

Medicare Prior Authorization List

Effective 8/1/2021



WellCare Health Plans 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 requires us to ensure 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.

Effective Aug. 1, 2021, prior authorization will be required for the following services:

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 **Authorization Lookup | WellCare**.

Service Category	Services/Procedures	Comments
Acupuncture	An alternative form of medicine in which thin needles are inserted into the body. Medicare doesn't cover acupuncture (including dry needling) for any condition other than chronic low back pain. Limited to 20 visits	Prior Auth Required: <ul style="list-style-type: none">• Health Net Medicare Advantage for California• Arizona Complete Health• Oregon Health Net Medicare Advantage• MHS Indiana• Sunflower• Louisiana Healthcare Connections• Superior HealthPlan• Medicare Advantage from MHS Health Wisconsin• Western Sky Community Care• Ascension Complete Contracted Providers: Visit ashlink.com Non-Contracted providers: Call (800) 972-4226

Quality care is a team effort.
Thank you for playing a starring role!



Service Category	Services/Procedures	Comments
Ambulance Nonemergent Fixed Wing	Requires prior authorization before transport	
Behavioral Health Services	Day Treatment Electroconvulsive Therapy (ECT) Inpatient Psychiatric Intensive Outpatient Therapy Neuropsychological Testing Partial hospitalization Psychological Testing Substance Use Disorder Treatment/ Rehabilitation	
Bronchial Thermoplasty	Outpatient procedure for the treatment of asthma	
Chiropractor Services	Medicare coverage for chiropractic services extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is reasonable and medically necessary	<p>Prior Auth Required:</p> <ul style="list-style-type: none"> • Health Net Medicare Advantage for California • Arizona Complete Health • Oregon Health Net • Allwell from Louisiana Healthcare Connections <p>Contracted Providers: Visit ashlink.com</p> <p>Non-Contracted providers: Call (800) 972-4226</p>
Clinical Trials: Notification Only	A clinical trial is one type of clinical research that follows a predefined plan or protocol	
Cochlear Implants & Surgery	Provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea	
Cosmetic Procedures/ Dermatology	Includes any surgical procedure directed at improving appearance, except when required for the prompt (that is, as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member Including, but not limited to: <ul style="list-style-type: none"> • Chemical exfoliation, electrolysis • Dermabrasion/chemical peel • Laser treatment • Skin injections and implants 	

Service Category	Services/Procedures	Comments
Drug Testing	Quantitative tests for drugs of abuse	
Durable Medical Equipment (DME)	Ambulatory Infusion Pumps Bone Growth Stimulator Continuous Glucose Monitor Hospital Bed/Mattress Implantable Neurostimulator Lift Devices including Hoyer Lymphedema Pumps and Supplies Oxygen Concentrators TENS Units Vagus Nerve Stimulator Ventilators Wheelchairs, Custom Wheelchairs, Power Wound Vacuum (Negative Pressure) Devices	
Enhanced External Counterpulsation (EECP)	The noninvasive outpatient treatment for patients with coronary artery disease (CAD)	
Experimental/ Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance	
Gender Reassignment	General term to describe a surgery or surgeries that affirm a person's gender identity	
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins	
Infertility	Drug Therapy, Testing, Treatment	
Home Health Services	Home Health Aide Occupational Therapy Physical Therapy Skilled Nursing Visits Social Work Visits Speech Therapy	
Hospice: Notification only	Home or Inpatient	

Service Category	Services/Procedures	Comments
Hospital Admission	Acute Inpatient Hospital Inpatient Rehabilitation Hospital Long Term Acute Care Hospital (LTAC) Skilled Nursing Facility (SNF)	
Hyperbaric O2 Therapy	Includes HBO therapy administered in a chamber	
Neuropsychological Testing	Evaluations for members with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning	
Nutritional Supplements and/or services	Formula administered via a enteral feeding tube	
Observation Stay	Prior Authorization required if >48 hours	
Orthotics/ Prosthetics	Prosthetic devices needed to replace a body part or function Limited coverage options for orthotic shoes and devices, including artificial limbs and eyes as well as braces for arms, legs, back, or neck, penile prosthetics	
Outpatient Therapy <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech-Language Therapy 	Therapeutic treatment: as a remedial treatment of mental or bodily disorder or an agency (as treatment) designed or serving to bring about rehabilitation or social adjustment	Prior Auth Required after the initial evaluation for Meridian Medicare products. visit www.radmd.com
Pain Management	Facet Injections Median Branch Block Radio Frequency Ablation Sacroiliac joint injection (SI) Trigger Point	
Part B Drugs		See attached Appendix A
Radiation Therapy	Intensity modulated radiotherapy (IMRT) Neutron beam therapy Proton beam therapy Stereotactic radiotherapy	

Service Category	Services/Procedures	Comments
Radiology	Cardiac Imaging CT MRA MRI, MRA, PET Scan, CT, Cardiac Imaging PET	All health Plans Excluding <ul style="list-style-type: none"> • Medicare Advantage • from MHS Health Wisconsin • visit www.radmd.com
Sleep Studies	Surgery and treatment Hospital Sleep Study	
Surgeries, regardless of place of service	Abortion Bariatric Surgery Blepharoplasty Breast Augmentation (except following mastectomy) Breast Reduction Capsule Endoscopy Chondrocyte Implants Cochlear Implant Facial Osteotomy Hysterectomy Joint Replacements Mastectomy for Gynecomastia Oral Surgery – Temporomandibular Joint Surgery Otoplasty Reconstructive and Plastic Surgery Rhinoplasty Sacral Nerve Neuromodulation Septoplasty Spinal Surgeries including Fusion, Stabilization, Discectomy Uvulopalatopharyngoplasty/ Uvulopharyngoplasty Veins (ablation, ligation, stripping, sclerotherapy) X-Stop: Spinal Surgery	
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure	