Evolent Prior Authorization Updates, Effective April 1, 2026

As part of Wellcare's partnership with Evolent Specialty Services to manage utilization management, certain prior authorization requirements will be removed effective April 1, 2026.

As part of our ongoing work to improve the prior authorization (PA) process for providers and members, Wellcare is removing PA requirements for select Radiology, Diagnostic Cardiology and Cardiology codes effective April 1, 2026.

These updates will create a more uniform set of PA requirements across all health plan offerings, simplify processes, reduce provider confusion, and support future efforts to expand real-time responses to requests. Each of the affected codes provided in this communication is managed on behalf of Wellcare by Evolent Specialty Services, our utilization management partner.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) will no longer require PA and will be removed from the Evolent Utilization Review Matrix.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380
CT SOFT TISSUE NECK WITH O DYE	70490, 70491, 70492
MRI IMAGING BRAIN; INCLUDING BRAIN STEM; WITHOUT CONTRAST MATERIAL	70551, 70552, 70553
MRI- SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	72141, 72142, 72156
MRI, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	72146, 72147, 72157
MRI- SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	72148, 72149, 72158
MRI PELVIS WITH DYE	72195, 72196, 72197
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
MRI JOINT UPR EXTREM WITH O DYE	73221, 73222, 73223
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
CT ABDOMEN WITH O DYE	74150, 74160, 74170
MRI ABDOMEN WITH O DYE	74181, 74182, 74183, S8037
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE	75572
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078

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As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) will no longer require PA and will be removed from the Evolent Utilization Review Matrix. *(Continued from previous page)*

Modality	Impacted CPT
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318

As of April 1, 2026, the following codes for Cardio will no longer require PA and will be removed from the Evolent Utilization Review Matrix.

NCH Category	Impacted CPT
CORONARY ARTERY DISEASE SURGERY	93580
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	C1722
CARDIAC CATHETERIZATION	93505
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	92960
CARDIAC CATHETERIZATION	93451
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	C1882
CORONARY ARTERY DISEASE SURGERY	C1732
INTERRUPTION/LIGATION/STRIPPING ETC.	37766
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33224
ANGIOGRAPHY	76937
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33225
ANGIOGRAPHY	75736
CORONARY ARTERY DISEASE SURGERY	C1895
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	C1760
ELECTROPHYSIOLOGY STUDIES (EPS)	93662
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33271
INTERRUPTION/LIGATION/STRIPPING ETC.	37765
CARDIAC CATHETERIZATION	93571
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	C1785
CORONARY ARTERY DISEASE SURGERY	33217
ANGIOGRAPHY	36253
CORONARY ARTERY DISEASE SURGERY	33223
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33226
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33222
CARDIAC CATHETERIZATION	93567
INTERVENTIONAL CARDIOLOGY	33418
EXCISION EXPLORATION REPAIR REVISION	35883
BYPASS GRAFT IN-SITU VEIN	35656

As of April 1, 2026, the following codes for Cardio will no longer require PA for Medicare and will be removed from the Evolent Utilization Review Matrix. *(Continued from previous page)*

NCH Category	Impacted CPT
ELECTROPHYSIOLOGY STUDIES (EPS)	C1730
CORONARY ARTERY DISEASE SURGERY	33215
BYPASS GRAFT IN-SITU VEIN	35621
THROMBOENDARTERECTOMY	35355
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33218
REPAIR/EXCISION FOR ANEURYSM OCCLUSIVE DISEASE ETC.	35011
DEVICE MONITORING	93292
CORONARY ARTERY DISEASE SURGERY	93650
PULMONARY VALVE SURGERY	33477
ANGIOGRAPHY	36254
BYPASS GRAFT IN-SITU VEIN	35661
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33286
THROMBOENDARTERECTOMY	35303
EXCISION EXPLORATION REPAIR REVISION	35881
THROMBOENDARTERECTOMY	35302
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33202
INTERVENTIONAL CARDIOLOGY	93590
TAVR	33361
BYPASS GRAFT VEIN	35556
ANGIOGRAPHY	36218
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	92961
THROMBOENDARTERECTOMY	35371
CORONARY ARTERY DISEASE SURGERY	93583
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	C1900
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33236
TAVR	33362
TAVR	33363
TAVR	33364
TAVR	33365
TAVR	33366
TAVR	33369
PULMONARY VALVE SURGERY	33475
CONGENITAL HEART DISESE SURGERY	33820
REPAIR/EXCISION FOR ANEURYSM OCCLUSIVE DISEASE ETC.	35001
REPAIR/EXCISION FOR ANEURYSM OCCLUSIVE DISEASE ETC.	35141
REPAIR/EXCISION FOR ANEURYSM OCCLUSIVE DISEASE ETC.	35151
CORONARY ARTERY DISEASE SURGERY	35305
THROMBOENDARTERECTOMY	35372
BYPASS GRAFT VEIN	35558
BYPASS GRAFT VEIN	35566
BYPASS GRAFT VEIN	35571
BYPASS GRAFT IN-SITU VEIN	35583
BYPASS GRAFT IN-SITU VEIN	35585
BYPASS GRAFT IN-SITU VEIN	35587
BYPASS GRAFT IN-SITU VEIN	35671
EXCISION EXPLORATION REPAIR REVISION	35700

As of April 1, 2026, the following codes for Cardio will no longer require PA for Medicare and will be removed from the Evolent Utilization Review Matrix. *(Continued from previous page)*

NCH Category	Impacted CPT
CORONARY ARTERY DISEASE SURGERY	35884
INTERVENTIONAL CARDIOLOGY	93581
THERAPEUTIC SERVICES	93745
DEVICE MONITORING	K0606
CARDIAC CATHETERIZATION	93565
BYPASS GRAFT IN-SITU VEIN	35646
TRICUSPID VALVE SURGERY	33465
CARDIAC CATHETERIZATION	93566
BYPASS GRAFT IN-SITU VEIN	35654
BYPASS GRAFT IN-SITU VEIN	35666
THROMBOENDARTERECTOMY	35351
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33220
CARDIAC CATHETERIZATION	93563
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33234
CORONARY ARTERY DISEASE SURGERY	33405
CARDIAC CATHETERIZATION	93568
THROMBOENDARTERECTOMY	35301
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33235
INTERVENTIONAL CARDIOLOGY	93591
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33275
INTERVENTIONAL CARDIOLOGY	92987
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33233
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	C2621
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33227
CARDIAC CATHETERIZATION	C1759
INTERVENTIONAL CARDIOLOGY	92997
INTERVENTIONAL RADIOLOGY	36837
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33229
ANGIOGRAPHY	75580
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33228
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33274
INTERVENTIONAL RADIOLOGY	36836
CORONARY ARTERY DISEASE SURGERY	93454
CARDIAC CATHETERIZATION	93459
CARDIAC CATHETERIZATION	93460