

Medicare Prior Authorization Change Summary

Effective 7/1/2025



Medicare Prior Authorization

List effective 7/1/2025

Wellcare By Allwell (Wellcare) 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 & 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 [Prior Authorization | MHS Indiana](#).

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	Beds	E0184
		Neurostimulators	E0730
		Equipment & Accessories	E0953
		Wheelchairs	E0954, E0956, E0973, E0990, E1038, E2210, E2361, E2363, E2365, E2607, E2624, K0019, K0733
		Orthotic & Prosthetic	L5926