

REQUIRED PRIOR AUTHORIZATION LIST

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

HCPCS	Description	Effective Date¹
K0856	Power wheelchair, group 3 standard, singlepower option, sling/solid seat/back, patientweight capacity up to and including 300 pounds	IL, MO, NY, and WV: 03/2017 Nationwide: 07/17/2017
K0861	Power wheelchair, group 3 standard, multiplepower option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	IL, MO, NY, and WV: 03/20/17 Nationwide: 07/17/2017
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patientweight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300pounds	Nationwide: 09/01/2018
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018

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

HCPCS	Description	Effective Date¹
K0825	Power wheelchair, group 2 heavy duty,captains chair, patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018
K0826	Power wheelchair, group 2 very heavy duty,sling/solid seat/back, patient weight capacity 451 to 600 pounds	Nationwide: 09/01/2018
K0827	Power wheelchair, group 2 very heavyduty, captains chair, patient weight capacity 451 to 600 pounds	Nationwide: 09/01/2018
K0828	Power wheelchair, group 2 extra heavy duty,sling/solid seat/back, patient weight capacity 601 pounds or more	Nationwide: 09/01/2018
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Nationwide: 09/01/2018
K0835	Power wheelchair, group 2 standard, singlepower option, sling/solid seat/back, patientweight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0836	Power wheelchair, group 2 standard,single power option, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back,patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018
K0838	Power wheelchair, group 2 heavy duty,single power option, captains chair, patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018
K0839	Power wheelchair, group 2 very heavy duty,single power option sling/solid seat/back, patient weight capacity 451 to 600pounds	Nationwide: 09/01/2018
K0840	Power wheelchair, group 2 extra heavyduty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Nationwide: 09/01/2018
K0841	Power wheelchair, group 2 standard, multiplepower option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018

HCPCS	Description	Effective Date¹
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 09/01/2018
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Nationwide: 09/01/2018
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Nationwide: 09/01/2018
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Nationwide: 09/01/2018
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Nationwide: 09/01/2018
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Nationwide: 09/01/2018
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Nationwide: 07/22/2019
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Nationwide: 07/22/2019
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Nationwide: 07/22/2019

HCPCS	Description	Effective Date¹
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Nationwide: 07/22/2019
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Nationwide: 07/22/2019
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Nationwide: 07/22/2019
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Nationwide: 07/22/2019
E0193	Powered air flotation bed (low air loss therapy)	CA, IN, NJ, and NC: 07/22/2019 Nationwide: 10/21/2019
E0277	Powered pressure-reducing air mattress	CA, IN, NJ, and NC: 07/22/2019 Nationwide: 10/21/2019
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	CA, IN, NJ, and NC: 07/22/2019 Nationwide: 10/21/2019
E0372	Powered air overlay for mattress, standard mattress length and width	CA, IN, NJ, and NC: 07/22/2019 Nationwide: 10/21/2019
E0373	Non-powered advanced pressure reducing mattress	CA, IN, NJ, and NC: 07/22/2019 Nationwide: 10/21/2019
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	CA, MI, PA, and TX: 09/01/2020 ² Nationwide: 12/01/2020

² Prior to the COVID-19 Public Health Emergency, CMS had announced that prior authorization for the specified Lower Limb Prosthetics would be required in the first four states beginning May 11, 2020 and the remaining states beginning October 8, 2020 (85 FR 7666).

HCPCS	Description	Effective Date¹
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s),any type	CA, MI, PA, and TX: 09/01/2020 Nationwide: 12/01/2020
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s),any type	CA, MI, PA, and TX: 09/01/2020 Nationwide: 12/01/2020
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control,includes power source	CA, MI, PA, and TX: 09/01/2020 Nationwide: 12/01/2020
L5980	All lower extremity prostheses, flex footsystem	CA, MI, PA, and TX: 09/01/2020 Nationwide: 12/01/2020
L5987	All lower extremity prosthesis, shank footsystem with vertical loading pylon	CA, MI, PA, and TX: 09/01/2020 Nationwide: 12/01/2020
K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Nationwide: 04/13/2022
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds	Nationwide: 04/13/2022
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	Nationwide: 04/13/2022
K0806	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds	Nationwide: 04/13/2022
K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds	Nationwide: 04/13/2022
K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	Nationwide: 04/13/2022

HCPCS	Description	Effective Date¹
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	NY, IL, FL, and CA: 04/13/2022 MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA: 07/12/2022 Nationwide: 10/10/2022
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	NY, IL, FL, and CA: 04/13/2022 MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA: 07/12/2022 Nationwide: 10/10/2022
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	NY, IL, FL, and CA: 04/13/2022 MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA: 07/12/2022 Nationwide: 10/10/2022
L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf	NY, IL, FL, and CA: 04/13/2022 MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA: 07/12/2022 Nationwide: 10/10/2022
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	NY, IL, FL, and CA: 04/13/2022 MD, PA, NJ, MI, OH, KY, TX, NC, GA, MO, AZ, and WA: 07/12/2022 Nationwide: 10/10/2022