

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

Date: 2/11/2026

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 see the following tables for updated Evolent prior-auth requirements, **effective April 1<sup>st</sup>, 2026**.

The following **Radiology and Diagnostic Cardiology (RBM)** codes will be removed from Evolent’s Utilization Review Matrix and no longer require prior authorization for **Medicaid**.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482
CT MAXILOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE CONGEN	75573
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/VO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318

The following **Radiology and Diagnostic Cardiology (RBM)** codes will be removed from Evolent’s Utilization matrix and no longer require prior authorization for **Medicare**.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482
CT MAXILOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380
CT SOFT TISSUE NECK WITH O DYE	70490, 70491, 70492
MRI IMAGING BRAIN; INCLUDING BRAIN STEM; WITHOUT CONTRAST MATERIAL	70551, 70552, 70553
MRI- SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	72141, 72142, 72156
MRI, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	72146, 72147, 72157
MRI- SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	72148, 72149, 72158
MRI PELVIS WITH DYE	72195, 72196, 72197
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
MRI JOINT UPR EXTREM WITH O DYE	73221, 73222, 73223
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702

CT ABDOMEN WITH O DYE	74150, 74160, 74170
MRI ABDOMEN WITH O DYE	74181, 74182, 74183, S8037
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE	75572
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318

The following **Radiology and Diagnostic Cardiology (RBM)** codes will be removed from Evolent's Utilization Review Matrix and no longer require prior authorization for **Commercial**.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE	75572
CT HRT WITH 3D IMAGE CONGEN	75573
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318