

Medicare Prior Authorization Change Summary

Effective 7/1/2023





Medicare Prior Authorization

List effective 7/1/2023

Allwell from SilverSummit Healthplan requires 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 Medicare products offered by Allwell from SilverSummit Healthplan.

Allwell from SilverSummit Healthplan is 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 complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website at <https://www.silversummithealthplan.com/providers/preauth-check/medicare-pre-auth.html>.

Effective July 1st, 2023, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Observation	No PA Required	Observation services	Rev code: 762
Surgical procedures	No PA Required	Subcutaneous hormone pellet implantation	11980
Injectable medications	Step therapy	Injectables	J0587, J0588, J1437, J1439, J1443, J1444, J1445, J1449, J1460, J1560, Q0138, Q0139, Q5126, Q5127, Q5128, Q5129, Q5130
	PA Required - No Step Therapy	Injection, onabotulinumotxinA, 1 unit	J0585
	No PA Required	Injectables	J0897, J1750, J1756, J2916, Q0221

Appendix A
Medicare Part B Drug List
Effective 7/1/2023



Part B Drug List Updates Effective July 1, 2023

The following drugs require utilization review.

PROCEDURE	DESCRIPTION	STEP THERAPY
J0585	INJECTION, ONABOTULINUMOTXINA, 1 UNIT	
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	STEP THERAPY
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	STEP THERAPY
J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	STEP THERAPY
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG	STEP THERAPY
J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC), 0.1 MG OF IRON	STEP THERAPY
J1444	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	STEP THERAPY
J1445	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON	STEP THERAPY
J1449	INJECTION, EFLAPEGRASTIM-XNST (ROLVEDON), 0.1 MG	STEP THERAPY
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	STEP THERAPY
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	STEP THERAPY
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1MG (NON-ESRD USE)	STEP THERAPY
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1MG (FOR ESRD ON DIALYSIS)	STEP THERAPY
Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	STEP THERAPY
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	STEP THERAPY
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMIAR, 0.1 MG	STEP THERAPY
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	STEP THERAPY
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	STEP THERAPY