

Durable Medical Equipment (DME)

- Services not reflected on this authorization grid will require an PA. No PA required if UHA is secondary payer.
- All services must be medically necessary, subject to OHP regulations. If a service performed is non-funded by OHP (and is not an additional benefit offered by UHA), the claim will be denied as a non-covered service per OHP criteria (see Prioritized List at <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>).
- An approved PA is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.
- In-network providers must submit PA requests through CIM. All communications and notifications will be sent securely within CIM.
- Medical notes, prescription and supporting documentation must be submitted with the prior authorization (PA) request. These notes must be current within six months of the submission.
- Special Financial Arrangements (SFA) must be requested on the PA. In-network providers claims will be paid at their contracted rate unless otherwise indicated. Items without rate (manual) must be sent with a requested/billed rate or may be denied until more information can be provided.
- **Diabetic Supplies:** PA is required for diabetic supplies that exceed the coverage guidelines below:
 - Type I, Gestational, or Type II using multiple short-acting insulin injections: up to 100 test strips and lancets every month, and one (1) lancet device every six (6) months.
 - Type II: up to 100 test strips and lancets every three (3) months, and one (1) lancet device every six (6) months.

HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4611	Battery, heavy-duty; replacement for patient-owned ventilator	PA required for all providers for all rentals. No PA required for any provider for purchase outs if diagnosis is funded. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
A4612	Battery cables; replacement for patient-owned ventilator	PA required for all providers for all rentals. No PA required for any provider for purchase outs if diagnosis is funded. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
A4613	Battery charger; replacement for patient-owned ventilator	PA required for all providers for all rentals. No PA required for any provider for purchase outs if diagnosis is funded. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
A4618	Breathing circuits	PA required for all providers for all rentals. No PA required for any provider for purchase outs if diagnosis is funded. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
A4635	Underarm crutch pad	PA required for all providers.	Yes (pairing not required)
A4636	Handgrip for cane etc	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4637	Repl tip cane/crutch/walker	PA required for all providers.	Yes (pairing not required)
A4640	Alternating pressure pad	PA required for all providers.	Yes (pairing not required)
A7017	Nebulizer not used w oxygen	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A8000	Soft protect helmet prefab	PA required for all providers.	Yes (pairing not required)
A8001	Hard protect helmet prefab	PA required for all providers.	Yes (pairing not required)
E0100	Cane adjust/fixed with tip	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0105	Cane adjust/fixed quad/3 pro	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0110	Crutch forearm pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0111	Crutch forearm each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0112	Crutch underarm pair wood	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0113	Crutch underarm each wood	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0114	Crutch underarm pair no wood	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0116	Crutch underarm each no wood	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0117	Underarm spring assist crutch	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0130	Walker rigid adjust/fixed ht	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0135	Walker folding adjust/fixed	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0140	Walker w trunk support	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0141	Rigid wheeled walker adj/fix	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0143	Walker folding wheeled w/o s	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0144	Enclosed walker w rear seat	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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E0147	Walker variable wheel resist	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0148	Heavy-duty walker no wheels	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0149	Heavy duty wheeled walker	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0153	Forearm crutch platform atta	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0154	Walker platform attachment	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0155	Walker wheel attachment, pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0156	Walker seat attachment	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0157	Walker crutch attachment	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0158	Walker leg extenders set of 4	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0159	Brake for wheeled walker	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0160	Sitz type bath or equipment	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0161	Sitz bath/equipment w/faucet	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0162	Sitz bath chair	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0163	Commode chair with fixed arm	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0165	Commode chair with detach arm	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for	Yes (pairing not required)

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		additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	
E0167	Commode chair pail or pan	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0168	Heavy duty/wide commode chair	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0181	Press pad alternating w/ pum	PA required for all providers.	Yes (pairing not required)
E0182	Replace pump, alt press pad	PA required for all providers.	Yes (pairing not required)
E0184	Dry pressure mattress	PA required for all providers.	Yes (pairing not required)
E0185	Gel pressure mattress pad	PA required for all providers.	Yes (pairing not required)
E0186	Air pressure mattress	PA required for all providers.	Yes (pairing not required)
E0187	Water pressure mattress	PA required for all providers.	Yes (pairing not required)
E0191	Protector heel or elbow	PA required for all providers.	Yes (pairing not required)
E0196	Gel pressure mattress	PA required for all providers.	Yes (pairing not required)
E0197	Air pressure pad for mattress	PA required for all providers.	Yes (pairing not required)
E0198	Water pressure pad for mattress	PA required for all providers.	Yes (pairing not required)
E0199	Dry pressure pad for mattress	PA required for all providers.	Yes (pairing not required)
E0200	Heat lamp without stand	PA required for all providers.	Yes (pairing not required)
E0205	Heat lamp with stand	PA required for all providers.	Yes (pairing not required)
E0210	Electric heat pad standard	PA required for all providers.	Yes (pairing not required)
E0215	Electric heat pad moist	PA required for all providers.	Yes (pairing not required)
E0217	Water circ heat pad w pump	PA required for all providers.	Yes (pairing not required)
E0235	Paraffin bath unit portable	PA required for all providers.	Yes (pairing not required)
E0236	Pump for water circulating p	PA required for all providers.	Yes (pairing not required)
E0249	Pad water circulating heat u	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0250	Hosp bed fixed ht w/ mattress	PA required for all providers.	Yes (pairing not required)
E0251	Hosp bed fixed ht w/o mattress	PA required for all providers.	Yes (pairing not required)
E0255	Hospital bed var ht w/ mattress	PA required for all providers.	Yes (pairing not required)
E0256	Hospital bed var ht w/o matt	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0260	Hosp bed semi-electr w/ matt	PA required for all providers.	Yes (pairing not required)
E0261	Hosp bed semi-electr w/o mat	PA required for all providers.	Yes (pairing not required)
E0271	Mattress innerspring	PA required for all providers.	Yes (pairing not required)
E0272	Mattress foam rubber	PA required for all providers.	Yes (pairing not required)
E0275	Bed pan standard	PA required for all providers.	Yes (pairing not required)
E0276	Bed pan fracture	PA required for all providers.	Yes (pairing not required)
E0290	Hosp bed fx ht w/o rails w/m	PA required for all providers.	Yes (pairing not required)
E0291	Hosp bed fx ht w/o rail w/o	PA required for all providers.	Yes (pairing not required)
E0292	Hosp bed var ht no sr w/matt	PA required for all providers.	Yes (pairing not required)
E0293	Hosp bed var ht no sr no mat	PA required for all providers.	Yes (pairing not required)
E0294	Hosp bed semi-elect w/ mattress	PA required for all providers.	Yes (pairing not required)
E0295	Hosp bed semi-elect w/o matt	PA required for all providers.	Yes (pairing not required)
E0301	Hd hosp bed, 350-600 lbs.	PA required for all providers.	Yes (pairing not required)
E0302	Ex hd hosp bed > 600 lbs.	PA required for all providers.	Yes (pairing not required)
E0303	Hosp bed hvy duty xtra wide	PA required for all providers.	Yes (pairing not required)
E0304	Hosp bed extra hvy dty x wide	PA required for all providers.	Yes (pairing not required)
E0305	Rails bed side half length	PA required for all providers.	Yes (pairing not required)
E0310	Rails bed side full length	PA required for all providers.	Yes (pairing not required)
E0325	Urinal male jug-type	PA required for all providers.	Yes (pairing not required)
E0326	Urinal female jug-type	PA required for all providers.	Yes (pairing not required)
E0370	Air pressure elevator for heel	PA required for all providers.	Yes (pairing not required)
E0445	Oximeter device for measuring blood oxygen levels noninvasively	PA required for all providers.	Yes (pairing not required)
E0470	Rad w/o backup non-inv intfc	PA required for all providers.	Yes (pairing not required)
E0480	Percussor elect/pneum home m	PA required for all providers.	Yes (pairing not required)
E0482	Cough stimulating device	PA required for all providers.	Yes (pairing not required)
E0483	Hi freq chest wall oscil sys	PA required for all providers.	Yes (pairing not required)
E0500	Ippb all types	PA required for all providers.	Yes (pairing not required)
E0550	Humidif extens supple w ippb	PA required for all providers.	Yes (pairing not required)
E0560	Humidifier supplemental w/ i	PA required for all providers.	Yes (pairing not required)
E0561	Humidifier nonheated w pap	PA required for all providers.	Yes (pairing not required)
E0562	Humidifier heated used w pap	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0565	Compressor air power source	PA required for all providers.	Yes (pairing not required)
E0570	Nebulizer with compression	PA required for all providers.	Yes (pairing not required)
E0572	Aerosol compressor adjust pr	PA required for all providers.	Yes (pairing not required)
E0580	Nebulizer for use w/ regulat	PA required for all providers.	Yes (pairing not required)
E0585	Nebulizer w/ compressor & he	PA required for all providers.	Yes (pairing not required)
E0600	Suction pump portable hom modl	PA required for all providers.	Yes (pairing not required)
E0601	Cont. airway pressure device	PA required for all providers.	Yes (pairing not required)
E0603	Breast pump, electric (AC and/or DC), any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0605	Vaporizer room type	PA required for all providers.	Yes (pairing not required)
E0606	Drainage board postural	PA required for all providers.	Yes (pairing not required)
E0607	Blood glucose monitor home	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0610	Pacemaker monitor audible/vis	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0615	Pacemaker monitor digital/vis	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0621	Patient lift sling or seat	PA required for all providers for all rentals. No PA required for any provider for purchase outs if diagnosis is funded. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
E0630	Patient lift hydraulic	PA required for all providers.	Yes (pairing not required)
E0635	Patient lift electric	PA required for all providers.	Yes (pairing not required)
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	PA required for all providers.	Yes (pairing not required)
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	PA required for all providers.	Yes (pairing not required)
E0691	Uvl pnl 2 sq ft or less	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0692	Uvl sys panel 4 ft	PA required for all providers.	Yes (pairing not required)
E0693	Uvl sys panel 6 ft	PA required for all providers.	Yes (pairing not required)
E0694	Uvl md cabinet sys 6 ft	PA required for all providers.	Yes (pairing not required)
E0705	Transfer device	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0747	Elec osteogen stim not spine	PA required for all providers.	Yes (pairing not required)
E0748	Elec osteogen stim spinal	PA required for all providers.	Yes (pairing not required)
E0760	Osteogen ultrasound stimulator	PA required for all providers.	Yes (pairing not required)
E0776	Iv pole	PA required for all providers.	Yes (pairing not required)
E0784	Ext amb infusion pump insulin	PA required for all providers.	Yes (pairing not required)
E0840	Tract frame attach headboard	PA required for all providers.	Yes (pairing not required)
E0849	Cervical pneum trac equip	PA required for all providers.	Yes (pairing not required)
E0850	Traction stand free standing	PA required for all providers.	Yes (pairing not required)
E0855	Cervical traction equipment	PA required for all providers.	Yes (pairing not required)
E0860	Tract equip cervical tract	PA required for all providers.	Yes (pairing not required)
E0870	Tract frame attach footboard	PA required for all providers.	Yes (pairing not required)
E0880	Trac stand free stand extrem	PA required for all providers.	Yes (pairing not required)
E0890	Traction frame attach pelvic	PA required for all providers.	Yes (pairing not required)
E0900	Trac stand free stand pelvic	PA required for all providers.	Yes (pairing not required)
E0910	Trapeze bar attached to bed	PA required for all providers.	Yes (pairing not required)
E0920	Fracture frame attached to b	PA required for all providers.	Yes (pairing not required)
E0930	Fracture frame free standing	PA required for all providers.	Yes (pairing not required)
E0935	Cont. pas motion exercise dev	PA required for all providers.	Yes (pairing not required)
E0940	Trapeze bar free standing	PA required for all providers.	Yes (pairing not required)
E0941	Gravity assisted traction de	PA required for all providers.	Yes (pairing not required)
E0942	Cervical head harness/halter	PA required for all providers.	Yes (pairing not required)
E0944	Pelvic belt/harness/boot	PA required for all providers.	Yes (pairing not required)
E0945	Belt/harness extremity	PA required for all providers.	Yes (pairing not required)
E0946	Fracture frame dual w cross	PA required for all providers.	Yes (pairing not required)
E0947	Fracture frame attachments pe	PA required for all providers.	Yes (pairing not required)
E0948	Fracture frame attachments ce	PA required for all providers.	Yes (pairing not required)
E0950	Tray	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0951	Loop heel	PA required for all providers.	Yes (pairing not required)
E0952	Toe loop/holder, each	PA required for all providers.	Yes (pairing not required)
E0953	W/C LATERAL THIGH/KNEE SUP	PA required for all providers.	Yes (pairing not required)
E0954	FOOT BOX, ANY TYPE EACH FOOT	PA required for all providers.	Yes (pairing not required)
E0955	Cushioned headrest	PA required for all providers.	Yes (pairing not required)
E0956	W/c lateral trunk/hip support	PA required for all providers.	Yes (pairing not required)
E0957	W/c medial thigh support	PA required for all providers.	Yes (pairing not required)
E0958	Wheelchair att- conv 1 arm drive	PA required for all providers.	Yes (pairing not required)
E0959	Amputee adapter	PA required for all providers.	Yes (pairing not required)
E0960	W/c shoulder harness/straps	PA required for all providers.	Yes (pairing not required)
E0961	Wheelchair brake extension	PA required for all providers.	Yes (pairing not required)
E0966	Wheelchair head rest extension	PA required for all providers.	Yes (pairing not required)
E0967	Man wc rim/projection rep ea	PA required for all providers.	Yes (pairing not required)
E0971	Wheelchair anti-tipping devi	PA required for all providers.	Yes (pairing not required)
E0973	Wheelchair access det adj armrest	PA required for all providers.	Yes (pairing not required)
E0974	Wheelchair access anti-rollback	PA required for all providers.	Yes (pairing not required)
E0978	Wheelchair acc, safety belt pelvis strap	PA required for all providers.	Yes (pairing not required)
E0981	Seat upholstery, replacement	PA required for all providers.	Yes (pairing not required)
E0982	Back upholstery, replacement	PA required for all providers.	Yes (pairing not required)
E0983	Add power joystick	PA required for all providers.	Yes (pairing not required)
E0985	W/c seat lift mechanism	PA required for all providers.	Yes (pairing not required)
E0990	Wheelchair elevating leg res	PA required for all providers.	Yes (pairing not required)
E0992	Wheelchair solid seat insert	PA required for all providers.	Yes (pairing not required)
E0995	Wheelchair calf rest, pad replacement	PA required for all providers.	Yes (pairing not required)
E1002	Power seat tilt	PA required for all providers.	Yes (pairing not required)
E1003	Power seat recline	PA required for all providers.	Yes (pairing not required)
E1004	Power seat recline mech	PA required for all providers.	Yes (pairing not required)
E1005	Pw Power r seat recline Power	PA required for all providers.	Yes (pairing not required)
E1006	Power seat combo w/o shear	PA required for all providers.	Yes (pairing not required)
E1007	Power seat combo w/shear	PA required for all providers.	Yes (pairing not required)
E1008	Power seat combo Power shear	PA required for all providers.	Yes (pairing not required)
E1010	Add Power leg elevation	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E1011	Ped wheelchair modify width adjustment	PA required for all providers.	Yes (pairing not required)
E1012	Ctr mount Power elev leg rest	PA required for all providers.	Yes (pairing not required)
E1014	Reclining back add ped w/c	PA required for all providers.	Yes (pairing not required)
E1015	Shock absorber for man w/c	PA required for all providers.	Yes (pairing not required)
E1016	Shock absorber for power w/c	PA required for all providers.	Yes (pairing not required)
E1017	Hd shock absorber for hd man wheelchair	PA required for all providers.	Yes (pairing not required)
E1018	Hd shock absorber for hd power wheelchair	PA required for all providers.	Yes (pairing not required)
E1020	Residual limb support system	PA required for all providers.	Yes (pairing not required)
E1028	Wheelchair manual swing away	PA required for all providers.	Yes (pairing not required)
E1029	Wheelchair vent tray fixed	PA required for all providers.	Yes (pairing not required)
E1030	Wheelchair vent tray gimbaled	PA required for all providers.	Yes (pairing not required)
E1161	Manual adult wheelchair w tiltinspac	PA required for all providers.	Yes (pairing not required)
E1225	Manual semi-reclining back	PA required for all providers.	Yes (pairing not required)
E1226	Manual fully reclining back	PA required for all providers.	Yes (pairing not required)
E1230	Power operated vehicle	PA required for all providers.	Yes (pairing not required)
E1231	Rigid ped wheelchair tilt-in-space	PA required for all providers.	Yes (pairing not required)
E1232	Folding ped wheelchair tilt-in-space	PA required for all providers.	Yes (pairing not required)
E1233	Rig ped Wheelchair tltnspc w/o seat	PA required for all providers.	Yes (pairing not required)
E1234	Fold ped wheelchair tltnspc w/o seat	PA required for all providers.	Yes (pairing not required)
E1235	Rigid ped wheelchair adjustable	PA required for all providers.	Yes (pairing not required)
E1236	Folding ped wheelchair adjustable	PA required for all providers.	Yes (pairing not required)
E1237	Rgd ped wheelchair adjustable w/o seat	PA required for all providers.	Yes (pairing not required)
E1238	Fld ped wheelchair adjustable w/o seat	PA required for all providers.	Yes (pairing not required)
E1239	Power wheelchair, pediatric size, not otherwise specified	PA required for all providers.	Yes (pairing not required)
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	PA required for all providers.	Yes (pairing not required)
E1372	Oxy suppl heater for nebulizer	PA required for all providers.	Yes (pairing not required)
E1399	Durable medical equipment, miscellaneous	PA required for all providers.	Yes (pairing not required)
E1820	Soft interface material	PA required for all providers.	Yes (pairing not required)
E2000	Gastric suction pump hme mdl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E2201	Man wheelchair acc seat w>=20"<24"	PA required for all providers.	Yes (pairing not required)
E2202	Seat width 24-27 in	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E2203	Frame depth less than 22 in	PA required for all providers.	Yes (pairing not required)
E2204	Frame depth 22 to 25 in	PA required for all providers.	Yes (pairing not required)
E2205	Manual wheelchair accessory, handrim	PA required for all providers.	Yes (pairing not required)
E2206	Manual wheelchair whl lock comp replacement each	PA required for all providers.	Yes (pairing not required)
E2207	Crutch and cane holder	PA required for all providers.	Yes (pairing not required)
E2208	Cylinder tank carrier	PA required for all providers.	Yes (pairing not required)
E2209	Arm trough each	PA required for all providers.	Yes (pairing not required)
E2210	Wheelchair bearings	PA required for all providers.	Yes (pairing not required)
E2211	Pneumatic propulsion tire	PA required for all providers.	Yes (pairing not required)
E2212	Pneumatic prop tire tube	PA required for all providers.	Yes (pairing not required)
E2213	Pneumatic prop tire insert	PA required for all providers.	Yes (pairing not required)
E2214	Pneumatic caster tire each	PA required for all providers.	Yes (pairing not required)
E2215	Pneumatic caster tire tube	PA required for all providers.	Yes (pairing not required)
E2219	Foam caster tire any size each	PA required for all providers.	Yes (pairing not required)
E2220	Solid propuls tire, replacement each	PA required for all providers.	Yes (pairing not required)
E2221	Solid caster tire replacement each	PA required for all providers.	Yes (pairing not required)
E2222	Solid caster integ whl, repl	PA required for all providers.	Yes (pairing not required)
E2224	Propulsion whl excl tire rep	PA required for all providers.	Yes (pairing not required)
E2225	Caster wheel excludes tire	PA required for all providers.	Yes (pairing not required)
E2226	Caster fork replacement only	PA required for all providers.	Yes (pairing not required)
E2231	Solid seat support base	PA required for all providers.	Yes (pairing not required)
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	PA required for all providers.	Yes (pairing not required)
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	PA required for all providers.	Yes (pairing not required)
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	PA required for all providers.	Yes (pairing not required)
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	PA required for all providers.	Yes (pairing not required)
E2310	Electro connect btw control	PA required for all providers.	Yes (pairing not required)
E2311	Electro connect btw 2 sys	PA required for all providers.	Yes (pairing not required)
E2312	Mini-prop remote joystick	PA required for all providers.	Yes (pairing not required)
E2313	Power wheelchair harness, expand control	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E2321	Hand interface joystick	PA required for all providers.	Yes (pairing not required)
E2322	Mult mech switches	PA required for all providers.	Yes (pairing not required)
E2323	Special joystick handle	PA required for all providers.	Yes (pairing not required)
E2324	Chin cup interface	PA required for all providers.	Yes (pairing not required)
E2325	Sip and puff interface	PA required for all providers.	Yes (pairing not required)
E2326	Breath tube kit	PA required for all providers.	Yes (pairing not required)
E2327	Head control interface mech	PA required for all providers.	Yes (pairing not required)
E2328	Head/extremity control inter	PA required for all providers.	Yes (pairing not required)
E2329	Head control nonproportional	PA required for all providers.	Yes (pairing not required)
E2330	Head control proximity switch	PA required for all providers.	Yes (pairing not required)
E2340	Wheelchair width 20-23 in seat frame	PA required for all providers.	Yes (pairing not required)
E2341	Wheelchair width 24-27 in seat frame	PA required for all providers.	Yes (pairing not required)
E2342	Wheelchair depth 20-21 in seat frame	PA required for all providers.	Yes (pairing not required)
E2343	Wheelchair depth 22-25 in seat frame	PA required for all providers.	Yes (pairing not required)
E2351	Electronic sgd interface	PA required for all providers.	Yes (pairing not required)
E2359	Gr34 sealed leadacid battery	PA required for all providers.	Yes (pairing not required)
E2360	22nf nonsealed leadacid	PA required for all providers.	Yes (pairing not required)
E2361	22nf sealed leadacid battery	PA required for all providers.	Yes (pairing not required)
E2362	Gr24 nonsealed leadacid	PA required for all providers.	Yes (pairing not required)
E2363	Gr24 sealed leadacid battery	PA required for all providers.	Yes (pairing not required)
E2364	U1nonsealed leadacid battery	PA required for all providers.	Yes (pairing not required)
E2365	U1 sealed leadacid battery	PA required for all providers.	Yes (pairing not required)
E2366	Battery charger, single mode	PA required for all providers.	Yes (pairing not required)
E2367	Battery charger, dual mode	PA required for all providers.	Yes (pairing not required)
E2368	Power wheelchair drive wheel motor replacement	PA required for all providers.	Yes (pairing not required)
E2369	Power wheelchair drive wheel gear replacement	PA required for all providers.	Yes (pairing not required)
E2370	Power wheelchair drive wheel motor/gear comb	PA required for all providers.	Yes (pairing not required)
E2371	Gr27 sealed leadacid battery	PA required for all providers.	Yes (pairing not required)
E2373	Hand/chin ctrl spec joystick	PA required for all providers.	Yes (pairing not required)
E2374	Hand/chin ctrl std joystick	PA required for all providers.	Yes (pairing not required)
E2375	Non-expandable controller	PA required for all providers.	Yes (pairing not required)
E2376	Expandable controller, replacemet	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E2377	Expandable controller, initl	PA required for all providers.	Yes (pairing not required)
E2378	Pw actuator replacement	PA required for all providers.	Yes (pairing not required)
E2381	Pneum drive wheel tire	PA required for all providers.	Yes (pairing not required)
E2382	Tube, pneum wheel drive tire	PA required for all providers.	Yes (pairing not required)
E2383	Insert, pneum wheel drive	PA required for all providers.	Yes (pairing not required)
E2384	Pneumatic caster tire	PA required for all providers.	Yes (pairing not required)
E2385	Tube, pneumatic caster tire	PA required for all providers.	Yes (pairing not required)
E2386	Foam filled drive wheel tire	PA required for all providers.	Yes (pairing not required)
E2387	Foam filled caster tire	PA required for all providers.	Yes (pairing not required)
E2388	Foam drive wheel tire	PA required for all providers.	Yes (pairing not required)
E2389	Foam caster tire	PA required for all providers.	Yes (pairing not required)
E2390	Solid drive wheel tire	PA required for all providers.	Yes (pairing not required)
E2391	Solid caster tire	PA required for all providers.	Yes (pairing not required)
E2392	Solid caster tire, integrate	PA required for all providers.	Yes (pairing not required)
E2394	Drive wheel excludes tire	PA required for all providers.	Yes (pairing not required)
E2395	Caster wheel excludes tire	PA required for all providers.	Yes (pairing not required)
E2396	Caster fork	PA required for all providers.	Yes (pairing not required)
E2601	Gen w/c cushion width < 22 in	PA required for all providers.	Yes (pairing not required)
E2602	Gen w/c cushion width >=22 in	PA required for all providers.	Yes (pairing not required)
E2603	Skin protect wheelchair custom width <22in	PA required for all providers.	Yes (pairing not required)
E2604	Skin protect wheelchair customer width >=22in	PA required for all providers.	Yes (pairing not required)
E2605	Position wheelchair customer width <22 in	PA required for all providers.	Yes (pairing not required)
E2606	Position wheelchair customer width >=22 in	PA required for all providers.	Yes (pairing not required)
E2607	Skin pro/pos wheelchair customer width <22in	PA required for all providers.	Yes (pairing not required)
E2608	Skin pro/pos wheelchair customer width >=22in	PA required for all providers.	Yes (pairing not required)
E2609	Custom fabricated wheelchair seat cushion, any size	PA required for all providers.	Yes (pairing not required)
E2611	Gen use back cushion width <22in	PA required for all providers.	Yes (pairing not required)
E2612	Gen use back cushion width >=22in	PA required for all providers.	Yes (pairing not required)
E2613	Position back cushion width <22in	PA required for all providers.	Yes (pairing not required)
E2614	Position back cushion width >=22in	PA required for all providers.	Yes (pairing not required)
E2615	Pos back post/lat width <22in	PA required for all providers.	Yes (pairing not required)
E2616	Pos back post/lat width >=22in	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	PA required for all providers.	Yes (pairing not required)
E2619	Replace cover w/c seat cush	PA required for all providers.	Yes (pairing not required)
E2620	Wheelchair planar back cush wd <22in	PA required for all providers.	Yes (pairing not required)
E2621	Wheelchair planar back cush wd ≥ 22in	PA required for all providers.	Yes (pairing not required)
E2622	Adj skin pro w/c cus wd <22in	PA required for all providers.	Yes (pairing not required)
E2623	Adj skin pro wheelchair cus wd ≥ 22in	PA required for all providers.	Yes (pairing not required)
E2626	Seo mobile arm sup att to wheelchair	PA required for all providers.	Yes (pairing not required)
E2627	Arm supp att to wc rancho ty	PA required for all providers.	Yes (pairing not required)
E2628	Mobile arm supports reclinin	PA required for all providers.	Yes (pairing not required)
E2629	Friction dampening arm supp	PA required for all providers.	Yes (pairing not required)
E2630	Monosuspension arm/hand supp	PA required for all providers.	Yes (pairing not required)
E2631	Elevat proximal arm support	PA required for all providers.	Yes (pairing not required)
E2632	Offset/lat rocker arm w/ela	PA required for all providers.	Yes (pairing not required)
E2633	Mobile arm support supinator	PA required for all providers.	Yes (pairing not required)
E8000	Posterior gait trainer	PA required for all providers.	Yes (pairing not required)
E8001	Upright gait trainer	PA required for all providers.	Yes (pairing not required)
E8002	Anterior gait trainer	PA required for all providers.	Yes (pairing not required)
K0001	Standard wheelchair	PA required for all providers.	Yes (pairing not required)
K0002	Stand hemi (low seat) wheelchair	PA required for all providers.	Yes (pairing not required)
K0003	Lightweight wheelchair	PA required for all providers.	Yes (pairing not required)
K0004	High strength lightweight wheelchair	PA required for all providers.	Yes (pairing not required)
K0005	Ultralightweight wheelchair	PA required for all providers.	Yes (pairing not required)
K0006	Heavy duty wheelchair	PA required for all providers.	Yes (pairing not required)
K0007	Extra heavy-duty wheelchair	PA required for all providers.	Yes (pairing not required)
K0008	Custom manual wheelchair/base	PA required for all providers.	Yes (pairing not required)
K0009	Other manual wheelchair/base	PA required for all providers.	Yes (pairing not required)
K0010	Std wt frame power wheelchair	PA required for all providers.	Yes (pairing not required)
K0011	Std wt power wheelchair w control	PA required for all providers.	Yes (pairing not required)
K0012	lightweight portable power wheelchair	PA required for all providers.	Yes (pairing not required)
K0015	Detach non-adj ht armrest rep	PA required for all providers.	Yes (pairing not required)
K0017	Detach adjust armrest base	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
K0018	Detach adjust armrest upper	PA required for all providers.	Yes (pairing not required)
K0019	Arm pad replacement, each	PA required for all providers.	Yes (pairing not required)
K0020	Fixed adjust armrest pair	PA required for all providers.	Yes (pairing not required)
K0037	Hi mount flip-up footrest each	PA required for all providers.	Yes (pairing not required)
K0038	Leg strap each	PA required for all providers.	Yes (pairing not required)
K0039	Leg strap h style each	PA required for all providers.	Yes (pairing not required)
K0040	Adjustable angle footplate	PA required for all providers.	Yes (pairing not required)
K0041	Large size footplate each	PA required for all providers.	Yes (pairing not required)
K0042	Standard size ftplate rep each	PA required for all providers.	Yes (pairing not required)
K0043	Ftrst lowr exten tube rep each	PA required for all providers.	Yes (pairing not required)
K0044	Ftrst upr hanger brac rep each	PA required for all providers.	Yes (pairing not required)
K0045	Ftrst compl assembly replacement each	PA required for all providers.	Yes (pairing not required)
K0046	Elev lgrst lwr exten replacement each	PA required for all providers.	Yes (pairing not required)
K0047	Elev legrst upr hangr rep each	PA required for all providers.	Yes (pairing not required)
K0050	Ratchet assembly replacement	PA required for all providers.	Yes (pairing not required)
K0051	Cam rel asm ft/legrst rep each	PA required for all providers.	Yes (pairing not required)
K0052	Swingaway detach ftrest repl	PA required for all providers.	Yes (pairing not required)
K0053	Elevate footrest articulate	PA required for all providers.	Yes (pairing not required)
K0056	Seat ht <17 or >=21 ltwt wc	PA required for all providers.	Yes (pairing not required)
K0065	Spoke protectors	PA required for all providers.	Yes (pairing not required)
K0069	Rr whl compl sol tire rep ea	PA required for all providers.	Yes (pairing not required)
K0070	Rr whl compl pne tire rep ea	PA required for all providers.	Yes (pairing not required)
K0071	Fr cstr comp pne tire rep ea	PA required for all providers.	Yes (pairing not required)
K0072	Fr cstr semi-pne tire rep ea	PA required for all providers.	Yes (pairing not required)
K0073	Caster pin lock each	PA required for all providers.	Yes (pairing not required)
K0077	Fr cstr asmb sol tire rep ea	PA required for all providers.	Yes (pairing not required)
K0098	Drive belt for pwc, repl	PA required for all providers.	Yes (pairing not required)
K0105	Iv hanger	PA required for all providers.	Yes (pairing not required)
K0108	Wheelchair component or accessory, not otherwise specified	PA required for all providers.	Yes (pairing not required)
K0733	12-24hr sealed lead acid	PA required for all providers.	Yes (pairing not required)
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
K0800	Pov group 1 std up to 300lbs	PA required for all providers.	Yes (pairing not required)
K0801	Pov group 1 hd 301-450 lbs	PA required for all providers.	Yes (pairing not required)
K0802	Pov group 1 vhd 451-600 lbs	PA required for all providers.	Yes (pairing not required)
K0835	Pwc gp2 std sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0836	Pwc gp2 std sing pow opt cap	PA required for all providers.	Yes (pairing not required)
K0837	Pwc gp 2 hd sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0838	Pwc gp 2 hd sing pow opt cap	PA required for all providers.	Yes (pairing not required)
K0839	Pwc gp2 vhd sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0840	Pwc gp2 xhd sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0841	Pwc gp2 std mult pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0842	Pwc gp2 std mult pow opt cap	PA required for all providers.	Yes (pairing not required)
K0843	Pwc gp2 hd mult pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0848	Pwc gp 3 std seat/back	PA required for all providers.	Yes (pairing not required)
K0849	Pwc gp 3 std cap chair	PA required for all providers.	Yes (pairing not required)
K0850	Pwc gp 3 hd seat/back	PA required for all providers.	Yes (pairing not required)
K0851	Pwc gp 3 hd cap chair	PA required for all providers.	Yes (pairing not required)
K0852	Pwc gp 3 vhd seat/back	PA required for all providers.	Yes (pairing not required)
K0853	Pwc gp 3 vhd cap chair	PA required for all providers.	Yes (pairing not required)
K0854	Pwc gp 3 xhd seat/back	PA required for all providers.	Yes (pairing not required)
K0855	Pwc gp 3 xhd cap chair	PA required for all providers.	Yes (pairing not required)
K0856	Pwc gp3 std sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0857	Pwc gp3 std sing pow opt cap	PA required for all providers.	Yes (pairing not required)
K0858	Pwc gp3 hd sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0859	Pwc gp3 hd sing pow opt cap	PA required for all providers.	Yes (pairing not required)
K0860	Pwc gp3 vhd sing pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0861	Pwc gp3 std mult pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0862	Pwc gp3 hd mult pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0863	Pwc gp3 vhd mult pow opt s/b	PA required for all providers.	Yes (pairing not required)
K0864	Pwc gp3 xhd mult pow opt s/b	PA required for all providers.	Yes (pairing not required)
A4206	1 cc sterile syringe & needle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4207	2 cc sterile syringe & needle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4208	3 cc sterile syringe & needle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4209	5+ cc sterile syringe & needle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4210	Non needle injection device	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4213	20+ cc syringe only	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4215	Sterile needle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4216	Sterile water/saline, 10 ml	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4217	Sterile water/saline, 500 ml	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4220	Infusion pump refill kit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4221	Supp non-insulin inf cath/wk	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4222	Infusion supplies with pump	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4224	Supply insulin inf cath/wk	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4225	Sup/ext insulin inf pump syr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4230	Infusion set for external insulin pump, nonneedle cannula type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4231	Infusion set for external insulin pump, needle type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4233	Alkaline batt for glucose mon	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4234	J-cell batt for glucose mon	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4235	Lithium batt for glucose mon	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4236	Silvr oxide batt glucose mon	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4244	Alcohol or peroxide, per pint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4245	Alcohol wipes, per box	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4246	Betadine or pHisoHex solution, per pint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4247	Betadine or iodine swabs/wipes, per box	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4253	Blood glucose/reagent strips	No PA required for any provider for 100 lancets/month if the diagnosis is diabetes Type I, Gestational, or Type II Diabetes using multiple short-acting insulin injections. No PA required for any provider for 100 lancets every three months if the diagnosis is Type II Diabetes. PA required for all providers for all additional units and/or diagnoses. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
A4255	Glucose monitor platforms	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4256	Calibrator solution/chips	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4258	Lancet device each	No PA required for any provider for 100 lancets/month if the diagnosis is diabetes Type I, Gestational, or Type II Diabetes using multiple short-acting insulin injections. No PA required for any provider for 100 lancets every three months if the diagnosis is Type II Diabetes. PA required for all providers for all additional units and/or diagnoses. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)
A4259	Lancets per box	No PA required for any provider for 100 lancets/month if the diagnosis is diabetes Type I, Gestational, or Type II Diabetes using multiple short-acting insulin injections. No PA required for any provider for 100 lancets every three months if the diagnosis is Type II Diabetes. PA required for all providers for all additional units and/or diagnoses. PA required for all providers for unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4261	Cervical cap for contraceptive use	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4265	Paraffin	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4266	Diaphragm for contraceptive use	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4267	Contraceptive supply, condom, male, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4268	Contraceptive supply, condom, female, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4280	Brst prsths adhsv attchmnt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4310	Insert tray w/o bag/cath	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4311	Catheter w/o bag 2-way latex	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4312	Cath w/o bag 2-way silicone	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4313	Catheter w/bag 3-way	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4314	Cath w/drainage 2-way latex	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4315	Cath w/drainage 2-way silicone	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4316	Cath w/drainage 3-way	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4320	Irrigation tray	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4322	Irrigation syringe	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4326	Male external catheter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4327	Fem urinary collect dev cup	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4328	Fem urinary collect pouch	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4330	Stool collection pouch	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4331	Extension drainage tubing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4332	Lube sterile packet	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4333	Urinary cath anchor device	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4334	Urinary cath leg strap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4335	Incontinence supply; miscellaneous	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4338	Indwelling catheter latex	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4340	Indwelling catheter special	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4344	Cath indw foley 2 way silen	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4346	Cath indw foley 3 way	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4349	Disposable male external cat	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4351	Straight tip urine catheter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4352	Coude tip urinary catheter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4353	Intermittent urinary cath	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4354	Cath insertion tray w/bag	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4355	Bladder irrigation tubing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4356	Ext ureth clmp or compr dvc	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4357	Bedside drainage bag	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4358	Urinary leg or abdomen bag	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4361	Ostomy face plate	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4362	Solid skin barrier	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4363	Ostomy clamp, replacement	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4364	Adhesive, liquid or equal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4366	Ostomy vent	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4367	Ostomy belt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4369	Skin barrier liquid per oz	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4371	Skin barrier powder per oz	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4372	Skin barrier solid 4x4 equiv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4373	Skin barrier with flange	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4375	Drainable plastic pch w fcpl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4376	Drainable rubber pch w fcplt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4377	Drainable plstic pch w/o fp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4378	Drainable rubber pch w/o fp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4379	Urinary plastic pouch w fcpl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4380	Urinary rubber pouch w fcplt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4381	Urinary plastic pouch w/o fp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4382	Urinary hvy plstc pch w/o fp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4383	Urinary rubber pouch w/o fp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4384	Ostomy faceplt/silicone ring	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4385	Ost skn barrier sld ext wear	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4387	Ost clsd pouch w att st barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4388	Drainable pch w ex wear barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4389	Drainable pch w st wear barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4390	Drainable pch ex wear convex	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4391	Urinary pouch w ex wear barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4392	Urinary pouch w st wear barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4393	Urine pch w ex wear bar conv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4394	Ostomy pouch liq deodorant	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4395	Ostomy pouch solid deodorant	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4396	Peristomal hernia supprt blt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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A4398	Ostomy irrigation bag	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4399	Ostomy irrig cone/cath w brs	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4400	Ostomy irrigation set	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4402	Lubricant per ounce	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4404	Ostomy ring each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4405	Nonpectin based ostomy paste	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4406	Pectin based ostomy paste	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4407	Ext wear ost skn barr <=4sq"	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4408	Ext wear ost skn barr >4sq"	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4409	Ost skn barr convex <=4 sq i	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4410	Ost skn barr extnd >4 sq	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4411	Ost skn barr extnd =4sq	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4412	Ost pouch drain high output	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4413	2 pc drainable ost pouch	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4414	Ost sknbar w/o conv<=4 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4415	Ost skn barr w/o conv >4 sqi	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4416	Ost pch clsd w barrier/fltr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4417	Ost pch w bar/bltinconv/fltr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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A4418	Ost pch clsd w/o bar w filtr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4419	Ost pch for bar w flange/flt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4420	Ost pch clsd for bar w lk fl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4421	Ostomy supply; miscellaneous	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4422	Ost pouch absorbent material	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4423	Ost pch for bar w lk fl/fltr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4424	Ost pch drain w bar & filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4425	Ost pch drain for barrier fl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4426	Ost pch drain 2 piece system	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4427	Ost pch drain/barr lk flng/f	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4428	Urine ost pouch w faucet/tap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4429	Urine ost pouch w bltinconv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4430	Ost urine pch w b/bltin conv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4431	Ost pch urine w barrier/tapv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4432	Os pch urine w bar/fange/tap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4433	Urine ost pch bar w lock fln	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4434	Ost pch urine w lock flng/ft	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4435	1pc ost pch drain hgh output	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4436	Irr supply sleeve reusable per month	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4437	Irr supply sleeve disposable per month	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4450	Non-waterproof tape	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4452	Waterproof tape	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4455	Adhesive remover per ounce	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4456	Adhesive remover, wipes	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4465	Nonelastic binder for extremity	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4467	Belt, strap, sleeve, garment, or covering, any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4481	Tracheostoma filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4483	Moisture exchanger	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4553	Nondisposable underpads, all sizes	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4556	Electrodes, pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4557	Lead wires, pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4558	Conductive gel or paste	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4559	Coupling gel or paste	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4561	Pessary rubber, any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A4562	Pessary, non rubber,any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4565	Slings	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4595	Tens suppl 2 lead per month	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4604	Tubing with heating element	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4605	Trach suction cath close sys	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4606	Tracheal suction catheter, closed system, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4608	Transtracheal oxygen cath	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4614	Hand-held pefr meter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4615	Cannula nasal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4616	Tubing (oxygen) per foot	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4617	Mouth piece	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4619	Face tent	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4620	Variable concentration mask	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4623	Tracheostomy inner cannula	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4624	Tracheal suction tube	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4625	Trach care kit for new trach	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4626	Tracheostomy cleaning brush	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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A4628	Oropharyngeal suction cath	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4629	Tracheostomy care kit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4633	Uvl replacement bulb	PA required for all providers.	Yes (pairing not required)
A4639	Infrared ht sys replcmnt pad	PA required for all providers.	Yes (pairing not required)
A4649	Surgical supply; miscellaneous	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4663	Blood pressure cuff only	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4670	Automatic blood pressure monitor	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4772	Blood glucose test strips, for dialysis, per 50	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4773	Occult blood test strips, for dialysis, per 50	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4927	Gloves, nonsterile, per 100	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4930	Gloves, sterile, per pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5051	Pouch clsd w barr attached	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5052	Clsd ostomy pouch w/o barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5053	Clsd ostomy pouch faceplate	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5054	Clsd ostomy pouch w/flange	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5055	Stoma cap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5056	1 pc ost pouch w filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A5057	1 pc ost pou w built-in conv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5061	Pouch drainable w barrier at	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5062	Drnble ostomy pouch w/o barr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5063	Drain ostomy pouch w/flange	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5071	Urinary pouch w/barrier	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5072	Urinary pouch w/o barrier	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5073	Urinary pouch on barr w/flng	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5081	Stoma plug or seal, any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5082	Continent stoma catheter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5083	Stoma absorptive cover	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5093	Ostomy accessory convex inse	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5102	Bedside drain btl w/wo tube	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5105	Urinary suspensory	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5112	Urinary leg bag	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5113	Latex leg strap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5114	Foam/fabric leg strap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5120	Skin barrier, wipe or swab	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5121	Solid skin barrier 6x6	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A5122	Solid skin barrier 8x8	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5126	Disk/foam pad +or- adhesive	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5131	Appliance cleaner	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5200	Percutaneous catheter anchor	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5500	Diab shoe for density insert	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5501	Diabetic custom molded shoe	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5503	Diabetic shoe w/roller/rockr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5504	Diabetic shoe with wedge	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5505	Diab shoe w/metatarsal bar	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5506	Diabetic shoe w/off set heel	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5507	Modification diabetic shoe	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5512	Multi den insert direct form	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5513	Multi den insert custom mold	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A5514	Mult den insert dir carv/cam	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6010	Collagen based wound filler	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6011	Collagen gel/paste wound fil	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6021	Collagen dressing <=16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6022	Collagen drsg>16<=48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6023	Collagen dressing >48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6024	Collagen dsg wound filler	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6154	Wound pouch each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6196	Alginate dressing <=16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6197	Alginate drsg >16 <=48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6199	Alginate drsg wound filler	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6203	Composite drsg <= 16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6204	Composite drsg >16<=48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6205	Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6206	Contact layer, sterile, 16 sq in or less, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6207	Contact layer >16<= 48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6208	Contact layer, sterile, more than 48 sq in, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6209	Foam drsg <=16 sq in w/o bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6210	Foam drg >16<=48 sq in w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6211	Foam drg > 48 sq in w/o brdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6212	Foam drg <=16 sq in w/border	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6214	Foam drg > 48 sq in w/border	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6215	Foam dressing, wound filler, sterile, per g	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6216	Non-sterile gauze<=16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6217	Non-sterile gauze>16<=48 sq	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6219	Gauze <= 16 sq in w/border	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6220	Gauze >16 <=48 sq in w/bordr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6222	Gauze <=16 in no w/sal w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6223	Gauze >16<=48 no w/sal w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6224	Gauze > 48 in no w/sal w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6229	Gauze >16<=48 sq in watr/sal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6231	Hydrogel dsg<=16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6232	Hydrogel dsg>16<=48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6233	Hydrogel dressing >48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6234	Hydrocolld drg <=16 w/o bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6235	Hydrocolld drg >16<=48 w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6236	Hydrocolld drg > 48 in w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6237	Hydrocolld drg <=16 in w/bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6238	Hydrocolld drg >16<=48 w/bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6240	Hydrocolld drg filler paste	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6241	Hydrocolloid drg filler dry	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6242	Hydrogel drg <=16 in w/o bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6243	Hydrogel drg >16<=48 w/o bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6244	Hydrogel drg >48 in w/o bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6245	Hydrogel drg <= 16 in w/bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6246	Hydrogel drg >16<=48 in w/b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6247	Hydrogel drg > 48 sq in w/b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6248	Hydrogel drsg gel filler	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6251	Absorpt drg <=16 sq in w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6252	Absorpt drg >16 <=48 w/o bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6253	Absorpt drg > 48 sq in w/o b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6254	Absorpt drg <=16 sq in w/bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6255	Absorpt drg >16<=48 in w/bdr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6257	Transparent film <= 16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6258	Transparent film >16<=48 in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6259	Transparent film > 48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6261	Wound filler, gel/paste, per fl oz, not otherwise specified	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6262	Wound filler, dry form, per g, not otherwise specified	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6266	Impreg gauze no h20/sal/yard	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6402	Sterile gauze <= 16 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6403	Sterile gauze>16 <= 48 sq in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6404	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6407	Packing strips, non-impreg	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6410	Sterile eye pad	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6411	Non-sterile eye pad	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6412	Eye patch, occlusive, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6441	Pad band w>=3" <5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6442	Conform band n/s w<3"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6443	Conform band n/s w>=3"<5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6444	Conform band n/s w>=5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6445	Conform band s w <3"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6446	Conform band s w>=3" <5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6447	Conform band s w >=5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6448	Lt compres band <3"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6449	Lt compres band >=3" <5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6452	High compres band w>=3"<5"yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6453	Self-adher band w <3"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6454	Self-adher band w>=3" <5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6455	Self-adher band >=5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6456	Zinc paste band w >=3"<5"/yd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6457	Tubular dressing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A6501	Compres burngarment bodysuit	PA required for all providers.	Yes (pairing not required)
A6502	Compres burngarment chinstrp	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6503	Compres burngarment facehood	PA required for all providers.	Yes (pairing not required)
A6504	Cmprsburngarment glove-wrist	PA required for all providers.	Yes (pairing not required)
A6505	Cmprsburngarment glove-elbow	PA required for all providers.	Yes (pairing not required)
A6506	Cmprsburngrmnt glove-axilla	PA required for all providers.	Yes (pairing not required)
A6507	Cmprs burngarment foot-knee	PA required for all providers.	Yes (pairing not required)
A6508	Cmprs burngarment foot-thigh	PA required for all providers.	Yes (pairing not required)
A6509	Compres burn garment jacket	PA required for all providers.	Yes (pairing not required)
A6510	Compres burn garment leotard	PA required for all providers.	Yes (pairing not required)
A6511	Compres burn garment panty	PA required for all providers.	Yes (pairing not required)
A6512	Compression burn garment, not otherwise classified	PA required for all providers.	Yes (pairing not required)
A6513	Compress burn mask face/neck	PA required for all providers.	Yes (pairing not required)
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6531	Compression stocking bk30-40	PA required for all providers.	Yes (pairing not required)
A6532	Compression stocking bk40-50	PA required for all providers.	Yes (pairing not required)
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	PA required for all providers.	Yes (pairing not required)
A6544	Gradient compression stocking, garter belt	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A6545	Grad comp non-elastic bk	PA required for all providers.	Yes (pairing not required)
A6549	Gradient compression stocking/sleeve, not otherwise specified	PA required for all providers.	Yes (pairing not required)
A6550	Neg pres wound ther drsg set	PA required for all providers.	Yes (pairing not required)
A7001	Nondisposable pump canister	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7002	Tubing used w suction pump	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7003	Nebulizer administration set	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7004	Disposable nebulizer sml vol	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7005	Nondisposable nebulizer set	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7006	Filtered nebulizer admin set	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7007	Lg vol nebulizer disposable	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7008	Disposable nebulizer prefill	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7009	Nebulizer reservoir bottle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7010	Disposable corrugated tubing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7012	Nebulizer water collec devic	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7013	Disposable compressor filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7014	Compressor nondispos filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7015	Aerosol mask used w nebulize	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7016	Nebulizer dome & mouthpiece	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7018	Water distilled w/nebulizer	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A7020	Interface, cough stim device	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7025	Replace chest compress vest	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7026	Replace chst emprss sys hose	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7027	Combination oral/nasal mask	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7028	Repl oral cushion combo mask	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7029	Repl nasal pillow comb mask	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7030	Cpap full face mask	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7031	Replacement facemask interfa	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7032	Replacement nasal cushion	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7033	Replacement nasal pillows	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7034	Nasal application device	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7035	Pos airway press headgear	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7036	Pos airway press chinstrap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7037	Pos airway pressure tubing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7038	Pos airway pressure filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7039	Filter, non disposable w pap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7040	One way chest drain valve	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7041	Water seal drain container	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A7044	Pap oral interface	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7045	Repl exhalation port for pap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7046	Repl water chamber, pap dev	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7047	Resp suction oral interface	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7048	Vacuum drain bottle/tube kit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7501	Tracheostoma valve w diaphra	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7502	Replacement diaphragm/fplate	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7503	Hmes filter holder or cap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7504	Tracheostoma hmes filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7505	Hmes or trach valve housing	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7506	Hmes/trachvalve adhesivedisk	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7507	Integrated filter & holder	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7508	Housing & integrated adhesiv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7509	Heat & moisture exchange sys	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7520	Trach/laryn tube non-cuffed	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7521	Trach/laryn tube cuffed	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7522	Trach/laryn tube stainless	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7524	Tracheostoma stent/stud/bttn	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
A7525	Tracheostomy mask	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7526	Tracheostomy tube collar	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7527	Trach/laryn tube plug/stop	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A8002	Soft protect helmet custom	PA required for all providers.	Yes (pairing not required)
A9155	Artificial saliva, 30 ml	PA required for all providers.	Yes (pairing not required)
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	PA required for all providers.	Yes (pairing not required)
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose moni	PA required for all providers.	Yes (pairing not required)
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	PA required for all providers.	Yes (pairing not required)
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	PA required for all providers.	Yes (pairing not required)
A9282	Wig, any type, each	PA required for all providers.	Yes (pairing not required)
A9300	Exercise equipment	PA required for all providers.	Yes (pairing not required)
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA required for all providers.	Yes (pairing not required)
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA required for all providers.	Yes (pairing not required)
B4081	Nasogastric tubing with stylet	PA required for all providers.	Yes (pairing not required)
B4082	Nasogastric tubing without stylet	PA required for all providers.	Yes (pairing not required)
B4083	Stomach tube - Levine type	PA required for all providers.	Yes (pairing not required)
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	PA required for all providers.	Yes (pairing not required)
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	PA required for all providers.	Yes (pairing not required)
B4100	Food thickener, administered orally, per oz	PA required for all providers.	Yes (pairing not required)
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PA required for all providers.	Yes (pairing not required)
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PA required for all providers.	Yes (pairing not required)
B4104	Additive for enteral formula (e.g., fiber)	PA required for all providers.	Yes (pairing not required)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron,	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
	administered through an enteral feeding tube, 100 calories = 1 unit		
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA required for all providers.	Yes (pairing not required)
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	PA required for all providers.	Yes (pairing not required)
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	PA required for all providers.	Yes (pairing not required)
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	PA required for all providers.	Yes (pairing not required)
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	PA required for all providers.	Yes (pairing not required)
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	PA required for all providers.	Yes (pairing not required)
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	PA required for all providers.	Yes (pairing not required)
B4185	Parenteral nutrition solution, per 10 grams lipids	PA required for all providers.	Yes (pairing not required)
B4187	Omegaven, 10 g lipids	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	PA required for all providers.	Yes (pairing not required)
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	PA required for all providers.	Yes (pairing not required)
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	PA required for all providers.	Yes (pairing not required)
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	PA required for all providers.	Yes (pairing not required)
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	PA required for all providers.	Yes (pairing not required)
B4220	Parenteral nutrition supply kit; premix, per day	PA required for all providers.	Yes (pairing not required)
B4222	Parenteral nutrition supply kit; home mix, per day	PA required for all providers.	Yes (pairing not required)
B4224	Parenteral nutrition administration kit, per day	PA required for all providers.	Yes (pairing not required)
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix	PA required for all providers.	Yes (pairing not required)
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix	PA required for all providers.	Yes (pairing not required)
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	PA required for all providers.	Yes (pairing not required)
B9002	Enteral nutrition infusion pump, any type	PA required for all providers.	Yes (pairing not required)
B9004	Parenteral nutrition infusion pump, portable	PA required for all providers.	Yes (pairing not required)
B9006	Parenteral nutrition infusion pump, stationary	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
B9998	NOC for enteral supplies	PA required for all providers.	Yes (pairing not required)
E0118	Crutch substitute, lower leg platform, with or without wheels, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0170	Commode chair electric	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0171	Commode chair non-electric	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0175	Commode chair foot rest	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0188	Synthetic sheepskin pad	PA required for all providers.	Yes (pairing not required)
E0189	Lambswool sheepskin pad	PA required for all providers.	Yes (pairing not required)
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	PA required for all providers.	Yes (pairing not required)
E0193	Powered air flotation bed	PA required for all providers.	Yes (pairing not required)
E0194	Air fluidized bed	PA required for all providers.	Yes (pairing not required)
E0202	Phototherapy light w/ photom	PA required for all providers.	Yes (pairing not required)
E0225	Hydrocollator unit	PA required for all providers.	Yes (pairing not required)
E0239	Hydrocollator unit portable	PA required for all providers.	Yes (pairing not required)
E0240	Bath/shower chair, with or without wheels, any size	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0241	Bathtub wall rail, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0242	Bathtub rail, floor base	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0243	Toilet rail, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0244	Raised toilet seat	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0245	Tub stool or bench	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0246	Transfer tub rail attachment	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0247	Transfer bench for tub or toilet with or without commode opening	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0265	Hosp bed total electr w/ mat	PA required for all providers.	Yes (pairing not required)
E0266	Hosp bed total elec w/o matt	PA required for all providers.	Yes (pairing not required)
E0277	Powered pres-redu air mattrs	PA required for all providers.	Yes (pairing not required)
E0280	Bed cradle	PA required for all providers.	Yes (pairing not required)
E0296	Hosp bed total elect w/ matt	PA required for all providers.	Yes (pairing not required)
E0297	Hosp bed total elect w/o mat	PA required for all providers.	Yes (pairing not required)
E0300	Enclosed ped crib hosp grade	PA required for all providers.	Yes (pairing not required)
E0316	Bed safety enclosure	PA required for all providers.	Yes (pairing not required)
E0371	Nonpower mattress overlay	PA required for all providers.	Yes (pairing not required)
E0372	Powered air mattress overlay	PA required for all providers.	Yes (pairing not required)
E0373	Nonpowered pressure mattress	PA required for all providers.	Yes (pairing not required)
E0424	Stationary compressed gas O2	PA required for all providers.	Yes (pairing not required)
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	PA required for all providers.	Yes (pairing not required)
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	PA required for all providers.	Yes (pairing not required)
E0431	Portable gaseous O2	PA required for all providers.	Yes (pairing not required)
E0433	Portable liquid oxygen sys	PA required for all providers.	Yes (pairing not required)
E0434	Portable liquid O2	PA required for all providers.	Yes (pairing not required)
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	PA required for all providers.	Yes (pairing not required)
E0439	Stationary liquid O2	PA required for all providers.	Yes (pairing not required)
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	PA required for all providers.	Yes (pairing not required)
E0441	Stationary O2 contents, gas	PA required for all providers.	Yes (pairing not required)
E0442	Stationary O2 contents, liq	PA required for all providers.	Yes (pairing not required)
E0443	Portable O2 contents, gas	PA required for all providers.	Yes (pairing not required)
E0444	Portable O2 contents, liquid	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0447	Port o2 cont, liq over 4 lpm	PA required for all providers.	Yes (pairing not required)
E0455	Oxygen tent, excluding croup or pediatric tents	PA required for all providers.	Yes (pairing not required)
E0457	Chest shell (cuirass)	PA required for all providers.	Yes (pairing not required)
E0459	Chest wrap	PA required for all providers.	Yes (pairing not required)
E0462	Rocking bed w/ or w/o side r	PA required for all providers.	Yes (pairing not required)
E0465	Home vent invasive interface	PA required for all providers.	Yes (pairing not required)
E0466	Home vent non-invasive inter	PA required for all providers.	Yes (pairing not required)
E0467	Home vent multi-function	PA required for all providers.	Yes (pairing not required)
E0471	Rad w/backup non inv intrfc	PA required for all providers.	Yes (pairing not required)
E0472	Rad w backup invasive intrfc	PA required for all providers.	Yes (pairing not required)
E0484	Non-elec oscillatory pep dvc	PA required for all providers.	Yes (pairing not required)
E0485	Oral device/appliance prefab	PA required for all providers.	Yes (pairing not required)
E0486	Oral device/appliance cusfab	PA required for all providers.	Yes (pairing not required)
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	PA required for all providers.	Yes (pairing not required)
E0575	Nebulizer ultrasonic	PA required for all providers.	Yes (pairing not required)
E0602	Manual breast pump	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0618	Apnea monitor	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0619	Apnea monitor w recorder	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0640	Fixed patient lift system	PA required for all providers.	Yes (pairing not required)
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric,	PA required for all providers.	Yes (pairing not required)
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	PA required for all providers.	Yes (pairing not required)
E0700	Safety equipment, device or accessory, any type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E0731	Conductive garment for tens/	PA required for all providers.	Yes (pairing not required)
E0740	Non-implant pelv flr e-stim	PA required for all providers.	Yes (pairing not required)
E0744	Neuromuscular stim for scoli	PA required for all providers.	Yes (pairing not required)
E0745	Neuromuscular stim for shock	PA required for all providers.	Yes (pairing not required)
E0749	Elec osteogen stim implanted	PA required for all providers.	Yes (pairing not required)
E0762	Trans elec jt stim dev sys	PA required for all providers.	Yes (pairing not required)
E0764	Functional neuromuscularstim	PA required for all providers.	Yes (pairing not required)
E0765	Nerve stimulator for tx n&v	PA required for all providers.	Yes (pairing not required)
E0766	Elec stim cancer treatment	PA required for all providers.	Yes (pairing not required)
E0779	Amb infusion pump mechanical	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E0780	Mech amb infusion pump <8hrs	PA required for all providers.	Yes (pairing not required)
E0781	External ambulatory infus pu	PA required for all providers.	Yes (pairing not required)
E0783	Programmable infusion pump	PA required for all providers.	Yes (pairing not required)
E0785	Replacement impl pump cathet	PA required for all providers.	Yes (pairing not required)
E0786	Implantable pump replacement	PA required for all providers.	Yes (pairing not required)
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	PA required for all providers.	Yes (pairing not required)
E0856	Cervic collar w air bladders	PA required for all providers.	Yes (pairing not required)
E0911	Hd trapeze bar attach to bed	PA required for all providers.	Yes (pairing not required)
E0912	Hd trapeze bar free standing	PA required for all providers.	Yes (pairing not required)
E0968	Wheelchair commode seat	PA required for all providers.	Yes (pairing not required)
E0970	No. 2 footplates, except for elevating legrest	PA required for all providers.	Yes (pairing not required)
E0980	Wheelchair safety vest	PA required for all providers.	Yes (pairing not required)
E0984	Add pwr tiller	PA required for all providers.	Yes (pairing not required)
E0986	Man w/c push-rim powr system	PA required for all providers.	Yes (pairing not required)
E0988	Lever-activated wheel drive	PA required for all providers.	Yes (pairing not required)
E1031	Rollabout chair with casters	PA required for all providers.	Yes (pairing not required)
E1035	Patient transfer system <300	PA required for all providers.	Yes (pairing not required)
E1036	Patient transfer system >300	PA required for all providers.	Yes (pairing not required)
E1037	Transport chair, ped size	PA required for all providers.	Yes (pairing not required)
E1038	Transport chair pt wt<=300lb	PA required for all providers.	Yes (pairing not required)
E1039	Transport chair pt wt >300lb	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E1050	Wheelchr fxd full length arms	PA required for all providers.	Yes (pairing not required)
E1060	Wheelchair detachable arms	PA required for all providers.	Yes (pairing not required)
E1070	Wheelchair detachable foot r	PA required for all providers.	Yes (pairing not required)
E1083	Hemi-wheelchair fixed arms	PA required for all providers.	Yes (pairing not required)
E1084	Hemi-wheelchair detachable a	PA required for all providers.	Yes (pairing not required)
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	PA required for all providers.	Yes (pairing not required)
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	PA required for all providers.	Yes (pairing not required)
E1087	Wheelchair lightwt fixed arm	PA required for all providers.	Yes (pairing not required)
E1088	Wheelchair lightweight det a	PA required for all providers.	Yes (pairing not required)
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	PA required for all providers.	Yes (pairing not required)
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	PA required for all providers.	Yes (pairing not required)
E1092	Wheelchair wide w/ leg rests	PA required for all providers.	Yes (pairing not required)
E1093	Wheelchair wide w/ foot rest	PA required for all providers.	Yes (pairing not required)
E1100	Whchr s-recl fxd arm leg res	PA required for all providers.	Yes (pairing not required)
E1110	Wheelchair semi-recl detach	PA required for all providers.	Yes (pairing not required)
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	PA required for all providers.	Yes (pairing not required)
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	PA required for all providers.	Yes (pairing not required)
E1150	Wheelchair standard w/ leg r	PA required for all providers.	Yes (pairing not required)
E1160	Wheelchair fixed arms	PA required for all providers.	Yes (pairing not required)
E1170	Whlchr ampu fxd arm leg rest	PA required for all providers.	Yes (pairing not required)
E1171	Wheelchair amputee w/o leg r	PA required for all providers.	Yes (pairing not required)
E1172	Wheelchair amputee detach ar	PA required for all providers.	Yes (pairing not required)
E1180	Wheelchair amputee w/ foot r	PA required for all providers.	Yes (pairing not required)
E1190	Wheelchair amputee w/ leg re	PA required for all providers.	Yes (pairing not required)
E1195	Wheelchair amputee heavy dut	PA required for all providers.	Yes (pairing not required)
E1200	Wheelchair amputee fixed arm	PA required for all providers.	Yes (pairing not required)
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E1221	Wheelchair spec size w foot	PA required for all providers.	Yes (pairing not required)
E1222	Wheelchair spec size w/ leg	PA required for all providers.	Yes (pairing not required)
E1223	Wheelchair spec size w foot	PA required for all providers.	Yes (pairing not required)
E1224	Wheelchair spec size w/ leg	PA required for all providers.	Yes (pairing not required)
E1228	Wheelchair spec sz spec ht b	PA required for all providers.	Yes (pairing not required)
E1229	Wheelchair, pediatric size, not otherwise specified	PA required for all providers.	Yes (pairing not required)
E1240	Whchr litwt det arm leg rest	PA required for all providers.	Yes (pairing not required)
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	PA required for all providers.	Yes (pairing not required)
E1270	Wheelchair lightweight leg r	PA required for all providers.	Yes (pairing not required)
E1280	Whchr h-duty det arm leg res	PA required for all providers.	Yes (pairing not required)
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	PA required for all providers.	Yes (pairing not required)
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	PA required for all providers.	Yes (pairing not required)
E1295	Wheelchair heavy duty fixed	PA required for all providers.	Yes (pairing not required)
E1296	Wheelchair special seat heig	PA required for all providers.	Yes (pairing not required)
E1297	Wheelchair special seat dept	PA required for all providers.	Yes (pairing not required)
E1298	Wheelchair spec seat depth/w	PA required for all providers.	Yes (pairing not required)
E1353	Oxygen supplies regulator	PA required for all providers.	Yes (pairing not required)
E1355	Oxygen supplies stand/rack	PA required for all providers.	Yes (pairing not required)
E1390	Oxygen concentrator	PA required for all providers.	Yes (pairing not required)
E1391	Oxygen concentrator, dual	PA required for all providers.	Yes (pairing not required)
E1392	Portable oxygen concentrator	PA required for all providers.	Yes (pairing not required)
E1405	O2/water vapor enrich w/heat	PA required for all providers.	Yes (pairing not required)
E1406	O2/water vapor enrich w/o he	PA required for all providers.	Yes (pairing not required)
E1700	Jaw motion rehab system	PA required for all providers.	Yes (pairing not required)
E1701	Repl cushions for jaw motion	PA required for all providers.	Yes (pairing not required)
E1702	Repl measr scales jaw motion	PA required for all providers.	Yes (pairing not required)
E1800	Adjust elbow ext/flex device	PA required for all providers.	Yes (pairing not required)
E1801	Sps elbow device	PA required for all providers.	Yes (pairing not required)
E1802	Adjst forearm pro/sup device	PA required for all providers.	Yes (pairing not required)
E1805	Adjust wrist ext/flex device	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E1806	Sps wrist device	PA required for all providers.	Yes (pairing not required)
E1810	Adjust knee ext/flex device	PA required for all providers.	Yes (pairing not required)
E1811	Sps knee device	PA required for all providers.	Yes (pairing not required)
E1812	Knee ext/flex w act res ctrl	PA required for all providers.	Yes (pairing not required)
E1815	Adjust ankle ext/flex device	PA required for all providers.	Yes (pairing not required)
E1816	Sps ankle device	PA required for all providers.	Yes (pairing not required)
E1818	Sps forearm device	PA required for all providers.	Yes (pairing not required)
E1821	Replacement interface spsd	PA required for all providers.	Yes (pairing not required)
E1825	Adjust finger ext/flex devc	PA required for all providers.	Yes (pairing not required)
E1830	Adjust toe ext/flex device	PA required for all providers.	Yes (pairing not required)
E1831	Static str toe dev ext/flex	PA required for all providers.	Yes (pairing not required)
E1840	Adj shoulder ext/flex device	PA required for all providers.	Yes (pairing not required)
E1841	Static str shldr dev rom adj	PA required for all providers.	Yes (pairing not required)
E2100	Bld glucose monitor w voice	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E2101	Bld glucose monitor w lance	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E2120	Pulse gen sys tx endolymph fl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
E2216	Foam filled propulsion tire	PA required for all providers.	Yes (pairing not required)
E2217	Foam filled caster tire each	PA required for all providers.	Yes (pairing not required)
E2218	Foam propulsion tire each	PA required for all providers.	Yes (pairing not required)
E2227	Gear reduction drive wheel	PA required for all providers.	Yes (pairing not required)
E2228	Mwc acc, wheelchair brake	PA required for all providers.	Yes (pairing not required)
E2300	Wheelchair accessory, power seat elevation system, any type	PA required for all providers.	Yes (pairing not required)
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	PA required for all providers.	Yes (pairing not required)
E2397	Pwc acc, lith-based battery	PA required for all providers.	Yes (pairing not required)
E2402	Neg press wound therapy pump	PA required for all providers.	Yes (pairing not required)
E2500	Sgd digitized pre-rec <=8min	PA required for all providers.	Yes (pairing not required)
E2502	Sgd prerec msg >8min <=20min	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
E2504	Sgd prerec msg>20min <=40min	PA required for all providers.	Yes (pairing not required)
E2506	Sgd prerec msg > 40 min	PA required for all providers.	Yes (pairing not required)
E2508	Sgd spelling phys contact	PA required for all providers.	Yes (pairing not required)
E2510	Sgd w multi methods msg/acces	PA required for all providers.	Yes (pairing not required)
E2511	Sgd sftwre prgrm for pc/pda	PA required for all providers.	Yes (pairing not required)
E2512	Sgd accessory, mounting sys	PA required for all providers.	Yes (pairing not required)
E2599	Accessory for speech generating device, not otherwise classified	PA required for all providers.	Yes (pairing not required)
E2624	Adj skin pro/pos cus<22in	PA required for all providers.	Yes (pairing not required)
E2625	Adj skin pro/pos wc cus>=22	PA required for all providers.	Yes (pairing not required)
K0014	Other motorized/power wheelchair base	PA required for all providers.	Yes (pairing not required)
K0195	Elevating whlchair leg rests	PA required for all providers.	Yes (pairing not required)
K0455	Pump uninterrupted infusion	PA required for all providers.	Yes (pairing not required)
K0462	Temporary replacement for patient-owned equipment being repaired, any type	PA required for all providers.	Yes (pairing not required)
K0552	Sup/ext non-ins inf pump syr	PA required for all providers. Covered for Type I Diabetes only.	Yes (pairing not required)
K0553	Ther cgm supply allowance	PA required for all providers. Covered for Type I Diabetes only.	Yes (pairing not required)
K0554	Ther cgm receiver/monitor	PA required for all providers. Covered for Type I Diabetes only.	Yes (pairing not required)
K0601	Repl batt silver oxide 1.5 v	PA required for all providers.	Yes (pairing not required)
K0602	Repl batt silver oxide 3 v	PA required for all providers.	Yes (pairing not required)
K0603	Repl batt alkaline 1.5 v	PA required for all providers.	Yes (pairing not required)
K0604	Repl batt lithium 3.6 v	PA required for all providers.	Yes (pairing not required)
K0605	Repl batt lithium 4.5 v	PA required for all providers.	Yes (pairing not required)
K0606	Aed garment w elec analysis	PA required for all providers.	Yes (pairing not required)
K0607	Repl batt for aed	PA required for all providers.	Yes (pairing not required)
K0608	Repl garment for aed	PA required for all providers.	Yes (pairing not required)
K0609	Repl electrode for aed	PA required for all providers.	Yes (pairing not required)
K0672	Removable soft interface le	PA required for all providers.	Yes (pairing not required)
K0730	Ctrl dose inh drug deliv sys	PA required for all providers.	Yes (pairing not required)
K0738	Portable gas oxygen system	PA required for all providers.	Yes (pairing not required)
K0806	Pov group 2 std up to 300lbs	PA required for all providers.	Yes (pairing not required)
K0807	Pov group 2 hd 301-450 lbs	PA required for all providers.	Yes (pairing not required)
K0808	Pov group 2 vhd 451-600 lbs	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
K0813	Pwc gp 1 std port seat/back	PA required for all providers.	Yes (pairing not required)
K0814	Pwc gp 1 std port cap chair	PA required for all providers.	Yes (pairing not required)
K0815	Pwc gp 1 std seat/back	PA required for all providers.	Yes (pairing not required)
K0816	Pwc gp 1 std cap chair	PA required for all providers.	Yes (pairing not required)
K0820	Pwc gp 2 std port seat/back	PA required for all providers.	Yes (pairing not required)
K0821	Pwc gp 2 std port cap chair	PA required for all providers.	Yes (pairing not required)
K0822	Pwc gp 2 std seat/back	PA required for all providers.	Yes (pairing not required)
K0823	Pwc gp 2 std cap chair	PA required for all providers.	Yes (pairing not required)
K0824	Pwc gp 2 hd seat/back	PA required for all providers.	Yes (pairing not required)
K0825	Pwc gp 2 hd cap chair	PA required for all providers.	Yes (pairing not required)
K0826	Pwc gp 2 vhd seat/back	PA required for all providers.	Yes (pairing not required)
K0827	Pwc gp vhd cap chair	PA required for all providers.	Yes (pairing not required)
K0828	Pwc gp 2 xtra hd seat/back	PA required for all providers.	Yes (pairing not required)
K0829	Pwc gp 2 xtra hd cap chair	PA required for all providers.	Yes (pairing not required)
L0120	Cerv flex n/adj foam pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0130	Flex thermoplastic collar mo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0140	Cervical semi-rigid adjustab	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0150	Cerv semi-rig adj molded chn	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0160	Cerv sr wire occ/man pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0172	Cerv col sr foam 2pc pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0174	Cerv sr 2pc thor ext pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0180	Cer post col occ/man sup adj	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0190	Cerv collar supp adj cerv ba	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0200	Cerv col supp adj bar & thor	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L0220	Thor rib belt custom fabrica	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0456	Tlso flex trnk sj-ss pre cst	PA required for all providers.	Yes (pairing not required)
L0457	Tlso flex trnk sj-ss pre ots	PA required for all providers.	Yes (pairing not required)
L0458	Tlso 2mod symphis-xipho pre	PA required for all providers.	Yes (pairing not required)
L0460	Tlso 2 shl symphys-stern cst	PA required for all providers.	Yes (pairing not required)
L0462	Tlso 3mod sacro-scap pre	PA required for all providers.	Yes (pairing not required)
L0464	Tlso 4mod sacro-scap pre	PA required for all providers.	Yes (pairing not required)
L0480	Tlso rigid plastic custom fa	PA required for all providers.	Yes (pairing not required)
L0482	Tlso rigid lined custom fab	PA required for all providers.	Yes (pairing not required)
L0484	Tlso rigid plastic cust fab	PA required for all providers.	Yes (pairing not required)
L0486	Tlso rigidlined cust fab two	PA required for all providers.	Yes (pairing not required)
L0488	Tlso rigid lined pre one pie	PA required for all providers.	Yes (pairing not required)
L0491	Tlso 2 piece rigid shell	PA required for all providers.	Yes (pairing not required)
L0621	Sio flex pelvic/sacr pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0622	Sio flex pelvisacral custom	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0623	Sio rig pnl pelv/sac pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0624	Sio panel custom	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0625	Lo flex l1-below l5 pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0626	Lo sag rig pnl stays pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0627	Lo sag ri an/pos pnl pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0629	Lso flex w/rigid stays cust	PA required for all providers.	Yes (pairing not required)
L0631	Lso sag r an/pos pnl pre cst	PA required for all providers.	Yes (pairing not required)
L0632	Lso sag rigid frame cust	PA required for all providers.	Yes (pairing not required)
L0634	Lso flexion control custom	PA required for all providers.	Yes (pairing not required)
L0635	Lso sagit rigid panel prefab	PA required for all providers.	Yes (pairing not required)
L0636	Lso sagittal rigid panel cus	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L0637	Lso sc r ant/pos pnl pre est	PA required for all providers.	Yes (pairing not required)
L0638	Lso sag-coronal panel custom	PA required for all providers.	Yes (pairing not required)
L0639	Lso s/c shell/panel prefab	PA required for all providers.	Yes (pairing not required)
L0640	Lso s/c shell/panel custom	PA required for all providers.	Yes (pairing not required)
L0648	Lso sag r an/pos pnl pre ots	PA required for all providers.	Yes (pairing not required)
L0650	Lso sc r ant/pos pnl pre ots	PA required for all providers.	Yes (pairing not required)
L0651	Lso sag-co shell pnl pre ots	PA required for all providers.	Yes (pairing not required)
L0700	Ctlso a-p-l control molded	PA required for all providers.	Yes (pairing not required)
L0710	Ctlso a-p-l control w/ inter	PA required for all providers.	Yes (pairing not required)
L0810	Halo cervical into jckt vest	PA required for all providers.	Yes (pairing not required)
L0820	Halo cervical into body jack	PA required for all providers.	Yes (pairing not required)
L0830	Halo cerv into milwaukee typ	PA required for all providers.	Yes (pairing not required)
L0859	Mri compatible system	PA required for all providers.	Yes (pairing not required)
L0970	Tlso corset front	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0972	Lso corset front	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0974	Tlso full corset	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0976	Lso full corset	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0978	Axillary crutch extension	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0980	Peroneal straps pair pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0982	Stocking sup grips 4 pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0984	Protect body sock ea pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1000	Ctlso milwauke initial model	PA required for all providers.	Yes (pairing not required)
L1001	Ctlso infant immobilizer	PA required for all providers.	Yes (pairing not required)
L1005	Tension based scoliosis orth	PA required for all providers.	Yes (pairing not required)
L1200	Furnsh initial orthosis only	PA required for all providers.	Yes (pairing not required)
L1300	Body jacket mold to patient	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L1310	Post-operative body jacket	PA required for all providers.	Yes (pairing not required)
L1499	Spinal orthosis, not otherwise specified	PA required for all providers.	Yes (pairing not required)
L1600	Ho flex frejka w/cov pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1610	Ho frejka cov only pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1620	Ho flex pavlik harns pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1630	Abduct control hip semi-flex	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1640	Pelv band/spread bar thigh c	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1650	Ho abduction hip adjustable	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1652	Ho bi thighcuffs w sprdr bar	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1660	Ho abduction static plastic	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1700	Leg perthes orth toronto typ	PA required for all providers.	Yes (pairing not required)
L1710	Legg perthes orth newington	PA required for all providers.	Yes (pairing not required)
L1720	Legg perthes orthosis trilat	PA required for all providers.	Yes (pairing not required)
L1730	Legg perthes orth scottish r	PA required for all providers.	Yes (pairing not required)
L1755	Legg perthes patten bottom t	PA required for all providers.	Yes (pairing not required)
L1810	Ko elastic with joints	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1812	Ko elastic w/joints pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1820	Ko elas w/ condyle pads & jo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1830	Ko immob canvas long pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1831	Knee orth pos locking joint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1832	Ko adj jnt pos r sup pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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L1833	Ko adj jnt pos r sup pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1836	Ko rigid w/o joints pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1844	Ko w/adj jt rot cntrl molded	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1847	Ko dbl upright w/air pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1848	Ko dbl upright w/air pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1850	Ko swedish type pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1852	Ko double upright prefab ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1900	Afo sprng wir drsflx calf bd	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1902	Afo ankle gauntlet pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1904	Afo molded ankle gauntlet	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1906	Afo multilig ank sup pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1907	Afo supramalleolar custom	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1910	Afo sing bar clasp attach sh	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1920	Afo sing upright w/ adjust s	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1930	Afo plastic	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1960	Afo pos solid ank plastic mo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1971	Afo w/ankle joint, prefab	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1980	Afo sing solid stirrup calf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L1990	Afo doub solid stirrup calf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2000	Kafo sing fre stirr thi/calf	PA required for all providers.	Yes (pairing not required)
L2005	Kafo sng/dbl mechanical act	PA required for all providers.	Yes (pairing not required)
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	PA required for all providers.	Yes (pairing not required)
L2010	Kafo sng solid stirrup w/o j	PA required for all providers.	Yes (pairing not required)
L2020	Kafo dbl solid stirrup band/	PA required for all providers.	Yes (pairing not required)
L2030	Kafo dbl solid stirrup w/o j	PA required for all providers.	Yes (pairing not required)
L2034	Kafo pla sin up w/w/o k/a cus	PA required for all providers.	Yes (pairing not required)
L2035	Kafo plastic pediatric size	PA required for all providers.	Yes (pairing not required)
L2036	Kafo plas doub free knee mol	PA required for all providers.	Yes (pairing not required)
L2037	Kafo plas sing free knee mol	PA required for all providers.	Yes (pairing not required)
L2038	Kafo w/o joint multi-axis an	PA required for all providers.	Yes (pairing not required)
L2040	Hkafo torsion bil rot straps	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2050	Hkafo torsion cable hip pelv	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2060	Hkafo torsion ball bearing j	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2070	Hkafo torsion unilat rot str	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2080	Hkafo unilat torsion cable	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2090	Hkafo unilat torsion ball br	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2106	Afo tib fx cast plaster mold	PA required for all providers.	Yes (pairing not required)
L2108	Afo tib fx cast molded to pt	PA required for all providers.	Yes (pairing not required)
L2112	Afo tibial fracture soft	PA required for all providers.	Yes (pairing not required)
L2114	Afo tib fx semi-rigid	PA required for all providers.	Yes (pairing not required)
L2116	Afo tibial fracture rigid	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L2126	Kafo fem fx cast thermoplas	PA required for all providers.	Yes (pairing not required)
L2128	Kafo fem fx cast molded to p	PA required for all providers.	Yes (pairing not required)
L2132	Kafo femoral fx cast soft	PA required for all providers.	Yes (pairing not required)
L2134	Kafo fem fx cast semi-rigid	PA required for all providers.	Yes (pairing not required)
L2136	Kafo femoral fx cast rigid	PA required for all providers.	Yes (pairing not required)
L2180	Plas shoe insert w ank joint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2182	Drop lock knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2184	Limited motion knee joint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2186	Adj motion knee jnt lerman t	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2188	Quadrilateral brim	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2190	Waist belt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2192	Pelvic band & belt thigh fla	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2200	Limited ankle motion ea jnt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2210	Dorsiflexion assist each joi	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2220	Dorsi & plantar flex ass/res	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2230	Split flat caliper stirr & p	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2240	Round caliper and plate atta	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2250	Foot plate molded stirrup at	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2260	Reinforced solid stirrup	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2265	Long tongue stirrup	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

DME – Prior Authorization Grid

HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L2270	Varus/valgus strap padded/li	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2275	Plastic mod low ext pad/line	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2280	Molded inner boot	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2300	Abduction bar jointed adjust	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2310	Abduction bar-straight	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2320	Non-molded lacer	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2330	Lacer molded to patient mode	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2335	Anterior swing band	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2340	Pre-tibial shell molded to p	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2360	Extended steel shank	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2370	Patten bottom	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2375	Torsion ank & half solid sti	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2380	Torsion straight knee joint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2385	Straight knee joint heavy du	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2387	Add le poly knee custom kafo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2390	Offset knee joint each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2395	Offset knee joint heavy duty	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2397	Suspension sleeve lower ext	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L2405	Knee joint drop lock ea jnt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2415	Knee joint cam lock each joi	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2425	Knee disc/dial lock/adj flex	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2430	Knee jnt ratchet lock ea jnt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2492	Knee lift loop drop lock rin	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2500	Thi/glut/ischia wgt bearing	PA required for all providers.	Yes (pairing not required)
L2520	Th/wght bear quad-lat brim c	PA required for all providers.	Yes (pairing not required)
L2530	Thigh/wght bear lacer non-mo	PA required for all providers.	Yes (pairing not required)
L2540	Thigh/wght bear lacer molded	PA required for all providers.	Yes (pairing not required)
L2550	Thigh/wght bear high roll cu	PA required for all providers.	Yes (pairing not required)
L2570	Hip clevis type 2 posit jnt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2580	Pelvic control pelvic sling	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2600	Hip clevis/thrust bearing fr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2610	Hip clevis/thrust bearing lo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2620	Pelvic control hip heavy dut	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2622	Hip joint adjustable flexion	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2624	Hip adj flex ext abduct cont	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2630	Pelvic control band & belt u	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2640	Pelvic control band & belt b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2650	Pelv & thor control gluteal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L2660	Thoracic control thoracic ba	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2670	Thorac cont paraspinal uprig	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2680	Thorac cont lat support upri	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2750	Plating chrome/nickel pr bar	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2755	Carbon graphite lamination	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2760	Extension per extension per	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2768	Ortho sidebar disconnect	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2785	Drop lock retainer each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2795	Knee control full kneecap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2800	Knee cap medial or lateral p	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2810	Knee control condylar pad	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2820	Soft interface below knee se	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2830	Soft interface above knee se	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2840	Tibial length sock fx or equ	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2850	Femoral lgth sock fx or equa	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3206	Orthopedic shoe, hightop with supinator or pronator, child	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3208	Surgical boot, each, infant	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3209	Surgical boot, each, child	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3211	Surgical boot, each, junior	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3212	Benesch boot, pair, infant	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3213	Benesch boot, pair, child	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3214	Benesch boot, pair, junior	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3215	Orthopedic footwear, ladies shoe, Oxford, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3219	Orthopedic footwear, mens shoe, Oxford, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3221	Orthopedic footwear, mens shoe, depth inlay, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3224	Woman's shoe oxford brace	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3225	Man's shoe oxford brace	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3230	Orthopedic footwear, custom shoe, depth inlay, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3251	Foot, shoe molded to patient model, silicone shoe, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3254	Nonstandard size or width	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3255	Nonstandard size or length	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3257	Orthopedic footwear, additional charge for split size	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3260	Surgical boot/shoe, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3265	Plastazote sandal, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3300	Sho lift taper to metatarsal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3310	Shoe lift elev heel/sole neo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3320	Lift, elevation, heel and sole, cork, per in	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3330	Lifts elevation metal extens	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3332	Shoe lifts tapered to one-ha	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3334	Shoe lifts elevation heel /i	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3340	Shoe wedge sach	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3350	Shoe heel wedge	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3360	Shoe sole wedge outside sole	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

DME – Prior Authorization Grid

HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3370	Shoe sole wedge between sole	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3380	Shoe clubfoot wedge	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3390	Shoe outflare wedge	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3400	Shoe metatarsal bar wedge ro	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3410	Shoe metatarsal bar between	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3420	Full sole/heel wedge btween	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3430	Sho heel count plast reinfor	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3440	Heel leather reinforced	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3450	Shoe heel sach cushion type	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3455	Shoe heel new leather standa	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3460	Shoe heel new rubber standar	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3465	Shoe heel thomas with wedge	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3470	Shoe heel thomas extend to b	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3480	Shoe heel pad & depress for	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3485	Heel, pad, removable for spur	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3500	Ortho shoe add leather insol	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3510	Orthopedic shoe add rub insl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3520	O shoe add felt w leath insl	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3530	Ortho shoe add half sole	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3540	Ortho shoe add full sole	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3550	O shoe add standard toe tap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3560	O shoe add horseshoe toe tap	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3570	O shoe add instep extension	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3580	O shoe add instep velcro clo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3590	O shoe convert to sof counte	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3595	Ortho shoe add march bar	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3600	Trans shoe calip plate exist	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3610	Trans shoe caliper plate new	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3620	Trans shoe solid stirrup exi	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3630	Trans shoe solid stirrup new	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3640	Shoe dennis browne splint bo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3650	So 8 abd restraint pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3660	So 8 ab rstr can/web pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3670	So acro/clav can web pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
	otherwise customized to fit a specific patient by an individual with expertise		
L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3702	Eo w/o joints cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3710	Eo elas w/metal jnts pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3760	Eo adj jt prefab custom fit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3762	Eo rigid w/o joints pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3763	Ewho rigid w/o jnts cf	PA required for all providers.	Yes (pairing not required)
L3764	Ewho w/joint(s) cf	PA required for all providers.	Yes (pairing not required)
L3765	Ewhfo rigid w/o jnts cf	PA required for all providers.	Yes (pairing not required)
L3766	Ewhfo w/joint(s) cf	PA required for all providers.	Yes (pairing not required)
L3900	Hinge extension/flex wrist/f	PA required for all providers.	Yes (pairing not required)
L3901	Hinge ext/flex wrist finger	PA required for all providers.	Yes (pairing not required)
L3904	Who electric custom fitted	PA required for all providers.	Yes (pairing not required)
L3906	Who w/o joints cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3908	Who cock-up nonmolde pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3912	Hfo flexion glove pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3913	Hfo w/o joints cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3915	Who nontorsion jnts pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3916	Who nontorsion jnts pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3917	Metacarp fx orthosis pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3918	Metacarp fx orthosis pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3919	Ho w/o joints cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3921	Hfo w/joint(s) cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3923	Hfo without joints pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3924	Hfo without joints pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3925	Fo pip dip jnt/sprng pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3927	Fo pip dip no jt spr pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3929	Hfo nontorsion jnts pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3930	Hfo nontorsion jnts pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3931	Whfo nontorsion joint prefab	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3933	Fo w/o joints cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3935	Fo nontorsion joint cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3956	Add joint upper ext orthosis	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3960	Sewho airplan desig abdu pos	PA required for all providers.	Yes (pairing not required)
L3961	Sewho cap design w/o jnts cf	PA required for all providers.	Yes (pairing not required)
L3962	Sewho erbs palsey design abd	PA required for all providers.	Yes (pairing not required)
L3967	Sewho airplane w/o jnts cf	PA required for all providers.	Yes (pairing not required)
L3971	Sewho cap design w/jnt(s) cf	PA required for all providers.	Yes (pairing not required)
L3973	Sewho airplane w/jnt(s) cf	PA required for all providers.	Yes (pairing not required)
L3975	Sewhfo cap design w/o jnt cf	PA required for all providers.	Yes (pairing not required)
L3976	Sewhfo airplane w/o jnts cf	PA required for all providers.	Yes (pairing not required)
L3977	Sewhfo cap desgn w/jnt(s) cf	PA required for all providers.	Yes (pairing not required)
L3978	Sewhfo airplane w/jnt(s) cf	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3980	Up ext fx orthos humeral nos	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3981	Ue fx orth shoul cap forearm	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3982	Upper ext fx orthosis rad/ul	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3984	Upper ext fx orthosis wrist	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3995	Sock fracture or equal each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4002	Replace strap, any orthosis	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4030	Replace socket brim cust fit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4040	Replace molded thigh lacer	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4045	Replace non-molded thigh lac	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4050	Replace molded calf lacer	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4055	Replace non-molded calf lace	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4060	Replace high roll cuff	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4070	Replace prox & dist upright	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4080	Repl met band kafo-af prox	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4090	Repl met band kafo-af calf/	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4100	Repl leath cuff kafo prox th	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4110	Repl leath cuff kafo-af cal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4130	Replace pretibial shell	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L4205	Repair of orthotic device, labor component, per 15 minutes	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4210	Repair of orthotic device, repair or replace minor parts	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4350	Ankle control ortho pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4360	Pneumat walking boot pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4361	Pneuma/vac walk boot pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4370	Pneum full leg splnt pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4386	Non-pneum walk boot pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4387	Non-pneum walk boot pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4392	Replace afo soft interface	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4394	Replace foot drop spint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4396	Static or dynami afo pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4397	Static or dynami afo pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4398	Foot drop splint pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5000	Sho insert w arch toe filler	PA required for all providers.	Yes (pairing not required)
L5060	Symes met fir leath socket ar	PA required for all providers.	Yes (pairing not required)
L5100	Molded socket shin sach foot	PA required for all providers.	Yes (pairing not required)
L5105	Plast socket jts/thgh lacer	PA required for all providers.	Yes (pairing not required)
L5150	Mold sckt ext knee shin sach	PA required for all providers.	Yes (pairing not required)
L5160	Mold socket bent knee shin s	PA required for all providers.	Yes (pairing not required)
L5200	Kne sing axis fric shin sach	PA required for all providers.	Yes (pairing not required)
L5210	No knee/ankle joints w/ ft b	PA required for all providers.	Yes (pairing not required)
L5220	No knee joint with artic ali	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L5230	Fem focal defic constant fri	PA required for all providers.	Yes (pairing not required)
L5250	Hip canad sing axi cons fric	PA required for all providers.	Yes (pairing not required)
L5270	Tilt table locking hip sing	PA required for all providers.	Yes (pairing not required)
L5280	Hemipelvect canad sing axis	PA required for all providers.	Yes (pairing not required)
L5301	Bk mold socket sach ft endo	PA required for all providers.	Yes (pairing not required)
L5312	Knee disart, sach ft, endo	PA required for all providers.	Yes (pairing not required)
L5321	Ak open end sach	PA required for all providers.	Yes (pairing not required)
L5331	Hip disart canadian sach ft	PA required for all providers.	Yes (pairing not required)
L5341	Hemipelvectomy canadian sach	PA required for all providers.	Yes (pairing not required)
L5400	Postop dress & 1 cast chg bk	PA required for all providers.	Yes (pairing not required)
L5420	Postop dsgr & 1 cast chg ak/d	PA required for all providers.	Yes (pairing not required)
L5505	Init ak ischal plstr direct	PA required for all providers.	Yes (pairing not required)
L5510	Prep bk ptb plaster molded	PA required for all providers.	Yes (pairing not required)
L5520	Perp bk ptb thermopls direct	PA required for all providers.	Yes (pairing not required)
L5530	Prep bk ptb thermopls molded	PA required for all providers.	Yes (pairing not required)
L5535	Prep bk ptb open end socket	PA required for all providers.	Yes (pairing not required)
L5540	Prep bk ptb laminated socket	PA required for all providers.	Yes (pairing not required)
L5560	Prep ak ischial plast molded	PA required for all providers.	Yes (pairing not required)
L5570	Prep ak ischial direct form	PA required for all providers.	Yes (pairing not required)
L5580	Prep ak ischial thermo mold	PA required for all providers.	Yes (pairing not required)
L5585	Prep ak ischial open end	PA required for all providers.	Yes (pairing not required)
L5590	Prep ak ischial laminated	PA required for all providers.	Yes (pairing not required)
L5595	Hip disartic sach thermopls	PA required for all providers.	Yes (pairing not required)
L5600	Hip disart sach laminat mold	PA required for all providers.	Yes (pairing not required)
L5611	Ak 4 bar link w/fric swing	PA required for all providers.	Yes (pairing not required)
L5616	Ak univ multiplex sys frict	PA required for all providers.	Yes (pairing not required)
L5618	Test socket symes	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5620	Test socket below knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5622	Test socket knee disarticula	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L5624	Test socket above knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5626	Test socket hip disarticulat	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5628	Test socket hemipelvectomy	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5639	Below knee wood socket	PA required for all providers.	Yes (pairing not required)
L5640	Knee disarticulat leather so	PA required for all providers.	Yes (pairing not required)
L5642	Above knee leather socket	PA required for all providers.	Yes (pairing not required)
L5643	Hip flex inner socket ext fr	PA required for all providers.	Yes (pairing not required)
L5644	Above knee wood socket	PA required for all providers.	Yes (pairing not required)
L5645	Bk flex inner socket ext fra	PA required for all providers.	Yes (pairing not required)
L5647	Below knee suction socket	PA required for all providers.	Yes (pairing not required)
L5648	Above knee cushion socket	PA required for all providers.	Yes (pairing not required)
L5649	Isch containmt/narrow m-l so	PA required for all providers.	Yes (pairing not required)
L5651	Ak flex inner socket ext fra	PA required for all providers.	Yes (pairing not required)
L5653	Knee disart expand wall sock	PA required for all providers.	Yes (pairing not required)
L5671	Bk/ak locking mechanism	PA required for all providers.	Yes (pairing not required)
L5673	Socket insert w lock mech	PA required for all providers.	Yes (pairing not required)
L5681	Intl custm cong/latyp insert	PA required for all providers.	Yes (pairing not required)
L5683	Initial custom socket insert	PA required for all providers.	Yes (pairing not required)
L5700	Replace socket below knee	PA required for all providers.	Yes (pairing not required)
L5701	Replace socket above knee	PA required for all providers.	Yes (pairing not required)
L5702	Replace socket hip	PA required for all providers.	Yes (pairing not required)
L5703	Symes ankle w/o (sach) foot	PA required for all providers.	Yes (pairing not required)
L5705	Custom shape cover ak	PA required for all providers.	Yes (pairing not required)
L5706	Custom shape cvr knee disart	PA required for all providers.	Yes (pairing not required)
L5707	Custom shape cvr hip disart	PA required for all providers.	Yes (pairing not required)
L5716	Knee-shin exo mech stance ph	PA required for all providers.	Yes (pairing not required)
L5718	Knee-shin exo frct swg & sta	PA required for all providers.	Yes (pairing not required)
L5781	Lower limb pros vacuum pump	PA required for all providers.	Yes (pairing not required)
L5782	Hd low limb pros vacuum pump	PA required for all providers.	Yes (pairing not required)
L5790	Exoskeletal ak ultra-light m	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L5795	Exoskel hip ultra-light mate	PA required for all providers.	Yes (pairing not required)
L5811	Endo knee-shin mnl lck ultra	PA required for all providers.	Yes (pairing not required)
L5814	Endo knee-shin hydal swg ph	PA required for all providers.	Yes (pairing not required)
L5816	Endo knee-shin polyc mch sta	PA required for all providers.	Yes (pairing not required)
L5818	Endo knee-shin frct swg & st	PA required for all providers.	Yes (pairing not required)
L5826	Miniature knee joint	PA required for all providers.	Yes (pairing not required)
L5840	Multi-axial knee/shin system	PA required for all providers.	Yes (pairing not required)
L5845	Knee-shin sys stance flexion	PA required for all providers.	Yes (pairing not required)
L5848	Knee-shin sys hydraul stance	PA required for all providers.	Yes (pairing not required)
L5856	Elec knee-shin swing/stance	PA required for all providers.	Yes (pairing not required)
L5857	Elec knee-shin swing only	PA required for all providers.	Yes (pairing not required)
L5858	Stance phase only	PA required for all providers.	Yes (pairing not required)
L5859	Knee-shin pro flex/ext cont	PA required for all providers.	Yes (pairing not required)
L5930	High activity knee frame	PA required for all providers.	Yes (pairing not required)
L5950	Endo ak ultra-light material	PA required for all providers.	Yes (pairing not required)
L5960	Endo hip ultra-light materia	PA required for all providers.	Yes (pairing not required)
L5961	Endo poly hip, pneu/hyd/rot	PA required for all providers.	Yes (pairing not required)
L5962	Below knee flex cover system	PA required for all providers.	Yes (pairing not required)
L5964	Above knee flex cover system	PA required for all providers.	Yes (pairing not required)
L5966	Hip flexible cover system	PA required for all providers.	Yes (pairing not required)
L5968	Multiaxial ankle w dorsiflex	PA required for all providers.	Yes (pairing not required)
L5973	Ank-foot sys dors-plant flex	PA required for all providers.	Yes (pairing not required)
L5981	Flex-walk sys low ext prosth	PA required for all providers.	Yes (pairing not required)
L5982	Exoskeletal axial rotation u	PA required for all providers.	Yes (pairing not required)
L5984	Endoskeletal axial rotation	PA required for all providers.	Yes (pairing not required)
L5986	Multi-axial rotation unit	PA required for all providers.	Yes (pairing not required)
L5987	Shank ft w vert load pylon	PA required for all providers.	Yes (pairing not required)
L5988	Vertical shock reducing pylo	PA required for all providers.	Yes (pairing not required)
L5990	User adjustable heel height	PA required for all providers.	Yes (pairing not required)
L5999	Lower extremity prosthesis, not otherwise specified	PA required for all providers.	Yes (pairing not required)
L6000	Part hand thumb rem	PA required for all providers.	Yes (pairing not required)
L6010	Part hand little/ring	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L6020	Part hand no fingers	PA required for all providers.	Yes (pairing not required)
L6026	Part hand myo exclu term dev	PA required for all providers.	Yes (pairing not required)
L6050	Wrst mld sk flx hng tri pad	PA required for all providers.	Yes (pairing not required)
L6055	Wrst mold sock w/exp interfa	PA required for all providers.	Yes (pairing not required)
L6100	Elb mold sock flex hinge pad	PA required for all providers.	Yes (pairing not required)
L6110	Elbow mold sock suspension t	PA required for all providers.	Yes (pairing not required)
L6120	Elbow mold doub splt soc ste	PA required for all providers.	Yes (pairing not required)
L6130	Elbow stump activated lock h	PA required for all providers.	Yes (pairing not required)
L6200	Elbow mold outsid lock hinge	PA required for all providers.	Yes (pairing not required)
L6205	Elbow molded w/ expand inter	PA required for all providers.	Yes (pairing not required)
L6250	Elbow inter loc elbow forarm	PA required for all providers.	Yes (pairing not required)
L6300	Shlder disart int lock elbow	PA required for all providers.	Yes (pairing not required)
L6320	Shoulder passive restor cap	PA required for all providers.	Yes (pairing not required)
L6350	Thoracic intern lock elbow	PA required for all providers.	Yes (pairing not required)
L6370	Thoracic passive restor cap	PA required for all providers.	Yes (pairing not required)
L6380	Postop dsg cast chg wrst/elb	PA required for all providers.	Yes (pairing not required)
L6382	Postop dsg cast chg elb dis/	PA required for all providers.	Yes (pairing not required)
L6384	Postop dsg cast chg shlder/t	PA required for all providers.	Yes (pairing not required)
L6400	Below elbow prosth tiss shap	PA required for all providers.	Yes (pairing not required)
L6450	Elb disart prosth tiss shap	PA required for all providers.	Yes (pairing not required)
L6500	Above elbow prosth tiss shap	PA required for all providers.	Yes (pairing not required)
L6550	Shldr disar prosth tiss shap	PA required for all providers.	Yes (pairing not required)
L6570	Scap thorac prosth tiss shap	PA required for all providers.	Yes (pairing not required)
L6580	Wrist/elbow bowden cable mol	PA required for all providers.	Yes (pairing not required)
L6582	Wrist/elbow bowden cbl dir f	PA required for all providers.	Yes (pairing not required)
L6584	Elbow fair lead cable molded	PA required for all providers.	Yes (pairing not required)
L6586	Elbow fair lead cable dir fo	PA required for all providers.	Yes (pairing not required)
L6588	Shdr fair lead cable molded	PA required for all providers.	Yes (pairing not required)
L6590	Shdr fair lead cable direct	PA required for all providers.	Yes (pairing not required)
L6600	Polycentric hinge pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6605	Single pivot hinge pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L6610	Flexible metal hinge pair	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6615	Disconnect locking wrist uni	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6616	Disconnect insert locking wr	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6620	Flexion/extension wrist unit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6625	Rotation wrst w/ cable lock	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6628	Quick disconn hook adapter o	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6629	Lamination collar w/ couplin	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6630	Stainless steel any wrist	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6632	Latex suspension sleeve each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6635	Lift assist for elbow	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6637	Nudge control elbow lock	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6640	Shoulder abduction joint pai	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6641	Excursion amplifier pulley t	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6642	Excursion amplifier lever ty	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6645	Shoulder flexion-abduction j	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6647	Shoulder lock actuator	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6650	Shoulder universal joint	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6655	Standard control cable extra	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L6660	Heavy duty control cable	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6665	Teflon or equal cable lining	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6670	Hook to hand cable adapter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6672	Harness chest/shldr saddle	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6675	Harness figure of 8 sing con	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6676	Harness figure of 8 dual con	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6680	Test sock wrist disart/bel e	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6682	Test sock elbw disart/above	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6684	Test socket shldr disart/tho	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6687	Frame typ socket bel elbow/w	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6691	Removable insert each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6692	Silicone gel insert or equal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6694	Elbow socket ins use w/lock	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6695	Elbow socket ins use w/o lck	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6696	Cus elbo skt in for con/atyp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6697	Cus elbo skt in not con/atyp	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6698	Below/above elbow lock mech	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6703	Term dev, passive hand mitt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

DME – Prior Authorization Grid

HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L6706	Term dev mech hook vol open	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6805	Term dev modifier wrist unit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6810	Term dev precision pinch dev	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6883	Replc sockt below e/w disa	PA required for all providers.	Yes (pairing not required)
L6884	Replc sockt above elbow disa	PA required for all providers.	Yes (pairing not required)
L6885	Replc sockt shldr dis/interc	PA required for all providers.	Yes (pairing not required)
L6900	Hand restorat thumb/1 finger	PA required for all providers.	Yes (pairing not required)
L6905	Hand restoration multiple fi	PA required for all providers.	Yes (pairing not required)
L6910	Hand restoration no fingers	PA required for all providers.	Yes (pairing not required)
L6915	Hand restoration replacmnt g	PA required for all providers.	Yes (pairing not required)
L7400	Add ue prost be/wd, ultlite	PA required for all providers.	Yes (pairing not required)
L7401	Add ue prost a/e ultlite mat	PA required for all providers.	Yes (pairing not required)
L7402	Add ue prost s/d ultlite mat	PA required for all providers.	Yes (pairing not required)
L7405	Add ue prost s/d acrylic	PA required for all providers.	Yes (pairing not required)
L7499	Upper extremity prosthesis, not otherwise specified	PA required for all providers.	Yes (pairing not required)
L7510	Repair of prosthetic device, repair or replace minor parts	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L7520	Repair prosthetic device, labor component, per 15 minutes	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8000	Mastectomy bra	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8001	Breast prosthesis bra & form	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8002	Brst prsth bra & bilat form	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8010	Breast prosthesis, mastectomy sleeve	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8015	Ext breastprosthesis garment	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8020	Mastectomy form	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L8030	Breast prosthes w/o adhesive	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8040	Nasal prosthesis	PA required for all providers.	Yes (pairing not required)
L8041	Midfacial prosthesis	PA required for all providers.	Yes (pairing not required)
L8042	Orbital prosthesis	PA required for all providers.	Yes (pairing not required)
L8043	Upper facial prosthesis	PA required for all providers.	Yes (pairing not required)
L8044	Hemi-facial prosthesis	PA required for all providers.	Yes (pairing not required)
L8045	Auricular prosthesis	PA required for all providers.	Yes (pairing not required)
L8046	Partial facial prosthesis	PA required for all providers.	Yes (pairing not required)
L8047	Nasal septal prosthesis	PA required for all providers.	Yes (pairing not required)
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	PA required for all providers.	Yes (pairing not required)
L8300	Truss single w/ standard pad	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8310	Truss double w/ standard pad	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8320	Truss addition to std pad wa	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8330	Truss add to std pad scrotal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8400	Sheath below knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8410	Sheath above knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8415	Sheath upper limb	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8417	Pros sheath/sock w gel cushn	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8420	Prosthetic sock multi ply bk	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8430	Prosthetic sock multi ply ak	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8435	Pros sock multi ply upper lm	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L8440	Shrinker below knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8460	Shrinker above knee	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8465	Shrinker upper limb	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8470	Pros sock single ply bk	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8480	Pros sock single ply ak	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8485	Pros sock single ply upper l	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8499	Unlisted procedure for miscellaneous prosthetic services	PA required for all providers.	Yes (pairing not required)
L8500	Artificial larynx	PA required for all providers.	Yes (pairing not required)
L8511	Indwelling trach insert	PA required for all providers.	Yes (pairing not required)
L8512	Gel cap for trach voice pros	PA required for all providers.	Yes (pairing not required)
L8513	Trach pros cleaning device	PA required for all providers.	Yes (pairing not required)
L8514	Repl trach puncture dilator	PA required for all providers.	Yes (pairing not required)
L8609	Artificial cornea	PA required for all providers.	Yes (pairing not required)
L8610	Ocular implant	PA required for all providers.	Yes (pairing not required)
L8612	Aqueous shunt prosthesis	PA required for all providers.	Yes (pairing not required)
L8613	Ossicular implant	PA required for all providers.	Yes (pairing not required)
L8619	Coch imp ext proc/contr rplc	PA required for all providers.	Yes (pairing not required)
L8625	Charger coch impl/aoi battry	PA required for all providers.	Yes (pairing not required)
L8627	Cid ext speech process repl	PA required for all providers.	Yes (pairing not required)
L8628	Cid ext controller repl	PA required for all providers.	Yes (pairing not required)
L8630	Metacarpophalangeal implant	PA required for all providers.	Yes (pairing not required)
L8631	Mcp joint repl 2 pc or more	PA required for all providers.	Yes (pairing not required)
L8658	Interphalangeal joint spacer	PA required for all providers.	Yes (pairing not required)
L8659	Interphalangeal joint repl	PA required for all providers.	Yes (pairing not required)
L8670	Vascular graft, synthetic	PA required for all providers.	Yes (pairing not required)
L8679	Imp neurosti pls gn any type	PA required for all providers.	Yes (pairing not required)
L8680	Implantable neurostimulator electrode, each	PA required for all providers.	Yes (pairing not required)
L8681	Pt prgrm for implt neurostim	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L8682	Implt neurostim radiofq rec	PA required for all providers.	Yes (pairing not required)
L8683	Radiofq trsmtr for implt neu	PA required for all providers.	Yes (pairing not required)
L8684	Radiof trsmtr implt scr1 neu	PA required for all providers.	Yes (pairing not required)
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	PA required for all providers.	Yes (pairing not required)
L8689	External recharg sys intern	PA required for all providers.	Yes (pairing not required)
L8690	Aud osseo dev, int/ext comp	PA required for all providers.	Yes (pairing not required)
L8691	Aoi snd proc repl excl actua	PA required for all providers.	Yes (pairing not required)
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	PA required for all providers.	Yes (pairing not required)
L8695	External recharg sys extern	PA required for all providers.	Yes (pairing not required)
L8696	Ext antenna phren nerve stim	PA required for all providers.	Yes (pairing not required)
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	PA required for all providers.	Yes (pairing not required)
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	PA required for all providers.	Yes (pairing not required)
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	PA required for all providers.	Yes (pairing not required)
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	PA required for all providers.	Yes (pairing not required)
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	PA required for all providers.	Yes (pairing not required)
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	PA required for all providers.	Yes (pairing not required)
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	PA required for all providers.	Yes (pairing not required)
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	PA required for all providers.	Yes (pairing not required)
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	PA required for all providers.	Yes (pairing not required)
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	PA required for all providers.	Yes (pairing not required)
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	PA required for all providers.	Yes (pairing not required)
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	PA required for all providers.	Yes (pairing not required)
T4533	Youth sized disposable incontinence product, brief/diaper, each	PA required for all providers.	Yes (pairing not required)
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	PA required for all providers.	Yes (pairing not required)
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	PA required for all providers.	Yes (pairing not required)
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	PA required for all providers.	Yes (pairing not required)
T4537	Incontinence product, protective underpad, reusable, bed size, each	PA required for all providers.	Yes (pairing not required)
T4540	Incontinence product, protective underpad, reusable, chair size, each	PA required for all providers.	Yes (pairing not required)
T4541	Incontinence product, disposable underpad, large, each	PA required for all providers.	Yes (pairing not required)
T4542	Incontinence product, disposable underpad, small size, each	PA required for all providers.	Yes (pairing not required)
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	PA required for all providers.	Yes (pairing not required)
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	PA required for all providers.	Yes (pairing not required)
A4321	Cath therapeutic irrig agent	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4336	Urethral insert	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4337	Incontinence supply, rectal insert, any type, each	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4360	Disposable ext urethral dev	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A4368	Ostomy filter	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
A7000	Disposable canister for pump	No PA required for any provider if diagnosis is funded for purchase out and/or rentals for first three months. PA required for all providers for additional month(s) rentals. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
B9999	NOC for parenteral supplies	PA required for all providers.	Yes (pairing not required)
E0627	Seat lift mech, electric any	PA required for all providers.	Yes (pairing not required)
E0629	Seat lift mech, non-electric	PA required for all providers.	Yes (pairing not required)
L0112	Cranial cervical orthosis	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0113	Cranial cervical torticollis	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0170	Cervical collar molded to pt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L0450	Tlso flex trunk/thor pre ots	PA required for all providers.	Yes (pairing not required)
L0452	Tlso flex custom fab thoraci	PA required for all providers.	Yes (pairing not required)
L0454	Tlso trnk sj-t9 pre cst	PA required for all providers.	Yes (pairing not required)
L0455	Tlso flex trnk sj-t9 pre ots	PA required for all providers.	Yes (pairing not required)
L0466	Tlso r fram soft ant pre cst	PA required for all providers.	Yes (pairing not required)
L0467	Tlso r fram soft pre ots	PA required for all providers.	Yes (pairing not required)
L0468	Tlso rig fram pelvic pre cst	PA required for all providers.	Yes (pairing not required)
L0469	Tlso rig fram pelvic pre ots	PA required for all providers.	Yes (pairing not required)
L0470	Tlso rigid frame pre subclav	PA required for all providers.	Yes (pairing not required)
L0472	Tlso rigid frame hyperex pre	PA required for all providers.	Yes (pairing not required)
L0490	Tlso rigid plastic pre one	PA required for all providers.	Yes (pairing not required)
L0492	Tlso 3 piece rigid shell	PA required for all providers.	Yes (pairing not required)
L0628	Lso flex no ri stays pre ots	PA required for all providers.	Yes (pairing not required)
L0630	Lso r post pnl sj-t9 pre cst	PA required for all providers.	Yes (pairing not required)
L0633	Lso sc r pos/lat pnl pre cst	PA required for all providers.	Yes (pairing not required)
L0641	Lo rig pos pnl l1-l5 pre ots	PA required for all providers.	Yes (pairing not required)
L0642	Lo sag ri an/pos pnl pre ots	PA required for all providers.	Yes (pairing not required)
L0643	Lso sag ctr rigi pos pre ots	PA required for all providers.	Yes (pairing not required)
L0649	Lso sc r pos/lat pnl pre ots	PA required for all providers.	Yes (pairing not required)
L0861	Halo repl liner/interface	PA required for all providers.	Yes (pairing not required)
L0999	Addition to spinal orthosis, not otherwise specified	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1010	Ctlso axilla sling	PA required for all providers.	Yes (pairing not required)
L1020	Kyphosis pad	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L1025	Kyphosis pad floating	PA required for all providers.	Yes (pairing not required)
L1030	Lumbar bolster pad	PA required for all providers.	Yes (pairing not required)
L1040	Lumbar or lumbar rib pad	PA required for all providers.	Yes (pairing not required)
L1050	Sternal pad	PA required for all providers.	Yes (pairing not required)
L1060	Thoracic pad	PA required for all providers.	Yes (pairing not required)
L1070	Trapezius sling	PA required for all providers.	Yes (pairing not required)
L1080	Outrigger	PA required for all providers.	Yes (pairing not required)
L1085	Outrigger bil w/ vert extens	PA required for all providers.	Yes (pairing not required)
L1090	Lumbar sling	PA required for all providers.	Yes (pairing not required)
L1100	Ring flange plastic/leather	PA required for all providers.	Yes (pairing not required)
L1110	Ring flange plas/leather mol	PA required for all providers.	Yes (pairing not required)
L1120	Covers for upright each	PA required for all providers.	Yes (pairing not required)
L1210	Lateral thoracic extension	PA required for all providers.	Yes (pairing not required)
L1220	Anterior thoracic extension	PA required for all providers.	Yes (pairing not required)
L1230	Milwaukee type superstructur	PA required for all providers.	Yes (pairing not required)
L1240	Lumbar derotation pad	PA required for all providers.	Yes (pairing not required)
L1250	Anterior asis pad	PA required for all providers.	Yes (pairing not required)
L1260	Anterior thoracic derotation	PA required for all providers.	Yes (pairing not required)
L1270	Abdominal pad	PA required for all providers.	Yes (pairing not required)
L1280	Rib gusset (elastic) each	PA required for all providers.	Yes (pairing not required)
L1290	Lateral trochanteric pad	PA required for all providers.	Yes (pairing not required)
L1680	Pelvic & hip control thigh c	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1685	Post-op hip abduct custom fa	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1686	Ho post-op hip abduction	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1690	Combination bilateral ho	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1834	Ko w/0 joint rigid molded to	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1840	Ko derot ant cruciate custom	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L1843	Ko single upright pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1845	Ko double upright pre cst	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1846	Ko w adj flex/ext rotat mold	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1851	Ko single upright prefab ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1860	Ko supracondylar socket mold	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1932	Afo rig ant tib prefab tcf/=	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1940	Afo molded to patient plasti	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1945	Afo molded plas rig ant tib	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1950	Afo spiral molded to pt plas	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1951	Afo spiral prefabricated	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L1970	Afo plastic molded w/ankle j	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2232	Rocker bottom, contact afo	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2350	Prosthetic type socket molde	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2510	Th/wght bear quad-lat brim m	PA required for all providers.	Yes (pairing not required)
L2525	Th/wght bear nar m-l brim mo	PA required for all providers.	Yes (pairing not required)
L2526	Th/wght bear nar m-l brim cu	PA required for all providers.	Yes (pairing not required)
L2627	Plastic mold recipro hip & c	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2628	Metal frame recipro hip & ca	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L2999	Lower extremity orthoses, not otherwise specified	PA required for all providers.	Yes (pairing not required)
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L3671	So cap design w/o jnts cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3674	So airplane w/wo joint cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3675	So vest canvas/web pre ots	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3720	Forearm/arm cuffs free motio	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3730	Forearm/arm cuffs ext/flex a	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3740	Cuffs adj lock w/ active con	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3761	Eo, adj lock joint prefab ot	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3806	Whfo w/joint(s) custom fab	PA required for all providers.	Yes (pairing not required)
L3807	Whfo w/o joints pre cst	PA required for all providers.	Yes (pairing not required)
L3808	Whfo, rigid w/o joints	PA required for all providers.	Yes (pairing not required)
L3809	Whfo w/o joints pre ots	PA required for all providers.	Yes (pairing not required)
L3905	Who w/nontorsion jnt(s) cf	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L3999	Upper limb orthosis, not otherwise specified	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4000	Repl girdle milwaukee orth	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4010	Replace trilateral socket br	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4020	Replace quadlat socket brim	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L4631	Afo, walk boot type, cus fab	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L5010	Mold socket ank hgt w/ toe f	PA required for all providers.	Yes (pairing not required)
L5020	Tibial tubercle hgt w/ toe f	PA required for all providers.	Yes (pairing not required)
L5050	Ank symes mold sckt sach ft	PA required for all providers.	Yes (pairing not required)
L5410	Postop dsgr bk ea add cast ch	PA required for all providers.	Yes (pairing not required)
L5430	Postop dsgr ak ea add cast ch	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L5450	Postop app non-wgt bear ds	PA required for all providers.	Yes (pairing not required)
L5460	Postop app non-wgt bear ds	PA required for all providers.	Yes (pairing not required)
L5500	Init bk ptb plaster direct	PA required for all providers.	Yes (pairing not required)
L5617	Ak/bk self-aligning unit ea	PA required for all providers.	Yes (pairing not required)
L5629	Below knee acrylic socket	PA required for all providers.	Yes (pairing not required)
L5630	Syme typ expandabl wall sckt	PA required for all providers.	Yes (pairing not required)
L5631	Ak/knee disartic acrylic soc	PA required for all providers.	Yes (pairing not required)
L5632	Symes type ptb brim design s	PA required for all providers.	Yes (pairing not required)
L5634	Symes type poster opening so	PA required for all providers.	Yes (pairing not required)
L5636	Symes type medial opening so	PA required for all providers.	Yes (pairing not required)
L5637	Below knee total contact	PA required for all providers.	Yes (pairing not required)
L5638	Below knee leather socket	PA required for all providers.	Yes (pairing not required)
L5646	Below knee cushion socket	PA required for all providers.	Yes (pairing not required)
L5650	Tot contact ak/knee disart s	PA required for all providers.	Yes (pairing not required)
L5652	Suction susp ak/knee disart	PA required for all providers.	Yes (pairing not required)
L5654	Socket insert symes	PA required for all providers.	Yes (pairing not required)
L5655	Socket insert below knee	PA required for all providers.	Yes (pairing not required)
L5656	Socket insert knee articulat	PA required for all providers.	Yes (pairing not required)
L5658	Socket insert above knee	PA required for all providers.	Yes (pairing not required)
L5661	Multi-durometer symes	PA required for all providers.	Yes (pairing not required)
L5665	Multi-durometer below knee	PA required for all providers.	Yes (pairing not required)
L5666	Below knee cuff suspension	PA required for all providers.	Yes (pairing not required)
L5668	Bk molded distal cushion	PA required for all providers.	Yes (pairing not required)
L5670	Bk molded supracondylar susp	PA required for all providers.	Yes (pairing not required)
L5672	Bk removable medial brim sus	PA required for all providers.	Yes (pairing not required)
L5676	Bk knee joints single axis p	PA required for all providers.	Yes (pairing not required)
L5677	Bk knee joints polycentric p	PA required for all providers.	Yes (pairing not required)
L5678	Bk joint covers pair	PA required for all providers.	Yes (pairing not required)
L5679	Socket insert w/o lock mech	PA required for all providers.	Yes (pairing not required)
L5680	Bk thigh lacer non-molded	PA required for all providers.	Yes (pairing not required)
L5682	Bk thigh lacer glut/ischia m	PA required for all providers.	Yes (pairing not required)
L5684	Bk fork strap	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L5685	Below knee sus/seal sleeve	PA required for all providers.	Yes (pairing not required)
L5686	Bk back check	PA required for all providers.	Yes (pairing not required)
L5688	Bk waist belt webbing	PA required for all providers.	Yes (pairing not required)
L5690	Bk waist belt padded and lin	PA required for all providers.	Yes (pairing not required)
L5692	Ak pelvic control belt light	PA required for all providers.	Yes (pairing not required)
L5694	Ak pelvic control belt pad/l	PA required for all providers.	Yes (pairing not required)
L5695	Ak sleeve susp neoprene/equa	PA required for all providers.	Yes (pairing not required)
L5696	Ak/knee disartic pelvic join	PA required for all providers.	Yes (pairing not required)
L5697	Ak/knee disartic pelvic band	PA required for all providers.	Yes (pairing not required)
L5698	Ak/knee disartic silesian ba	PA required for all providers.	Yes (pairing not required)
L5699	Shoulder harness	PA required for all providers.	Yes (pairing not required)
L5704	Custom shape cover bk	PA required for all providers.	Yes (pairing not required)
L5710	Knee-shin exo sng axi mnl loc	PA required for all providers.	Yes (pairing not required)
L5711	Knee-shin exo mnl lock ultra	PA required for all providers.	Yes (pairing not required)
L5712	Knee-shin exo frict swg & st	PA required for all providers.	Yes (pairing not required)
L5714	Knee-shin exo variable frict	PA required for all providers.	Yes (pairing not required)
L5785	Exoskeletal bk ultralt mater	PA required for all providers.	Yes (pairing not required)
L5810	Endoskel knee-shin mnl lock	PA required for all providers.	Yes (pairing not required)
L5812	Endo knee-shin frct swg & st	PA required for all providers.	Yes (pairing not required)
L5850	Endo ak/hip knee extens assi	PA required for all providers.	Yes (pairing not required)
L5855	Mech hip extension assist	PA required for all providers.	Yes (pairing not required)
L5910	Endo below knee alignable sy	PA required for all providers.	Yes (pairing not required)
L5920	Endo ak/hip alignable system	PA required for all providers.	Yes (pairing not required)
L5925	Above knee manual lock	PA required for all providers.	Yes (pairing not required)
L5940	Endo bk ultra-light material	PA required for all providers.	Yes (pairing not required)
L5970	Foot external keel sach foot	PA required for all providers.	Yes (pairing not required)
L5971	Sach foot, replacement	PA required for all providers.	Yes (pairing not required)
L5972	Flexible keel foot	PA required for all providers.	Yes (pairing not required)
L5974	Foot single axis ankle/foot	PA required for all providers.	Yes (pairing not required)
L5975	Combo ankle/foot prosthesis	PA required for all providers.	Yes (pairing not required)
L5976	Energy storing foot	PA required for all providers.	Yes (pairing not required)
L5978	Ft prosth multiaxial anl/ft	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L5979	Multi-axial ankle/ft prosth	PA required for all providers.	Yes (pairing not required)
L5985	Lwr ext dynamic prosth pylon	PA required for all providers.	Yes (pairing not required)
L6386	Postop ea cast chg & realign	PA required for all providers.	Yes (pairing not required)
L6388	Postop applicat rigid dsg on	PA required for all providers.	Yes (pairing not required)
L6611	Additional switch, ext power	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6621	Flex/ext wrist w/wo friction	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6623	Spring-ass rot wrst w/ latch	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6638	Elec lock on manual pw elbow	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6646	Multipo locking shoulder jnt	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6648	Ext pwrld shlder lock/unlock	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6686	Suction socket	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6688	Frame typ sock above elb/dis	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6689	Frame typ socket shoulder di	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6690	Frame typ sock interscap-tho	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6693	Lockingelbow forearm cntrbal	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6704	Term dev, sport/rec/work att	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6707	Term dev mech hook vol close	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6708	Term dev mech hand vol open	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6709	Term dev mech hand vol close	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L6711	Ped term dev, hook, vol open	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6712	Ped term dev, hook, vol clos	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6713	Ped term dev, hand, vol open	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6714	Ped term dev, hand, vol clos	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6715	Term device, multi art digit	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6721	Hook/hand, hvy dty, vol open	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6722	Hook/hand, hvy dty, vol clos	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6880	Elec hand ind art digits	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6881	Term dev auto grasp feature	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6882	Microprocessor control uplmb	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L6890	Prefab glove for term device	PA required for all providers.	Yes (pairing not required)
L6895	Custom glove for term device	PA required for all providers.	Yes (pairing not required)
L7403	Add ue prost b/e acrylic	PA required for all providers.	Yes (pairing not required)
L7404	Add ue prost a/e acrylic	PA required for all providers.	Yes (pairing not required)
L7700	Pros soc insert gasket/seal	PA required for all providers.	Yes (pairing not required)
L8035	Custom breast prosthesis	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8039	Breast prosthesis, not otherwise specified	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	No PA required for any provider if diagnosis is funded. PA required for all providers for all unfunded and no line conditions.	Yes (pairing not required)
L8501	Tracheostomy speaking valve	PA required for all providers.	Yes (pairing not required)
L8505	Artificial larynx replacement battery/accessory, any type	PA required for all providers.	Yes (pairing not required)
L8507	Trach-esoph voice pros pt in	PA required for all providers.	Yes (pairing not required)

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HCPCS Code	Description	PA & Coverage Exceptions	Prioritized List Attributed
L8509	Trach-esoph voice pros md in	PA required for all providers.	Yes (pairing not required)
L8510	Voice amplifier	PA required for all providers.	Yes (pairing not required)
L8515	Gel cap app device for trach	PA required for all providers.	Yes (pairing not required)
L8615	Coch implant headset replace	PA required for all providers.	Yes (pairing not required)
L8616	Coch implant microphone repl	PA required for all providers.	Yes (pairing not required)
L8617	Coch implant trans coil repl	PA required for all providers.	Yes (pairing not required)
L8618	Coch implant tran cable repl	PA required for all providers.	Yes (pairing not required)
L8621	Repl zinc air battery	PA required for all providers.	Yes (pairing not required)
L8622	Repl alkaline battery	PA required for all providers.	Yes (pairing not required)
L8623	Lith ion batt cid,non-earlvl	PA required for all providers.	Yes (pairing not required)
L8624	Lith ion batt cid, ear level	PA required for all providers.	Yes (pairing not required)
L8629	Cid transmit coil and cable	PA required for all providers.	Yes (pairing not required)
L8693	Aud osseo dev, abutment	PA required for all providers.	Yes (pairing not required)
L8694	Aoi transducer/actuator repl	PA required for all providers.	Yes (pairing not required)