

PROVIDER Update



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Summary Update: Learn About the Medicare Prior Authorization Changes Drugs that require prior authorization now and other changes that start July 17, 2022

Wellcare By Health Net (Health Net*) is making changes to the Medicare Advantage HMO/PPO prior authorization (PA) requirements. The PA changes apply to Direct Network physicians, hospitals, ancillary providers, and non-delegated fee-for-service participating physician groups.

To view the comprehensive provider update, which includes procedure codes for other services that require prior authorization on or after July 17, 2022, go to the Provider Library at providerlibrary.healthnetcalifornia.com. Select *Medicare Advantage > Updates and letters > 22-448 Learn About the Medicare Prior Authorization Changes*.

Part B Medications that require PA

New Centers for Medicare & Medicaid Services (CMS) medical benefit medication codes, effective January 1, 2022:

Code	Description
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg
C9086	Injection, anifrolumab-fnia, 1 mg
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg
J0172	Injection, aducanumab-avwa, 2 mg
J1952	Leuprolide injectable, camcevi, 1 mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J9021	Injection, asparaginase, recombinant (Rylaze™), 0.1 mg
J9061	Injection, amivantamab-vmjw, 2 mg
J9272	Injection, dostarlimab-gxly, 10 mg
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed chimeric antigen receptor (CAR-) positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFP (Ambetter from Health Net)
 - HMO/HSP
 - EPO
 - PPO
- Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com
800-929-9224

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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New CMS medical benefit medication codes, effective April 1, 2022:

Code	Description
C9090	Injection, plasminogen, human-tvmh, 1 mg
C9091	Injection, sirolimus protein bound particles, 1 mg
C9092	Injection, triamcinolone acetonide suprachoroidal (Xipere®), 1 mg
C9093	Injection, ranibizumab, via sustained release intravitreal implant (Susvimo™), 0.1 mg
J0219	Injection, avalglucosidase alpha-ngpt, 4 mg
J0491	Injection, anifrolumab-fnia 1 mg
J0879	Injection, difelikefalin, 0.1 microgram
J9071	Injection, cyclophosphamide (Auromedics), 5 mg
J9273	Injection, tisotumab vedotin-tftv, 1 mg
J9359	Injection, loncastuximab tesirine-lypl, 0.075 mg
Q5124	Injection, ranibizumab-nuna biosimilar (Byooviz™), 0.1 mg
Q0221	Injection, tixagevimab and cilgavimab for certain adults and pediatric individuals, 600 mg

Medicare Advantage HMO/PPO PA changes

Below are medical benefits plan PA requirement changes for direct network providers.

Additions, effective July 17, 2022

Requirement	Comments
Anesthesia	For spine manipulation or closed procedure
Cardiac	<ul style="list-style-type: none"> • Cardiac monitor insertion • Endovenous ablation • Endovascular revascularization • Intracardiac catheter ablation • Vascular embolization and occlusion • Unlisted vascular surgery
Dermatology	<ul style="list-style-type: none"> • Benign lesion excision • Skin tag removal
Diagnostic radiology	<ul style="list-style-type: none"> • Bone marrow imaging • Liver/spleen & gallbladder imaging • Radiopharmaceutical localization of tumor • Thyroid/parathyroid imaging • Unlisted procedure
Ear, nose and throat (ENT)	<ul style="list-style-type: none"> • Nasal/sinus endoscopy • Osseointegrated implant • Sinus procedures • Unlisted ENT procedure
Flap procedures	

Additions, effective July 17, 2022, continued

Requirement	Comments
Gastroenterology	<ul style="list-style-type: none"> • Cholecystectomy • Exploratory laparotomy • Laparoscopy procedures • Unlisted procedures
Hernia repair	
Laboratory	<ul style="list-style-type: none"> • Bone marrow culture • Chronic HCV assay • Engraftment analysis • Genetic analysis procedures
Neurology	<ul style="list-style-type: none"> • Electroencephalogram (EEG) or Video EEG (VEEG) • Neuroplasty procedures • Neurostimulators procedures • Sinusoidal vertical axis rotational testing
Ophthalmology	<ul style="list-style-type: none"> • Cataract procedures • Corneal procedures/transplant • Glaucoma procedures/surgery • Repair procedures of eye • Unlisted ophthalmological service/procedure
Orthopedic	<ul style="list-style-type: none"> • Endoscopy (foot, wrist) • Procedures of the foot or toes • Procedures of lower extremities • Procedures of upper extremities • Unlisted procedures
Pulmonology	<ul style="list-style-type: none"> • Unlisted pulmonary service
Skin substitutes and biologicals	
Unlisted procedures	
Urology	<ul style="list-style-type: none"> • Laparoscopy surgery (prostate) • Penile prosthesis • Prostate procedure

Use the online prior authorization tool

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization. To check if a CPT or HCPCS code requires authorization, go to the Online Prior Authorization Tool at <https://wellcare.healthnetcalifornia.com/for-providers/medicare-pre-auth.html>.

Additional information

If you have questions regarding the information contained in this update, contact the applicable Provider Services Center within 60 days as listed in the right-hand column on page 1.