DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard,

Baltimore, Maryland 21244-1850

Dear Physician/Practitioner:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has implemented **a prior authorization program for certain durable medical equipment, prosthetic, orthotics, and supplies (DMEPOS) items as a condition of payment.**

The following items will require prior authorization from the Durable Medical Equipment Medicare Administrative Contractors (DME MACs), when furnished **on or after September 1, 2018, nationwide.**

- Group 1 power operated wheelchairs: (K0813-K0816)
- Group 2 standard power operated wheelchairs: (K0820-K0829)
- All Group 2 complex rehabilitative power wheelchairs: (K035-K043)
- Group 3 complex rehabilitative wheelchairs without power options: (K0848-K0855)

CMS will continue to require prior authorization as a condition of payment for K0856 and K0861, both group 3 power wheelchairs.

What You Need to Know

The prior authorization program does not change Medicare DMEPOS benefit or coverage requirements, nor does it create new documentation requirements. The documentation required to be included with a prior authorization request is information that physicians and suppliers are regularly required to maintain. The request must be submitted by the supplier (or by the Medicare patient), referred to as a "requester." Under the prior authorization process, the requester must submit the request with the required documentation before the claims payment process so that Medicare can make sure all relevant Medicare requirements are met.

In most cases, the DMEPOS supplier will submit a prior authorization request and all documentation to Medicare on behalf of the Medicare patient. Medicare patients can choose to submit the request themselves if they get the required documents from you and their DMEPOS supplier.

To make sure patients receive necessary items quickly, physicians and practitioners will need to provide the requester with relevant clinical documentation in a timely manner.

The prior authorization request must include all relevant documentation to support Medicare coverage of the DMEPOS item; in this case, certain power mobility devices (PMDs). This includes the following documents from you:

1. The seven-element written order for the PMD;
2. Documentation of the face-to-face examination where the physician/practitioner evaluated the patient's need for the PMD;
3. Specialty Evaluation performed by Licensed/Certified Medical Professional (LCMP);
4. The detailed product description; and
5. Other documentation in the medical record that may be required by the DME MAC to support medical need.

A review checklist with the specific items physicians need to provide to suppliers is available here: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PMDDocumentationRequirementsNationwide.html.

After receipt of all relevant documentation from the requester, the DME MAC will review and communicate a decision to the requester within 10 business days on whether the prior authorization request meets all Medicare coverage requirements and is provisionally affirmed, or is non-affirmed. In emergency situations involving the Medicare patient's life or imminent safety, the requester may seek an expedited review of the prior authorization request. If the DME MAC substantiates the need for an expedited review, the DME MAC will make reasonable efforts to communicate a decision within 2 business days of receipt of all relevant documentation. The DME MAC will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient (if Medicare patient was not the requester).

As the prescribing physician/practitioner, you may also contact the DME MAC for a copy of the decision letter. You may include a decision request letter with the prior authorization request documentation, or you may request it separately. The DME MAC will not automatically send you a copy of the decision letter.

If the prior authorization request is non-affirmed by the DME MAC, the requester may revise and resubmit the prior authorization request an unlimited number of times. The DME MAC will make every effort to conduct a review and communicate a decision within 20 business days on each resubmitted prior authorization request.

For detailed information about this program please refer to the following resources:

Power Mobility Devices Local Coverage Determination and Related Policy Article: Search *L33789* at https://www.cms.gov/medicare-coverage-database

DME MAC Jurisdictions A and D website - https://med.noridianmedicare.com

DME MAC Jurisdictions B and C website - http://www.cgsmedicare.com

The CMS website for this prior authorization program: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items.html.

Additional Resources

Physicians are vital partners in the Medicare program, and CMS has a wide range of resources to give you the information you need. To facilitate open and ongoing dialogue with both patients and providers, and to support program transparency, CMS has established a dedicated website for DMEPOS Prior Authorization with comprehensive information for patients, suppliers, and physicians.

You may request an individual education session if you have concerns about the program. More information is available online. CMS will post details of any upcoming educational sessions on its website (link noted above).

CMS Welcomes Feedback

CMS is committed to continuing the DMEPOS Prior Authorization Program in an open and transparent manner that serves and protects patients and the health care providers that care for them. Your feedback will be a critical part of the process. Physicians and Practitioners with questions or other feedback can contact CMS at DMEPOSPA@cms.hhs.gov.