Important Prior Authorization Updates

(Effective Apr. 1, 2026)

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Wellcare wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

Code change details can be found below. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

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.

Service Category	PA Rule	Services	Procedure codes
DME Services	No PA Required for PAR providers	Beds	E0185
		Orthotic & Prosthetic	L1951
		Supplies and Devices	E0486
Drug Codes	No PA Required for PAR providers	Medications	J1096
Genetic Analysis	No PA Required for PAR providers	Genetic Testing	81240, 81256
Physician Services	No PA Required for PAR providers	Other Services	G3002
Skin Procedures	PA Required	Muscle Flap Procedures	15734, 15736, 15738
Surgery Procedures	No PA Required for PAR providers	Surgery-Nervous System	64718, 64719