



**ATTENTION:**  
**Prior Authorization Update Effective 5/1/2019**  
**Part B Drugs**

Allwell from Absolute Total Care 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 Allwell from Absolute Total Care.

Allwell from Absolute Total Care 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 ordering physician in which we verify the medical necessity of a treatment in advance using independent, objective medical criteria.

**It is the ordering provider's responsibility to determine which specific codes require prior authorization.**

**Effective May 1, 2019, prior authorization requirements will be added to the Part B Drugs listed below.**

Please refer to the information below for guidance regarding how to obtain prior authorizations from Allwell from Absolute Total Care.

**FREQUENTLY ASKED QUESTIONS**

**How do I determine if a specific treatment requires prior authorization?**

- You may determine which specific codes require prior authorization by visiting our website at [allwell.absolutetotalcare.com](http://allwell.absolutetotalcare.com) and clicking on the Pre-Auth Check tab. The Pre-Auth Check tab will take you to our PreScreen Tool. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.

**How do I request a prior authorization for these services?**

- You may submit the prior authorization request utilizing our Secure Web Portal at [allwell.absolutetotalcare.com](http://allwell.absolutetotalcare.com). If your request is approved, you will receive verification through the Secure Web Portal. If you are not currently registered on our Secure Web Portal, you may register through a quick and simple process.
- You may submit the prior authorization request by faxing an authorization to 1-844-503-8866. The fax authorization form can be found on our website at [allwell.absolutetotalcare.com](http://allwell.absolutetotalcare.com).
- You may call our Medical Management Department at 1-855-766-1497.

**What information will I be required to submit in connection with the prior authorization request?**

- Pertinent clinical information related to the request
- CPT code
- Diagnosis code
- Rendering facility's name, Tax ID number, and NPI number

If you have any questions regarding this information, you may contact Provider Services at 1-855-766-1497 or contact your dedicated Provider Relations Specialist.

**Please verify eligibility and benefits prior to rendering services. Prior authorization will be required for these Part B Drugs effective May 1, 2019.**

### Medicare Part B Drugs

| CPT Code | Code Description  |
|----------|---|
| C9028    | INJ INOTUZUMAB OZOGAMICIN   |
| C9031    | LUTETIUM LU 177 DOTATATE THER 1 MCI                                 |
| C9465    | INJECTION, DUROLANE   |
| C9466    | INJECTION, BENRALIZUMAB   |
| C9467    | INJ RITUXIMAB HYALURONIDASE   |
| C9483    | INJECTION ATEZOLIZUMAB  |
| C9492    | INJECTION, DURVALUMAB, 10 MG  |
| J0604    | CINACALCET ORAL 1 MG  |
| J0606    | INJECTION ETELCALCETIDE 0.1 MG                                      |
| J0641    | LEVOLEUCOVORIN INJECTION  |
| J0775    | COLLAGENASE, CLOST HIST INJ   |
| J0897    | DENOSUMAB INJECTION   |
| J1190    | INJ DEXRAZOXANE HYDROCHLORIDE PER 250 MG                            |
| J1428    | INJECTION ETEPLIRSEN 10 MG  |
| J1439    | INJ FERRIC CARBOXYMALTOS 1MG  |
| J1447    | INJECTION TBO-FILGRASTIM 1 MICROG                                   |
| J1555    | INJECTION IMMUNE GLOBULIN 100 MG                                    |
| J1627    | INJ GRANISETRON EXT-RLSE 0.1 MG                                     |
| J1640    | INJECTION, HEMIN, 1 MG  |
| J1743    | IDURSULFASE INJECTION   |
| J1930    | LANREOTIDE INJECTION  |
| J1950    | INJ LEUPROLIDE ACETATE PER 3.75 MG                                  |
| J2326    | INJECTION NUSINERSEN 0.1 MG   |
| J2350    | INJ NIACINAMIDE NIACIN TO 100 MG                                    |
| J2353    | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG |
| J2562    | PLERIXAFOR INJECTION  |
| J2783    | INJECTION, RASBURICASE, 0.5 MG                                      |
| J2840    | INJ SEBELIPASE ALFA 1 MG  |
| J3095    | TELEVANCIN INJECTION  |
| J3240    | INJ THYROTROPIN .9 MG PROV 1.1 VIAL                                 |
| J3315    | INJ TRIPTORELIN PAMOATE 3.75 MG                                     |
| J3380    | INJECTION VEDOLIZUMAB 1 MG  |
| J3385    | VELAGLUCERASE ALFA  |
| J7312    | DEXAMETHASONE INTRA IMPLANT   |
| J7313    | INJ FA INTRAVITREAL IMPL 0.01 MG                                    |
| J7320    | GENVISC 850 INJ 1MG   |
| J7321    | HYALGAN/SUPARTZ INJ PER DOSE  |
| J7322    | SYNVISC INJ PER DOSE  |
| J7323    | EUFLEXXA INJ PER DOSE   |
| J7324    | ORTHOVISC INJ PER DOSE  |
| J7325    | SYNVISC OR SYNVISC-ONE  |
| J7326    | GEL-ONE   |

|       |   |
|-------|---|
| J7327 | MONOVISC INJ PER DOSE                             |
| J7328 | HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG               |
| J9017 | ARSENIC TRIOXIDE INJECTION                        |
| J9019 | ERWINAZE INJECTION                                |
| J9022 | INJECTION ATEZOLIZUMAB 10 MG                      |
| J9023 | INJECTION AVELUMAB 10 MG                          |
| J9025 | INJECTION AZACITIDINE 1 MG                        |
| J9027 | INJECTION CLOFARABINE 1 MG                        |
| J9034 | INJ. BENDEKA 1 MG                                 |
| J9035 | INJECTION BEVACIZUMAB 10 MG                       |
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM                |
| J9041 | INJECTION BORTEZOMIB 0.1 MG                       |
| J9042 | BRENTUXIMAB VEDOTIN INJ                           |
| J9043 | CABAZITAXEL INJECTION                             |
| J9047 | INJECTION, CARFILZOMIB, 1 MG                      |
| J9055 | INJECTION CETUXIMAB 10 MG                         |
| J9176 | INJECTION ELOTUZUMAB 1MG                          |
| J9205 | INJ IRINOTECAN LIPOSOME 1 MG                      |
| J9217 | LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG    |
| J9225 | VANTAS IMPLANT                                    |
| J9226 | SUPPRELIN LA IMPLANT                              |
| J9228 | IPILIMUMAB INJECTION                              |
| J9261 | INJECTION, NELARABINE, 50 MG                      |
| J9262 | INJ, OMACETAXINE MEP, 0.01MG                      |
| J9264 | INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES 1 MG |
| J9266 | PEGASPARGASE INJECTION                            |
| J9271 | INJECTION PEMBROLIZUMAB 1 MG                      |
| J9280 | MITOMYCIN INJECTION                               |
| J9285 | INJECTION OLARATUMAB 10 MG                        |
| J9299 | INJECTION NIVOLUMAB 1 MG                          |
| J9301 | OBINUTUZUMAB INJ                                  |
| J9303 | PANITUMUMAB INJECTION                             |
| J9305 | INJECTION PEMETREXED 10 MG                        |
| J9306 | INJECTION, PERTUZUMAB, 1 MG                       |
| J9308 | INJECTION RAMUCIRUMAB 5 MG                        |
| J9352 | INJECTION TRABECTEDIN 0.1MG                       |
| J9354 | INJ, ADO-TRASTUZUMAB EMT 1MG                      |
| J9355 | TRASTUZUMAB INJECTION                             |
| J9395 | INJECTION, FULVESTRANT, 25 MG                     |
| J9400 | INJ, ZIV-AFLIBERCEPT, 1MG                         |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUGS     |
| Q0138 | FERUMOXYTOL, NON-ESRD                             |
| Q2050 | DOXORUBICIN INJ 10MG                              |
| Q5102 | INJECTION, INFlixIMAB, BIOSIMILAR, 10 MG          |
| Q5103 | INJECTION, INFLECTRA                              |
| Q5104 | INJECTION, RENFLEXIS                              |

|       |                                     |
|-------|-------------------------------------|
| Q5108 | INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG |
| Q9989 | USTEKINUMAB IV INJ, 1 MG            |
| Q9991 | BUPRENORPH XR 100 MG OR LESS        |
| Q9992 | BUPRENORPHINE XR OVER 100 MG        |
| Q9993 | INJ TRIAMCINOLONE EXT REL           |