

# How to request Medicare Reimbursement for your IndeeLift Product

Disclaimer: This information does not constitute legal advice. We are providing this information from sources authorized by the Centers for Medicare and Medicaid Services (CMS) as a courtesy. For any questions contact the Medicare ombudsman center.

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**IMPORTANT: Please carefully read the instructions to understand if your IndeeLift purchase will qualify for Medicare reimbursement. This instruction is for Traditional Medicare Part B beneficiaries only.**

If you are insured by traditional Medicare Part B as your primary insurer, the online form to submit for reimbursement from Medicare for your IndeeLift is **CMS1490S** which can be accessed on the Medicare website.

**LINK:** <https://www.cms.gov/cms-1490s-patients-request-medical-payment>.

- If you are not a Medicare Part B beneficiary, this instruction does not apply to you. You must ask your insurer about coverage of durable medical equipment (DME) products.
  - If you have assigned your Part B Medicare benefit to a managed care organization under a Medicare Advantage Program, such as Kaiser Permanente, apply to your organization for reimbursement.
  - If your primary insurer is a Medicaid plan, contact your Medicaid provider organization.
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## The information below is supplemental information for CMS 1490S: Patient's Request for Medical Payment

If you purchased your product directly from IndeeLift, check the third box in the list of three:  
*The provider or supplier is not enrolled with Medicare*

Under Type of Request, check the second box: *Durable Medical Equipment, Prosthetics, Orthotics and Supplies*

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## SECTION 2 - INFORMATION ABOUT SERVICES FURNISHED

***...describe the illness or injury for which you received treatment.***

Enter the name of your condition for which your physician has prescribed your IndeeLift device. If your physician has not prescribed it but recommends it for you, ask him/her to formally prescribe it. Medicare does not cover DME items without an authorization from the physician who is treating your medical condition for which you require the DME item. Include a copy of your physician's prescription or letter of medical necessity in your application for

reimbursement. Ask your doctor for the name of your condition and the ICD-10-CM number that describes it. Enter the name of your condition and number in this section. Example:

*Inclusion body myositis (IBM) G72.41.*

Ask your doctor for his/her National Provider Identifier Number (NPI) and enter it in the form.

Your diagnosis does not automatically validate you need the IndeeLift. Your disability must be sufficiently severe to require it in accordance with the NCD 280.4. We recommend your physician provide you with a written description of the severity of your illness for which you require the IndeeLift product. For example, *the patient is too weak to rise from the floor to a chair without assistance from a caregiver or use of the lift.* The letter should be on the physician's letterhead, identify you as the patient, and signed by your prescribing physician.

With your request for reimbursement, we recommend you include a copy of the Medicare National Coverage Determination (NCD) 280.4. [NCD - Seat Lift \(280.4\) \(cms.gov\)](#)

**IF YOU NEED HELP, CALL 1-800-MEDICARE (1-800-633-4227). TTY USERS SHOULD CALL 1-877-486-2048.**