## AUTHORIZATION RULE UPDATE - QUARTER 4 OCTOBER 1, 2025

**Key for ALT Status Columns:** 

MN = Authorization by WellCare

**CCN** = **Authorization** by eviCore

**NIA** = **Authorization** by **NIA** 

**NCH = Authorization by New Century Health - Radiation Oncology** 

**NCC = Authorization by New Century Health-Cardiology** 

**NA** = **No Authorization Required** 

Yellow: ADD to authorization rules

Green: REMOVE from auth Requirement

Blue: CHANGE who does the auth

CODE	DESCRIPTION	ALT Status for 7.1.2025	NEW ALT Status for 10.1.2025
76391	Magnetic resonance (eg, vibration) elastography	NA	SEE NOTE NIA
C9301	Aucatzyl (Obecabtagene autoleucel)	NA	MN
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify ind	NA	MN
Q2058	OBECABTAGENE AUTOLEUCEL 10 UP TO 400 MIL CD19	NOT LISTED	MN
V5014	Repair/Modification Of Hearing Aid	NOT LISTED	MN
V5050	Hearing Aid, Monaural, In The Ear (Bill For All Newly Fit Monaural Hearing Aid)	NOT LISTED	MN
V5060	Hearing Aid, Monaural, Behind The Ear (Bill For All Replacement Hearing Aids)	NOT LISTED	MN
V5130	Binaural, In The Ear (Bill For All Newly Fit Binaural Hearing Aids)	NOT LISTED	MN
V5264	Earmold, Insert, Not Disposable	NOT LISTED	MN
V5267	Accessories (Care Kit And Approved Accessories)	NOT LISTED	MN
V5274	Assistive Listening Device/Fm	NOT LISTED	MN