



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

Date: 3/1/2024

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 Oct. 1, 2023.

CMS New Codes

CMS New Codes		Prior Auth Requirements			
CPT/HCPCS CODE	Description	Trillium Medicare	Health Net Medicare	Trillium Medicaid	Health Net Commercial
0019M	CV DS PLSM ALYS PRTN BMRK APTAMR-BSD MICRORA AND ALG	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0402U	NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for participating providers.	No pre-auth for all providers
0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for participating providers.	No pre-auth for all providers
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0408U	IAAD BULK ACOUSTIC WAVE BIOSENSOR IA SARS-COV-2	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for all providers.	No pre-auth for all providers
0409U	ONC SLD TUM DNA 80 AND RNA 36 GEN NEXT GNRJ SEQ PLSM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0410U	ONC PNCRTC DNA WHL GN SEQ 5-HYDROXYMETHYLCYTOSN	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LC-MS/MS ALG	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0416U	IADNA GU PTHGN 20BCT AND FNGL ORG ID 20 ARG URINE	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.

CPT/HCPCS CODE	Description	Trillium Medicare	Health Net Medicare	Trillium Medicaid	Health Net Commercial
90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	No auth for all providers	No auth for all providers	No Pre-authorization required for all providers.	No pre-auth for all providers
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for all providers.	No pre-auth for all providers
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for all providers.	No pre-auth for all providers
A2022	INNOVABURN OR INNOVAMATRIX XL PER SQ CM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A2023	INNOVAMATRIX PD 1 MG	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A2024	RESOLVE MATRIX PER SQ CM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A2025	MIRO3D PER CU CM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A9156	ORAL MUCOADHESIVE ANY TYPE PER 1 ML	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A9268	PROGRAMMER FOR TRANSIENT ORALLY INGESTED CAPSULE	Not covered under Medicare	Not covered under Medicare	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A9269	PROGRMMABLE TSNT ORALLY ING CAP USE EXT PROG PM	Not covered under Medicare	Not covered under Medicare	Pre-authorization required for all providers.	Pre-authorization required for all providers.
A9292	PRESCRIPTN DGTL VIS TX SW-ONLY FDA CL PER CRS TX	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Not Covered under Commercial
B4148	ENTERAL FEEDING SPLY KIT ELASTOMERC CTRL FED PD	Pre-auth for all providers	Pre-auth for all providers	No Pre-authorization for all providers.	No pre-auth for all providers
C9156	FLOTUFOLASTAT F-18 DIAGNOSTIC 1 MCI	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for participating providers.	No pre-auth for all providers
C9788	OPTO-ACOU IMG BRST UNI IMG DOC ANLYS AND RPT US EX	Pre-auth for non-PAR providers	No auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
C9789	INSTALL ANTINEOPLAST PHARM/BIOLOG AGT RP ANY METH	Pre-auth for all providers	Pre-auth for all providers	No Pre-authorization required for all providers.	Pre-authorization required for all providers.
C9790	HISTOTRIPTY MALIG RENAL TISS INCL IMAGE GUIDANCE	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
C9791	MRI WITH INHALED HPX CONTRAST AGENT CHEST	Pre-auth for non-PAR providers	No auth for all providers	No Pre-authorization for participating providers.	No pre-auth for all providers
C9792	BLIND/NONBLND PROC SYM NYHA CLASS II III IVA HF	Pre-auth for all providers	Pre-auth for all providers	No Pre-authorization required for all providers.	Pre-authorization required for all providers.

CPT/HCPCS CODE	Description	Trillium Medicare	Health Net Medicare	Trillium Medicaid	Health Net Commercial
E0490	PS AND CE U O DVC/APPL NM ELECT STIM TNG MUSC REM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
E0491	ORAL DEVICE/APPL NM ELECT STIM TONGUE MUSCLE	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
H2040	COORDINATED SC TEAM-BASED FIRST EP PSY PER MONTH	Not covered under Medicare	Not covered under Medicare	No Pre-authorization for participating providers.	No pre-auth for all providers
H2041	COORDINATED SC TEAM-BASED FIRST EP PSY PER ENC	Not covered under Medicare	Not covered under Medicare	No Pre-authorization for participating providers.	No pre-auth for all providers
K1036	SUPPLIES AND ACCESSORIES LOW FREQ US DIA TX DVC PM	Not covered under Medicare	Not covered under Medicare	Pre-authorization required for all providers.	Pre-authorization required for all providers.
L1681	HO BIL HIP JTS AND TH CUFFS ADJ FLEX CTRL HIP JNT	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
L5991	ADDITION LWR EXT PROSTHESES OI EXTRNL PROS CONN	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
Q4285	NUDYN DL OR NUDYN DL MESH PER SQ CM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
Q4286	NUDYN SL OR NUDYN SLW PER SQ CM	Pre-auth for all providers	Pre-auth for all providers	Pre-authorization required for all providers.	Pre-authorization required for all providers.
V2526	CONTACT LENS HPI W/BLUE-VIOLET FILTER PER LENS	Not covered under Medicare	Not covered under Medicare	Pre-authorization required for all providers.	Not Covered under Commercial