



Medicare Prior Authorization Change Summary

Effective 10/1/2025

Absolute Total Care 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 Absolute Total Care.

Absolute Total Care 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 <https://www.absolutetotalcare.com/providers/preauth-check.html>

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

Service Category	PA Rule	Procedure Codes
Skin Substitutes & Wound Dressings	PA Required	C9358, C9360, C9363, Q4111, Q4115, Q4117, Q4118, Q4125, Q4134, Q4135, Q4136, Q4139, Q4145, Q4162, Q4165, Q4166, Q4167, Q4168, Q4170, Q4171, Q4174, Q4176, Q4177, Q4179, Q4180, Q4181, Q4182, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4214, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4251, Q4252, Q4253