



Evolut Prior Authorization Updates, Effective April 1, 2026

As part of WellCare of Kentucky’s partnership with Evolut 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 of Kentucky 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 the WellCare of Kentucky 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) for Medicaid will no longer require PA and will be removed from the Evolut Utilization Review Matrix.

| Modality | Impacted CPT |
|--|---|
| CT ORBIT/EAR/FOSSA WITH O DYE | 70480,70481,70482 |
| CT MAXILOFCE AREA; W/O CONTRAST MATL | 70487,70488, 70486, 76380 |
| DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST | 71250, 71260, 71270, 71271 |
| CT UPPER EXTREMITY WITH O DYE | 73200, 73201, 73202 |
| MRI UPPR EXTREMITY WITH OAND WITH DYE | 73218, 73219, 73220 |
| CT LOWER EXTREMITY WITH O DYE | 73700, 73701, 73702 |
| MRI FETAL SNGL/1ST GESTATION | 74712, 74713 |
| CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST | 75557, 75559, 75561, 75563 |
| CT HRT WITH 3D IMAGE CONGEN | 75573 |
| 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 |
| ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL | 93312, 93313, 93314, 93315, 93316, 93317, 93318 |



WellCare of Kentucky, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.

As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) for Medicare 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 |
| 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 Radiology and Diagnostic Cardiology (RBM) for Marketplace 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 |
| DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST | 71250, 71260, 71270, 71271 |
| 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 |
| CT LOWER EXTREMITY WITH O DYE | 73700, 73701, 73702 |
| MRI FETAL SNGL/1ST GESTATION | 74712, 74713 |

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

| Modality | Impacted CPT |
|---|--|
| CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST | 75557, 75559, 75561, 75563 |
| CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE | 77078 |
| 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 for Medicare will no longer require PA and will be removed from the Evolent Utilization Review Matrix.

| Modality | 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 |
| ELECTROPHYSIOLOGY STUDIES (EPS) | C1730 |
| CORONARY ARTERY DISEASE SURGERY | 33215 |
| BYPASS GRAFT IN-SITU VEIN | 35621 |

| Modality | Impacted CPT |
|---|--------------|
| 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 |
| CORONARY ARTERY DISEASE SURGERY | 35884 |
| INTERVENTIONAL CARDIOLOGY | 93581 |

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

| Modality | Impacted CPT |
|--|--------------|
| 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 |