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Prior Authorization for Certain Types of Power Wheelchairs

Medicare requires you to get approval first (also known as “prior authorization”) for certain types of power wheelchairs. Your Medicare coverage and benefits won’t change, and you shouldn’t experience delays getting the items you need.

What happens if I need prior authorization?

Your power wheelchair supplier will send a prior authorization request and required documents to Medicare for approval before delivering the power wheelchair. Medicare will review the information to make sure you’re eligible and meet all requirements for the item.

Which types of wheelchairs require prior authorization?

You’ll need to get “prior authorization” approval for these 2 types of power wheelchairs under this program:

1. K0856: Power wheelchair, group 3 std., single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
2. K0861: Power wheelchair, group 3 std., multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

What do I need to do?

You don’t need to do anything. If your doctor or other health care provider prescribes one of the wheelchairs listed above, in most cases your power wheelchair supplier will send a prior authorization request and required documents to Medicare for you. You can choose to send the prior authorization request yourself if you get the required documents from your power wheelchair supplier and doctor.

How will I know if the prior authorization request is approved?

Medicare will send a decision letter to your power wheelchair supplier. You may contact your power wheelchair supplier about the decision and ask for a decision letter, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Also, your power wheelchair supplier may send you a decision letter.

Why was my request denied?

Your prior authorization request may be denied if:

- Medicare finds you don't medically require a power wheelchair
- Medicare doesn't get all the information needed to make a decision

If more information is needed, your DME supplier may resubmit your authorization request.

Where can I get more information?

For more information, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If you want to report possible fraud, visit [Medicare.gov/forms-help-and-resources/report-fraud-and-abuse/report-fraud/reporting-fraud.html](https://www.Medicare.gov/forms-help-and-resources/report-fraud-and-abuse/report-fraud/reporting-fraud.html), or call 1-800-MEDICARE.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.Cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

