

Medicare Prior Authorization List

Effective July 1, 2023



Wellcare By Allwell (HMO and HMO DSNP) requires prior authorization (PA) as a condition of payment for many services. This notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare.

Wellcare is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website at [Medicare Prior Authorization Tool](#).

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Effective July 1, 2023, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Observation	No PA Required	Observation services	Rev code: 762
Surgical procedures	No PA Required	Subcutaneous hormone pellet implantation	11980
Injectable medications	Step therapy	Injectables	J0587, J0588, J1437, J1439, J1443, J1444, J1445, J1449, J1460, J1560, Q0138, Q0139, Q5126, Q5127, Q5128, Q5129, Q5130
	PA Required - No Step Therapy	Injection, onabotulinumotxinA, 1 unit	J0585
	No PA Required	Injectables	J0897, J1750, J1756, J2916, Q0221