



MEDICARE PRIOR AUTHORIZATION

LIST & CHANGES EFFECTIVE 7/1/2022

Wellcare / Wellcare By Allwell 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 By Allwell.

Wellcare / Wellcare By Allwell 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 Health Plan website.

- WellCare by Allwell [Pre-Auth Check Tools Wellcare by Allwell](#)
- WellCare [Prior Authorization Lookup Tool Wellcare](#)

Sincerely,

Wellcare / Wellcare By Allwell Partners

Wellcare • Voice Response System: 1-855-538-0454 / TTY: 711 • wellcare.com

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