AUTHORIZATION RULE UPDATE – QUARTER 1 February 1, 2026

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 10.1.2025	NEW ALT Status for 02.01.2026
15734	MUSCL MYOCUT/FASCIOCUT FLAP; TRUNK	NA	MN
49505	PRP I/HERN INIT REDUC >5 YR	NA	MN
49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	NA	MN
49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	NA	MN
49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	NA	MN
49650	LAP ING HERNIA REPAIR INIT	NA	MN
58662	LAPAROSCOPY W/FULGURATION OR EXCISION OF LESIONS OF OVAR	NA	MN
G0480**	DR TST DEFIN DR ID M P D 1-7 DR CL	NA	MN
15272	SKIN SUB GRAFT T/A/L ADD-ON	MN	NA
36471	INJ SCLEROSING SOLUTION; MX VEINS SAME LEG	MN	NA

****G0480 requires prior authorization after 12 units per calendar year have been utilized. Unless PA is obtained, claims for additional units beyond 12 will deny.**