

**REQUIRED PRIOR
AUTHORIZATION LIST**

As defined in 42 CFR 414.234(c)(1)

HCPCS	Description	Effective Date¹
Pressure Reducing Support Surfaces (PRSS)		
E0193	Powered air flotation bed (low air loss therapy)	P1: 07/22/2019 (CA, IN, NJ, and NC) P2: 10/21/2019 Nationwide
E0277	Powered pressure-reducing air mattress	P1: 07/22/2019 (CA, IN, NJ, and NC) P2: 10/21/2019 Nationwide
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	P1: 07/22/2019 (CA, IN, NJ, and NC) P2: 10/21/2019 Nationwide
E0372	Powered air overlay for mattress, standard mattress length and width	P1: 07/22/2019 (CA, IN, NJ, and NC) P2: 10/21/2019 Nationwide
E0373	Non-powered advanced pressure reducing mattress	P1: 07/22/2019 (CA, IN, NJ, and NC) P2: 10/21/2019 Nationwide
Osteogenesis Stimulators²		
Power Mobility Devices (PMDs)		
K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds	04/13/2022 Nationwide
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds	04/13/2022 Nationwide

¹ For initial rental series claims with a date of delivery on or after the effective date

²Effective August 28, 2024, CMS is suspending prior authorization requirements for HCPCS codes E0747, E0748, E0760, due to continued confusion over some noninvasive osteogenesis stimulators and whether they comply with the DME three-year expected life requirement at 42 CFR 414.202.

HCPCS	Description	Effective Date¹
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	04/13/2022 Nationwide
K0806	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds	04/13/2022 Nationwide
K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds	04/13/2022 Nationwide
K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	04/13/2022 Nationwide
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide

HCPCS	Description	Effective Date¹
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	09/01/2018 Nationwide
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	09/01/2018 Nationwide
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	09/01/2018 Nationwide
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	09/01/2018 Nationwide
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	09/01/2018 Nationwide
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	09/01/2018 Nationwide

HCPCS	Description	Effective Date¹
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	09/01/2018 Nationwide
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	09/01/2018 Nationwide
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	09/01/2018 Nationwide
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	09/01/2018 Nationwide
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	09/01/2018 Nationwide
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	09/01/2018 Nationwide
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	P1: 03/20/2017 (IL, MO, NY, and WV) P2: Nationwide 07/17/2017

HCPCS	Description	Effective Date¹
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	07/22/2019 Nationwide
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	07/22/2019 Nationwide:
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	07/22/2019 Nationwide
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	07/22/2019 Nationwide
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	P1: 03/20/17 (IL, MO, NY, and WV) P2: 07/17/2017 Nationwide
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	07/22/2019 Nationwide
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	07/22/2019 Nationwide
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solidseat/back, patient weight capacity 601 pounds or more	07/22/2019 Nationwide
Lower Limb Prosthetics (LLPs)³		

³ Effective August 12, 2024, L1833 will be removed from the Required Prior Authorization List, as the item no longer meets the criteria to be maintained on the Master List.

HCPCS	Description	Effective Date ¹
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	P1: 08/12/2024 Nationwide
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	P1: 08/12/2024 Nationwide
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	P1: 08/12/2024 Nationwide
L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	P1: 04/13/2022 (NY, IL, FL, and CA) P2: 07/12/2022 (MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA) P3: 10/10/2022 Nationwide

HCPCS	Description	Effective Date ¹
L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(s), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	P1: 04/13/2022 (NY, IL, FL, and CA) P2: 07/12/2022 (MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA) P3: 10/10/2022 Nationwide
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	P1: 04/13/2022 (NY, IL, FL, and CA) P2: 07/12/2022 (MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA) P3: 10/10/2022 Nationwide
L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	P1: 08/12/2024 Nationwide
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	P1: 08/12/2024 Nationwide
L1851	Knee Orthosis (Ko), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	P1: 04/13/2022 (NY, IL, FL, and CA) P2: 07/12/2022 (MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA) P3: 10/10/2022 Nationwide
L1951	Ankle foot orthosis (AFO), spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	P1: 08/12/2024 Nationwide

HCPCS	Description	Effective Date¹
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	P1: 09/01/2020 (CA, MI, PA, and TX) P2: 12/01/2020 Nationwide
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	P1: 09/01/2020 (CA, MI, PA, and TX) 12/01/2020 Nationwide
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	P1: 09/01/2020 (CA, MI, PA, and TX) P2: 12/01/2020 Nationwide
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	P1: 09/01/2020 (CA, MI, PA, and TX) P2: 12/01/2020 Nationwide
L5980	All lower extremity prostheses, flex footsystem	P1: 09/01/2020 (CA, MI, PA, and TX) P2: 12/01/2020 Nationwide
L5987	All lower extremity prosthesis, shank footsystem with vertical loading pylon	P1: 09/01/2020 (CA, MI, PA, and TX) P2: 12/01/2020 Nationwide