

Provider Communications

Massachusetts



Date: December 10, 2024

To: All WellSense Providers

From: WellSense Health Plan

Subject: **New prior authorization look-up tool available Dec. 16**

Product: ☒ MassHealth ☒ MA Clarity plans ☒ Senior Care Options

New prior authorization look-up tool available Dec. 16

We're pleased to announce the launch of our new, streamlined prior authorization look-up tool as of Dec. 16. You can now use the new prior authorization look-up tool to check a specific code's prior authorization requirements. The new tool replaces the prior authorization tools currently available on our website.

To access the tool, go to wellsense.org, click on Providers, select the state and then Prior Authorization. Effective Dec. 16, you'll now see a single link to search for both CPT and HCPCS codes for all products. You also can search a code's prior authorization requirements by state or check both states simultaneously. Users can search up to five codes at a time, with each result displayed in a user-friendly format. In addition, you can easily print search results for future reference.

We've attached a user guide for the new look-up tool to this communications.

Questions?


If you have questions, please contact your dedicated provider relations consultant or call 888-566-0008.

New Prior Authorization Look-Up Tool

User Guide

Effective Dec. 16, 2024, our new prior authorization look-up tool will be accessible to members and providers at wellsense.org on our prior authorization page.

Here's the landing/home page:



[Home](#)

Prior Authorization Lookup

[Print](#)

The Plan requires prior authorization for:

- ALL** inpatient services.
- All** gene therapies and cell therapies.
- Any procedure code** used w/TMJ DX Codes M26.60-69.
- ALL services** rendered by out of network providers require prior authorization with limited exceptions.
- For Pharmacy authorization inquiries** please see the [Pharmacy section on WellSense.org](#)


Please click [here](#) to review all disclaimers and information for this code look-up tool before and/or after your code search

State (select either MA, NH, or both):

☐ MA - Massachusetts ☐ NH - New Hampshire

No data to display

To perform a code look up, you'll first select/check the relevant state about which you're inquiring.



[Home](#)

Prior Authorization Lookup

[Print](#)

The Plan requires prior authorization for:

- ALL** inpatient services.
- All** gene therapies and cell therapies.
- Any procedure code** used w/TMJ DX Codes M26.60-69.
- ALL services** rendered by out of network providers require prior authorization with limited exceptions.
- For Pharmacy authorization inquiries** please see the [Pharmacy section on WellSense.org](#)


Please click [here](#) to review all disclaimers and information for this code look-up tool before and/or after your code search

State (select either MA, NH, or both):

☒ MA - Massachusetts ☐ NH - New Hampshire

☐ Clear Selections

You can either enter a code in the search box



[Home](#)

Prior Authorization Lookup

[Print](#)

The Plan requires prior authorization for:

- ALL** inpatient services.
- All** gene therapies and cell therapies.
- Any procedure code** used w/TMJ DX Codes M26.60-69.
- ALL services** rendered by out of network providers require prior authorization with limited exceptions.
- For Pharmacy authorization inquiries** please see the [Pharmacy section on WellSense.org](#)

Please click [here](#) to review all disclaimers and information for this code look-up tool before and/or after your code search

State (select either MA, NH, or both):

☒ MA - Massachusetts ☐ NH - New Hampshire

☐ Clear Selections


Procedure Code (enter one code in search box and then check up to 5 codes for look up) :

☐ 0237 T-TRANLUMINAL PERIPH ARTHRECTOMY,OPEN/PERC,INCL R&I;BRACHIOCEPHALIC

☐ 0237 U-CARDIAC ION CHNNELOPATHIES,GEN SEQ PANEL,SML SEQ CHANGES EXONIC/INTRONIC REG

and then select/check the code.

Note: You can search one code at a time and select/check up to five codes to look up.



Procedure Code (enter one code in search box and then check up to 5 codes for look up) :

0237

×

☒ 0237 T-TRANLUMINAL PERIPH ARTHRECTOMY,OPEN/PERC,INCL R&I;BRACHIOCEPHALIC

☐ 0237 U-CARDIAC ION CHNNELOPATHIES,GEN SEQ PANEL,SML SEQ CHANGES EXONIC/INTRONIC REG

Results as of Wed Dec 04 07:55:43 2024

Code: 0237T	Last Updated Date: 11/18/2024
Line of Business:	MA Clarity Plans/Employer Choice Direct, MA MassHealth ACO, MA MassHealth MCO, MA Senior Care Options
Pre-Auth Required:	Yes - Prior authorization is required as per the below medical necessity criteria.
UM Service Group:	
Note:	Please review the WellSense policy for authorization/criteria details
Policy:	Experimental and Investigational Treatment

Or you can scroll up or down the list of codes.

The Plan requires prior authorization for:

ALL inpatient services.

All gene therapies and cell therapies.

Any procedure code used w/TMJ DX Codes M26.60-69.

ALL services rendered by out of network providers require prior authorization with limited exceptions.

For **Pharmacy authorization inquiries** please see the [Pharmacy section on WellSense.org](#)

Please click [here](#) to review all disclaimers and information for this code look-up tool before and/or after your code search

State (select either MA, NH, or both):

☒ MA - Massachusetts ☐ NH - New Hampshire

☐ Clear Selections

Procedure Code (enter one code in search box and then check up to 5 codes for look up) :

Enter text to filter...

☐ 81212-BRCA1 GENE ANALYSIS;185DELAG,5385INSC,6174DEIT VARIANTS

☐ 81215-BRCA1 GENE ANALYSIS;KNOW FAMILIAL VARIANT

☐ 81216-BRCA2 GENE ANALYSIS; FULL SEQ ANALYSIS

☐ 81217-BRCA2 GENE ANALYSIS; KNOWN FAMILIAL VARIANT

☐ 81221-CFTR GENE ANALYSIS;KNOWN FAMILIAL VARIANTS

You can select/check up to five codes to look up. The result(s) of the look up will be displayed along with an "as of date." The result(s) will be dynamically sorted based on the ones being returned in the Pre-Auth Required, Note and Policy fields.

Procedure Code (enter one code in search box and then check up to 5 codes for look up) :

Enter text to filter...

☒ 81212-BRCA1 GENE ANALYSIS;185DELAG,5385INSC,6174DEIT VARIANTS
☒ 81215-BRCA1 GENE ANALYSIS;KNOW FAMILIAL VARIANT
☒ 81216-BRCA2 GENE ANALYSIS; FULL SEQ ANALYSIS
☒ 81217-BRCA2 GENE ANALYSIS; KNOWN FAMILIAL VARIANT
☒ 81221-CFTR GENE ANALYSIS;KNOWN FAMILIAL VARIANTS

Results as of Wed Dec 04 08:02:07 2024

Code: 81212	Last Updated Date: 11/18/2024	Code: 81215	Last Updated Date: 11/18/2024
Line of Business: MA Clarity Plans/Employer Choice Direct, MA MassHealth ACO, MA MassHealth MCO, MA Senior Care Options		Line of Business: MA Clarity Plans/Employer Choice Direct, MA MassHealth ACO, MA MassHealth MCO, MA Senior Care Options	
Pre-Auth Required: Yes - Prior authorization is required as per the below medical necessity criteria.		Pre-Auth Required: Yes - Prior authorization is required as per the below medical necessity criteria.	
UM Service Group:		UM Service Group:	
Note:		Note:	
Policy: eviCore Genetic Testing		Policy: eviCore Genetic Testing	

For this example, there are two results because there's a "Yes" and "No" prior authorization indication.

Procedure Code (enter one code in search box and then check up to 5 codes for look up) :

×

☒ 89337 -CRYOPRESERVATION,MATURE OOCYTES

Results as of Wed Dec 04 08:06:18 2024

Code: 89337	Last Updated Date: 11/18/2024	Code: 89337	Last Updated Date: 11/18/2024
Line of Business: MA MassHealth ACO, MA MassHealth MCO, MA Senior Care Options		Line of Business: MA Clarity Plans/Employer Choice Direct	
Pre-Auth Required: No - Prior authorization is not required. Check member benefit coverage, the Plan's payment policies, and additional Plan guidelines: Click here		Pre-Auth Required: Yes - Prior authorization is required as per the below medical necessity criteria.	
UM Service Group:		UM Service Group:	
Note:		Note: Please review the WellSense policy for authorization/criteria details	
Policy:		Policy: Infertility Services	