

Medicare Prior Authorization List

Effective July 1, 2025



Medicare Prior Authorization

List effective 7/1/2025

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 and facilities require authorization for all HMO services except where indicated.

For complete CPT/HCPCS code listing, please reference the prior authorization tool on our website at [Medicare Prior Authorization Tool](#).

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Effective July 1, 2025, the following are changes to prior authorization requirements:

Service Category	PA Rule	Services	Procedure Codes
Durable Medical Equipment	No PA Required	Supplies & Devices	A9279, A9900
		Beds	E0184
		Respiratory Devices & Supplies	E0601
		Neurostimulators	E0720, E0730
		Equipment & Accessories	E0953
		Wheelchairs	E0954, E0956, E0973, E0990, E1038, E2210, E2359, E2361, E2363, E2365, E2607, E2624, K0019, K0043, K0077
		Orthotic & Prosthetic	L5617
Home Services	No PA Required	Dialysis Services	99512
Medical Supplies	No PA Required	Supplies	A4335
		Wound Care	A6010, A6530
Other Medical Services	No PA Required	Wound Care	97605, 97606
Surgery Procedures	PA Required	Skin Grafts	Q4205