



Evolut Prior Authorization Updates, Effective April 1, 2026

As part of ongoing efforts to improve the prior authorization process for providers and members, and through its partnership with Evolut Specialty Services, Wellcare will remove prior authorization 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 Evolut 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 for Medicare and will be removed from the Evolut 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
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494

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Modality	Impacted CPT
ECHOCDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318