



Durable Medical Equipment, Medical Supplies, Orthotics (customized and non-customized), and Prosthetics

The definition of “customized” orthotics per Illinois State Mandate: “a supportive device for the body or part of the body, the head, neck, or extremities, and includes the replacement or repair of the device based on the patient’s physical condition as medically necessary, excluding foot orthotics defined as an in-shoe device designed to support the structural components of the foot during weight-bearing activities.”

Disclaimer – the absence or presence of a code in the grid below does not guarantee coverage

If no HCPCS code is listed below, provider must submit a code to Health Alliance for review

Version Date: 11/24/2009; Updated 07/02/13; Updated for Medicaid 9/2013

Subject	HCPCS Code	Coverage Note
A		
Abdominal Support (also called truss)	L8300 L8310 L8320 L8330	Always Covered – Purchase
Aerochamber w/ wo mask (Spacer for inhaler)	A4627	Always Covered – Purchase
Air Cleaners – Ionizer	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Air Compressor for Trach	E0450 E0463	Always Covered – Purchase
Air Conditioners	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience.
Air Watch	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Airway Monitoring Systems (for asthmatics)	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience

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Alcohol Pads/Prep	A4244 A4245	Not Covered – Disposable
Alternating Pressure Pads	E0181	Always Covered - Purchase
Alternating Pressure Pad Pump	E0182	Pre-authorization required - Rent
Automatic Blood Pressure Monitor	A4670	Not Covered - Not primarily medical in nature/convenience
Apnea Monitor	E0618 E0619	Pre-authorization required – Rent monthly.
• Lead Wire /Electrodes Replacement	A4556 A4557	Always Covered – Purchase.
Arch Supports (not custom molded)	L3040 L3050 L3060 L3070 L3080 L3090	Always Covered
Arch Supports (custom molded)	L3000 L3001 L3002 L3003 L3010 L3020 L3030 L3100	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
Augmentative Communication Assistive Device – Repair (voice processor)	V5336	Not Covered

Augmentative Communication Assistive Device (voice processor)	E2500 E2502 E2504 E2506 E2508 E2510 E2511 E2512 E2599	Preauthorization required – Purchase See Speech Generating Devices criteria <u>Medical Policy\Speech Generating Devices</u>
B		
Baby Hugger/Prenatal Cradle Abdominal Support for Expectant Moms; Belly Band	A4466	Always Covered – Purchase.
Bandages	A6453 A6454 A6455	Always Covered – Purchase
Bath Chair/Bathtub Seats/Tub Stool, Chair, or Bench	E0240 E0245	Always Covered
Bathtub Lifts/Patient lift	E0625	Not Covered – Not primarily medical in nature/Convenience
Bathtub Transfer Bench/Rail	E0246 E0247 E0248	Always Covered
Batteries-Replacement, Medically Necessary TENS	A4630	Always Covered
Bed Bath (Home type)	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience
Bed Boards	E0273	Not Covered - Not primarily medical in nature/Convenience
Bed Check Systems; Alert/Alarm Device	A9280	Not Covered – Not primarily medical in nature/Convenience
Bed Pad		
<ul style="list-style-type: none"> Water circulating heat pad with pump 	E0217	Not Covered
<ul style="list-style-type: none"> Water circulating cold pad with pump 	E0218	Not Covered
<ul style="list-style-type: none"> Pump for water circulating pad 	E0236	Always Covered
Bed accessory: board, table, or support device, any type	E0315	Not Covered – Not primarily medical in nature/Convenience

Bed table (over bed table)	E0274	Not Covered - Not primarily medical in nature/convenience
Bed Pans	E0275 E0276	Always Covered
Bed Rails	E0305 half bed E0310 full bed	Always Covered
Beds	E0250 E0251 E0255 E0256 E0260 E0261 E0265 E0266 E0270 E0290 E0291 E0292 E0293 E0294 E0295 E0296 E0297 E0300 E0301 E0302 E0303 E0304	Pre-authorization required. Rent See Hospital Beds criteria <u>Medical Policy\Hospital Bed</u>
Beds, Pediatric	E0328 E0329	Pre-authorization required. See <u>Medical Policy\Hospital Bed</u>
Bed/Mattress/Pads	E0186 E0187 E0196 E0198 E0193 E0271 E0272 E0277 E0371 E0372	Pre-authorization Required. See Hospital Beds criteria <u>Medical Policy\Hospital Bed</u>

	E0373 E0194	
• Mattress Pads – Egg Crate	E0184 E0199	Pre-authorization Required – Purchase
• Mattress Pads	E0185 E0188 E0189	Always Covered
• Replacement Pad	A4640	Always Covered
Bedwetting Alarms (<u>Enuresis alarm</u>)	S8270	Pre-authorization Required – Covered at a maximum of \$120
Belt-Gait Belt; Safety equipment, device or accessory, any type	E0700	Always Covered – Purchase.
Bi-Level Positive Airway Pressure (BIPAP)	E0470 E0471 E0472	Always Covered – Rent to Own.
Bilirubin Blankets/ Phototherapy light.	E0202	Always Covered – Rent
Binder (i.e., Abdominal)	A4461 A4463	Always Covered – Purchase
Blood Administration Tubing	A4750 A4755	Always Covered – Purchase.
Blood Pressure Cuffs	A4663 A4660 A4670	Always Covered
Bloom Singer Valve/Artificial Larynx	L8500 L8501	Always Covered – Purchase
Bloom Singer Valve/Artificial Larynx	L8507 L8509	Pre-authorization Required - Purchase
• Batteries for Artificial Larynx	L8505	Always Cover – Purchase
Braille Teaching Texts	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience

Breast Pumps	E0603 E0604	Always Covered - Purchase (medical benefit)
Breast Pump – Manual	E0602	Always Covered – Purchase (wellness benefit)
Breast Pump Supplies	A4281 A4282 A4283 A4285 A4286	Not Covered – Not primarily medical in nature/Convenience
Breast Pump Supplies-Covered	A4284	Covered
Breast Prosthesis (external) and Bras (post mastectomy)	L8000 L8001 L8002 L8010 L8015 L8020 L8030 L8031 L8032 L8035 L8039	<p>Covered - Purchase – covered for members post-mastectomy, significantly breast deforming lumpectomy, or breast biopsy. -May be purchased at a vendor of the member’s choice. Medicare members must use a Medicare-approved vendor.</p> <p>Prosthetic bras:</p> <ul style="list-style-type: none"> • Limit – 6 per member’s plan year. • The useful lifetime expectancy for silicone breast prostheses is 2 years. • The useful lifetime expectancy of fabric, foam or fiber filled breast prostheses is 6 months. • Replacement sooner than the useful lifetime, because of ordinary wear and tear, will denied as non-covered. <p>-If a member buys the item from a non-</p>

		contracted vendor, she must submit a copy of her paid receipt and a copy of the physician's prescription for reimbursement. -Medicare policy additionally states: The useful lifetime expectancy for a nipple prosthesis is 3 months. Two prostheses, one per side, are allowed for those persons who have had bilateral mastectomies. More than one external breast prosthesis per side will be denied as not medically necessary. External breast prosthesis of a different type can be covered at any time if there is a change in the patient's medical condition necessitating a different type of item.
Buddy Strap	E0700	Always Covered – Purchase
Built Up Handles	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience
C		
Canes	E0100 E0105	Always Covered – Purchase
Cardiac Event Monitor / Recorder	E0610 E0615 E0616	Pre-authorization Required – Purchase
Casting Material and Supplies	Q4001 Q4002 Q4003 Q4004 Q4005 Q4006 Q4007 Q4008 Q4009 Q4010 Q4011 Q4012 Q4013 Q4014 Q4015 Q4016	Always Covered – Purchase

	Q4017 Q4018 Q4019 Q4020 Q4021 Q4022 Q4023 Q4024 Q4025 Q4026 Q4027 Q0428 Q0429 Q4030 Q4031 Q4032 Q4033 Q4034 Q4035 Q4036 Q4037 Q4038 Q4039 Q4040 Q4041 Q4042 Q4043 Q4044 Q4045 Q4046 Q4047 Q4048 Q4050	
Cervical Collars	L0120 L0130 L0140 L0150 L0160 L0170 L0172 L0174	Always Covered – Purchase

	L0180 L0190 L0200	
Cervical Collar	E0856	Always Covered – Purchase
Chair (NADA- straps wrap around chest & knees to hold patient upright when sitting)	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience
Chair, Lift /Chair Seat Lift mechanism	E0627 E0628 E0629	Pre-authorization Required. Purchase motor only for certain medical conditions. See Lift Chair criteria <u>Medical Policy\Lift Chairs</u>
Chuxs/Disposable Underpads	A4554	Not Covered – Disposable
Commodes, stationary or mobile	E0163 E0165 E0167 E0168 E0170 E0171 E0172	Always Covered – Purchase

<p>Compression Garments</p> <ul style="list-style-type: none"> • Sleeves • Stockings 	<p>A6530 A6531 A6532 A6533 A6534 A6535 A6536 A6537 A6538 A6539 A6540 A6541 A6544 A6549 A6501 A6502 A6503 A6504 A6505 A6506 A6507 A6508 A6509 A6510 A6511 A6512 A6513 A6545 A6448 A6449 A6450 A6451 A6452</p>	<p>Always Covered –Purchase</p> <p>Medicare Advantage members – refer to Medicare Guidelines for coverage</p>
<p>Compression Garments-Not Covered (Replacement)</p>	<p>L0982</p>	<p>Always Covered</p>
<p>Continuous Passive Motion Machine (CPM)</p>	<p>E0935 E0936</p>	<p>Always Covered - Rent per month</p>
<p>Corset, Lumbosacral</p>	<p>L0970</p>	<p>Always Covered</p>
<p>Corsets, Lumbosacral</p>	<p>L0972 L0974</p>	<p>Pre-authorization Required - Purchase.</p>

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	L0976	
CPAP (Continuous Positive Airway Pressure) <ul style="list-style-type: none"> • BPAP • OPAP 	E0601	Always Covered – Rent to Own.
<ul style="list-style-type: none"> • CPAP Combination oral/nasal mask 	A7027	Always Covered - Purchase.
<ul style="list-style-type: none"> • CPAP Oral cushion for combination oral/nasal mask, replacement 	A7028	Always Covered – Purchase.
<ul style="list-style-type: none"> • CPAP Nasal pillows for combination oral/nasal mask, replacement 	A7029	Always Covered – Purchase
<ul style="list-style-type: none"> • <u>CPAP face mask</u> 	A7030 A7031	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP nasal mask interface cushion replacement 	A7032	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP nasal cannula pillow replacement 	A7033	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP nasal interface for mask or cannula with or without head strap 	A7034	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP headgear 	A7035	Always Covered - Purchase
<ul style="list-style-type: none"> • CPAP chin strap 	A7036	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP tubing 	A7037	Always Covered - Purchase
<ul style="list-style-type: none"> • CPAP filter, disposable 	A7038	Always Covered
<ul style="list-style-type: none"> • CPAP filter, non-disposable 	A7039	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP oral interface 	A7044	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP exhalation port 	A7045	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP humidifier, non-heated 	E0561	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP humidifier, heated 	E0562	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP replacement water chamber for humidifier 	A7046	Always Covered – Purchase
<ul style="list-style-type: none"> • CPAP Vehicle Adaptor Cable 	Q0478	Pre-authorization Required – Purchase
<ul style="list-style-type: none"> • CPAP Auto/Smart 	No HCPCS code available	Pre-authorization Required

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<ul style="list-style-type: none"> • CPAP Swivel (connector/ adapter); Whisper Valve 	S8186	Always Covered – Purchase
<ul style="list-style-type: none"> • OPAP 	E0486 (custom) E0485 (prefabricated)	Pre-authorization Required
Crutches	E0110 E0111 E0112 E0113 E0114 E0116 E0117	Always Covered – Purchase
Crutch Pad or Grip-Replacement	A4635 A4636 A4637	Always Covered
Crutch Substitute / Roll-About Walker	E0118	Always Cover
Cunningham Clamp (external urethral clamp)	A4356	Always Covered –Purchase
Cryo Cuff	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
D		
Dehumidifiers (room &/or Central Heating Systems)	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Diapers, Adult Size/Incontinence Related Product -Peds/Youth Diapers	T4521 T4522 T4523 T4524 T4526 T4528 T4527 T4525 T4529 T4530 T4531 T4532 T4533	Always Covered

	T4534 T4535 T4541 T4543	
Dentures	D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5810 D5811 D5820 D5821 D5860 D5861 D5410 D5411 D5421 D5422 D5850 D5851	Not Covered – Dental
Diabetes:		
• Glucose Monitors	E0607 E2101	Always Covered - Purchase
• Glucose Monitors	S1031 S1030	Not Covered

• Glucose Monitors	A9275	Not Covered – Disposable. See Continuous Glucose Monitoring criteria <u>Medical Policy/Continuous Glucose Monitoring, Long-Term</u>
• Glucose Meter With Integrated Voice Synthesizer	E2100	Always Covered - Purchase
• Glucose Monitor Strips	A4253	Always Covered - Purchase
• Autoinjectors	A4210	Not Covered - Not primarily medical in nature/convenience
• Lancets	A4258	Always Covered - Purchase
• Lancets	A4259	Always Covered - Purchase
• Molded inserts/shoes	A5500 A5501 A5503 A5504 A5505 A5506 A5507 A5510 A5512 A5513	Pre-authorization Required - Purchase
• Molded inserts/shoes	A5508	Not Covered - Not primarily medical in nature/convenience
• Insulin Pumps	E0784	Pre-authorization Required - Purchase. See Insulin Pump criteria <u>Medical Policy\Insulin Pumps</u>
• Insulin Pumps	A9274	Always Covered – Purchase
Dialysate Warmer	E1699	Not Covered - Not primarily medical in nature/convenience item
Disposable Sheets/Bags	A4554	Not Covered – Non-reusable, disposable
Donut/Pillow (also Hensinger Head Support)	E0190	Always Covered

Dressing - (Surgical), Sorsban Wound Pads, Sorsban Wound Rope	A6010 A6011 A6021 A6022 A6023 A6024 A6154 A6196 A6197 A6198 A6199 A6203 A6204 A6205 A6206 A6207 A6208 A6209 A6210 A6211 A6212 A6213 A6214 A6215 A6216 A6217 A6218 A6219 A6220 A6221 A6222 A6223 A6224 A6228 A6229 A6230 A6231 A6232 A6233 A6234 A6235	Always Covered – Purchase
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	A6236 A6237 A6238 A6239 A6240 A6241 A6242 A6243 A6244 A6245 A6246 A6247 A6248 A6250 A6251 A6252 A6253 A6254 A6255 A6256 A6257 A6258 A6259 A6260 A6261 A6262 A6266 A6402 A6403 A6404	Always Covered - Purchase
Dressing - (Surgical), Sorbsan Wound Pads, Sorbsan Wound Rope, Gel Sheeting	A6025 A6407	Always Covered – Purchase.
• Adhesive Remover	A4456	Always Covered - Purchase
• Supplied by Home Care Nurse	No HCPCS code available	Always Covered – Applied by medical professional.
• Self-Administered	No HCPCS code available	Pre-authorization Required - Purchase
Dryonic Device	No HCPCS codes available	Not Covered – OTC item
E		
Earplugs (OTC & custom made)	No HCPCS code available	Not Covered – Not primarily medical in

		nature/Convenience
Electrical / Ultrasonic Bone Stimulation (also Osteogenic Bone Stimulator and Ultrasonic Bone Stimulator)	E0747 E0748 E0749 E0760	Pre-authorization Required See Electrical & Ultrasonic Bone Stimulation criteria <u>Medical Policy/Electrical and Ultrasonic Bone Stimulation</u>
• Electrodes (disposable and reusable)	A4556	Always Covered - Purchase
Educational Aids	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience
Electrolarynx (<u>Voice amplifier</u>)	L8510	Always Covered - Purchase
Emesis Basin	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience
Exercise Equipment <ul style="list-style-type: none"> • Ball (Developmental Balance; BAPS/Biomedical Ankle Platform System • Exercise Bike • Cuff Weights • Developmental Balance Ball • Parallel Bars • Pulleys (shoulder) • Soft Touch Exerciser • Theraband • Treadmill Exerciser 	A9300	Not Covered - Not primarily medical in nature/convenience
Eye Glasses	V2100 V2101 V2102 V2103 V2104 V2105 V2106 V2107 V2108 V2109 V2110 V2111 V2112 V2113 V2114 V2115 V2118	Not Covered except for plans with Vision Hardware benefit

	V2121	
	V2199	
	V2200	
	V2201	
	V2202	
	V2203	
	V2204	
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	V2318	
	V2319	

	V2320 V2321 V2399 V2410 V2430 V2499	
Eye Pad	A6411	Always Covered
F		
Flutter Mucus Clearance Device	S8185	Always Covered
Folding Treatment Table	No HCPCS code available	Not Covered – Not primarily medical in nature/Convenience
G		
Gait Belt	E0700	Always Covered - Purchase
Geri-Chair	No HCPC code available	Not Covered – Not primarily medical in nature/Convenience
Gloves	A4927 non-sterile A4930 sterile	Always Covered -
Grab Bars	E0241 E0242 E0243 E0246	Always Covered
H		
Hand Helpers (also reach sticks, grabber, sock aid, dressing stick, writing tube)	A9281	Not Covered – Not primarily medical in nature/Convenience
Harness: • Artificial Limb Prosthesis	L1620 L5699 L6672 L6675 L6676 L6677	Always Covered – Purchase
• Chest	E0980	Pre-authorization Required – Necessary to hold patient in wheelchair & to prevent complications such as impaired respirations from slumped position
• Orthopedic	E0942 E0944	Always Covered

	E0945	
• Shoulder	E0960	Always Covered
Hearing Aids	V5011 V5014 V5020 V5030 V5040 V5050 V5060 V5070 V5080 V5090 V5095 V5100 V5110 V5020 V5130 V5140 V5150 V5160 V5170 V5180 V5190 V5200 V5210 V5220 V5230 V5240 V5241 V5242 V5243 V5244 V5245 V5246 V5247 V5248 V5249 V5250 V5251 V5252 V5253	Not covered – Convenience item except for plans with hearing aid coverage benefit.

	V5254 V5255 V5256 V5257 V5258 V5259 V5260 V5261 V5262 V5263 V5264 V5265 V5266 V5267 V5298 V5299	
Hearing Aids/Assisted Listening Devices	V5268 V5269 V5270 V5271 V5272 V5273 V5274 V5275	Not Covered - Not primarily medical in nature/convenience
Heat Lamps	E0200 E0205	Always Covered
Heating Pads	E0210 E0215 E0239 A4639 E0249	Always Covered
Heating Pads -Water Circulating Unit-Replacement	E0217 E0221 E0225	Pre-authorization Required - Purchase
Heel and Elbow Protectors	E0191	Always Covered
Heel Liner/Cushion - Ortho Shoe Additions	L3430 L3440 L3450	Always Covered

	L3455 L3460 L3465 L3470 L3485 L3520 L3530 L3540 L3550 L3560 L3570 L3580 L3590 L3595	
Home Alert System <ul style="list-style-type: none"> • First Alert • Lifeline Call System • Telephone Alert • Emergency Response 	No HCPCS codes available	Not Covered – Not primarily medical in nature/Convenience
Home Defibrillators	No HCPCS code available	Not Covered
Home Hemodialysis, NxStage	E1632 E1635	Not covered - investigational
Home ProthrombinTime (INR) Monitor for Anticoagulation Management	G0249	Always Covered
Humidifiers – Room & central heating types	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
I		
Incontinent Pad	A4554	Not Covered - Disposable
Infusion Equipment / Pumps <ul style="list-style-type: none"> • Pump for Eporpostenol/Treprostinil 	E0776 E0779 E0780 E0781 E0784 E0791 E1399 A4223 K0455	Pre-authorization Required - See Home Enteral/Parenteral/Nutrition Products criteria <u>Medical Policy\Home Enteral-Parenteral Administration Nutritional Products</u>
		Always Covered

• Infusion Supplies	A4221 A4222 A4305 A4306 K0552	Always Covered
• Infusion Batteries	K0601 K0602 K0603 K0604 K0605	Pre-authorization Required – Purchase. See Home Enteral/Parenteral/Nutrition Products criteria <u>Medical Policy\Home Enteral-Parenteral Administration Nutritional Products</u>
• Chemotherapy / Home Infusion	S9329 S9330 S9331	Pre-authorization Required – see Home Services criteria <u>Medical Policy\Home Services</u>
• Pain Management	S9325 S9326 S9327	Pre-authorization Required – see Home Services criteria <u>Medical Policy\Home Services</u>
• Other Home Infusion Therapy	S9336 S9338 S9345 S9346 S9347 S9348 S9349 S9351 S9355 S9357 S9359 S9361 S9363 S9373 S9374 S9375 S9376 S9377 S9379 S9490 S9494 S9497 S9500	Pre-authorization Required – see Home Services criteria <u>Medical Policy\Home Services</u>

	S9501 S9502 S9503 S9504	
<ul style="list-style-type: none"> Enteral Pumps / Nutrition (Flexiflow / Kangaroo) 	B4034 B4035 B4036 B4081 B4082 B4083 B4087 B4088	Always Covered – Purchase. See Home Enteral/Parenteral Nutrition criteria <u>Medical Policy\Home Enteral-Parenteral Administration Nutritional Products</u>
<ul style="list-style-type: none"> Enteral Pumps / Nutrition (Flexiflow / Kangaroo) 	B4102 B4103 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162 B9000 B9002 B9998	Pre-authorization Required. See Home Enteral/Parenteral Nutrition criteria <u>Medical Policy\Home Enteral-Parenteral Administration Nutritional Products</u>
<ul style="list-style-type: none"> Food Thickener-Oral Administration 	B4100	Pre-authorization Required
<ul style="list-style-type: none"> Parenteral Pumps / Nutrition 	B4164 B4168 B4172 B4176 B4178 B4180 B4185 B4189 B4193 B4197	Pre-authorization Required. See Home Enteral/Parenteral Nutrition criteria <u>Medical Policy\Home Enteral-Parenteral Administration Nutritional Products</u>

	B4199 B4216 B4220 B4224 B5000 B5100 B5200 B9004 B9006 B9998 B9999 E0776	
• Parenteral Nutrition Kit	B4222	Always Covered
• Insulin Pump	E0784	Pre-authorization Required – See Insulin Pumps criteria Medical Policy\Insulin Pumps
• Insulin Home Infusion Therapy for Insulin Pump	S9353	Pre-authorization Required – See Insulin Pumps criteria Medical Policy\Insulin Pumps
• Insulin Supplies	A4221	Always Covered
• Insulin Infusion Sets/Systems	A4230 A4231 A9274 K0552	Always Covered
• Synchro Med Infusion Injectors (hypodermic jets)	E0783	Pre-authorization Required - Rent
Inspirease	A4210 S8100 S8101	Not Covered Always Covered – Purchase
J		
K		
L		
Lancets	A4259	Always Covered
Leukotape	A4452	Always Covered
Lift Chair	E0627 E0628 E0629	Pre-authorization Required, purchase motor only. See Lift Chairs criteria Medical Policy/Lift Chairs

Lift, patient	E0621 E0630 E0635 E0636 E0639 E0640 E1035	Pre-authorization Required – Purchase. Requires documentation from provider that periodic movement is necessary for improvement of or to arrest/retard deterioration in member’s condition.
Lift, patient	<u>E0637</u>	Pre-authorization Required
Lift, patient	<u>E0625</u>	Not Covered - Not primarily medical in nature/convenience
Light Boxes	E0203	Covered for fully insured products. Self Funded - Pre-authorization Required – See Light Boxes criteria Medical Policy\Light Boxes
• Batteries	A4634	Fully Insured – covered. Self-Funded – refer to Light Boxes Medical Policy above
Lymphedema • Compression Garments – ArmAssist/LegAssist/FlexiTouch	E0650 E0651 E0652 E0655 E0660 E0665 E0666 E0667 E0668 E0669 E0671 E0672 E0673	Pre-authorization Required. See Lymphedema Pumps criteria Medical Policy\Lymphedema Pumps
M		
Masks		
• Surgical	A4928	Not Covered – Disposable
Massage Devices	No HCPCS code available	Not Covered – Comfort item
Massage Pillow	No HCPCS code available	Not Covered – Comfort item
Myomo Robotic Device	No HCPCS code available	Not Covered - Investigational
N		
NADA Chair	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Nebulizers	E0565	Always Covered – Rent to purchase

	E0570 E0572 E0580 E0585 A7017	
Nebulizers	E0571 E0574 E0575	Not Covered - Not primarily medical in nature/convenience
<ul style="list-style-type: none"> • Disposable • Corrugated Tubing • Filters 	A7004 A7008	Not Covered - Not primarily medical in nature/convenience
<ul style="list-style-type: none"> • Disposable • Corrugated Tubing • Filters 	A7003 A7007 A7010 A7013 A7018	Always Covered
<ul style="list-style-type: none"> • Jet 	A7009	Always Covered – Rent to purchase
<ul style="list-style-type: none"> • Micro Air (ultrasonic) 	E0574 E0575	Not Covered – Not primarily medical in nature/Convenience
<ul style="list-style-type: none"> • Replacement Masks 	A7015	Always Covered – Rent to purchase
<ul style="list-style-type: none"> • Replacement Medicine Kits 	A7003 A7004	Not Covered - Not primarily medical in nature/convenience
<ul style="list-style-type: none"> • Replacements – Permanent 	A7005 A7006	Always Covered – Rent to purchase
<ul style="list-style-type: none"> • Saline (for use with Nebulizer) 	No HCPCS code available	Not Covered - OTC
Neuromuscular Stimulator	E0744 E0745	Pre-authorization Required See Neuromuscular Electrical Stimulation criteria <u>Medical Policy\Neuromuscular Electrical Stimulation</u>
Neuromuscular Stimulator	E0731 A4595	Always Covered
Neuromuscular Stimulator	A4558	Always covered
Neuromuscular Stimulator	L8680	Pre-authorization Required See Neuromuscular Electrical Stimulation criteria <u>Medical Policy\Neuromuscular Electrical Stimulation</u>

Neuromuscular Stimulator	L8681 L8682 L8683 L8684 L8685 L8686 L8687 L8688 L8689	Pre-authorization Required See Neuromuscular Electrical Stimulation criteria <u>Medical Policy\Neuromuscular Electrical Stimulation</u>
• TENS Unit	E0720 E0730 E0731	Always Covered – Purchase
O		
Orthotics		
• Abduction Bar (Denis-Browne)	L3140 L3150 L3160 L3170 L3640	Always Covered - Purchase
• Air Cast/Splint	L4350 L4360 L4370	Always Covered – Purchase
• Hip Orthotic (HO), also Abductor Wedge, Hip (Leg brace attached)	L1600	Always Covered - Purchase
• Hip Orthotic (HO), also Abductor Wedge, Hip (Leg brace attached)	L1685 L1686 L1620 L1630 L1640 L1650 L1652 L1660 L1690	Always Covered – Purchase
• Hip Orthotic (HO), also Abductor Wedge, Hip (Leg brace attached), cover for orthotic	L1610	Always Covered - Purchase
• Knee Orthotic	L1831 L1810 L1830	Always Covered - Purchase

<ul style="list-style-type: none"> Knee Orthotic 	L1820 L1832 L1834 L1836 L1840 L1843 L1844 L1845 L1846 L1847 L1850 L2999	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Ankle/Foot (AFO) 	L1900 L1902 L1904 L1906 L1907 L1910 L1920 L1930 L1932 L1940 L1945 L1950 L1951 L1960 L1970 L1971 L1980 L1990 L2108 L2112 L2114 L2116 L4396 L4631 E1815 E1830	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Ankle/Foot (AFO) 	L4350	Always Covered - Purchase

<ul style="list-style-type: none"> Knee/Ankle/Foot (KAFO) 	L2000 L2005 L2010 L2020 L2030 L2034 L2035 L2036 L2037 L2038	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Hip/Knee/Ankle/Foot (HKAFO) 	L2040 L2050 L2060 L2070 L2080 L2090	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Ankle/Foot Fracture & Knee/Ankle/ Foot Fracture 	L2106 L2108 L2112 L2114 L2116 L2126 L2128 L2132 L2134 L2136	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Elbow Strap 	L3702 L3710 L3720 L3730 L3740	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related.
<ul style="list-style-type: none"> Finger 	L3933	Always covered
<ul style="list-style-type: none"> Finger 	L3925 L3927 L3929	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Forearm Strap 	L3702	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> Covered for ADLs

		<ul style="list-style-type: none"> Not covered if sport related.
<ul style="list-style-type: none"> Heel Cups 	L3510	Not Covered – Not primarily medical in nature/Convenience
<ul style="list-style-type: none"> Heel Lifts 	L3300 L3310 L3320 L3330 L3332 L3334	Always Covered
<ul style="list-style-type: none"> Heel Wedges (Internal, External, Adjustable) 	L3340 L3350 L3360 L3370 L3380 L3390 L3400 L3410 L3420	<p>Cost greater than \$1,000 requires pre-authorization</p> <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Leg Brace 	L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2126 L2128 L2035 L2132 L2134 L2136	<p>Cost greater than \$1,000 requires pre-authorization</p> <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Leg Brace 	L4370	Always Covered - Purchase
<ul style="list-style-type: none"> Lower Limb Fracture Orthotic Additions 	L2180 L2182 L2184 L2186	<p>Cost greater than \$1,000 requires pre-authorization</p> <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related

	L2188 L2190 L2192	
• Lumbar-sacral orthotic (Bi-Valved Body Jacket)	L0628 L0629 L0630 L0631 L0632 L0633 L0634 L0635 L0636 L0637 L0638 L0639 L0640	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
• <u>Myoelectric Orthoses—Upper and Lower Extremity</u>	No HCPCS Code available	Not Covered-Investigational
• Repair, orthotic device	L4205 L4210	Pre-authorization Required
• Replacement, soft AFO (Lower Limb)	L4392	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
• Sleeve, garment, belt, (elastic/stretchable)	A4466	Always Covered - Purchase
• Shoe Inserts	L3000 L3010 L3031	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
• Shoe Inserts	L3001 L3002 L3003 L3020 L3030 A5512 A5513	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
• Shoes, Corrective Shoes	L3203 L3207 L3215 L3216	Not Covered

	L3217 L3219 L3221 L3222 L3251 L3252 L3253 L3254 L3255	
• Shoes/Footwear, Corrective	L3208 L3209 L3211 L3212 L3213 L3214 L3257 L3260 L3265	Always Covered
• Shoes/Footwear, Corrective	L3201 L3202 L3204 L3206 L3224 L3225 L3230 L3250	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
• Shoulder Orthotics	L3650 L3660 L3670 L3671 L3674 L3675 L3677	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related
• Soft Foot Orthoses	L4396	Cost greater than \$1,000 requires pre-authorization <ul style="list-style-type: none"> • Covered for ADLs • Not covered if sport related

<ul style="list-style-type: none"> Spinal orthotic, custom (DeWall Posture Protector) 	L0430	<p>Cost greater than \$1,000 requires pre-authorization</p> <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Thoracic rib belt, custom 	L0220	Always covered
<ul style="list-style-type: none"> Thoracic-lumbar-sacral orthotic (TLSO) 	L0450 L0452 L0454 L0456 L0458 L0460 L0462 L0464 L0466 L0468 L0470 L0472 L0480 L0482 L0484 L0486 L0488 L0490 L0491 L0492	<p>Cost greater than \$1,000 requires pre-authorization</p> <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
<ul style="list-style-type: none"> Walking Boot 	L4360 L4386	Always Covered
<ul style="list-style-type: none"> Wedges (Internal, External, Adjustable) 	L3340 L3350 L3360 L3370 L3380 L3390 L3400 L3410 L3420	<p>Cost greater than \$1,000 requires pre-authorization</p> <ul style="list-style-type: none"> Covered for ADLs Not covered if sport related
Ostomy Supplies		

• Absorbent material, ostomy, sheet/pad/crystal packet, to thicken liquid stomal output	A4422	Always Covered - Purchase
• Absorptive cover, for continent stoma	A5083	Always Covered - Purchase
• Adhesive, ostomy	A4364	Always Covered - Purchase
• Adhesive or nonadhesive, disk or foam pad	A5126	Always Covered – Purchase
• Appliance cleaner, ostomy or incontinence appliances	A5131	Always Covered
• Belt, ostomy, each	A4367	Always Covered - Purchase
• Belt, ostomy, w/peristomal hernia support	A4396	Always Covered - Purchase
• Cap, stoma	A5055	Always Covered - Purchase
• Catheter, for continent stoma	A5082	Always Covered - Purchase
• Catheter/tube, percutaneous, anchoring device, adhesive skin attachment	A5200	Always Covered - Purchase
• Clamp, ostomy, any type, replacement only	A4363	Always Covered - Purchase
• Cleaner, skin, for ostomy patients (also adhesive removed or solvent for tape/cement)	A4455	Always Covered - Purchase
• Convex flange/insert	A5093	Always Covered -Purchase
• Deodorant, ostomy, w/wo lubricant	A4394	Always Covered
• Deodorant, ostomy, solid	A4395	Always Covered
• Drain tube – extension draining tubing, any type or length, with connector/adaptor for ostomy pouch	A4331	Always Covered - Purchase
• Drain set – Sure Fit night drain (urinary and/or ostomy)	A5102	Always Covered - Purchase
• Faceplate, ostomy, each	A4361	Always Covered - Purchase
• Faceplate equivalent, ostomy, silicone ring	A4384	Always Covered - Purchase
• Filter, ostomy, any type	A4368	Always Covered - Purchase
• Irrigation supply bag, ostomy	A4398	Always Covered - Purchase
• Irrigation supply cone/catheter, ostomy, w/wo brush	A4399	Always Covered - Purchase
• Irrigation supply sleeve, ostomy	A4397	Always Covered - Purchase
• Irrigation set, ostomy	A4400	Always Covered - Purchase
• Lubricant, ostomy (Surgilube)	A4402	Always Covered
• Plug, for continent stoma	A5081	Always covered - Purchase
• Pouch, ostomy, drainable w/faceplate, plastic, each	A4375	Always Covered - Purchase
• Pouch, ostomy, drainable w/faceplate, rubber, each	A4376	Always Covered - Purchase
• Pouch, ostomy, drainable, for faceplate, plastic	A4377	Always Covered - Purchase
• Pouch, ostomy, drainable, for faceplate, rubber	A4378	Always Covered - Purchase
• Pouch, ostomy, urinary w/faceplate, plastic	A4379	Always Covered - Purchase
• Pouch, ostomy, urinary w/faceplate, rubber	A4380	Always Covered - Purchase
• Pouch, ostomy, urinary for faceplate, plastic	A 4381	Always Covered - Purchase
• Pouch, ostomy, urinary, for faceplate, heavy plastic	A4382	Always Covered - Purchase

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• Pouch, ostomy, urinary, for faceplate, rubber	A4383	Always Covered - Purchase
• Pouch, ostomy, closed, w/barrier, w/convexity	A4387	Always Covered - Purchase
• Pouch, ostomy, drainable, w/extended wear barrier	A4388	Always Covered - Purchase
• Pouch, ostomy, drainable, w/barrier, w/convexity	A4389	Always Covered - Purchase
• Pouch, ostomy, drainable, w/extended ear barrier, w/convexity	A4390	Always Covered - Purchase
• Pouch, ostomy, urinary, w/extended wear barrier	A4391	Always Covered - Purchase
• Pouch, ostomy, urinary, w/standard wear barrier, w/convexity	A4392	Always Covered - Purchase
• Pouch, ostomy, urinary, w/extended wear barrier, w/convexity	A4393	Always Covered - Purchase
• Pouch, ostomy, drainable, high output, for use on a barrier w/flange, 2pc system, w/o filter	A4412	Always Covered - Purchase
• Pouch, ostomy, drainable, high output, for use on barrier w/flange, 2pc system, w/filter	A4413	Always Covered - Purchase
• Pouch, ostomy, closed, w/barrier attached, w/filter	A4416	Always Covered - Purchase
• Pouch, ostomy, closed, w/barrier attached, w/convexity, w/filter	A4417	Always Covered - Purchase
• Pouch, ostomy, closed, w/o barrier, w/filter	A4418	Always Covered - Purchase
• Pouch, ostomy, closed; for barrier w/nonlocking flange, w/filter	A4419	Always Covered - Purchase
• Pouch, ostomy, closed, for barrier w/locking flange	A4420	Always Covered - Purchase
• Pouch, ostomy, closed, for barrier w/locking flange, w/filter	A4423	Always Covered - Purchase
• Pouch, ostomy, drainable, w/barrier attached, w/filter	A4424	Always Covered - Purchase
• Pouch, ostomy, drainable, for barrier w/nonlocking flange, w/filter	A4425	Always Covered - Purchase
• Pouch, ostomy, drainable, for barrier w/locking flange	A4426	Always Covered - Purchase
• Pouch, ostomy, drainable, for barrier w/locking flange, w/filter	A4427	Always Covered - Purchase
• Pouch, ostomy, urinary, w/extended wear barrier, w/faucet-type tap w/valve	A4428	Always Covered - Purchase
• Pouch, ostomy, urinary, w/barrier attached, w/convexity, w/faucet-type tap w/valve	A4429	Always Covered - Purchase
• Pouch, ostomy, urinary, w/extended wear barrier attached, w/convexity, w/faucet-type tap w/valve	A4430	Always Covered - Purchase
• Pouch, ostomy, urinary, w/barrier attached, w/faucet-type tap w/valve	A4431	Always Covered - Purchase
• Pouch, ostomy, urinary, for barrier w/nonlocking	A4432	Always Covered - Purchase

flange, w/faucet-type tap w/valve		
• Pouch, ostomy, urinary, for barrier w/locking flange	A4433	Always Covered - Purchase
• Pouch, ostomy, urinary, for barrier w/locking flange, w/faucet-type tap w/valve	A4434	Always Covered - Purchase
• Pouch, ostomy, closed, w/barrier attached	A5051	Always Covered - Purchase
• Pouch, ostomy, closed, w/o barrier attached	A5052	Always Covered - Purchase
• Pouch, ostomy, closed, for faceplate	A5053	Always Covered - Purchase
• Pouch, ostomy, with filter	A5056	Always Covered
• Pouch, ostomy w/built-in convex barrier	A5057	Always Covered
• Pouch, ostomy, closed, for barrier w/flange (Sure Fit)	A5054	Always Covered - Purchase
• Pouch, ostomy, drainable, w/barrier attached	A5061	Always Covered - Purchase
• Pouch, ostomy, drainable, w/o barrier attached	A5062	Always Covered - Purchase
• Pouch, ostomy, drainable, for barrier w/flange (Hollister flange)	A5063	Always Covered - Purchase
• Pouch, ostomy, urinary, w/barrier attached	A5071	Always Covered - Purchase
• Pouch, ostomy, urinary, w/o barrier attached	A5072	Always Covered - Purchase
• Pouch, ostomy, urinary, for barrier w/flange (Sure Fit)	A5073	Always Covered - Purchase
• Ring, ostomy	A4404	Always Covered - Purchase
• Skin barrier, solid, ostomy	A4362	Always covered - Purchase
• Skin barrier, solid, standard w/built in convexity, each-	A4372	Always covered- Purchase
• Skin barrier, liquid, ostomy	A4369	Always Covered - Purchase
• Skin barrier, powder, ostomy	A4371	Always Covered - Purchase
• Skin barrier, with flange, w/built in convexity, any size, each	A4373	Always Covered - Purchase
• Skin barrier, w/flange, extended wear, w/convexity, 4x4 or smaller	A4407	Always Covered - Purchase
• Skin barrier, w/flange, extended wear, w/convexity, larger than 4x4	A4408	Always Covered - Purchase
• Skin barrier, w/flange, extended wear, w/o convexity, 4x4 or smaller	A4409	Always Covered - Purchase
• Skin barrier, w/flange, extended ear, w/o convexity, larger than 4x4	A4410	Always Covered - Purchase
• Skin barrier, solid 4x4 or equal, extended wear, w/convexity	A4411	Always Covered - Purchase
• Skin barrier, solid 4x4 or equal, extended wear w/o convexity	A4385	Always Covered - Purchase
• Skin barrier, nonpectin-based, paste (Karaya paste)	A4405	Always Covered - Purchase
• Skin barrier, pectin-based, paste	A4406	Always Covered - Purchase

• Skin barrier, w/flange, w/o convexity, 4x4 or smaller	A4414	Always Covered - Purchase
• Skin barrier, w/flange, w/o convexity, larger than 4x4	A4415	Always Covered - Purchase
• Skin barrier, wipes or swabs	A5120	Always Covered - Purchase
• Skin barrier, solid, 6x6 or equal	A5121	Always Covered - Purchase
• Skin barrier, solid, 8x8 or equal	A5122	Always Covered - Purchase
• Supply, ostomy, misc – use for flange	A4421	Always Covered - Purchase
• Tape	A4450 A4452	Always Covered - Purchase
• Vent, ostomy, any type	A4366	Always Covered - Purchase
Otoform (putty-like silicone to cover burns/scars)	A6250	Always Covered -Purchase
Ovulation Detectors	No HCPCS code available	Not Covered - Disposable
Oxygen & Supplies		
• Battery charger	E1357	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Battery pack	E1356	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Chamber, hyperbaric, topical	A4575	Not Covered - Experimental
• Concentrator	E1390 E1391	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Concentrator, portable, rental	E1392	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Contents, stationary, gaseous, 1 month/1 unit	E0441	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Contents, stationary, liquid, 1 month/1 unit	E0442	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Contents, portable, gaseous, 1 month/1 unit	E0443	Pre-authorization Required See Oxygen criteria Medical Policy\Oxygen
• Contents, portable, liquid, 1 month/1unit	E0444	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• Humidifier, heated	E1405	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen

• Liquid	S8121	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• Mask	A4619 A4620	Always Covered - Purchase
• Mask, surgical	A4928	Not Covered - Disposable
• Oximeter (pulse)	E0445	Always Cover
• Oximeter Probe	A4606	Always Cover
• Portable Oxygen	E0433 E0443 E0444 K0738 S8120	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• Portable Oxygen	E1392	Pre-authorization Required. See Oxygen criteria Medical Policy\Oxygen
• Power Adapter	E1358	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• Rack/Stand	E1355	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• Regulator	E1353	Always Covered– See Oxygen criteria Medical Policy\Oxygen
• Supplies		
○ Cannula, nasal	A4615	Always Covered -Purchase
○ Cart, wheeled	E1354	Pre-authorization Required - Rent
○ Tubing, per foot	A4616	Always Covered - Purchase
○ Mouthpiece	A4617	Always Covered - Purchase
○ Breathing circuits	A4618	Always Covered -Purchase
• System, stationary compressed gaseous, rental	E0424	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• System, stationary compressed gaseous, purchase	E0425	Always Covered
• System, portable gaseous, purchase	E0430	Not Covered – See Oxygen criteria Medical Policy\Oxygen
• System, portable gaseous, rental	E0431	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen

• System, portable, liquid, rental	E0433	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• System, portable, liquid, rental	E0434	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• System, portable, liquid, purchase	E0435	Not Covered – See Oxygen criteria Medical Policy\Oxygen
• System, stationary, liquid, rental	E0439	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• System, stationary, liquid, purchase	E0440	Not Covered – See Oxygen criteria Medical Policy\Oxygen
• Tent	E0455	Pre-authorization Required – See Oxygen criteria Medical Policy\Oxygen
• Topical oxygen delivery system	E0446	Not Covered - Investigational
P		
Paraffin Bath Units	E0235	Always Covered - Purchase
• Paraffin Refills – Purchase	A4265	Always Covered - Purchase
Peak Flow Meter	A4614	Always Covered - Purchase
Pediatric Crawl Trainer (formerly Crawler)	E8000 E8001 E8002	Pre-authorization Required – Purchase. Covered for neuromuscular disorders.
Percussor, electric or pneumatic, home model	E0480	Always Covered - Purchase
Peritoneal Dialysis	A4653 A4671 A4672 A4673 A4674 A4728 E1592 E1594 E1630 E1634	Always Covered - Purchase
Peritoneal Dialysis	A4929 A4657 A4680 A4690 A4706	Always Covered - Purchase

	A4707 A4708 A4709 A4714 A4719 A4720 A4721 A4722 A4723 A4724 A4725 A4726 A4730 A4736 A4737 A4740 A4750 A4755 A4760 A4765 A4766 A4770 A4771 A4772 A4773 A4774 A4802 A4860 A4911 A4913 A4918	
Peritoneal Dialysis	A4927 A4928 A4930 A4931 A4932	Always Covered
Pessary	A4561 A4562	Always Covered - Purchase
Platform (Attachments for Crutches)	E0153 for crutches E0154 for walker	Always Covered – Purchase

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Pneumatic Armband, Aircast brand	A4466	Always Covered - Purchase
Polar Care_/Cold Pad	E0218	Always Covered
Portable Whirlpool Pumps	E1300	Pre-authorization – Required
Post-Op Shoe	L3260-Surgical Boot/shoe	Always Covered – Purchase
Postural Drainage Board	E0606	Always Covered – Purchase
Prosthetics		
• Ankle – microprocessor controlled ankle-foot prostheses	L5973	Not Covered
• Battery Components	L7360 L7362 L7364 L7366 L7367 L7368	Pre-authorization – Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Breast	L8000 L8001 L8002 L8010 L8015 L8020 L8030 L8031 L8032 L8035 L8039	Pre-authorization – Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Eye	L8610 V2623 V2624 V2625 V2626 V2627 V2628 V2629	Pre-authorization Required _See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Facial	L8040 L8041 L8042 L8043 L8044 L8045 L8046 L8047	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>

	L8048 L8049	
• Hook	L6703 L6704 L6706 L6707 L7009	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Lower extremity	L5000 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Lower extremity	L5312 L5321 L5331 L5341 L5400 L5410 L5420 L5430 L5450 L5460 L5500 L5505 L5510 L5520 L5530 L5535 L5540	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>

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	L5654 L5655 L5656 L5658 L5661 L5665 L5666 L5668 L5670	
<ul style="list-style-type: none"> Socks (shrinker, sheath, stump sock) 	L8400 L8410 L8415 L8417 L8420 L8430 L8435 L8440 L8460 L8465 L8470 L8480 L8485	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
<ul style="list-style-type: none"> Upper extremity 	L6000 L6010 L6020 L6025 L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>

	L6360	
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	L6905 L6910 L6915 L7400 L7401 L7402 L7403 L7404 L7405 L7499	
• Upper extremity	L6611 L6703 L6704 L6706 L6707 L6708 L6709	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Upper extremity	L6624	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Upper extremity	L6588 L6584	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
• Repairs	L7510 L7520	Pre-authorization Required See Prosthetics criteria <u>Medical Policy\Prosthetics and Customized Orthotics</u>
PUVA/UVB Light Therapy	E0691 E0692 E0693 E0694	Always Covered - Purchase
Q		
R		
Rails, Safety	E0241 E0242 E0243 E0246 E0305	Not Covered - Not primarily medical in nature/convenience

	E0310	
Raised Toilet Seat	E0244	Always Covered - Purchase
Reflux Board	E0606	Always Covered - Purchase
Repairs (DME)	K0739	Always Covered - Purchase
Roll-About Chairs	E1031	Not Covered - Not primarily medical in nature/convenience
Rubber Sheets	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
S		
Sauna Bath	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Scale (Baby)	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Sciatica Belt	E0944	Pre-authorization Required - Purchase
Sitz Bath	E0160 E0161 E0162	Always Covered - Purchase
Slings	A4565	Always Covered - Purchase
Snug Seat	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Speech Teaching Aids	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Splints-		
<ul style="list-style-type: none"> • Dynamic Splint: (JAS and other brands) <ul style="list-style-type: none"> -Elbow -Knees -Other joints 	Elbow: <ul style="list-style-type: none"> • E1800 • E1801 Forearm: <ul style="list-style-type: none"> • E1802 • E1818 Wrist: <ul style="list-style-type: none"> • E1805 • E1806 Knee: <ul style="list-style-type: none"> • E1810 • E1811 • E1812 Ankle: <ul style="list-style-type: none"> • E1815 • <u>E1816</u> 	Pre-authorization – Required If member has failed 2 months of physical therapy and significant physical therapy is anticipated. Rent up to purchase price.

	Finger: <ul style="list-style-type: none"> E1825 Toe: <ul style="list-style-type: none"> E1830 E1831 Shoulder: <ul style="list-style-type: none"> E1840 E1841 	
• Finger Gutter	Q4049	Always Covered - Purchase
• Foot drop	L4394 L4398	Pre-authorization Required - Purchase
• Leg, pneumatic, full	L4370	Always Covered - Purchase
• Neoprene	A4466	Always Covered - Purchase
• Pip Extension	A4570	Pre-authorization Required - Purchase
• Prefabricated	S8450 – digit S8451 – wrist or ankle S8452 – elbow	Always Covered – Purchase
• Radial Gutter	L3917	Always Covered – Purchase
• Splint Material	Q4051	Always Covered – Purchase
• Thumb Hole/Spica	L3808	Pre-authorization Required if over \$1000 - Purchase
• Ulnar Gutter	L3917	Always Covered – Purchase
Standing Frame/Prone Stander	Standing frame: <ul style="list-style-type: none"> E0638 E0641 E0642 	Pre-authorization Required –Convenience item, investigational, not standard of care. While medical literature shows some possible benefit in individuals with some residual lower ext strength, benefit has not been shown with complete paralysis.
Standing Table	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Stockinette	A4600	Always Covered - Purchase
Suction Machines		
• Catheters	A4624 (Tracheal)	Covered – If ordered by a physician.
• Portable/Stationary	E0600	Always Covered – Purchase. Limit: one (cannot have both stationary and portable machine)
Supplemental Nutritional System	S9433	Pre-authorization Required. See Home

		Enteral/Parenteral Administration medical criteria. <u>Medical Policy\Home Enteral-Parenteral Administration Nutritional Products</u>
T		
Therabite	E1700 E1701 E1702	Pre-authorization Required. See Temporomandibular Joint criteria <u>Medical Policy/Temporomandibular Joint (TMJ)</u>
Tracheostomy		
• Diaphragm/Faceplate replacement	A7502	Always Covered - Purchase
• Thermo Vents	A4483	Always Covered - Purchase
• Trach Tube Collar/Holder	A7526	Always Covered - Purchase
• Trach Shower Protector	A7523	Always Covered
• Tubes	A7520 A7521 A7522	Always Covered - Purchase
• Valve (w/diaphragm)	A7501	Always Covered - Purchase
Traction Equipment, Cervical	E0855 E0856	Not Covered
Traction Equipment, Cervical, pneumatic (for example, Empi Cervical Traction, or Saunders Cervical Traction)	E0849	Not Covered - Investigational
Traction, Over-the-Door, Cervical	E0860 E0840	Always Covered
• Necktrac	E0850	Always Covered
Transfer Boards	E0705	Always Cover - Purchase
Trapeze Bar	E0940 E0910 E0911 E0912	Always Covered - Purchase
U		
Unilateral Shoulder Arm Sling	L3670	Pre-authorization Required
Urinals	E0325 E0326	Always Covered
Urinary Supplies		
• Catheters, Male	A4326 A4349	Always Covered - Purchase
• Foley Bag	A4358	Always Covered - Purchase

• Foley Catheters	A4338 A4344 A4346	Always Covered - Purchase
• Insertion Tray	A4310 A4311 A4312 A4313 A4314 A4315 A4316	Always Covered - Purchase
• Irrigation Set	A4320 A4355	Always Covered - Purchase
• Lubragel (any type lubricant)	A4332	Covered
• Povadine Iodine/Betadine	A4246 A4247	Not Covered - Not primarily medical in nature/convenience
• Self Catheters (Mentor)	<u>A4351</u> <u>A4352</u> <u>A4353</u>	Always Covered - Purchase
Uterine Activity Home Monitor	S9001	Not Covered - Not primarily medical in nature/convenience
V		
Vacuum-Assisted Closure for Wound Healing	A6550 E2402	Pre-Authorization Required - See Vacuum Assisted Closure for Wound Healing criteria <u>Medical Policy\Vacuum-Assisted Closure-Negative Pressure Wound Therapy for Wound Healing</u>
Vacuum Erectile Pump/System	L7900	Always Covered – Purchase
Vaporizers	E0605	Always Covered
Vax-D (vertebral axial decompression)	S9090	Not Covered – See Tech Topics <u>Medical Policy\Tech Topics</u>
Ventilator	E0450 E0463 E0464	Pre-authorization Required
Ventilator	E0460 E0461	Pre-authorization Required
Vest Airway Clearance System) - High-Frequency Chest Wall Compression (formerly ThAIRpy Vest	E0483	Pre-authorization Required

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Vest Airway Clearance System) - High-Frequency Chest Wall Compression (formerly ThAIRpy Vest	A7025 A7026	Always Covered
Vitrectomy Positioning Chair	E1399 (Miscellaneous: non-specific code)	Covered commercial - rental; non-covered Medicare
Vitrectomy Positioning Pillow	E0190	Covered commercial - rental; non-covered Medicare
W		
Walker	E0130 E0135 E0140 E0141 E0143 E0148 E0149	Always Covered - Purchase
• Folding	E0135	Always Covered - Purchase
• Folding w/ Wheels	E0130 E0135 E0143	Always Covered - Purchase
• Heavy Duty w/ multiple braking system, variable wheel resistance	E0147	Always Covered
• Seat & tray attachment	E0156	Always Covered
• Crutch & Brake Attachment	E0157 E0159	Always Covered
• Wheeled walker with seat	E0144	Always Covered - Purchase
• Wheels	E0155	Always Covered - Purchase
Gait Trainer /Walkabouts, Pediatrics	E8000 E8001 E8002	Not Covered - Not primarily medical in nature/convenience
Warm-Up Active Wound Therapy	E0231 E0232	Not covered
Warm-Up Active Wound Therapy	A6000	Pre-authorization Required
Wheelchairs		
• Amputee	E1170 E1171 E1172 E1180 E1190 E1195 E1200	Pre-authorization Required – See Wheelchair criteria Medical Policy\Wheelchairs

<ul style="list-style-type: none"> Customized 	K0008 K0013 K0900	Pre-authorization Required - See Wheelchair criteria
<ul style="list-style-type: none"> Fully-reclining 	E1050 E1060 E1070 E1083 E1084 E1085 E1086 E1087 E1088 E1089 E1090 E1092 E1093	Pre-authorization Required – see Wheelchair criteria <u>Medical Policy\Wheelchairs</u>
<ul style="list-style-type: none"> Heavy Duty 	E1280 E1285 E1290 E1295 E1296 E1297 E1298 K0006 K0007	Pre-authorization Required See Wheelchair criteria <u>Medical Policy\Wheelchairs</u>
<ul style="list-style-type: none"> Lightweight 	E1240 E1250 E1260 E1270 K0003 K0004 K0005	Pre-authorization Required See Wheelchair criteria <u>Medical Policy\Wheelchairs</u>
<ul style="list-style-type: none"> Motorized 	E0983 E0986 K0010 K0011 K0012 K0014	Pre-authorization Required See Wheelchair criteria <u>Medical Policy\Wheelchairs</u>

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<ul style="list-style-type: none"> Pediatric 	E1229 E1231 E1233 E1234 E1235 E1236 E1237 E1238 E1239	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
<ul style="list-style-type: none"> Pediatric Kid-E-Kart Model 	E1232	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
<ul style="list-style-type: none"> Rollabout 	E1031	Not Covered
<ul style="list-style-type: none"> Transport Chair 	E1035 E1036 E1037 E1039	Pre-Authorization Required See Wheelchair criteria Medical Policy\Wheelchairs

• Transport Chair – Adult	E1038	Always Covered - Purchase
• Semi-reclining	E1100 E1110	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Special Sizes	E1220 E1221 E1222 E1223 E1224 E1227 E1228	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Special Backs	E1225 E1226	Always Covered
• Standard	E1130 E1140 E1150 E1160 E1161 K0001 K0002 K0009	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Tray	E0950	Pre-authorization Required
• Accessories	E0958 E0959 E0960 E0967 E0968 E0969 E0970 E0974 E0981 E0983 E0984 E0985 E0986 E1002	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs

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• Accessories Not Covered	E2301	Not Covered - Not primarily medical in nature/convenience
• Accessories PA Required	K0065 E2207 E0950	Pre-authorization Required
• Accessories Always Covered	E1014 E1015 E1020 E1028 E0955 E0956 E0957 E0961 E0966 E0971 E0973 E0978 E0980 E0982 E0990 E0992 E0994 E0995 E2201 E2202 E2203 E2206	Always Covered - Purchase

	E2208 E2209 E2210 E2211 E2212 E2213 E2219 E2220 E2221 E2222 E2226 E2312 E2313 E2227 E2228 E2231 E2340 E2341 E2342 K0019 K0020 K0038 K0040 K0042 K0043 K0045 K0046 K0047 K0053 K0052 K0069 K0070 K0072 K0077 K0734 K0735 K0736 K0195	
<ul style="list-style-type: none"> Accessories Pre-Authorization 	K0108 E2372 E2360	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs

	E2362 E2364 E2230	
• Cushions, Back	E2612 E2614 E2616	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Cushions, Back	K0669 E2620 E2621 E2611 E2613 E2615 E2617 E2619	Always Covered See Wheelchair criteria Medical Policy\Wheelchairs
• Cushions, Seat	E0981 E2292 E2294	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Cushions, Seat	E2602 E2606 E2610 E2619 E2622 E2623 E2624 E2625 K0669	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Cushion, Seat	E2601 E2603 E2604 E2605 E2607 E2608 E2609	Always Covered See Wheelchair criteria Medical Policy\Wheelchairs
• Positioning Chest Harness	E0960 E0980	Pre-authorization Required See Wheelchair criteria

		<u>Medical Policy\Wheelchairs</u>
• Wheels/Caster/Tires	E2227	Always Covered
• Wheels/Caster/Tires	E2211 E2212 E2213 E2214 E2215 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2224 E2225 E2226 E2381 E2382 E2383 E2384 E2385 E1286 E2387 E2388 E2389 E2390 E2391 E2392 E2394 E2395 E2396 K0069 K0070 K0071 K0072 K0073 K0077	Pre-authorization Required See Wheelchair criteria <u>Medical Policy\Wheelchairs</u>
• Batteries	K0733	Always Covered - See Wheelchair criteria <u>Medical Policy\Wheelchairs</u>

• Batteries	E2366 E2367	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Batteries	E2360 E2362 E2364	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Batteries	E2358 E2359 E2361 E2363 E2365 E2371 E2397	Pre-authorization Required See Wheelchair criteria Medical Policy\Wheelchairs
• Companion chair	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Whirlpool Bath	No HCPCS code available	Not Covered - Not primarily medical in nature/convenience
Wigs (Cranial Prosthesis)	A9282	Pre-authorization Required – See Prosthetics criteria Medical Policy\Prosthetics and Customized Orthotics
X		
Y		
Z		

Contact Us

- **Client Services:** 1-877-933-8480
- **TTY:** 1-800-526-0844 or 711
- **Language Services:** 1-877-933-8480
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