

# Prior Authorization for Certain Types of Pressure-Reducing Support Surfaces

Medicare requires you to get approval first (also known as “prior authorization”) for certain types of pressure-reducing support surfaces, like certain types of mattresses and mattress overlays. 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 durable medical equipment (DME) supplier will work with your treating provider to send a prior authorization request and required documents to Medicare for approval. Medicare will review the information to make sure you’re eligible and meet all requirements for the item. If Medicare approves the request, your DME supplier will deliver a pressure-reducing support surface for use in your home.

## Pressure-reducing support surfaces that require prior authorization

These 5 types of pressure-reducing support surfaces require prior authorization before Medicare will pay for them.

Pressure-reducing support surfaces		
Model	Group	Type
E0193	2	Powered air flotation bed (low air loss therapy)
E0277	2	Powered pressure-reducing air mattress
E0371	2	Non-powered advanced pressure-reducing overlay for mattress, standard mattress length and width
E0372	2	Powered air overlay for mattress, standard mattress length and width
E0373	2	Non-powered advanced pressure-reducing mattress

Visit [Medicare.gov/coverage/pressure-reducing-support-surfaces](https://www.Medicare.gov/coverage/pressure-reducing-support-surfaces) for more information.

## How will I know if my prior authorization request is approved?

Medicare will send a decision letter to your DME supplier, then your supplier may send you a decision letter. You can also ask your supplier for a decision letter, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Why was my request denied?

Your prior authorization request may be denied and Medicare may refuse to pay its part of the cost if:

- Medicare doesn't get all the information needed to make a decision.
- Medicare finds you don't medically require a pressure-reducing support surface.

If Medicare needs more information, your DME supplier may resubmit your authorization request. If your claim for a pressure-reducing support surface is denied because Medicare didn't approve the prior authorization request, you may appeal the claim decision. An appeal is the action you can take if you disagree with a coverage or payment decision by Medicare or your Medicare plan. For more information on the appeals process, visit [Medicare.gov/claims-appeals/how-do-i-file-an-appeal](https://www.Medicare.gov/claims-appeals/how-do-i-file-an-appeal).



**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 [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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