMNIO BURGEON X MEMBRANE PER SQ CM       | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| Q4367                | AMNIOCORE SL PER SQUARE CENTIMETER                  | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| S4024                | AIR POLYMER TYPE A INTRAUTERINE FOAM PER ST DOSE    | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0531U                | NFCT DS AFB AND INVAS FUNGI DNA 673 ORGS NGS PLASMA | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0532U                | RARE DS RAPID WHL GEN AND MITOCHDRL DNA SEQ SNV SLV | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0533U                | RX METAB ADVRS RX RXN AND RSPSE GNOTYP 16 GENES     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0534U                | ONC PRST8 MIRNA SNP ALYS RT-PCR 32VRNT BUCC SWAB    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0535U                | PFAS LC-MS/MS PLASMA/SERUM QUANTITATIVE             | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0536U                | RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE AND GAPDH | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0537U                | ONC CLRCT CA ALYS CFDNA EPIG PTRN NGS >2500 DMR     | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |

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| 0538U                | ONC SOLID TUM NGTS ALYS FFPE DNA ALYS 600 GENES   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0539U                | ONC SOLID TUMOR CFCTDNA 152 GEN NGS INTERROG SNV  | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0540U                | TRNSPLJ MEDICINE QUAN DD-CFDNA NGS ALYS PLASMA    | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0541U                | CV DS HDL RCT CEC LC-MS/MS 5HDL-BD APO SERUM ALG  | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0542U                | NEFRO RENAL TRNSPL URINE NMR 84 UR METABOLITES    | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0543U                | ONC SOL TUM NGS DNA FFPE TISS 517GEN INTERROG SNV | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0544U                | NEFRO TRANSPLANT MNTR 48 VRNTS DPCR CFDNA PLASMA  | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0545U                | ACHR ANTIBODY ID IMMUNOFLUORESCENCE LIVE CELLS    | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0546U                | LOW DNS LRP4 ANTB ID IMMUNOFLUORESCENCE LIVE CLL  | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0547U                | NEURFLMNT LIGHT CHAIN CLEIA PLASMA QUANTITATIVE   | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0548U                | GLIAL FIBRILLARY ACIDIC PROTEIN CLEIA PLASMA      | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0549U                | ONC URTHL DNA QUAN MTHYLTD RT PCR TRNA-CYS SIM2   | PA Required for All      | PA Required for All                   | PA Required for All           | PA Required for All          |
| 0550U                | ONCOLOGY PROSTATE ELISA TOTAL AND FREE PSA SERUM  | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |
| 0551U                | TAU PHOSPHORYL PTAU217 ULTRSENS DGTL PRTN DETCJ   | PA Required for Non-PAR  | PA Required for Non-PAR               | PA Required for Non-PAR       | PA Required for Non-PAR      |

Effective September 1, 2025, the following codes will no longer require prior authorization to be submitted to Trillium Community Health Plan for Medicaid:

- 20553 Injection(s); single or multiple trigger point(s), 3 or more muscles
- 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

If you have questions, please contact Provider Services.