

# PROVIDER Update



CONTRACTUAL | NOVEMBER 21, 2025 | UPDATE 25-1224 | 2 PAGES

## Prior Authorization Changes – Effective October 1, 2025

### Review new CMS code updates

The following updates to prior authorization (PA) requirements affect providers serving Wellcare By Health Net (Health Net\*) members. These changes apply to outpatient pharmaceuticals (Part B medications submitted under the medical benefit) and other select services.

#### What's changing and when

- New Centers for Medicare & Medicaid Services (CMS) CPT/HCPCS codes with PA implications – effective October 1, 2025

#### Accessing PA requirements

- Go to the Provider Library at [providerlibrary.healthnetcalifornia.com](https://providerlibrary.healthnetcalifornia.com) > *Medicare Advantage* > *Prior Authorization Requirements* (on the left side).
- Go to <https://bit.ly/HN-Prior-Auth> and select the *Medicare - California* PA List.

#### Need help? Contact us

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center as listed in the right-hand column.

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

#### LINES OF BUSINESS:

- Wellcare By Health Net
  - Medicare Advantage (HMO)

#### PROVIDER SERVICES

[provider\\_services@healthnet.com](mailto:provider_services@healthnet.com)

**Medicare (individual & employer group)**  
(Wellcare By Health Net) – 800-929-9224

**Medicare Supplement** – 800-641-7761

**Behavioral Health providers** –  
844-966-0298

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](https://provider.healthnetcalifornia.com)

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## New CMS CPT/HCPCS codes with PA requirements, effective October 1, 2025

The procedures, services (including durable medical equipment) and outpatient pharmaceuticals listed in the table below require PA per new CPT and HCPCS codes issued by the CMS.

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Service category	Drug name	Codes	PA rule	
Custom orthotics	N/A	L1007	PA required	
Durable medical equipment	N/A	C1742, E0658 – E0659	PA required	
Genetic testing	N/A	0575U – 0576U, 0578U, 0582U – 0583U, 0585U – 0586U, 0592U, 0597U	PA required	
Outpatient pharmaceuticals	IMAAVY™	C9305	PA required	
	Emrelis™	C9306		
	Grafapex™	J0614		
	Nulibry®	J1809		
	Ryoncil®	J3402		
	Datroway®	J9011		
	• Gene therapy	Encelto™		J3403
	• Self-Injectable	Alhemo®		J7173
		Qfitlia™		J7174
	• Omalizumab agents	Omlyclo®		Q5154
	• Aflibercept agents	Yesafili™		Q5155
	• Tocilizumab agents	Avtozma®		Q5156
• Denosumab agents	Stoboclo®/ Osenvelt®	Q5157		
	Bomynta®/ Conexence®	Q5158		
	Ospomyv™ and Xbryk™	Q5159		
Proprietary laboratory analysis	N/A	0577U, 0579U, 0591U, 0596U, 0598U – 0599U	PA required	
Prosthetics	N/A	L5657, L6034 – L6036, L6038 – L6039	PA required	
Wound care	N/A	A2036 – A2039	PA required	
		Q4383 – Q4397		