


	A	B	C	D	E	F	G	H	I	J	K	L	M
1	 The Health Plan (THP) Durable Medical Equipment (DME) Prior Authorization Requirements												
2	Prosthetics, Orthotics, and Supplies												
3	Effective January 1, 2025												
4	Disclaimer: Inclusion or exclusion from this schedule for an item or service does not imply coverage. It is the sole responsibility of the Rendering Provider to verify each plan's benefits, member eligibility, prior authorization requirements, including but not limited to cost and out of network and tertiary rules, etc. Prior to dispensing DME to THP members. Failure to comply may result in non-payment of items or services and the member may not be held responsible for services considered otherwise covered. Appropriate waivers should be on file for any non-covered items/services and may be requested by THP at any time. All appropriate documentation (CMN, Physician Order, etc.) must be on file and supplied, upon demand, to THP. Providers directly contracted to THP can refer to Attachment C of their contracts for pricing determination, least costly medically appropriate alternative, etc.												
5	General Information												
6	Depending on the patient's plan and code, your prior authorization request may be reviewed by eviCore HealthCare or THP Clinical staff.												
7	This document is not applicable to Medicare wrap plans, such as Medicare Select as reimbursement would be based on Medicare EOB.												
8	Codes should have the appropriate Pricing, Data Analysis and Coding (PDAC) verification. https://www.dmepdac.com/												
9	If a code exists that includes multiple products, that code should be used in lieu of the individual codes.												
10	The Special Instructions is not intended to provide all edits, links, or information that may be applicable to a specific code across all lines of business.												
11	The codes listed on this document are in reference to the DME benefit. Select codes may be covered under a different benefit. HCPCS and/or CPT codes found in this document is not a guarantee of payment. Please refer to plan documents or contract.												
12	Reasonable Useful Lifetime (RUL) is generally accepted as 5 years, is the period of time, after which Medicare payment can be made for replacement of DME that is lost, stolen, or irreparably damaged. For select codes, RUL is 2-3 years. Replacement Equipment is not covered due to wear and tear during the Reasonable Useful Lifetime (RUL) of the item or in cases of abuse or neglect. Minimum Lifetime Requirement (MLR) is generally accepted as 3 years, minimum threshold for a determination of durability for DME. DME may not be replaced inside the RUL or MLR periods due to circumstances of abuse or neglect.												
13	Schedule Key												
14	CR = Capped rental item												OTS = Off the shelf
15	DX = Diagnosis dependent												PBM = Submit to Pharmacy Benefits Manager
16	Invoice Required = Manufacturer's invoice and description												RD = Required Documentation
17	MLR= Minimum Lifetime Requirement												RUL = Reasonable Useful Lifetime
18	N/C = Non/covered												RZ = Not separately billable, IR referral type only
19	NEC, NOC, NOS = Miscellaneous, not specific												
20	NSB = Not separately billable												
21	OTC = Over the counter												
22	Modifiers												
23	AU = Urological, ostomy or trach item												KS = Non-insulin dependent diabetic
24	AV = Prosthetics or orthotics												KX = Insulin dependent diabetic. Do not use for a
25	AW = Item with a surgical dressing												KX = Requirement specified in the medical policy has been
26	AX = Item furnished in conjunction w/dialysis												MS = 6 month maintenance & service
27	AY = Item or service furnished to ERSD patient that is not for the treatment of ERSD												NB = Nebulizer system, any type, FDA-cleared for use with
28	BA = Item in Parental/Enteral category												NU = Purchase
29	CC = when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed												OS = Ostomy, tracheostomy, urological supply
30	CR = Capped Rental item,												OX = Oxygen
31	CS = Item or service related, in whole or in part, to illness, injury or condition caused by or exacerbated by the effects, direct or indirect,												PE = Parental & Enteral
32	FS = Frequent/substantial servicing												PO = Prosthesis/Orthosis
33	GA = Waiver or liability statement issued as required by payer policy, individual case												RA = Replacement of DME item
34	GK= Reasonable and necessary item, service associated												RB = Replacement part of DME furnished as part of repair
35	GL= Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN												RR = Rental
36	GU = Waiver of liability statement issued as required by payer policy, routine notice												SC = Medically necessary service or supply
37	GW = Service not related to hospice patient's terminal condition												SD = Surgical dressing
38	GX = Notice of liability issued, voluntary under payer policy												SU = Supplies
39	IN = Inexpensive/routinely purchased												TE = TENS
40	JW = Drug amount discarded/not administered to any patient												TS = Therapeutic shoes
41	KC = Replacement of special power wheelchair interface												Note: Q modifiers for oxygen are not added to this
42	KF = Class III device												

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43	A1 = Dressing one wound				A4 = Dressing four wounds				A7 = Dressing for seven wounds				
44													
45	HCPCS / CPT	MOD	CATG	DESCRIPTION	SELF FUNDED/ADMINISTRATIVE SERVICES ONLY (ASO)	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MHT LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
46	A2001	-	-	Innovamatrix ac, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24 .
47	A2002	-	-	Mirragen advanced wound matrix, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=31&keyword=&keywordType=starts&aread=all&docType=6,3,5,1,F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=A2002&hcpcsEndCode=A2002&sortBy=title&bc=1
48	A2004	-	-	Xcellistem, 1 mg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
49	A2005	-	-	Microlyte matrix, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
50	A2006	-	-	Novosorb synpath dermal matrix, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
51	A2007	-	-	Restrata, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
52	A2008	-	-	Theragenesis, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
53	A2009	-	-	Symphony, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
54	A2010	-	-	Apis, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
55	A2011	-	-	Supra sdrm, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
56	A2012	-	-	Suprathel, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24
57	A2013	-	-	Innovamatrix fs, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&ver=24

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58	A2014	-	-	Omeza collagen matrix, per 100 mg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
59	A2015	-	-	Phoenix wound matrix, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
60	A2016	-	-	Permeaderm b, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
61	A2017	-	-	Permeaderm glove, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
62	A2018	-	-	Permeaderm c, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
63	A2019	-	-	Kerecis omega3 marigen shield, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
64	A2020	-	-	Ac5 advanced wound system (ac5)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
65	A2021	-	-	Neomatrix, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
66	A2022	-	-	Innovabrn/innovamatx xl sqcm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
67	A2023	-	-	Innovamatrix pd, 1 mg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
68	A2024	-	-	Resolve matrix per sq cm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
69	A2025	-	-	Miro3d per cubic cm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
70	A2026			Restrata minimatrix, 5 mg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C		Not on WV DME FS or internet manual.		
71	A2027	-	-	MatriDerm, per sq cm	N/C	N/C	N/C	N/C	N/C	-	Not on WV MHT DME FS or internet manual	-	Not covered in Medicare Future LCD Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers L35041

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72	A2028	-	-	MicroMatrix Flex, per mg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
73	A2029	-	-	MiroTract Wound Matrix sheet, per cc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	-
74	A4100	-	-	Skin substitute FDA cleared as a device NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV MHT DME FS or internet manual	-	Go to MDR as a NOS code
75	A4206	-	-	Syringe w/ needle sterile, 1cc	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	-	100/rolling month	-	Covered MHT as a home health supply. If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
76	A4207	-	-	Syringe w/ needle sterile, 2cc	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	-	100/rolling month	-	Covered MHT as a home health supply. If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
77	A4208	-	-	Syringe w/ needle, sterile, 3cc	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	-	100/rolling month	-	Covered MHT as a home health supply. If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
78	A4209	-	-	Syringe w/ needle, sterile, 5cc or >	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	-	100/rolling month	-	Covered MHT as a home health supply. If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
79	A4210	-	-	Needle free injection device	N/C	N/C	NC	N/C	N/C	-	Not on WV MHT 2024 FS	-	Not covered by Medicare See 2024 HCPCS. Excluded by PEIA.
80	A4211	-	-	Supplies for self administering injections	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	-	Not on WV MHT 2024 FS	-	Incidental Physician Service. Can be reviewed if not incidental to a physician's service. Bundled or excluded by PEIA.
81	A4212	-	-	Noncoring needle or stylet w/ or w/o catheter	RZ	RZ	RZ	RZ	N/C	-	Not on WV MHT 2024 FS	-	Incidental Physician Service. Bundled or excluded by PEIA.

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82	A4213	-	-	Syringe 20 cc or >	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required	-	60/rolling month	-	Covered MHT as a home health supply. If not incidental to physician service, can be reviewed for separate payment.
83	A4215	-	-	Needle sterile, any size	RZ	RZ	RZ	RZ	No prior authorization required	-	100/rolling month	-	Incidental Physician Service.
84	A4216	-	OS	Sterile water, saline/dextrose 10 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	56 units/month	-	-	Nebulizer. Covered MHT as a home health supply.
85	A4216	AU	-	Sterile water/saline, 10 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable w/A4221.
86	A4216	-	OS	Sterile water, 10 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	To clear suction cath after trach suctioning. For MHT covered for tracheal sx only.
87	A4217	AU	SU	Sterile water/saline, 500 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Per Episode	Not on WV MHT 2024 FS	-	Non-routine irrigation of catheter. MHT covers for Tracheal Suctioning Only
88	A4217	AU	SU	Sterile water/saline, 500 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV MHT 2024 FS	-	Continuous bladder irrigational. MHT for Tracheal Suctioning Only.
89	A4217	AU	OS	Sterile water/saline, 500 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	For Trach Suction Only.	-	MHT for Tracheal Suctioning Only. ICD-10-CM DIAGNOSIS CODE: A15.0-A15.5, E84.0, J47.0-J47.9, Q33.4, Z93.0, Z43.0, OR J98.01 To clear suction cath after trach sx.
90	A4217	AW	OS	Sterile water, 500 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	MHT for Tracheal Suctioning Only. Invoice for PEIA.
91	A4217	-	OS	Sterile water/saline, 500 ml	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	Not covered for use with IV Care.
92	A4218	-	OS	Sterile water/saline, metered dose disp,10ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	56 units/month	Not on WV MHT 2024 FS	-	MHT Physician FS has X for excluded.

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93	A4220	-	SU	Refill kit implantable infusion pump	No prior authorization required	No prior authorization required	RZ/NC	No prior authorization required	NC	-	Not on WV MHT 2024 FS	-	Commercial /Medicare plans. Separately billable for in home use with 5-FU/FUDR/opioid drug therapy, intractable CA pain. Not covered for heparin therapy. Not separately billable Office/outpt/hospital service i.e. refill implantable intrathecal pumps. Report drugs separately. WV MHT/PEIA this is either not covered or bundled as a physician/outpt, or hospital service. NSB with A4212.
94	A4221	-	SU	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/month	4/rolling month	-	Not billable w/A4230, A4231, billable 1/fill when receiving therapy. Includes swabs, all dressing for the catheter site, and flush solutions not related to the actual infusion, cannula's, needles, infusion supplies/sets (excluding the insulin reservoir).
95	A4222	-	SU	Infusion supplies with pump, per cassette or bag (list drugs separately)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Per Cassette or Bag	Per Cassette or Bag	-	Authorized per number of bags or cassettes, not billable w/A4230, A4231. Not payable without a pump in use.
96	A4223	-	IN	Infusion supplies not used w/pump, per cassette or bag (list drugs separately)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Per Cassette or Bag	Per Cassette or Bag	-	Not billable w/A4230, A4231. PEIA Invoice required.
97	A4224	-	SU	Supplies for maintenance of insulin infusion catheter, per week	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Supplies for the entire week included as needed per individual member. Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784).
98	A4225	-	SU	Supplies for external insulin infusion pump, syringe type cartridge, sterile ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Code A4225 describes a syringe-type reservoir that is used with the external insulin infusion pump (E0784). Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784). Allowance is based on the number of syringes (A4225) used.

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99	A4226	-	-	Supplies for maintenance of insulin infusion pump with dosage rate adjusted using therapeutic continuous glucose sensing , per week	NC	N/C	N/C	N/C	N/C	-	Not on WV MHT 2024 FS	-	Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784). PEIA covered under immunization FS not DME.
100	A4230	-	IN	Infusion set ext insulin pump, cannula type	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	Up to 20 units per months. More than 20 units will require prior authorization . This equals 60 in 90 days	12/rolling month	Contract Specific	Not covered by Medicare for use w/external insulin infusion pump, Contract Specific. For MHT requires ICD-10 E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 PEIA invoice required.
101	A4231	-	IN	Infusion set ext insulin pump, needle type	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	Up to 20 units per months. More than 20 units will require prior authorization . This equals 60 per 90 days	12/rolling month	Contract Specific	Not covered by Medicare for use w/external insulin infusion pump, Contract Specific. For MHT requires ICD-10 E08.00 – E09.9,E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815. Peia invoice required.
102	A4232	-	IN	Syrnge w/needle ext insulin pump, sterl 3cc	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	Up to 60 units per 90 days. More than 60 units will require prior authorization	12/rolling month	Contract Specific	N/C by Medicare w/external insulin infusion pump, included in A4221, Contract Specific. ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9,E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815. xx. PEIA covered under immunization FS. Invoice required.
103	A4233	-	IN	Alkalin batt for glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling 2 years	-	ICD-10-CM DIAGNOSIS CODES: E08,00 – E09.9,E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815
104	A4234	-	IN	J-cell batt for glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/2 rolling years	-	ICD-10's above
105	A4235	-	IN	Lithium batt for glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/2 rolling years	-	ICD-10's above

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106	A4236	-	IN	Silvr oxide batt glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/2 rolling years	-	ICD-10's above
107	A4238	KF	-	Supply allowance for adjunctive continuous glucose monitor(CGM) incl all supplies and accessories, 1month supply = 1 unit of service	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required Contract and Age Specific Requirements Apply	-	Not on WV MHT 2024 FS	Contract Specific	Initial requires authorization. This code includes CGM sensors and supplies. This code does not include home BGM or BGM supplies. Those codes may be billed separately. MHT-This is a Pharmacy Benefit for members younger than 18 years old.
108	A4239	KF	-	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service .	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	-	Not on WV MHT 2024 FS	Contract Specific	Includes all CGM sensors and supplies and also includes a home BGM and all related supplies. Supplies or accessories billed separately should be denied as unbundling. MHT-Pharmacy Benefit; can auth under medical, if needed.
109	A4244	-	IN	Alcohol or peroxide, per pint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	7/rolling month	Invoice Required Contract specific	MHT covers as a home health supply. Not billable w/ A4245, A4239, or E2103. Not covered for use w/ glucose monitors. Article A52464. Alcohol or peroxide (codes A4244, A4245), are non-covered since these items are not required for the proper functioning of the device. May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies.
110	A4245	-	IN	Alcohol wipes, 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/box 50/ 90 days w/ insulin or infusion pumps	4/rolling month	Invoice Required. Contract specific	MHT Covers as a home health supply. Not billable w/ A4244, A4239, or E2103. Not covered for use w/glucose monitors. Allowed with insulin/infusion pumps if in contracts. Medicare does not cover for use with Blood glucose monitor.

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111	A4246	-	IN	Betadine or phiso hex sol, per pint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	6/rolling month	Invoice Required. Contract specific	MHT Covers as a home health supply. Not billable w/ A4247, A4239, or E2103. Not covered for use w/blood glucose monitors. May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies.
112	A4247	-	IN	Betadine or iodine swabs/wipes per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 box 50/90 days w/insulin or infusion pumps	4/rolling month	Invoice Required. Contract specific	Not billable w/ A4246, A4239, or E2103. not covered for use w/ glucose monitors. MHT Covers as a home health supply Medicare does not cover for BGM. Allowed with insulin/infusion pumps if in contracts. May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies.
113	A4248	AX	-	Chlorhexidine containing antiseptic	NSB	NSB	NSB	NSB	N/C	-	Not on WV MHT 2024 FS	-	Used with dialysis. Denial D311 00 = Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.) 9 = Not applicable as HCPCS not priced separately by part B (pricing indicator is 00) or value is not established(pricing indicator is '99')
114	A4250	NU	IN	Urine test or reagent strips or tabs, per 100	N/C	N/C	N/C	N/C	N/C	-	Not on WV MHT 2024 FS	-	Not covered by Medicare. May be part of physician service. Not covered for Home DME.
115	A4252	NU	IN	Blood ketone test or reagent strip, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV MHT 2024 FS	-	Non-covered by Medicare statute. May be part of physician service. Not covered for Home DME.

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116	A4253	KS	IN	Blood glucose/reagent strips, per 50 strips	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2 boxes (100) per 3 months could also be 4 boxes of 50 or 8 boxes of 25.	-	Contract specific	Noninsulin Dependent. Usually through the Pharmacy Benefits Manager. No prior authorization within allowable limits. Understanding the code description : Please note-boxes can come in 25, 50, 70, 100 count. NSB w/ A4239 or E2103.
117	A4253	KX	IN	Blood glucose/reagent strips, per 50 strips	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	200 per 1 month= 4 boxes of 50 or 2 boxes 100	Not on WV MHT 2024 FS	Contract specific	Insulin Dependent. Usually through the Pharmacy Benefits Manager. No prior authorization within allowable limits. Please note- boxes can come in 25, 50, 70, 100 count. Not reimburseable w/ A4239 or E2103.
118	A4255	-	SU	Glucose monitor platforms, 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV MHT 2024 FS	-	Special criteria. Not billable with A4239, E2100, E2101, E2103.
119	A4256	-	SU	Calibrator solution/chips	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 months	Not on WV MHT 2024 FS	-	ICD-10-CM DIAGNOSIS CODES: Not all inclusive:E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419- O24.439, O99.810, O99.814, O99.815. NON-REIMBURSABLE WITH A4239, E2100, E0607 E2101, E2103.
120	A4257	-	SU	Replace Lens shield Cartridge for E0620	N/C	N/C	N/C	N/C	N/C	-	-	-	Not covered as laser skin piercing device not covered.
121	A4258	-	SU	Lancet device each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/6 months	Not on WV MHT 2024 FS	-	ICD-10-CM DIAGNOSIS CODES: Not all inclusive: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419- O24.439, O99.810, O99.814, O99.815. NON-REIMBURSABLE WITH E2100
122	A4259	KX	SU	Lancets per box, 100	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 box per month	2 boxes per roling month	contract specific	Insulin Dependent. Please check benefit plan may be covered under pharmacy benefit and not medical /DME
123	A4259	KS	SU	Lancets per box, 100	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 box per 3 months	1 box per month	contract specific	Noninsulin Dependent. Please check benefit plan may be covered under pharmacy benefit and not medical /DME.
124	A4261	-	-	Cervical cap for contraception	N/C	N/C	N/C	N/C	N/C	-	Not on WV MHT 2024 FS	-	Non-covered by Medicare statute May be covered under another benefit. I.E pharmacy.

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125	A4262	-	-	Temp lacrimal duct implant, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV MHT 2024 FS	-	Part of procedure would not be part of DME benefit/copy.
126	A4263	-	-	Perm lacrimal duct implant, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV MHT 2024 FS	-	Part of procedure would not be part of DME benefit/copy.
127	A4265	-	SU	Paraffin, per lb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	12/90 days	Not on WV 2024 DME FS	-	If incidental to physician service NSB/RZ. IF the portable unit covered for home use the initial paraffin is NSB.
128	A4266	-	-	Diaphragm contraceptive use	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Non-covered by Medicare statute. OTC item . Nongrandfathered plans refer to ACA for possible pharmacy benefit.
129	A4267	-	-	Contraceptive, condom, male	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	OTC. Nongrandfathered plans refer to ACA for possible pharmacy benefit.
130	A4268	-	-	Contraceptive, condom, female	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	OTC. Nongrandfathered plans refer to ACA for possible pharmacy benefit.
131	A4269	-	-	Contraceptive, spermicide	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	OTC. Nongrandfathered plans refer to ACA for possible pharmacy benefit.
132	A4270	-	-	Disposable endoscope sheath, ea	RZ	RZ	RZ	RZ	RZ	-	Not on WV 2024 DME FS	-	Supply used during procedure. Not covered under home DME benefit.
133	A4271	KX KS	-	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1unit=100 test strips and 100 lancets/month	Not on WV 2024 DME FS	-	The "per month" HCPCS descriptor represents one (1) unit of service (UOS) of code A4271 and is equivalent to 100 test strips and 100 lancets." NSB w/ A4239. Separately billable w/ A4238. Under some plans may be covered under pharmacy benefit.
134	A4280	-	PO	Brst prsths adhsv atchmnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
135	A4281	-	-	Replacement tubing breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
136	A4282	-	-	Replace adapter breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
137	A4283	-	-	Replace cap breast pump bottle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
138	A4284	-	-	Replace shield & splash protect breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.

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139	A4285	-	-	Polycarbonate replacement bottle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
140	A4286	-	-	Locking ring for breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
141	A4287	-	-	Disp collection and storage bag for breast milk, any size, any type, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Replaces K1005. May not to be covered.
142	A4290	-	-	Sacral nerve stimulation test lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV 2024 DME FS	-	Supply used during procedure. 64561, 64681..etc.. Not covered under home DME benefit.
143	A4300	-	-	Implantable access catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV 2024 DME FS	-	Supply used during procedure. Not covered under home DME benefit.
144	A4301	-	-	Implantable access total cath, port	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV 2024 DME FS	-	Supply used during procedure. Not covered under home DME benefit.
145	A4305	-	-	Disposable drug delivery system	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	Item Or Service Statutorily Excluded, non-covered devices because they do not meet the Medicare definition of durable medical equipment. Drugs and supplies used with disposable drug delivery systems are also non-covered items. A52507
146	A4306	-	-	Disposable drug delivery system	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	Item Or Service Statutorily Excluded, non-covered devices because they do not meet the Medicare definition of durable medical equipment. Drugs and supplies used with disposable drug delivery systems are also non-covered items. A52507
147	A4310	-	OS	Insert tray w/o bag/cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4332.
148	A4311	-	OS	Catheter w/o bag 2-way latex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4310, A4332, A4338.
149	A4312	-	OS	Cath w/o bag 2-way silicone	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4310, A4332, A4344.
150	A4313	-	OS	Catheter w/bag 3-way	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	1/day x 14 days	-	Not billable w/A4310, A4332, A4346.

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151	A4314	-	OS	Cath w/drainage 2-way latex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Not billable w/A4310, A4311, A4331, A4332, A4338, A4354, A4357.
152	A4315	-	OS	Cath w/drainage 2-way silcne	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Not billable w/A4310, A4312, A4331, A4332, A4344, A4354, A4354, A4357.
153	A4316	-	OS	Cath w/drainage 3-way	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month, 1/day x 14 days cont irrigation	1/day x 14 days cont irrigation	-	Not billable w/A4310, A4313, A4331, A4332, A4346, A4354, A4357.
154	A4320	-	OS	Irrigation tray	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 per episode of cath care	2/rolling month	-	For non-routine irrigation of a cath, bill w/tray A4320 or syringe A4322 and sterile water A4217.
155	A4321	-	OS	Cath therapeutic irrig agent	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Used for the treatment or prevention of urinary obstruction, should be denied not med necessary. L33803
156	A4322	-	OS	Irrigation syringe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A4320.
157	A4326	-	OS	Male external catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Does not require additional leg bag / document med need.
158	A4327	-	OS	Fem urinary collect dev cup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	1/week	-	-
159	A4328	-	OS	Fem urinary collect pouch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	-
160	A4330	-	OS	Stool collection pouch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	-
161	A4331	-	OS	Extension drainage tubing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	5/rolling month	-	Bill only w/A5112, not billable w/A4314, A4315, A4316, A4354, A4357, A4358, A5108.
162	A4332	-	OS	Lube sterile packet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Not billable for clean, nonsterile intermittent cath.
163	A4332	AU	OS	Lube sterile packet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	200/month	-	-	-
164	A4333	-	OS	Urinary cath anchor device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	12/rolling month	-	-
165	A4334	-	OS	Urinary cath leg strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	-

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166	A4335	-	-	Incontinence supply, misc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Requires description & invoice for pricing. An external catheter that contains a barrier for attachment. MHT: Covered at Invoice Cost. Disposable Sheets and bags - Deny Non-Reusable disposable supplies A54516.
167	A4336	-	-	Incontinence supply, urethral insert, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered for code N39.3 only.
168	A4337	-	OS	Incontinence supply, rectal insert, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Rectal inserts and related accessories (A4337) will be denied as not reasonable and necessary because they do not meet the medical evidence requirements outlined in the Centers for Medicare & MHT Services (CMS) Program Integrity Manual (Internet-only Manual 100-08), Chapter 13, §13.7.1.
169	A4338	-	OS	Indwelling catheter latex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Cannot be billed w/ like item.
170	A4340	-	OS	Indwelling catheter special	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	-
171	A4341		OS	Iduc valve pat inst repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/29 days	Not on WV 2024 DME FS		inFlow Intraurethral Valve-Pump system (Vesiflo, Inc.) Activator and charging base are provided at the time of initial issue in the treating practitioner's office. The inFlow device (A4341) is considered to be reasonable and necessary as an alternative to intermittent catheterization for beneficiaries with Permanent Urinary Retention (PUR) due to Impaired Detrusor Contractility (IDC). One (1) inFlow device may be covered no more than once every 29 days. Claims for the inFlow device billed more than once every 29 days will be denied. L33803

	A	B	C	D	E	F	G	H	I	J	K	L	M
172	A4342	-	OS	Duc valve sply repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/29 days	Not on WV 2024 DME FS	-	-
173	A4344	-	OS	Cath indw foley 2 way , all silicone or polyurethane, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	-
174	A4346	-	OS	Cath indw foley 3 way	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/day x 14 days	-	Covered if continuous irrigation medically necessary.
175	A4349	-	OS	Disposable male external cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Not exceed 35/month	31/rolling month	-	Not billable w/adhesive strips or tape.
176	A4351	-	OS	Straight tip urine catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	200/month	-	Not billable w/A4353.
177	A4351	AU	OS	Straight tip urine catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	200/month	200/month	-	-
178	A4352	-	OS	Coude tip urinary catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	200/rolling month	-	Not billable w/A4353.
179	A4352	AU	OS	Coude tip urinary catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	200/month	200/rolling month	-	Coude cath for females rarely medically necessary.
180	A4353	-	OS	Intermittent urinary cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode strl intermit cath	200/rolling month	-	Not billable w/A4310, A4332, A4351, A4352.
181	A4353	AU	OS	Intermittent urinary cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	200/month	-	-	-
182	A4354	-	OS	Cath insertion tray w/bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Not billable w/A4310, A4332, A4357, A4331.
183	A4355	-	OS	Bladder irrigation tubing set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day x 14 days	1/day x 14 days	-	For continuous irrigation or history of cath obstruction.
184	A4356	-	OS	Ext ureth clmp or compr dvc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/3 rolling months	-	-
185	A4357	-	OS	Bedside drainage bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A4331.
186	A4358	-	OS	Urinary leg or abdomen bag/with straps	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A4331, A5113, A5114, A4335.
187	A4360	-	OS	Disposable external urethral clamp or compression device, with pad and/or pouch, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Listed as non covered in CMS Urological Supplies - Policy Article
188	A4361	-	OS	Ostomy face plate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/6 month	3/6 rolling months	-	Not billable w/A4375-A4383.
189	A4362	-	OS	Solid skin barrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	See codes A4461, A4463.
190	A4363	-	OS	Ostomy clamp, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	20/rolling month	-	Not billable w/ostomy pouch, only as replacement.
191	A4364	-	OS	Adhesive, liquid or equal, any type, per oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	-

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192	A4366	-	OS	Ostomy vent	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Not billable w/A4416-A4419, A4423-A4425, A4427.
193	A4367	-	OS	Ostomy belt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/6 rolling months	-	-
194	A4368	-	OS	Ostomy filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	-
195	A4369	-	OS	Skin barrier liquid per oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2oz/month	2oz/rolling month	-	Not billable w/A5119.
196	A4371	-	OS	Skin barrier powder per oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10oz/6 month	10oz/6 rolling months	-	-
197	A4372	-	OS	Skin barrier solid 4x4 equiv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	-
198	A4373	-	OS	Skin barrier with flange	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	-
199	A4375	-	OS	Drainable plastic pch w fcpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Not billable w/A4361, A4377, A4379. Reusable.
200	A4376	-	OS	Drainable rubber pch w fcpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Not billable w/A4361, A4378, A4381, A4382. Reusable.
201	A4377	-	OS	Drainable plastic pch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4375. Comes in package of 5.
202	A4378	-	OS	Drainable rubber pch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4376.
203	A4379	-	OS	Urinary plastic pouch w fcpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4381, A4382.
204	A4380	-	OS	Urinary rubber pouch w fcpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4383.
205	A4381	-	OS	Urinary plastic pouch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4379, A4382.
206	A4382	-	OS	Urinary hvy plastic pch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4379, A4381.
207	A4383	-	OS	Urinary rubber pouch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4380.
208	A4384	-	OS	Ostomy facepl/silicone ring	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	-
209	A4385	-	OS	Ostomy skin barrier sld ext wear	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	MHT dx: Z93.2-Z93.6, Z43.2-Z43.6. Sold in box of 10.
210	A4387	-	OS	Ostomy closed pouch w att st barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
211	A4388	-	OS	Drainable pouch w ext wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
212	A4389	-	OS	Drainable pch w st wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
213	A4390	-	OS	Drainable pch ex wear convex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
214	A4391	-	OS	Urinary pouch w ex wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	Sold in box of 10.
215	A4392	-	OS	Urinary pouch w st wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	Sold in box of 10.
216	A4393	-	OS	Urine pch w ex wear bar conv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	-
217	A4394	-	OS	Ostomy pouch liq deodorant	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	16oz/month	16oz/rolling month	-	Comes in 8 ounce bottles.
218	A4395	-	OS	Ostomy pouch solid deodorant	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	-
219	A4396	-	OS	Peristomal hernia supprt blt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/year	2/rolling year	-	-
220	A4397	-	OS	Irrigation supply sleeve	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/month	4/rolling month	-	-
221	A4398	-	OS	Ostomy irrigation bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	-
222	A4399	-	OS	Ostomy irrigation supply; cone/catheter, with or w/o brush	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	-
223	A44XX	-	-	Belt, Strap, Sleeve, Garment, or Covering, any type. New code for the STUD(Sleep Therapy Under Disk Decompression) device	N/C	N/C	NC	N/C	N/C	-	-	-	Temp HCPCS code. The prefabricated, over-the-counter STUD device is comprised of a head band that is made of soft, flexible interface material. The head band attaches via elastic straps to the "upper extremity Orthosis" or yoke that is made of stretchable neoprene foam-based materials, which runs behind the neck and attaches to over-the-shoulder elastic straps, which, in turn, attach to leg bands worn on the upper thigh.

	A	B	C	D	E	F	G	H	I	J	K	L	M
224	A4400	-	OS	Ostomy irrigation set	NC	NC	N/C	NC	No prior authorization required	-	1/rolling year	-	Only valid for MHT and PEIA. ASO/Commercial/Medicare: Code A4400 (Ostomy irrigation set) is not valid for claim submission. If an irrigation kit is supplied, the individual components should be billed using individual codes, A4398 and A4399.
225	A4402	-	OS	Lubricant per ounce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	For use with clean, non-sterile catheterization techniques.
226	A4404	-	OS	Ostomy ring each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	-
227	A4405	-	OS	Nonpectin based ostomy paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	-
228	A4406	-	OS	Pectin based ostomy paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	-
229	A4407	-	OS	Ext wear ost skn barr <=4sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
230	A4408	-	OS	Ext wear ost skn barr >4sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
231	A4409	-	OS	Ost skn barr convex <=4 sq "	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	PEIA status code P
232	A4410	-	OS	Ost skn barr extnd >4 sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
233	A4411	-	OS	Ost skn barr extnd =4sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
234	A4412	-	OS	Ost pouch drain high output	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
235	A4413	-	OS	2 pc drainable ost pouch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
236	A4414	-	OS	Ost sknbar w/o conv<=4 sq "	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
237	A4415	-	OS	Ost skn barr w/o conv >4 sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
238	A4416	-	OS	Ost pch clsd w barrier/filtr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
239	A4417	-	OS	Ost pch w bar/bltinconv/fltr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
240	A4418	-	OS	Ost pch clsd w/o bar w filtr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
241	A4419	-	OS	Ost pch for bar w flange/fit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.

	A	B	C	D	E	F	G	H	I	J	K	L	M
242	A4420	-	OS	Ost pch clsd for bar w lk fl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	Invoice Required	For WV MHT requires ICD-10 Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6.
243	A4421	-	OS	Ostomy supply, miscellaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	
244	A4422	-	OS	Ost pouch absorbent material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	1/day	-	-
245	A4423	-	OS	Ost pch for bar w lk fl/ftlr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
246	A4424	-	OS	Ost pch drain w bar & filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A4366.
247	A4425	-	OS	Ost pch drain for barrier fl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A4366.
248	A4426	-	OS	Ost pch drain 2 piece system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
249	A4427	-	OS	Ost pch drain/barr lk flng/f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A4366.
250	A4428	-	OS	Urine ost pouch w faucet/tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	Come in boxes of 10.
251	A4429	-	OS	Urine ost pouch w b/ltinconv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
252	A4430	-	OS	Ost urine pch w b/ltin conv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Comes in box of 5.
253	A4431	-	OS	Ost pch urine w barrier/tapv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
254	A4432	-	OS	Os pch urine w bar/flange/tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
255	A4433	-	OS	Urine ost pch bar w lock fln	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
256	A4434	-	OS	Ost pch urine w lock flng/ft	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
257	A4435	-	OS	Ostomy pouch, drainable, high output, w/ extended wear barrier (one-piece system) with or w/o filter, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Comes in box of 10.

	A	B	C	D	E	F	G	H	I	J	K	L	M
258	A4436	-	-	Irrigation supply; sleeve, reusable, per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/month	-	-	Code represents a month's irrigation sleeve supply allowance. One unit of service would be billed regardless of how many sleeves are required. If the beneficiary requires more than the monthly limit of four sleeves, the supplier must deliver the additional sleeves to the beneficiary. MM12521 - Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
259	A4437	-	-	Irrigation supply; sleeve, disposable, per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/month	-	-	As above. MM12521 - Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
260	A4450	AU	OS	Waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	Urinary incontinence & ostomy, tracheostomy. Providers are reminded to use the AU modifier when used for tracheostomy.
261	A4450	AV	OS	Non-waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	Prosthetic or orthotic
262	A4450	AW	OS	Non-waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	Based on dressing size. Providers are reminded to use appropriate modifiers.
263	A4452	AU	OS	Waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	For urinary incontinence, ostomy, tracheostomy. Providers are reminded to use appropriate modifier.
264	A4452	AV	OS	Waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	Prosthetic or orthotic
265	A4452	AW	OS	Waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	Based on dressing size.
266	A4455	-	OS	Adhesive remover/oz (Ostomy only)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	16oz/6 months	16oz/rolling month	-	Not separately billable w/TENS E0720 or E0730. MHT quantity limit may be a typo but it is what it says on the manual
267	A4456	-	OS	Adhesive remover, wipes, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1(50)/M	1(50)/rolling M	-	Replaces Code A4365. ostomy only.

	A	B	C	D	E	F	G	H	I	J	K	L	M
268	A4457	-	OS	Enema tube, with or without adapter, any type, replacement only, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1013.THP requires prior authorization. Not covered for ASO/ Medicare. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36267&ver=36 Might be NC versus PA. Listed as Noncovered on PEIA RBRVS FS. Not On PEIA DME FS.
269	A4458	-	OS	Enema bag w/tubing, reusable	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not On PEIA DME FS. Status X on PEIA RBRVS. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36267&ver=36
270	A4459	-	OS	Manual pump operated enema system, includes balloon, catheter and all accessories, reusable, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Peristeen® Transanal Irrigation System. For refilling items for the Peristeen providers are to use A9270- noncovered item. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36267&ver=36 Not On PEIA DME FS. Status X on PEIA RBRVS shown on MHT non-covered code list.
271	A4461	AW	SD	Surgical dress hold non-reuse	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling year	-	-
272	A4463	AW	SD	Surgical dress holder reuse	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/year	1/rolling year	-	-
273	A4465	AW	SD	Non-elastic binder for extremity	N/C	N/C	N/C	N/C	N/C	-	-	-	Not on PEIA DME FS. Status code P on RBRVS.
274	A4467	AW	SD	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Elastic support garments are not covered because they are not rigid or semi-rigid devices. They are neoprene or spandex w/ no hard joints or stays. https://med.noridianmedicare.com/web/jddme/policies/dm-d-articles/correct-coding-and-coverage-braces-constructed-primarily-of-elastic-or-other-fabric-materials-revised .
275	A4468	-	-	Exsufflation belt, incl all supplies and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1021 https://www.hcpcsdata.com/Codes/A/A4468 A4648 is bundled into the MS-DRG payment if provided in a facility.

	A	B	C	D	E	F	G	H	I	J	K	L	M
276	A4470	-	SD	Gravlee jet washer	RZ	RZ	RZ	RZ	N/C	-	-	-	Not on PEIA DME FS. Status code P on PEIA RBRVS. https://www.hcpcsdata.com/Codes/A/A4470
277	A4480	-	SD	VABRA aspirator	RZ	RZ	RZ	RZ	N/C	-	-	-	Not on PEIA DME FS. Status code P on PEIA RBRVS. https://www.hcpcsdata.com/Codes/A/A4480
278	A4481	-	OS	Tracheostoma filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Not on PEIA Dme FS. Status code P on PEIA RBRVS
279	A4483	-	OS	Moisture exchanger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	A4483 is a moisture exchanger that is used only with an invasive mechanical ventilator and should not be billed as an HME over a tracheostoma.
280	A4490	-	-	Surgical stockings, AK length	N/C	N/C	N/C	N/C	No prior authorization required	-	4/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
281	A4495	-	-	Surgical stockings, thigh length, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
282	A4500	-	-	Surgical stocking, BK length, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
283	A4510	-	-	Surgical stocking, full length, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	2/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
284	A4520	-	-	Incontinence garment, any type	N/C	N/C	N/C	N/C	No prior authorization required	-	200/rolling month	Invoice Required or will default to WV MHT rate	For MHT members 3 yrs. or older. If billed as single item or combination of A4520 & A4554, T4535 total units allowed is 250. No authorization over allowable permitted per WV MHT. Claims analysts and customer service reps may refer to BMS. N on PEIA RBRVS FS. Not on PEIA DME FS.
285	A4540	-	-	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1023 Not on PEIA DME FS and N on PEIA RBRVS. https://www.cms.gov/regulatory-and-guidance/guidance/manuals/downloads/bp102c15.pdf
286	A4541	-	-	Monthly supplies for use of device coded at E0733 (Trigeminal nerve stimulator).	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1017 Base code E0733 currently insufficient peer review literature for coverage.
287	A4542	-	-	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	every ninety (90) days	Not on WV 2024 DME FS	-	Replaces K1019. Only covered if code E0734 is covered. Can be billed w/ issue of E0734. Incl wrist band, electrodes and all supplies needed for E0734 performance.

	A	B	C	D	E	F	G	H	I	J	K	L	M
288	A4543	-	-	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	The P-Stim and E-Pulse devices (not all inclusive list) for auricular electrostimulation are non-covered item or service. Medicare does not cover auricular peripheral nerve stimulation because acupuncture for auricular stimulation is not considered reasonable and necessary.
289	A4544	-	-	Electrode for external lower extremity nerve stimulator for restless legs syndrome	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Noctrix Health's Nidra™ Tonic Motor Activation (TOMAC) therapy (E0743). Not covered, therefore supplies and accessories are not covered.
290	A4545	-	-	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
291	A4550	-	-	Surgical tray	RZ	RZ	RZ	RZ	No prior authorization required	-	15/rolling month	-	Not covered as HME.(Home medical equipment). WV MHT covers as Home Health supply.
292	A4553	-	-	Non-disposable underpads	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
293	A4554	-	-	Disposable underpads, all sizes	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	150/rolling month	Invoice Required or will default to WV MHT rate	For members 3 yrs. or older. If billed as a single item or combination of A4520 & A4554, T4535 total units allowed is 250. No authorization over allowable permitted per WV MHT. Claims analysts and customer service reps may refer to BMS.
294	A4555	-	-	Electrode/ transducer for use with electrical stimulation device used for cancer treatment, replacement only	RZ	RZ	RZ	N/C- RZ	No prior authorization required	-	-	Invoice required	NSB with code E0766. E0766 is a continual rental for Medicare so supplies will never be sep billable. MHT E0766 is a capped rental. Immunization code I on PEIA RBRVS.
295	A4556	-	SU	Electrodes (E.G. Apnea Monitor) per pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	NSB w/ apnea monitor (E0618, E0619) or TENS Unit (E0720, E0730). Apnea monitor WV MHT max age 12 months.

	A	B	C	D	E	F	G	H	I	J	K	L	M
296	A4557	-	SU	Lead wires (e.g. apnea monitor, TENS unit) per pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 / 12 months	2/rolling month	-	MHT Max age 12 months for an Apnea Monitor. Not separately billable w/ apnea monitor. Not covered if TENS unit not covered.
297	A4558	-	SU	Conductive gel or paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 per 12 months	Not on WV 2024 DME FS	-	-
298	A4559	-	SU	Coupling gel or paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	For use w/ultrasonic device, covered if device covered.
299	A4560	-	-	Neuromusc electrical stim (NMES), disposable, repl only	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	N on PEIA RBRVS and not on PEIA DME FS. Describes geko™ T-3 and geko™ W-3 devices. extension://efaidnbmnnnibpc ajpcgclefindmkaj/https://www.cms.gov/files/document/2022-hcpcs-application-summary-biannual-2-2022-non-drug-and-non-biological-items-and-services.pdf
300	A4561	-	PO	Pessary rubber, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/per Lifetime.	-	-
301	A4562	-	PO	Pessary, non rubber, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/per Lifetime.	-	-
302	A4563	-	PO	Rectal control sys for vaginal insertion, long term use, incl pump and all supplies and access, any type, ea.	N/C	N/C	N/C	N/C	N/C	Not covered under the DME MAC	Not on WV 2024 DME FS	-	Medicare status X. On Policy Stats policy experimental and investigational list. https://thehealthplan.policystat.com/policy/14533046/latest (Eclipse Vaginal Insert system - Pelvalon, Inc)
303	A4565	-	SC	Sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per lifetime	-	May Reimbursed under physician's SCHEDULE not under the durable medical equipment benefit/possibly bundled if post surgical. In some circumstances may need to bill appropriate Q code instead.
304	A4566	-	SO	Shoulder sling or vest design, abduction restrainer, w/ or w/o swathe control, prefabricated, includes fitting and adjustment	NC	NC	N/C	NC	N/C	-	Not on WV 2024 DME FS	-	Medicare: Noncovered: no benefit category. Not on PEIA DME FS. Staus I on PEIA RBRVS.

	A	B	C	D	E	F	G	H	I	J	K	L	M
305	A4570	-	-	Splint	N/C/RZ	N/C/RZ	N/C/RZ	N/C/RZ	No prior authorization required	-	2/6 rolling months	-	May be considered incidental to physician service. Provider to bill using correct V&Q codes/where applicable.
306	A4575	-	-	Disposable hyperbaric oxygen chamber	N/C	N/C	N/C	N/C	N/C	-	-	-	This is not on MHT 2024 Fee schedule or internet manual. It is not covered by Medicare. LCD L33797 2023 revision NOT Covered. Not on PEIA DME FS
307	A4580	-	-	Cast supplies, plaster	N/C	N/C	N/C	N/C	N/C	-	-	-	Bill Q4001 - Q4051 for cast supplies. Not on PEIA DME FS
308	A4590	-	-	Casting material, fiberglass	N/C	N/C	N/C	N/C	N/C	-	-	-	Bill Q4001 - Q4051 for cast supplies.
309	A4593	-	-	Neuromodulation Stimulator sys, adjunct to rehab therapy regime, controller	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Not on WV 2024 DME FS	-	New Code 2024 PoNS® by Helios Medical Technologies Usually considered I&E. Controller.
310	A4594	-	-	Neuromodulation stim sys, adjunct to reh therapy regime, mouthpiece, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Not on WV 2024 DME FS	-	New code 2024 PoNS® by Helios Medical Technologies Usually considered I&E. Mouthpiece.
311	A4595	-	SU	Tens suppl 2 lead per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/month w/E0720	-	Not billable w/A4556, A4558, A4630. not covered if TENS not covered
312	A4595	-	SU	Tens suppl 4 lead per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/month w/E0730	-	Not billable w/A4556, A4558, A4630. Not covered if TENS not covered
313	A4596	-	SU	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	N/C	N/C	N/C	N/C	N/C	-	-	-	Not usually covered. Considered experimental and investigational by certain LOB. Code E0732(CES) is not covered, therefore supplies will not be covered.
314	A4600	-	-	Sleeve for intermit limb compress device, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	It is not reimbursable for LOB where E0676 is not covered.
315	A4601	-	IN	Lithium ion battery , rechargeable, nonprosthetic use, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime	4/rolling year	Invoice Required	Not covered for use w/ E0676. Covered for use w/ covered SGD- speech generating devices. Article A52469
316	A4602	-	IN	Replacement battery for external infusion pump owned by patient, lithium 1.5 volt ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime	Not on WV 2024 DME FS	Invoice Required	Since InterQual does not address. Use the battery codes listed in external infusion pump LCD L33794. article A52507.

	A	B	C	D	E	F	G	H	I	J	K	L	M
317	A4604	NU	IN	Tubing with heating element	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/rolling month	-	Not billable w/A7037, E0471, E0472.
318	A4605	NU	IN	Trach suction cath close sys	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Connected to ventilator. Left in place for SX.
319	A4606	NU	IN	Oxygen probe (replacement)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2-3/month	2/rolling month	Invoice Required-	Not separately reimbursable w/E0445 w/unit under cap rental. Not separately reimbursable during rental period of oxygen.
320	A4608	-	OX	Transtracheal oxygen cath	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	NSB during 36 m rental period of O2. Not covered w/ member owned oxygen. NSB w/ vents.
321	A4611	-	OX	Battery, heavy duty, replacement, pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
322	A4612	-	OX	Battery cables, replacement, pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
323	A4613	-	OX	Battery charger, replacement for pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
324	A4614	-	IN	Hand-held PEFR meter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime	1 per lifetime	-	On PEIA DME FS
325	A4615	-	SU	Cannula nasal	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	NSB with O2/vent rental. Not covered w/ member owned equipment. On PEIA DME FS
326	A4616	-	SU	Tubing (oxygen) per foot	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	NSB with O2/vent rental. Not covered w/ member owned equipment. On PEIA DME FS .
327	A4617	-	SU	Mouth piece	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	NSB with O2/vent rental. Not covered w/ member owned equipment. On PEIA DME FS.
328	A4618	NU	IN	Breathing circuits	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	4/month	-	-	NSB o2 or vent rental

	A	B	C	D	E	F	G	H	I	J	K	L	M
329	A4619	-	IN	Face tent	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	No prior authorization required	1/month	1/rolling month	-	MHT/billable only w/E0570. Other LOB Accessories, including but not limited to, trans-tracheal catheters (A4608), cannulas (A4615), tubing (A4616), mouthpieces (A4617), face tent (A4619), masks (A4620, A7525), oxygen conserving devices (A9900), oxygen tent (E0455), humidifiers (E0555), nebulizer for humidification (E0580), regulators (E1353), and stand/rack (E1355) are included in the allowance for rented oxygen equipment. The supplier must provide any accessory ordered by the treating practitioner. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered.
330	A4620	-	SU	Variable concentration mask	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV 2024 DME FS	-	Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.). Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered.
331	A4623	-	OS	Tracheostomy inner cannula	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling month	-	Tracheal suctioning Per CMS, this code may be used for several different applications. Service Limits and Reimbursement is based on individual patients needs.
332	A4624	NU	IN	Tracheal suction catheter, any type other than closed system, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day 3/ week	90/rolling month	-	Tracheal suctioning. Medicare/Comm/PEIA/ASO More than three A4624 catheters per day will be denied as not reasonable and necessary for tracheostomy suctioning. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered.

	A	B	C	D	E	F	G	H	I	J	K	L	M
333	A4625	-	OS	Trach care kit for new trach	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day first 14 days	1/day first 14 days per lifetime	-	Not billable w/A4626 or A4629.
334	A4626	-	OS	Tracheostomy cleaning brush	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required	No prior authorization required/RZ	N/C	-	Not on WV 2024 DME FS	-	Included in A4625 & A4629 / tracheostomy care kits.
335	A4627	-	-	Spacer bag or reservoir, use w/MDI	N/C	N/C	N/C	N/C	No prior authorization required	-	1 per Lifetime	Invoice Required	Not ON PEIA DME FS. Listed as not covered on PEIA RBRVS.
336	A4628	NU	IN	Oropharyngeal suction cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3xw or 12/month	90/rolling month	-	More than 3xw requires prior authorization. A4628 is covered and is separately payable when they are medically necessary and used with a medically necessary E0600 pump. L33612 coverage article.
337	A4629	-	OS	Tracheostomy care kit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Start 14 days post op. All LOB not billable w/A4625, A4626.
338	A4630	NU	IN	Replace bat t.e.n.s. own by pt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/ 6 months	Not on WV 2024 DME FS	-	NSB if A4595 also billed same day/month. NC if TENS not covered. I.e. lower back pain.
339	A4633	NU	IN	Uvl replacement bulb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/5 years	Not on WV 2024 DME FS	-	For pt owned E0691-E0694. Philips UVB- Narrowband bulbs have RUL 5-10 years. The Health Plan will not replace bulbs more often than once every 5 years, unless there is medical documentation that longer treatment times are medically contraindicated.
340	A4634	-	-	Replacement bulb, light box	N/C	N/C	N/C	N/C	N/C	-	2/2 rolling years	-	E0203 Light box table top model N/C. Not on PEIA DME FS.
341	A4635	NU	IN	Underarm crutch pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/2years	-	-	Not billable w/E0110 - E0114, E0116.
342	A4636	NU	IN	Handgrip for cane etc.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/2years	2/2 rolling years	-	Not billable w/E0100, E0105, E0110-E0114, E0130, E0135, E0140, E0141, E0143, E0147-E0149.
343	A4637	NU	IN	Replace tip cane/crutch/walker	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/year	4/rolling year	-	Not billable w/E0100, E0105, E0110-E0114, E0130, E0135, E0140, E0141, E0143, E0147-E0149.
344	A4638	NU	IN	Replace batt pulse gen sys	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-

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345	A4639	NU	CR	Infrared ht sys replacement pad	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
346	A4640	NU RR	IN	Alternating pressure pad, replacement for patient owned equipment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/12months	-	-	Not billable w/ E0181, E0182. MHT not reimbursable with E0181
347	A4649	-	-	Surgical supply, Miscel	Yes, prior authorization required	Yes, prior authorization required	Not on PEIA DME FS	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Should only be used if a more specific code is unavailable. Covered as a Home DME supply for MHT LOB only.
348	A4653	-	-	Peritoneal dialysis cath anchor	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	-	-	Invoice required	Dialysis supply. Not sep billable as DME. May be covered under IPPS, OPS or ASC Schedules.
349	A4660	-	-	Sphygmomanometer w/cuff, steth	see comment	see comment	see comment	see comment	N/C	-	Not on WV 2024 DME FS	-	In Home Dialysis Supply. NSB DME Providers. NSB professional services.
350	A4663	-	-	Blood pressure, cuff only	see comment	see comment	see comment	see comment	N/C	-	Not on WV 2024 DME FS	-	Dialysis Supply. In home dialysis only. NSB to DME suppliers. NSB w/ professional service.
351	A4670	-	-	Automatic blood pressure monitor	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	May be provided as part of incentive or wellness program or HSA benefit etc..
352	A4927	-	-	Gloves, nonsterile, per 100	See comment	See comment	See comment	See comment	See comment	In home dialysis supply	1 box of (100) per rolling month	Contract Specific. Invoice Required.	Medicare Members Dialysis Supply. NSB to DME suppliers. NSB w/ professional service. MHT covered for HH ICD10 dx code B20 or N181.1-N181.5 Only.
353	A4928	-	-	Surgical mask, per 20	See comment	See comment	See comment	See comment	See comment	In home dialysis supply	1 box 20. supplies may be limited by supplier	Contract Specific	Medicare Members Dialysis Supply. NSB to DME suppliers. MHT was allowing d/t covid only.
354	A4930	-	-	Gloves, sterile, per pair	See comment	See comment	See comment	See comment	N/C	In home dialysis supply	-	Contract Specific	Dialysis Supply Medicare Members Only. NSB to DME suppliers. NSB w/ professional service.
355	A5051	-	OS	Pouch clsd w barr attached	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
356	A5052	-	OS	Clsd ostomy pouch w/o barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3

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357	A5053	-	OS	Clsd ostomy pouch faceplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
358	A5054	-	OS	Clsd ostomy pouch w/flange	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
359	A5055	-	OS	Stoma cap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
360	A5056	-	OS	Ostomy pouch, drainable, w/ extended wear barrier, attached w/filter(1 piece),ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
361	A5057	-	OS	Ostomy pouch, drainable, w/ extended wear barrier attached, w/ built in convexity, w/filter (1 piece),ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
362	A5061	-	OS	Pouch drainable w barrier at	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A5081, A6246. MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
363	A5062	-	OS	Drmbale ostomy pouch w/o barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
364	A5063	-	OS	Drain ostomy pouch w/flange	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
365	A5071	-	OS	Urinary pouch w/barrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
366	A5072	-	OS	Urinary pouch w/o barrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
367	A5073	-	OS	Urinary pouch on barr w/flng	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
368	A5081	-	OS	Stoma plug or seal, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Not billable w/A5055, A6216. MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
369	A5082	-	OS	Continent stoma catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, or Z43.6
370	A5083	-	OS	Continent device, stoma absorptive cover for continent stoma	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	150/month	31/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, or Z43.6

	A	B	C	D	E	F	G	H	I	J	K	L	M
371	A5093	-	OS	Ostomy accessory convex inse	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, or Z43.6
372	A5102	-	OS	Bedside drain btl w/wo tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	Not billable w/A4357.
373	A5105	-	OS	Urinary suspensory w/leg bag, w/or w/o tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	Not billable w/A4331, A4358, A5112-A5114.
374	A5112	-	OS	Urinary drainage bag, leg or abdomen, latex, with or w/o tube, w/ straps, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	Not billable w/A5113, A5114.
375	A5113	-	OS	Latex leg strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A5112, A5114
376	A5114	-	OS	Foam/fabric leg strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A5112, A5113.
377	A5120	AU	OS	Skin barrier, wipes or swabs 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 (150) per 6 months	3 (150) per rolling month	-	Ostomy. Providers are reminded to use appropriate modifiers. Also allowed with surgical dressings if medically necessary.
378	A5120	AV	PO	Skin barrier, wipes or swabs 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 (150) per 6 months	3 (150) per rolling month	-	Prosthetics / Orthotics.
379	A5121	-	OS	Solid skin barrier 6x6	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
380	A5122	-	OS	Solid skin barrier 8x8	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
381	A5126	-	OS	Disk/foam pad w/wo adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
382	A5131	-	OS	Appliance cleaner per 16 oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	For urology supplies used w/A5102, A5105, & A5112 only.
383	A5200	-	OS	Percutaneous catheter anchor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	12/month	Not on WV 2024 DME FS	-	For suprapubic tube or nephrostomy tube, only. It is covered and separately payable when it is used to anchor a covered suprapubic tube or nephrostomy tube. If code A5200 is used to anchor an indwelling urethral catheter, the claim will be denied as not reasonable and necessary.
384	A5500	-	TS	Diab shoe for depth inlay, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	Includes 1st pair inserts.
385	A5501	-	TS	Diabetic shoe molded from cast of patients foot, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	Includes 1st pair inserts.

	A	B	C	D	E	F	G	H	I	J	K	L	M
386	A5503	-	TS	Diabetic shoe, modifications to off the shelf, or custom molded shoe w/roller or rigid rocker bottom, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
387	A5504	-	TS	Diabetic shoe depth inlay w/wedge, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
388	A5505	-	TS	Diab shoe w/metatarsal bar, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
389	A5506	-	TS	Diabetic she w/off-set heel, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
390	A5507	-	TS	NOS modifications depth inlay shoe, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts . Description & Invoice Required.
391	A5508	-	TS	Deluxe feature, diabetic shoe, pr shoe	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Medicare(Local coverage Article A52501) not covered. PEIA RBRVS status code X
392	A5510	-	TS	Diabetic shoe, prefab, direct formed compression molded w/o external heat source	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	Invoice Required	Need documentation why A5500, A5501 not appropriate. Invoice Required.
393	A5512	-	TS	Multi density insert, direct mold, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 pr/cal year	3 pr/cal year	-	W/A5500, PDAC verification required
394	A5512	-	TS	Multi density insert, direct mold, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 pr/cal year	3 pr/cal year	-	W/A5501, PDAC verification required
395	A5513	-	TS	Multi density insert, custom mold, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 pr/cal year	3 pr/cal year	-	W/A5500, PDAC verification required
396	A5513	-	TS	For Diabetics only, Multi density insert, custom molded from model of patient's foot, total contact with patients foot, including arch, base layer, minimum of 3/16 inch material of a shore a 35 durometer (or higher) etc.... EACH	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 pr/cal year	3 pr/cal year	-	W/A5501, PDAC verification required.

	A	B	C	D	E	F	G	H	I	J	K	L	M
397	A5514	-	TS	For diabetics only, multi dens insert, made by direct carving with can tech from a rectified CAD model, created from a digitized scan of the patient, etc..	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	No prior authorization required	2 pr/cal year	3 pr/cal year	-	Not on WV MHT covered O&P or Non covered. But is on the BMS fee schedule for 2023. This is a valid 2023 HCPCS code and in Medicare LCD so why do the other shoes/inserts for diabetes require prior authorization and this one does not on the internet THP prior authorization list an CPT tool
398	A6000	-	-	Wound warming cover	N/C	N/C	NC	N/C	N/C	-	Not on WV 2024 DME FS	-	Used with the non contact wound-warming device and warming card. On both Medicare and MHT list of noncovered items.
399	A6010	-	SD	Collagen based wound filler	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. Can stay in place up to 7 days. On MHT list of noncovered items.
400	A6011	AW	SD	Collagen based wound filler, gel/paste, per gram of collagen	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 10 grams per month	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. Can stay in place up to 7 days. On MHT list of noncovered items.
401	A6021	AW	SD	Collagen dressing, sterile <=16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 30/month. Usual change is 1/week	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. PDAC verification required. Can stay in place up to 7 days. On MHT list of noncovered items.
402	A6022	AW	SD	Collagen drsg, sterile>6<=48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 30/month. Usual change is 1/week	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. PDAC verification required. Can stay in place up to 7 days. On MHT list of noncovered items.

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403	A6023	AW	SD	Collagen dressing, sterile >48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 30/month. Usual change is 1/week	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. PDAC verification required. Can stay in place up to 7 days. On MHT list of noncovered items.
404	A6024	AW	SD	Collagen dsq, sterile wound filler per 6 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	10 (6 in) units/month	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. PDAC verification required. Can stay in place up to 7 days. On MHT list of noncovered items.
405	A6025	AW	SD	Gel sheet for dermal/epidermal application, (e.G, silicone, hydrogel, other) ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Most wounds 1 gel sheet/week. Total 5/month	Not on WV 2024 DME FS	Invoice required	Code A6025 should only be used for gel sheets used for the treatment of keloids or other scars. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54563 . On MHT list of noncovered items. Status code X PEIA RBRVS. Monitor for cosmetic/exclusions
406	A6154	AW	SD	Wound pouch each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	31/rolling month	-	1 month supply at a time unless more is authorized. Most wounds can be served with 1 pouch per week per wound.
407	A6196	AW	SD	Alginate drsng < = 16 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. 1 unit =6 in.
408	A6197	AW	SD	Alginate drsng >16 < = 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
409	A6198	AW	SD	Alginate drsng > 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
410	A6199	AW	SD	Alginate drsng wound filler, sterile, per 6 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 units or 12"/day (change)	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
411	A6203	AW	SD	Composite dressing < = 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.

	A	B	C	D	E	F	G	H	I	J	K	L	M
412	A6204	AW	SD	Composite dressing > 16 < = 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.
413	A6205	AW	SD	Composite dressing > 48 sqs in, w/any size adhsv border, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Status code P on PEA RBRVS.
414	A6206	AW	SD	Contact layer < = 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	5/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
415	A6207	AW	SD	Contact layer > 16 < = 48 sq in, to line the wound	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	5/rolling month	-	1 month supply at a time unless more is authorized.
416	A6208	AW	SD	Contact layer > 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	5/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
417	A6209	AW	SD	Foam drsg < = 16 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
418	A6210	AW	SD	Foam drsg < 16 < = 48 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcer. Must have moderate to heavy exudate.
419	A6211	AW	SD	Foam drsg > 48 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
420	A6212	AW	SD	Foam drsg < = 16 sq in w/borders, stage III & IV pressure ulcers	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
421	A6213	AW	SD	Foam drsg, wnd cvr > 16 sq in < = 48 sq in w/adhsv border, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	Invoice required for all LOB except MHT	1 month supply at a time unless more is authorized. Stage III / IV Pressure Ulcers. Must have moderate to heavy exudate.
422	A6214	AW	SD	Foam drsg > 48 sq in w/borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
423	A6215	AW	SD	Foam drsg, wound filler, per gram,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.

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424	A6216	AU	OS	Non-sterile gauze < + 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month Ostomy	90/rolling month	-	N/C for urological use. 1 month supply at a time unless authed. MHT not reimburseable with A5055 and A5081.
425	A6216	AW	SD	Non-sterile gauze < = 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-2/wound up to 3xd	90/rolling month, surgical dressings	-	Usually for dressings without borders. See surgical dressing tab. 1xd for dressing with border.
426	A6217	AW	SD	Non-sterile gauze > 16 < = 48 sq	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
427	A6218	AW	SD	Non-sterile gauze > 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Status code P on PEIA RBRVS.
428	A6219	AW	SD	Gauze < = 16 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
429	A6220	AW	SD	Gauze > 16 < = 48 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
430	A6221	AW	SD	Gauze > 48 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	60/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Status code P on PEIA RBRVS.
431	A6222	AW	SD	Gauze < = 16 in no w/sal w/o b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
432	A6223	AW	SD	Gauze > 16 < = 48 no w/sal w/o b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
433	A6224	AW	SD	Gauze > 48 in no w/sal w/o b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
434	A6228	-	SD	Gauze > = 16 sq in water/saline impregnated	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	No medical necessity for these dressings per Medicare and BMS
435	A6229	-	SD	Gauze > 16 < = 48 sq in watr/sal Impregnated	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	No medical necessity for these dressings per Medicare and BMS.
436	A6230	-	SD	Gauze > 48 sq in water/saline impregnated	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	No medical necessity for these dressings per Medicare and BMS. Is on PEIA RBRVS status code P. ?
437	A6231	-	SD	Hydrogel drsg < = 16 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week adhe border 1 xd w/o adh border	12/rolling month	-	Minimal to no exudate wounds. 3xw for dressing w/ adhesive border. Stage III & IV pressure ulcers only
438	A6232	-	SD	Hydrogel drsg > 16 < 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week adhe border 1 xd w/o adh border	12/rolling month	-	Minimal to no exudate wounds. 3xw for dressing w/ adhesive border. 1 x d w/o adh border. Stage III & IV pressure ulcers.

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439	A6233	-	SD	Hydrogel drsg > 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week adhe border 1 xd w/o adh border	12/rolling month	-	Minimal to no exudate wounds. 3xw for dressing w/ adhesive border. Stage III & IV pressure ulcers.
440	A6234	-	SD	Hydrocolloid drsg < = 16 w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
441	A6235	-	SD	Hydrocolloid drsg > 16 < = 48 w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
442	A6236	-	SD	Hydrocolloid drsg > 48 sq in , w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
443	A6237	-	SD	Hydrocolloid drsg > 16 sq in, with borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
444	A6238	-	SD	Hydrocolloid drsg >16<=48 sq in, w/brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
445	A6239	-	SD	Hydrocolloid drsg >48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
446	A6240	-	SD	Hydrocolloid filler paste,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
447	A6241	-	SD	Hydrocolloid drsg filler, dry,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
448	A6242	-	SD	Hydrogel drsg<16 sq in w/o border,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
449	A6243	-	SD	Hydrogel drsg >16<=48 sq in, w/o border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
450	A6244	-	SD	Hydrogel drsg >48 sq in, w/o border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.

	A	B	C	D	E	F	G	H	I	J	K	L	M
451	A6245	-	SD	Hydrogel drsg <= 16 sq in, w/ border,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
452	A6246	-	SD	Hydrogel drsg >16<=48 sq in, w/border,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
453	A6247	-	SD	Hydrogel drsg >48 sq in w/borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
454	A6248	-	SD	Hydrogel dressing, wound filler, gel, per fluid ounce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 units (fluid ounces)/wound in 30 days	15/rolling month	-	Stage III/IV pressure ulcers only. Medical necessity for use w/ noncovered dx. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
455	A6250	-	SD	Skin sealant, protectant, ointment	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling month	Invoice Required	Medicare does not cover per Medicare Policy Article A54563 and is on the Medicare noncovered code list.
456	A6251	-	SD	Absorptive drsg, wnd cover <16 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
457	A6252	-	SD	Absorptive drsg>16<=48 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
458	A6253	-	SD	Absorptive drsg wnd cover >48 sq in w/o brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
459	A6254	-	SD	Absorptive drsg wnd cover<=16 sq in w/brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only
460	A6255	-	SD	Absorptive drsg > 16 < 48 sq in w/brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only
461	A6256	-	SD	Absorptive drsg >48 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Every Other Day	31/rolling month	Invoice Required	Stage III & IV pressure ulcers only.
462	A6257	-	SD	Transparent film <= 16 sq in, tegaderm, tegaderm hp, polyskin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	-
463	A6258	-	SD	Transparent film >16<=48 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	-
464	A6259	-	SD	Transparent film > 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	-

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465	A6260	-	SD	Wound cleanser, any type/size	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling month	Invoice Required	Only covered for MHT /WV MHT programs.
466	A6261	-	SD	Wound filler gel/paste per fluid oz, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/day	31/rolling month	Invoice Required	Miscellaneous code 1/1/2011. Will need description and reason specific HCPCS code not appropriate. May not be covered.
467	A6262	-	SD	Wound filer. Dry form, per gram, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	per auth	per auth	Invoice Required	Miscellaneous code 1/1/2011. Will need description and reason specific HCPCS code not appropriate. May not be covered.
468	A6266	-	SD	Impreg gauze no h20/sal/yard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
469	A6402	-	SD	Sterile gauze <= 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
470	A6403	-	SD	Sterile gauze>16 <= 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
471	A6404	-	SD	Sterile gauze>48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
472	A6407	-	SD	Packing strips, non-impreg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
473	A6410	-	SD	Sterile eye pad	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	If part of a physician service NSB. AS of 7/2024 not on WV MHT as DME item per BMS manual and fee schedule
474	A6411	-	SD	Non-sterile eye pad	RZ	RZ	RZ/No prior authorization required	RZ	N/C	-	Not on WV 2024 DME FS	-	Included in service fee. As of 7/2024 not shown on WV MHT FS as DME item or per BMS manual covered codes.
475	A6412	-	SD	Eye pad, occlusive, ea	RZ	RZ	RZ	RZ	N/C	-	Not on WV 2024 DME FS	-	Included in service fee. As of 7/2024 not shown on WV MHT FS as DME item or per BMS manual covered codes. PEIA RBRVS status code X
476	A6413	-	SD	Adhesive band, first-aid type, any size, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	As of 4/2024 still not covered by WV MHT as DME item per BMS manual and fee schedule
477	A6441	-	SD	Pad band w > = 3" < 5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.

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478	A6442	-	SD	Conform band n/s w<3"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
479	A6443	-	SD	Conform band n/s w>=3"<5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
480	A6444	-	SD	Conform band n/s w>=5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
481	A6445	-	SD	Conform band s w <3"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
482	A6446	-	SD	Conform band s w>=3" <5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
483	A6447	-	SD	Conform band s w >=5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
484	A6448	-	SD	Lt compress band <3"/yd, to hold wnd cover in place, any wound	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
485	A6449	-	SD	Lt compress band >=3" <5"/yd, to hold wnd cover in place, any wound	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
486	A6450	-	SD	Lt compress band >= 5"/yd, to hold wnd cover in place, any wound	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
487	A6451	-	SD	Mod compress band width >=3"<5"/yd, to hold wound cover	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	Invoice Required	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
488	A6452	-	SD	Hi compress band width >=3"<5"/yd, to hold wound cover	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.

	A	B	C	D	E	F	G	H	I	J	K	L	M
489	A6453	-	SD	Self-adher band w <3"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
490	A6454	-	SD	Self-adher band w>=3" <5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
491	A6455	-	SD	Self-adher band >=5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
492	A6456	-	SD	Zinc paste band w >=3"<5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
493	A6457	-	SD	Tubular dressing w/ or w/o elastic, any width, per linear yrd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1unit /week	Not on WV 2024 DME FS	-	On Non covered list for WV MHT. For other LOB covered for members that require a tubular dressing to secure a dressing.
494	A6460	-	SD	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, w/o adhesive border, ea dressing	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	NC	Per physician order up to 1/day	Not on WV 2024 DME FS	Manufacture invoice if allowed	Facilitates primary wound closure. Covered for moderate to heavily draining full thickness wounds. May not be separately billable from physician/surgical charge. May not be covered for dental surgery. Please review members coverage. Falls under bandages. PEIA RBRVS status code X.

	A	B	C	D	E	F	G	H	I	J	K	L	M
495	A6461	-	SD	Synthetic resorbable wound dressing, sterile, pad size > 16 sq in but <= 48 sq in., w/o adhesive border, ea dressing	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	NC	Per physician order up to 1/day	Not on WV 2024 DME FS	Manufacture invoice if allowed	Facilitates primary wound closure. Covered for moderate to heavily draining full thickness wounds. May not be separately billable from physician/surgical charge. May not be covered for dental surgery. Please review members coverage. Falls under bandages. PEIA RBRVS status code X.
496	A6501	-	SD	Compression burn garment, bodysuit (head to foot) custom fab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
497	A6502	-	SD	Compression burn garment, chin strap (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
498	A6503	-	SD	Compression burn garment, facial hood (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
499	A6504	-	SD	Compression burn garment, glove to wrist (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
500	A6505	-	SD	Compression burn garment, glove to elbow (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.

	A	B	C	D	E	F	G	H	I	J	K	L	M
501	A6506	-	SD	Compression burn garment, glove to axilla (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
502	A6507	-	SD	Compression burn garment, foot to knee length (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
503	A6508	-	SD	Compression burn garment, foot to thigh length (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
504	A6509	-	SD	Compression burn garment, upper trunk to waist incl's arm opening/vest (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
505	A6510	-	SD	Compression burn garment, trunk incl'd's arms down to leg opening/leotard (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
506	A6511	-	SD	Compression burn garment, lower trunk incl'd's leg opening/panty (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.

	A	B	C	D	E	F	G	H	I	J	K	L	M
507	A6512	-	SD	Compress burn garment NOC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
508	A6513	-	SD	Compression burn mask, face and/or neck plastic or equal (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	Invoice Required	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
509	A6520	-	-	Gradient compression garment, glove, padded, for nighttime use, ea sleeve, not otherwise specified	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
510	A6521	-	-	Gradient compression garment, glove, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
511	A6522	-	-	Gradient compression garment, arm, padded, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

	A	B	C	D	E	F	G	H	I	J	K	L	M
512	A6523	-	-	Gradient compression garment, arm, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
513	A6524	-	-	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
514	A6525	-	-	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
515	A6526	-	-	Gradient compression garment, full leg and foot, padded, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

	A	B	C	D	E	F	G	H	I	J	K	L	M
516	A6527	-	-	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
517	A6528	-	-	Gradient compression garment, bra, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
518	A6529	-	-	Gradient compression garment, bra, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
519	A6530	-	-	Gradient compression stocking, below knee, 18-30 mmHg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
520	A6531	AW	SD	Grad compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 units /6 months/limb	4 units /6 months	-	Medicare, commercial ASO: Only covered for the treatment of an open venous stasis ulcer that meets coverage guidelines.

	A	B	C	D	E	F	G	H	I	J	K	L	M
521	A6532	AW	SD	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 units /6 months/limb	4 units /6 months	-	Medicare, commercial ASO: Only covered for the treatment of an open venous stasis ulcer that meets coverage guidelines.
522	A6533	-	SD	Grad compress stocking, thigh 18-30mmHg,ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
523	A6534	-	SD	Grad compress stocking, thigh 30-40mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
524	A6535	-	SD	Grad compression stocking, thigh length, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
525	A6536	-	SD	Grad compress stocking, full length/ chap style, 18-30mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

	A	B	C	D	E	F	G	H	I	J	K	L	M
526	A6537	-	SD	Grad compress stocking, full length/ chap style, 30-40 mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
527	A6538	-	SD	Grad compression stocking, full length/chap style, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
528	A6539	-	SD	Grad compress stocking, waist length, 18-30 mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	2 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
529	A6540	-	SD	Grad compress stocking, waist length, 30-40mmHg,ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	2 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

	A	B	C	D	E	F	G	H	I	J	K	L	M
530	A6541	-	SD	Grad compression stocking, waist length, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	2 units /6 months	Invoice Required	Not covered under surgical dressings Providers should not use SD modifier. Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
531	A6544	-	SD	Garter belt for compression stocking	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	Invoice Required	Only covered WV MHT. Listed N on PEIA RBRVS.
532	A6545	AW	SD	Grad compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	No prior authorization required- see comments	No prior authorization required- see comments	No prior authorization required- see comments	No prior authorization required- see comments	N/C	1/ 6 month/ leg	Not on WV 2024 DME FS	Invoice Required	Covered when it is used as a primary or secondary in the treatment of an open venous stasis ulcer and cannot be treated by A6531 or A6532. Must be listed on PDAC.
533	A6549	-	SD	Gradient compression garment, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	-	Manufacturer Invoice and description of item required	May be covered when cannot use other covered compression stocking. Physician attestation alone insufficient. Will cover as gauntlet for lymphedema when s/p mastectomy. PEIA RBRVS status code X.
534	A6550	-	SU	Wound care set for NPWT elec pump, all	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15 kits per month/ per wound	15 kits per rolling month/ per wound	Contract Specific	Contract Specific as to whether or not payemt is included in per diem or monthly rental.
535	A6552	-	-	Gradient compression stocking, below knee, 30-40 mmhg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
536	A6553	-	-	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
537	A6554	-	-	Gradient compression stocking, below knee, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
538	A6555	-	-	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
539	A6556	-	-	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
540	A6557	-	-	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
541	A6558	-	-	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
542	A6559	-	-	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
543	A6560	-	-	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
544	A6561	-	-	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
545	A6562	-	-	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
546	A6563	-	-	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
547	A6564	-	-	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
548	A6565	-	-	Gradient compression gauntlet, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
549	A6566	-	-	Gradient compression garment, neck/head, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
550	A6567	-	-	Gradient compression garment, neck/head, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
551	A6568	-	-	Gradient compression garment, torso and shoulder, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
552	A6569	-	-	Gradient compression garment, torso/shoulder, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
553	A6570	-	-	Gradient compression garment, genital region, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
554	A6571	-	-	Gradient compression garment, genital region, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
555	A6572	-	-	Gradient compression garment, toe caps, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
556	A6573	-	-	Gradient compression garment, toe caps, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
557	A6574	-	-	Gradient compression arm sleeve and glove combination, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
558	A6575	-	-	Gradient compression arm sleeve and glove combination, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
559	A6576	-	-	Gradient compression arm sleeve, custom, medium weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
560	A6577	-	-	Gradient compression arm sleeve, custom, heavy weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
561	A6578	-	-	Gradient compression arm sleeve, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
562	A6579	-	-	Gradient compression glove, custom, medium weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
563	A6580	-	-	Gradient compression glove, custom, heavy weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
564	A6581	-	-	Gradient compression glove, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
565	A6582	-	-	Gradient compression gauntlet, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
566	A6583	-	-	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
567	A6584	-	-	Gradient compression wrap with adjustable straps, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	Manufacture Invoice and description of item required	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
568	A6585	-	-	Gradient pressure wrap with adjustable straps, above knee, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
569	A6586	-	-	Gradient pressure wrap with adjustable straps, full leg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
570	A6587	-	-	Gradient pressure wrap with adjustable straps, foot, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
571	A6588	-	-	Gradient pressure wrap with adjustable straps, arm, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.

	A	B	C	D	E	F	G	H	I	J	K	L	M
572	A6589	-	-	Gradient pressure wrap with adjustable straps, bra, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 MHT: Not on 2024 WV MHT FS or list of covered O&P internet manual.
573	A6590	-	-	External urinary catheter, disposable, w/ wicking material for use w/ sx pump, per month	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not WV MHT FS 2024/Internet manual	-	Purwick accessory. Generally not covered by Medicare. Original Medicare (Part A and Part B) covers many medical devices, but the PureWick external catheter is not typically included. Medicare Part B covers Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), but PureWick does not meet the criteria set forth by Medicare for coverage under these categories. The Local Coverage Determination (LCD) L33803 outlines specific conditions under which urological supplies are covered. According to this document, Medicare covers supplies for patients with permanent urinary incontinence or retention. However, the PureWick system, which includes the PureWick Female External Catheter, is not explicitly listed.
574	A6591	-	-	External urinary catheter; non-disposable, w/ wicking mat, for use w/ sx pump, per month	No prior authorization required	Face prosthesis	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
575	A6593	-	-	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	Manufacture Invoice and description of item required	Medicare will consider payment for donning and doffing aids, coded as A6593. claim must be specific Dx only is insufficient for coverage. https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

	A	B	C	D	E	F	G	H	I	J	K	L	M
576	A6594	-	-	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
577	A6595	-	-	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
578	A6596	-	-	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
579	A6597	-	-	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
580	A6598	-	-	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
581	A6599	-	-	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
582	A6600	-	-	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
583	A6601	-	-	Gradient compression bandaging supply, high density foam pad, any size or shape, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
584	A6602	-	-	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
585	A6603	-	-	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

	A	B	C	D	E	F	G	H	I	J	K	L	M
586	A6604	-	-	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
587	A6605	-	-	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
588	A6606	-	-	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
589	A6607	-	-	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
590	A6608	-	-	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
591	A6609	-	-	Gradient compression bandaging supply, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	NC	-	Not on WV 2024 DME FS	Manufacture Invoice and description of item required	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
592	A6610	-	-	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0 https://cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html
593	A7000	NU	IN	Cannister, disposable, used w/ SX pump, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month per wound	1 per rolling month	Contract Specific	If used w/ O₂ or vent it is RZ during Oxygen or ventilator rental. Should not be billed w/ Purewick system. It is sep billable w/ suction for wounds.
594	A7001	NU	IN	Cannister, nondisposable, used w/ sx pump, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/month	Not on WV 2024 DME FS	-	N/C if used with a PUREWICK SYSTEM for ASO or Medicare or MHT
595	A7002	NU	IN	Tubing used w suction pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	NSB w/ E0600. N/C if billed w/ E2001 Purewick system for ASO, Medicare, and MHT.
596	A7003	NU	IN	Nebulizer administration set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	NSB w/A7004, A7005, A7006.

	A	B	C	D	E	F	G	H	I	J	K	L	M
597	A7004	NU	IN	Disposable nebulizer sml vol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	NSB w/ A7003, 7005, A7006.
598	A7005	NU	IN	Nondisposable nebulizer set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	1/3 mo w/K0730. NSB w/A7003, A7004, A7006.
599	A7006	NU	IN	Filtered nebulizer admin set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	Not billable w/A7003, A7004, A7005.
600	A7007	NU	IN	Lg vol nebulizer disposable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/month	Not on WV 2024 DME FS	-	Not covered if used primarily to provide room humidification.
601	A7008	NU	IN	Disposable nebulizer prefill	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Considered a convenience item for all LOB.
602	A7009	NU	IN	Nebulizer reservoir bottle, disposable, used w/ lrg vol ultrasonic nebulizer	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	A large volume ultrasonic nebulizer (E0575) is not covered.
603	A7010	NU	IN	Disposable corrugated tubing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 (100 ft) per 2 months	Not on WV 2024 DME FS	-	Nebulizer - not oxygen
604	A7012	NU	IN	Nebulizer water collec devic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	-
605	A7013	NU	IN	Filter disposable, used w/ aerosol compressor or ultrasonic generator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	1/rolling month	-	-
606	A7014	NU	IN	Compressor nondispos filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 months	Not on WV 2024 DME FS	-	-
607	A7015	NU	IN	Aerosol mask used w nebulize	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	-
608	A7016	NU	IN	Nebulizer dome & mouthpiece	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/year	Not on WV 2024 DME FS	-	Used w/E0574, covered if the E0574 is authorized.
609	A7017	NU	IN	Nebulizer not used w oxygen	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 years	Not on WV 2024 DME FS	-	-
610	A7017	RR	IN	Nebulizer not used w oxygen	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 years	Not on WV 2024 DME FS	-	-
611	A7018	-	SU	Water distilled w/large volume nebulizer, 1000ml.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not covered when used to dilute concentrated drugs for a nebulizer. Only covered if used for Surgical wound.
612	A7020	NU	-	Interface for cough stimulating device, includes all components, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Under some conditions may not be separately billable as for institutional use. NSB w/ initial device.
613	A7021	-	-	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Possibly experimental and Investigational

	A	B	C	D	E	F	G	H	I	J	K	L	M
614	A7023	-	-	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1026
615	A7025	NU	CR	Replace chest compress vest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Reasonable lifetime	Not on WV 2024 DME FS	-	Replacement for pt owned equipment.
616	A7026	NU	IN	Replace chst cmprrs sys hose	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Reasonable lifetime	Not on WV 2024 DME FS	-	Replacement for pt owned equipment.
617	A7027	NU	IN	Combine oral/nasal mask, CPAP device, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 months	Not on WV 2024 DME FS	-	Effective 01/01/2008 replaces K0553.
618	A7028	NU	IN	Oral cushion for comb oral/nasal mask, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/month	Not on WV 2024 DME FS	-	Effective 01/01/2008 replaces K0554.
619	A7029	NU	In	Nasal pillow for comb oral/nasal mask, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/month	Not on WV 2024 DME FS	-	Effective 01/01/2008 replaces K0555.
620	A7030	NU	IN	CPAP full face mask	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/6 rolling months	-	
621	A7031	NU	IN	Replacement facemask interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/6 rolling months	-	Not given w/ initial placement.
622	A7032	NU	IN	Replacement nasal cushion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not given w/ initial placement.
623	A7033	NU	IN	Replacement nasal pillows	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not given w/ initial placement.
624	A7034	NU	IN	Nasal application device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/3 rolling months	-	-
625	A7035	NU	IN	Pos airway press headgear	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	-
626	A7036	NU	IN	Pos airway press chinstrap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	-
627	A7037	NU	IN	Pos airway pressure tubing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/rolling month	-	-
628	A7038	NU	IN	Pos airway pressure filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	-
629	A7039	NU	IN	Filter, non disposable w pap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	-
630	A7040	-	PO	One way chest drain valve	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not Home DME. Depending on Place of service, may be bundled into professional or facility fee. Other LOB may require a different code.
631	A7041	-	PO	Water seal drain container	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not Home DME. Depending on Place of service, may be bundled into professional or facility fee. Other LOB may require a different code.

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632	A7042	-	PO	Implanted pleural catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not Home DME. Depending on Place of service, may be bundled into professional or facility fee. Other LOB may require a different code.
633	A7044	NU	IN	PAP oral interface	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	-	Not on WV 2024 DME FS	-	Per Medicare is included in the functionality of code E0467. Claims for any related HCPCS codes submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.
634	A7045	NU RR	IN	Repl exhalation port for PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/2 years	-	Purchase only for WV MHT. Most members need no more than 1 per year.
635	A7046	NU	IN	Repl water chamber, PAP dev	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	2/2 years	-	
636	A7047	NU	IN	Oral interface used with respiratory suction pump, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Will follow same rules as w/ any accessory w/ suction pumps.
637	A7048	-	PO	Vacuum drain bottle/ tube kit	Yes, prior authorization required- After initial implantation	Yes, prior authorization required- After initial implantation	Yes, prior authorization required- After initial implantation	Yes, prior authorization required- After initial implantation	N/C	-	Not on WV 2024 DME FS	-	PLEURX catheter. Not separately billable with initial implantation. Should be included in the kit. Follow up supplies require prior authorization. For WV MHT bill A4649 with kit. Pleurx-dressings changed 1 x week. Reorder supplies when there are three drainage kits remaining.
638	A7049	-	-	Exp positive airway pressure intranasal resistance valve	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
639	A7501	-	OS	Tracheostoma valve w diaphra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/month	Not on WV 2024 DME FS	-	NSB if billing A4625-tracheostomy care or cleaning starter kit.
640	A7502	-	OS	Replacement diaphragm/fplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/month	Not on WV 2024 DME FS	-	NSB if billing A4625-tracheostomy care or cleaning starter kit.
641	A7503	-	OS	HMES filter holder or cap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/6 months	Not on WV 2024 DME FS	-	NSB if billing A4625-tracheostomy care or cleaning starter kit.
642	A7504	-	OS	Tracheostoma HMES filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	62/month	Not on WV 2024 DME FS	-	NSB if billing A4625-tracheostomy care or cleaning starter kit.
643	A7505	-	OS	HMES or trach valve housing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/3 months	Not on WV 2024 DME FS	-	NSB if billing A4625-tracheostomy care or cleaning starter kit.
644	A7506	-	OS	HMES/trachvalve adhesive disk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	62/month	Not on WV 2024 DME FS	-	NSB if billing A4625-tracheostomy care or cleaning starter kit.
645	A7507	-	OS	Integrated filter & holder	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	62/month	31/rolling month	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
646	A7508	-	OS	Housing & Integrated Adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	62/month	31/rolling month	-	-
647	A7509	-	OS	Heat & moisture exchange sys	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	62/month	31/rolling month	-	-
648	A7520	-	OS	Trach/laryn tube non-cuffed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	4/rolling month	-	-
649	A7521	-	OS	Trach/laryn tube cuffed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	4/rolling month	-	-
650	A7522	-	OS	Trach/laryn tube stainless	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	4/rolling month	-	-
651	A7523	-	OS	Tracheostomy shower protect, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	-	Manufacture Invoice and description of item required	Considered a convenience item for commercial and Medicare plans.
652	A7524	-	OS	Trach stint/stud/button, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	-	-	MHT Actually requires auth on this code
653	A7525	AU	OS	Tracheostomy mask	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	1/month w/ Nebulizer
654	A7525	-	OS	Trach mask w/Nebulizer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-
655	A7526	-	OS	Trach tube collar/holder, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	4/rolling month	-	-
656	A7527	-	OS	Trach laryngectomy tube plug/stop, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/ 3 months	2/rolling month	-	-
657	A8000	NU	IN	Soft protect helmet prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery
658	A8000	RR	IN	Soft protect helmet prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV MHT purchase item.
659	A8001	NU	IN	Hard protect helmet prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery.
660	A8001	RR	IN	Hard protect helmet prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV MHT purchase item.
661	A8002	NU	IN	Soft protect helmet custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery
662	A8002	RR	IN	Soft protect helmet custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV MHT purchase item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
663	A8003	NU	IN	Hard protect helmet custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
664	A8003	RR	IN	Hard protect helmet custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV MHT purchase item. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
665	A8004	NU	IN	Repl soft interface, helmet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV 2024 DME FS	Manufacture Invoice required	-
666	A8004	RR	IN	Repl soft interface, helmet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV 2024 DME FS		
667	A9268	-	-	Programmer for transient, orally ingested capsule	RZ/N/C	RZ/N/C	RZ/N/C	N/C	N/C	-	-	-	May be part of procedure or facility reimbursement. Not part of DME benefit/copay. Not covered by Medicare or MHT.
668	A9269	-	-	Programmable, transient, orally ingested capsule, for use w/ external programmer, per month	RZ/N/C	RZ/N/C	RZ/N/C	N/C	N/C	-	-	-	May be part of procedure or facility reimbursement. Not part of DME benefit/copay. Not covered by Medicare or MHT.
669	A9270	-	-	Non-covered item(s)	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Code to be used when billing for items not covered per the LCD. Please refer to Comfort and Convenience policy in Policy Stat also for those devices not contained in an LCD/NCD. ActaStim-S ® Spine Fusion Stimulator.
670	A9272	-	-	Wound suction, disposable, includes all dressings, all accessories and components, any type, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Noncovered item or service.
671	A9273	-	-	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS		Replaces codes E0220,E0230,E0238. Cold therapy devices do not meet the definition of DME under Medicare and therefore, are not covered. Is also on list of noncovered codes.

	A	B	C	D	E	F	G	H	I	J	K	L	M
672	A9274	-	-	Ext ambul insulin del sys, disposable, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Contract specific	Not covered when used with or as a CGS or an elastomeric pump. Omnipod may use this code for supplies.
673	A9275	-	-	Home glucose monitor, disposable	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not covered as it does not meet the definition of DME.
674	A9276	-	-	Sensor, invasive disposable, glucose month, per day	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	1 box of 10/month	Contract specific. This pays as a daily per diem regardless of quantity authed	Contract specific. This pays as a daily per diem regardless of quantity authed	Not an approved Medicare code. Not on PEIA FS. Follow quantity limits for contracts/networks allowed. MHT LOB needs to reach out to their PBM unless otherwise indicated in THP contracts. ASO LOB to use appropriate Medicare code. IMPLANTABLE CGM's are not covered CPT 0446T under any LOB
675	A9277	-	-	Transmitter, ext, interstitial sys, glucose	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	Every 6 months to 1 yr	Contract specific.	Contract specific.	Not an approved Medicare code. Not on PEIA FS. Follow quantity limits for contracts/networks allowed. MHT LOB needs to reach out to their PBM unless otherwise indicated in THP contracts. ASO LOB to use appropriate Medicare code. IMPLANTABLE CGM's are not covered CPT 0446T under any LOB
676	A9278	-	-	Receiver, ext, interstitial sys, glucose	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	1/yr	Not on WV 2024 DME FS	Contract specific.	Not an approved Medicare code. Not on PEIA FS. Follow quantity limits for contracts/networks allowed. MHT LOB needs to reach out to their PBM unless otherwise indicated in THP contracts. ASO LOB to use appropriate Medicare code. IMPLANTABLE CGM's are not covered CPT 0446T under any LOB
677	A9279	-	-	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	In 2024 HCPCS book highlighted red for not covered.

	A	B	C	D	E	F	G	H	I	J	K	L	M
678	A9280	-	-	Alert or alarm device, NOC	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
679	A9281	-	-	Reaching, grabbing device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
680	A9282	-	-	Wig, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Not on RBRVS. Non-covered by Medicare statute	Not on WV 2024 DME FS	-	Covered for fully funded or employer funded plans that follow ACA (affordable care act) and member's benefit as applicable. Coverage is limited to those diagnoses indicated in ACA or plan document. Not covered for any other diagnoses as remains noncovered on WV MHT's 506C, Medicare's non-covered lists, and PEIA RBRVS.
681	A9283	-	-	Foot press off load/support device, any	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Still a valid albeit noncovered code 2023, remains highlighted as RED- not covered in 2024 HCPCS.
682	A9284	-	-	Spirometer, nonelectronic, includes all accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	No benefit category for 2023. On Comfort and Convenience policy.
683	A9285	-	-	Inversion/eversion correction device	R/Z or N/C	R/Z or N/C	R/Z or N/C	R/Z or N/C	N/C	-	Not on WV 2024 DME FS	-	No reimbursement of Medicare SCHEDULE . Not applicable as HCPCS. Not priced separately by part B or value not established. Physician SCHEDULE And Non-Physician Practitioners - Service not separately priced by part B (e.g., services not covered, bundled, used by Part A only, etc... On Comfort and Convenience policy.

	A	B	C	D	E	F	G	H	I	J	K	L	M
684	A9286	-	-	Hygienic item or device, disposable or non-disposable, any type, each	R/Z or N/C	R/Z or N/C	R/Z or N/C	R/Z or N/C	N/C	-	Not on WV 2024 DME FS	-	No reimbursement of Medicare SCHEDULE . Not applicable as HCPCS. Not priced separately by part B or value not established. Physician SCHEDULE And Non-Physician Practitioners - Service not separately priced by part B (e.g., services not covered, bundled, used by Part A only, etc. Not currently on MHT Internet Manual as covered or non-covered. Will be considered non covered unless an item is otherwise listed as covered by MHT. Comfort and Convenience Items Polict Stat.
685	A9300	-	-	Exercise equipment	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Profhand 3 wheeled wheelchair is an example. See Comfort and Convenience items policy for more complete listing.
686	A9900	-	-	Misc DME supply, accessory, and or service component of another HCPCS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Should use appropriate HCPCS. Usually not covered
687	B4034	-	-	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Only covered if plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 mo supply at a time unless more is authorized. NSB w/ per diem (S code).
688	B4035	-	-	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Only covered if plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 mo supply at a time unless more is authorized. NSB w/ per diem (S code).
689	B4036	-	-	Ent feed supply kit, gravity fed, per day, includes but not limited to feeding/ flushing syringe, administration set, tubing, dressings, tape	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Only covered if plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 mo supply at a time unless more is authorized. NSB w/ per diem (S code).
690	B4081	-	-	Nasogastric tube w/stylet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
691	B4082	-	-	Nasogastric tube w/o stylet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-
692	B4083	-	-	Stomach tube-Lvine type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-
693	B4087	-	-	Gastrostomy/jejunostomy tube, stndrd , any	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	2/6 rolling months	-	-
694	B4088	-	-	Gastrostomy/jejunostomy tube, low-pro, any	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	2/6 rolling months	-	-
695	B4100	-	-	Food thickener, adm orally, per oz	N/C	See comments	See comments	See comments	See comments	-	Not on WV 2024 DME FS	Contract specific	See WV MHT age guidelines. May be covered for children under EPSDT. Other Lob: May be covered if in the infusion contract.
696	B4102	-	-	Ent formula, adlt, to replc fluids and elec	N/C	See comments	See comments	See comments	See comments	-	Not on WV 2024 DME FS	Contract specific	See WV MHT age guidelines. May be covered for children under EPSDT. Other LOB: May be covered if in the infusion contract. If not in contract : Electrolyte-containing fluids (B4102 and B4103) are not indicated for the maintenance of weight and strength and are therefore non-covered, no benefit.
697	B4103	-	-	Ent form, peds, to replc fluids and elctetroly	N/C	See comments	See comments	See comments	See comments	-	Not on WV 2024 DME FS	Contract specific	See WV MHT age guidelines. May be covered for children under EPSDT. Other LOB: Electrolyte-containing fluids (B4102 and B4103) are not indicated for the maintenance of weight and strength and are therefore non-covered, no benefit.

	A	B	C	D	E	F	G	H	I	J	K	L	M
698	B4104	-	-	Additive for enteral formula (e.g. fiber)	NSB	NSB	NSB	NSB	See comments	-	Not on WV 2024 DME FS	-	See WV MHT age guidelines. May be covered for children under EPSDT. Denial D311. Bundled. Other LOB: Code B4104 is an enteral formula additive. The enteral formula codes include all nutrient components, including vitamins, mineral, and fiber. Therefore, code B4104 will be denied as not separately payable.
699	B4105	-	-	In-line cartridge containing digestive enzymes for enteral feeding, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Device is eligible for separate payment from enteral kits if not using S code per diems.
700	B4148	-	-	ENT feed supply kit; elastomeric control fed, per day, incl but not limited to feed/flush syringe, admin set tubing, dressing, tape	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1 unit/day	May require Invoice for some LOB	The unit of service (UOS) for the supply allowance is one (1) UOS per day.
701	B4149	-	-	Ent form, mfg, blnd nat food 100 cal=1 unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 mo supply at time unless more is authorized. Approved products only. See WV MHT age guidelines.
702	B4150	-	-	Ent form, nutr cmplt w/intact nutr 100 cal =1ut	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 mo supply at time unless more is authorized. Approved products only. See WV MHT age guidelines.
703	B4152	-	-	Ent form, nutr cmplt, cal dense 100 cal =1unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 mo supply at time unless more is authorized. Approved products only. See WV MHT age guidelines.

	A	B	C	D	E	F	G	H	I	J	K	L	M
704	B4153	-	-	Ent form, nutr cmplt, hydrolyzed 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 mo supply at time unless more is authorized. Approved products only. See WV MHT age guidelines.
705	B4154	-	-	Ent form, spec metabolic need 100 cal=1 un	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 mo supply at time unless more is authorized. Approved products only. See WV MHT age guidelines.
706	B4155	-	-	Ent form, nutr incmplt, mod nutr 100 cal=1 un	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 mo supply at time unless more is authorized. Approved products only. See WV MHT age guidelines.
707	B4157	-	-	Ent form, nutr cmplt, spec need 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. PDAC verification required. See WV MHT age guidelines.
708	B4158	-	-	Ent form, peds nutr cmplt w/intct 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. See WV MHT age guidelines.
709	B4159	-	-	Ent form, peds nutr cmplt w/intct 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. See WV MHT age guidelines.
710	B4160	-	-	Ent form, peds, nutr cmplt cal dns 100=1 unit	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only.
711	B4161	-	-	Ent form, peds, hydrolyzed 100 cal = 1 unit	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. PDAC verification required. See WV MHT age guidelines.

	A	B	C	D	E	F	G	H	I	J	K	L	M
712	B4162	-	-	Ent form, peds, spec metab 100 cal=1 unit	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. PDAC verification required. See WV MHT age guidelines.
713	B4164	-	-	Pmtl nutr carbs 50% or less, 500ml=1 unit,home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition. Must be sole source of nutrition. Approved products only. This code is separately billable when home mix parenteral nutrition solutions are used. Provider must document the medical necessity for dextrose concentration less than 10%.
714	B4168	-	-	Pmtl nutr amino acids 3.5%, 500ml=1 unit,home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used. Document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
715	B4172	-	-	Pmtl nurt amino acids 5.5%thru 7% 500ml=1 unit,home mix	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used. Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
716	B4176	-	-	Pmtl nurt amino acids 7% thru 8.5% 500ml=1 unit,home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used. Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day .

	A	B	C	D	E	F	G	H	I	J	K	L	M
717	B4178	-	-	Pmntl nutr amino acid >8.5% 500ml=1 unit,home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used. Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
718	B4180	-	-	Pmntl nutr carbs >50% 500ml=1 unit,home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition. Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used. Provider must document the medical necessity for dextrose concentration less than 10%.
719	B4185	-	-	Pmntl nutr solution, not otherwise specified, 10 grams lipids	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	As above- Must be sole source of nutrition. Approved products only. Must document the medical necessity for lipid use per month in excess of the product-specific, FDA-approved dosing recommendations.
720	B4187	-	-	PRNTL nutr Omegaven, 10 grams lipids	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Must document the medical necessity for lipid use per month in excess of the product-specific, FDA-approved dosing recommendations.
721	B4189	-	-	Pmntl nutr amino acid+carbs, w/ electro,trace ele, vit, inc prep, any strength, 10-51gm protein/premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
722	B4193	-	-	Pmntl nutr amino acid+carbs, w/ electro,trace ele, vit, inc prep, any strength, 52-73gm protein /premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used

	A	B	C	D	E	F	G	H	I	J	K	L	M
723	B4197	-	-	Pmnl nutr amino acid+carbs, w/ electro,trace ele, vit, inc prep, any strength, 74-100gm protein/premx	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
724	B4199	-	-	Pmnl nutr amino acid+carbs over 100gm/pre	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
725	B4216	-	-	Pmnl nutr + additives/homemix, per day	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
726	B4220	-	-	Pmnl nutr supply kit/premix, per day	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
727	B4222	-	-	Pmnl nutr supply kit/homemix, per day	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
728	B4224	-	-	Pmnl nutr administration kit, per day	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.

	A	B	C	D	E	F	G	H	I	J	K	L	M
729	B5000	-	-	Pmtnl nutr renal-Amirosyn RF.... RF, etc/premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
730	B5100	-	-	Pmtnl nutr hepatic-Heptazine premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
731	B5200	-	-	Pmtnl nutr brnch chain amino acids/Freeminer HBC premix	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. This code is separately billable when homemix parenteral nutrition solutions are used.
732	B9002	NU	-	Entrl nutr infusion pump any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Capped rental only	RUL is 8 yrs/repair replacement policy	-	-	MHT 10 month capped rental item. NSB w/ perdiem (S code).
733	B9002	RR	-	Entrl nutr infusion pump any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RUL is 8 yrs/as above	-	-	Will pay rental up to purchase price. NSB w/perdiem (S code).
734	B9004	RR	-	Pmtnl nutr infusion pump, portable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	RUL is 8 yrs/as above	-	-	MHT 10 month cap rental. May be covered for those on parenteral nutrition only - not enteral. Not separately billable if S code for supplies are billed.
735	B9006	RR	-	Pmtnl nutr infusion pump, stationary	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RUL is 8 yrs/as above	-	-	MHT 10 month cap rental. May be covered for parenteral nutrition only- not enteral. Not separately billable if S code for supplies are billed.
736	B9998	-	-	NOC (miscellaneous) for enteral supplies	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Providers must submit correct HCPCS codes. Possible separate supplies are part of kit. Mickey buttons case-by-case per contract.
737	B9999	-	-	NOC (misc) for parenteral supplies	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Invoice Required	Need to use correct B code or dressing code.
738	D5911	-	-	Facial moulage (sectional)	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.

	A	B	C	D	E	F	G	H	I	J	K	L	M
739	D5912	-	-	Facial moulage (complete)	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
740	D5913	-	-	Nasal prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
741	D5914	-	-	Auricular prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	1/5 years	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
742	D5915	-	-	Orbital prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
743	D5916	-	-	Ocular prosthesis - Prosthetic eye, plastic, custom Prosthetic eye, other type	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
744	D5919	-	-	Facial prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
745	D5924	-	-	Cranial prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
746	D5925	-	-	Facial augmentation implant prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
747	D5931	-	-	Obturator prosthesis, surgical	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
748	D5932	-	-	Obturator prosthesis, definitive	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
749	D5933	-	-	Obturator prosthesis, modification	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
750	D5934	-	-	Mandibular resection prosthesis with guide flange	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.

	A	B	C	D	E	F	G	H	I	J	K	L	M
751	D5935	-	-	Mandibular resection prosthesis without guide flange	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
752	D5999	-	-	Unspecified maxillofacial prosthesis, by report	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV MHT age limitations may apply.
753	E0100	NU RR	IN	Canes, all mat, adjustable or fixed w/tip	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4636, A4637 or E0105. MHT and THP purchase item.
754	E0105	NU RR	IN	Cane adjust/fixed quad/3 pro	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4636, A4637 or E0100. MHT and THP purchase item.
755	E0110	NU	IN	Crutch forearm pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0111-E0114, E0116.
756	E0110	RR	IN	Crutch forearm pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
757	E0111	NU	IN	Crutch forearm each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110, E0112-E0114, E0116.
758	E0111	RR	IN	Crutch forearm each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
759	E0112	NU	IN	Crutch underarm pair wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0111, E0113-E0116.
760	E0112	RR	IN	Crutch underarm pair wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
761	E0113	NU	IN	Crutch underarm each wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0112, E0114, E0116.
762	E0113	RR	IN	Crutch underarm each wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
763	E0114	NU	IN	Crutch underarm pair no wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0113, E0116.
764	E0114	RR	IN	Crutch underarm pair no wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
765	E0116	NU	IN	Crutch underarm each no wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0114.
766	E0116	RR	IN	Crutch underarm each no wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
767	E0117	NU	CR	Underarm spring assist crutch	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	per LCD L33733.The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established; therefore, if an E0117 is ordered, it will be denied as not reasonable and necessary.
768	E0117	RR	CR	Underarm spring assist crutch	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
769	E0118	NU	IN	Crutch substitute(walker),low leg platform w/or w/o wheels, ea	No prior authorization required	No prior authorization required	N/C	N/C	N/C	RUL 5 yrs	Not on WV 2024 DME FS	-	-
770	E0118	RR	-	Crutch substitute(walker),low leg platform w/or w/o wheels, ea	No prior authorization required	No prior authorization required	N/C	N/C	N/C	RUL 5 yrs	Not on WV 2024 DME FS	Invoice Required	-
771	E0130	NU	IN	Walker rigid adjust/fixd ht	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637.
772	E0130	RR	IN	Walker rigid adjust/fixd ht	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
773	E0135	NU	IN	Walker folding adjust/fixd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rollong years	-	Not billable w/A4636, A4637.
774	E0135	RR	IN	Walker folding adjust/fixd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
775	E0140	NU	CR	Walker w trunk support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w.A4636, A4637, E0155, E0159.
776	E0140	RR	CR	Walker w trunk support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
777	E0141	NU	IN	Rigid wheeled walker adj/fix	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
778	E0141	RR	IN	Rigid wheeled walker adj/fix	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.
779	E0143	NU	IN	Walker folding wheeled w/o s	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
780	E0143	RR	IN	Walker folding wheeled w/o s	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	-	-	MHT Purchase Item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
781	E0144	NU	CR	Enclosed walker w rear seat	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Per Medicare LCD L33791: The medical necessity for a walker with an enclosed frame (E0144) has not been established. Therefore, if an enclosed frame walker is provided, it will be denied as not reasonable and necessary. MHT non-covered code list.
782	E0144	RR	CR	Enclosed walker w rear seat	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
783	E0147	NU	IN	Heavy duty, multiple braking system, variable wheel resistance walker	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, E0155, E0159. PDAC verification required. Special Coverage guidelines: meet for a standard walker but are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand. Obesity, by itself, is not a sufficient reason for an E0147 walker.
784	E0147	RR	IN	Heavy duty, multiple braking system, variable wheel resistance walker	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	RUL 5 yrs	-	-	MHT Purchase Item/for patient w/severe neurologic disorder or restricted use of hand. Obesity alone is not sufficient DX. PDAC verification required
785	E0148	NU	IN	Heavy-duty walker no wheels >300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637.
786	E0148	RR	IN	Heavy-duty walker no wheels >300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	RUL 5 yrs	-	-	MHT Purchase Item.
787	E0149	NU	CR	Heavy duty wheeled walker >300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
788	E0149	RR	CR	Heavy duty wheeled walker >300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	RUL 5 yrs	-	-	MHT Purchase Item.
789	E0152	-	-	Walker, battery powered, wheeled, folded, adj or fixed height	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	New Code May 2024. A powered walker (E0152) is noncovered as it does not meet the definition of DME."
790	E0153	NU	IN	Forearm crutch platform atta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
791	E0153	RR	IN	Forearm crutch platform atta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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792	E0154	NU	IN	Walker platform attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	LCA Article A52503 for codes allowed for separate billing.
793	E0154	RR	IN	Walker platform attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
794	E0155	NU	IN	Walker wheel attachment, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	LCA Article A52503 for codes allowed for separate billing.
795	E0155	RR	IN	Walker wheel attachment, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
796	E0156	NU	IN	Walker seat attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 rolling years	-	Not billable w/E0144 since E0144 not covered
797	E0156	RR	IN	Walker seat attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. Not billable w/E0144.
798	E0157	NU	IN	Walker crutch attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	-
799	E0157	RR	IN	Walker crutch attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
800	E0158	NU	IN	Walker leg extenders set of4	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	Not billable w/E0414, E0143, E0147, E0149. Only covered for beneficiaries 6 ft tall or more.
801	E0158	RR	IN	Walker leg extenders set of4	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
802	E0159	NU	IN	Brake for wheeled walker/replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ rolling year	-	Member owned walkers.
803	E0159	RR	IN	Brake for wheeled walker/replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
804	E0160	NU	IN	Sitz type bath or equipment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	Not separately billable in institutional use. Covered for perineal surgery or trauma/infection perineum
805	E0161	NU	IN	Sitz bath/equipment w/faucet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	Not billable w/E0167. Not separately billable in institutional use. Covered for perineal surgery or trauma/infection perineum
806	E0162	NU	IN	Sitz bath chair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	Not billable w/E0167. Only covered for perineal surgery or trauma/infection perineum. Not separately billable for institutional use.
807	E0162	RR	IN	Sitz bath chair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	1/2 rolling years	-	As above MHT Purchase Item.

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808	E0163	NU	IN	Commode chair with fixed arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/5 rolling years	-	Not billable w/E0165, E0167, E0168. Covered for perineal surgery or trauma/infection perineum
809	E0163	RR	IN	Commode chair with fixed arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. As Above.
810	E0165	RR	CR	Commode chair with detach arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/5 rolling years	-	Not billable w/E0163-E0167, E0168
811	E0167	NU	IN	Commode chair pail or pan. Replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling year	-	Not billable w/E0163-E0165, E0168.
812	E0168	NU	IN	Heavy duty, extra wide commode chair for patient weight > 300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/5 rolling years	-	Not billable w/E0163, E0165, E0167.
813	E0168	RR	IN	Heavy-duty/wide commode chair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
814	E0170	RR	CR	Commode chair electric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Commode w/ seat lift mechanism. Electric. Must meet seat lift policy/subset, but not covered if member is ambulatory as would not meet for a commode.
815	E0171	RR	CR	Commode chair non-electric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Commode w/ seat lift mechanism non-electric. Must meet for a seat lift policy/subset, but not covered if member is ambulatory after standing as would not meet for a commode.
816	E0172	-	-	Seat lift mechanism for toilet	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Toilet seat lift mechanisms (E0172) are not primarily medical in nature; therefore do not meet the statutory definition of durable medical equipment. They are non-covered. Commodes A52461
817	E0175	NU	IN	Commode chair foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	A footrest (E0175) is non-covered because it is not medical in nature. Article A52461
818	E0175	RR	IN	Commode chair foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
819	E0181	RR	CR	Press pad alternating w/ pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Not billable w/A4640, E0182. MHT Purchase Item.
820	E0182	RR	CR	Replace pump, alt press pad	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Not billable w/A4640, E0180, E0181. MHT Purchase Item.

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821	E0183	RR	CR	Pressure red underlay/pad, alter.w/pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
822	E0184	NU	IN	Dry pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/rolling year	-	If this item is being rented and a hospital bed w/ mattress being requested hospital bed should be denied as a like/similar item.
823	E0184	RR	IN	Dry pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT purchase item. If this item is being rented and a hospital bed w/ mattress being requested hospital bed should be denied as a like/similar item. Requires face to face
824	E0185	NU	IN	Gel pressure mattress pad	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2rolling years	-	-
825	E0185	RR	IN	Gel pressure mattress pad	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-	-
826	E0186	RR	CR	Air pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2 rolling years	-	If this item is being rented and a hospital bed w/ mattress being requested hospital bed should be denied as a like/similar item. Requires face to face.
827	E0187	RR	CR	Water pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2 rolling years	-	Not billable w/A4640, E0180, E0181, E0250, E0255, E0260,E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0290 MHT Purchase Item.
828	E0188	NU	IN	Synthetic sheepskin pad	RZ	RZ	RZ	RZ	No prior authorization required	-	2/6 rolling months	-	MHT Purchase Item. Lambs wool/Sheepskin pad for CPM machines is considered a supply integral to the CPM device; therefore, not separately reimbursable.

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829	E0189	NU	IN	Lambswool sheepskin pad	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	-	2/2 rolling yrs	-	MHT Purchase Item. Lambswool/sheepskin pad for CPM machines is considered a supply integral to the CPM device; therefore, not separately reimbursable. May be separately reimburseable if if patient has, or is highly susceptible to, decubitus ulcers and patient's physician has specified that he will be supervising its use in connection with his course of treatment.
830	E0190	-	IN	Positioning cushion / pillow / wedge	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling year	-	MHT Purchase Item. Only covered for MHT
831	E0191	NU RR	IN	Protector heel or elbow	No prior authorization required	No prior authorization required	No prior authorization required	N/C or No prior authorization required- see comments	No prior authorization required	4/6 months	4/6 rolling months	-	MHT Purchase Item. All LOB: Not covered for prevention. Must have diagnosis of active decubiti or wound & item is required for treatment. THP reserves right to request records. NSB if in part A inpatient facility.
832	E0193	RR	CR	Powered air flotation bed	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	A total or semi-electric bed w/fully integrated powered pressure reducing mattress.
833	E0194	RR	CR	Air fluidized bed	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Bed uses warm air pressure to set beads in motion to simulate water movement. Stage III or IV decubiti.
834	E0196	RR	CR	Gel pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Not billable w/A4640, E0180, E0181, E0250, E0255, E0260, E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329
835	E0197	RR	CR	Air pressure pad for mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Requires face to face. In process of being moved to a capped rental item by 1/1/16. PEIA has a rental rate on their DME FS.
836	E0198	NU	CR	Water pressure pad for mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Designed to be placed on top of standard home/hospital mattress. Requires face to face
837	E0198	RR	CR	Water pressure pad for mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
838	E0199	NU RR	IN	Dry pressure pad for mattress	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years	-	Requires face to face
839	E0200	NU RR	IN	Heat lamp without stand	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	LCD L33784 . The safety and effectiveness of using a heat lamp (E0200, E0205) in the home setting is not established. Claims for these items will be denied as not reasonable and necessary.
840	E0202	RR	CR	Phototherapy light w/ photom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 days/ lifetime	5 days/ lifetime	-	Limited from birth to 30 days old. Dx: P57.8-P57.9, P58.0-P58.9, P59.9. prior authorization required if use will be > 5 days. PEIA has a purchase rate but since this is just used for more than 5-7 days will not purchase.
841	E0203	RR	-	Therapeutic light box	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf https://med.noridianmedicare.com/web/jddme/topics/noncovered-items Last Updated Dec 08 , 2022. https://dhhr.wv.gov/bms/FEE_S/Pages/Durable-Medical-Equipment-(DME)-Fee-Schedule.aspx https://dhhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appendices/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf
842	E0205	NU	IN	Heat lamp with stand	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	The safety and effectiveness of using a heat lamp (E0200, E0205) in the home setting is not established. Claims for these items will be denied as not reasonable and necessary.
843	E0205	RR	IN	Heat lamp with stand	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
844	E0210	NU	IN	Electric heat pad standard	N/C	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not separately billable in institutional use. https://dhhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appendices/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf

	A	B	C	D	E	F	G	H	I	J	K	L	M
845	E0215	NU	IN	Electric heat pad moist	N/C	N/C	N/C	N/C	N/C		Not on WV 2024 DME FS	-	It has not been established that a moist electric heating pad (E0215) or water circulating heat pad with pump (E0217) is reasonable and necessary compared to a standard electric heating pad (E0210); therefore, if code E0215 or E0217 is provided it will be denied as not reasonable and necessary. LCD L33784
846	E0217	NU	IN	Water circ heat pad w pump	N/C	N/C	N/C	N/C	N/C		Not on WV 2024 DME FS	-	It has not been established that a moist electric heating pad (E0215) or water circulating heat pad with pump (E0217) is reasonable and necessary compared to a standard electric heating pad (E0210); therefore, if code E0215 or E0217 is provided it will be denied as not reasonable and necessary. LCD L33784
847	E0217	RR	IN	Water circ heat pad w pump	N/C	N/C	N/C	N/C	N/C		Not on WV 2024 DME FS	-	AS above
848	E0218	NU	IN	fluid circulating cold pad with pump, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	A fluid circulating cold pad with pump (E0218) will be denied as not reasonable and necessary. LCD L33735 Also on BMS Not covered list.
849	E0221	NU	IN	Infrared heating pad system	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On BMS Not covered List.
850	E0225	NU	IN	Hydrocollator unit, inc pads	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Hydrocollator units (E0225, E0239) are considered institutional equipment and will be denied for home use. On BMS Not covered List.
851	E0225	RR	IN	Hydrocollator unit	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Hydrocollator units (E0225, E0239) are considered institutional equipment and will be denied for home use.
852	E0231	NU	IN	Non-contact wound warming device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On BMS Not covered List. On Medicare's Non covered List.
853	E0232	NU	In	Warming card for non contact wound warming device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On BMS Not covered List. On Medicare's Non -covered List.

	A	B	C	D	E	F	G	H	I	J	K	L	M
854	E0235	RR	CR	Paraffin bath unit portable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	On BMS Not covered List. The Health Plan considers portable paraffin baths (E0235) medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by the long-term use of this modality.
855	E0236	RR	CR	Pump for water circulating pad	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Because a water circulating heating pad system is not medically necessary, a replacement pump (E0236) or pad (E0249, A9999) will be denied as not reasonable and necessary.
856	E0239	NU	IN	Hydrocollator unit portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Hydrocollator units (E0225, E0239) are considered institutional equipment and will be denied for home use
857	E0239	RR	IN	Hydrocollator unit portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	AS above
858	E0240	NU	IN	Bath/shower chair	N/C	N/C	N/C	N/C	No prior authorization required	-	1/5 rolling yrs	Invoice Required	Invoice required. BMS states maximum allowable 1,000. . Non -billable non-reimbursable with E0247 OR E0248. On Medicare's Non-covered list
859	E0241	NU	IN	Bath tub wall rail, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	1/2 rolling years	-	On Medicare's Non-covered list. Only covered for MHT.
860	E0242	NU	IN	Bath tub rail, floor base	N/C	N/C	N/C	N/C	N/C	-	Not on WV MHT 2024 FS	-	On Medicare's and MHT's Non-covered list.
861	E0243	NU	IN	Toilet rail, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	2/2 rolling years	Invoice Required	On Medicare's Non-covered list.
862	E0244	NU	IN	Raised toilet seat	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/2 rolling years	Invoice Required	A raised toilet seat (E0244) is noncovered; therefore, a commode chair that is used as a raised toilet seat by positioning it over the toilet is also noncovered. LCA (Local coverage article) A52461

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863	E0245	NU	IN	Tub stool or bench	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/2 rolling years	Invoice Required	To be covered for MHT must have weakness or deformity that requires use of a bench. i.e. unsafe transfers, inability to stand for extended periods, etc... On Medicare's Non-covered list.
864	E0246	NU	IN	Transfer tub rail/attachment	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's and MHT's Non-covered list.
865	E0247	NU	IN	Transfer bench tub/toilet	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/rolling 5 years	Invoice Required	On Medicare's Non-covered list. Prior authorization for West Virginia MHT. Not reimbursable with E0240 or E0248
866	E0248	NU	IN	Transfer bench, heavy duty, for tub or toilet, w/ or w/o commode opening	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/rolling 5 years	Invoice required	Prior authorization for West Virginia MHT. On Medicare's Non-covered list. Not reimbursable with E0240 or E0247
867	E0249	NU	IN	Pad for water circulating heat unit, for replacement only	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Because a water circulating heating pad system is not medically necessary, a replacement pump (E0236) or pad (E0249, A9999) will be denied as not reasonable and necessary. LCD L33784.
868	E0249	RR	IN	Pad for water circulating heat unit, for replacement only	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Water circulating heating pad system is not covered, therefore the pad is not covered.
869	E0250	RR	CR	Hosp bed fixed ht w/ mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per Lifetime	-	Not billable w/E0255, E0260, E0271, E0272, E0277, E0303-E0305, E0310.
870	E0251	RR	CR	Hosp bed fixed ht w/o mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
871	E0255	RR	CR	Hospital bed var ht w/ mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per Lifetime	-	Not billable w/E0255, E0260, E0271, E0272, E0277, E0303-E0305, E0310.
872	E0256	RR	CR	Hospital bed var ht w/o matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	side rails included No separate payment.
873	E0260	RR	CR	Hosp bed semi-elect w/ matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per lifetime.	-	Not billable w/E0250, E0255, E0271, E0272, E0277, E0303-E0305, E0310. For WV MHT members ONLY, E0277 can be billed w/ e0260

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874	E0261	RR	CR	Hosp bed semi-electr w/o mat	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per Lifetime	-	Side rails included. No separate payment.
875	E0265	RR	CR	Hosp bed total electr w/ mat	N/C	N/C	N/C	N/C	N/C	5 yr RUL	Not on WV 2024 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary.
876	E0266	RR	CR	Hosp bed total elec w/o matt	N/C	N/C	N/C	N/C	N/C	5 yr RUL	Not on WV 2024 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary.
877	E0270	RR	CR	Hospital bed, institutional	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Includes oscillating, circulating & stryker frame w/mattress. On Medicare's Non-covered list.
878	E0271	NU	IN	Mattress innerspring, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime MLR is 3 yrs	-	-	Not billable w/E0250, E0255, E0260, E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329. For a member owned hospital bed. If the member is getting both a bed and a mattress another code should be used. https://www.cgsmedicare.com/jb/pubs/news/2018/02/cop e6242.html
879	E0271	RR	IN	Mattress innerspring	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item. Bundling as above.
880	E0272	NU	IN	Mattress foam rubber	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime MLR is 3 years	-	-	Not billable w/E0250, E0255, E0260, E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329. For a member owned hospital bed. If the member is getting both a bed and a mattress another code should be used. https://www.cgsmedicare.com/jb/pubs/news/2018/02/cop e6242.html

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881	E0272	RR	IN	Mattress foam rubber	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
882	E0273	-	IN	Bed board	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's Non-covered list.
883	E0274	-	IN	Over-bed table	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's Non-covered list.
884	E0275	-	IN	Bed pan standard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime MLR is 3 yrs	1/2 rolling years	-	Autoclavable/bed confined.
885	E0276	-	IN	Bed pan fracture	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime MLR is 3 yrs	1/2 rolling years	-	Autoclavable/bed confined.
886	E0277	RR	CR	Powered pres-redu air mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime MLR 3 yrs	1 unit per lifetime	-	This is a 10 month CR per BMS
887	E0280	NU RR	IN	Bed cradle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime MLR 3 yrs	Not on WV 2024 DME FS	-	Only covered as an accessory with a covered hospital bed. CMS/may be medically necessary to prevent covers from touching areas w/diabetic ulcers. NSB by institutions.
888	E0290	RR	CR	Hosp bed fx ht w/o rails w/m	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
889	E0291	RR	CR	Hosp bed fx ht w/o rail w/o	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
890	E0292	RR	CR	Hosp bed var ht, hi-lo, without side rails, with mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	No separate payment for mattress
891	E0293	RR	CR	Hospital bed, variable height, hi-lo, without side rails, without mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
892	E0294	RR	CR	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	No separate payment for mattress
893	E0295	RR	CR	Hosp bed semi-elect w/o matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
894	E0296	RR	CR	Hosp bed total elect w/ matt	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary.
895	E0297	RR	CR	Hosp bed total elect w/o mat	N/C	N/C	N/C	N/C	N/C	-	-	-	As above

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896	E0300	NU	CR	Pediatric crib, hospital grade, fully enclosed, with or w/o top enclosure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	CR item	5 yr RUL	Not on WV 2024 DME FS	-	MHT 10 mo cap rental. Is above standard equipment in most ASO plan language.
897	E0300	RR	CR	Pediatric crib, hospital grade, fully enclosed, with or w/o top enclosure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	5 yr RUL	1 per lifetime	-	MHT: 10 month CR item. Covered for Birth to age 21 yrs, not billable w/E0250, E0255, E0260.
898	E0301	RR	CR	HD hosp bed, 350-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Side rails included No separate payment.
899	E0302	RR	CR	Ex hd hosp bed > 600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Side rails included No separate payment.
900	E0303	RR	CR	Hosp bed hvy dty xtra wide	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 per lifetime	-	MHT 10 mo cap rental. Not billable w/E0271, E0272, E0277, E0305, E0310.
901	E0304	RR	CR	Hosp bed xtra hvy dty x wide	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 per lifetime	-	MHT 10 month cap rental. Not billable w/E0250, E0256, E0260, E0261, E0271, E0272, E0303-E0305, E0310.
902	E0305	RR	CR	Rails bed side half length	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	2 per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
903	E0310	NU	IN	Rails bed side full length	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	2 (pair) per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
904	E0310	RR	IN	Rails bed side full length	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	2 (pair) per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
905	E0315	NU	IN	Bed accessory, board/table	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	A bed board (E0273, E0315) is noncovered since it is not primarily medical in nature. An over bed table (E0274, E0315) is noncovered because it is not primarily medical in nature. Policy Article A52508.
906	E0316	RR	CR	Bed safety enclosure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-safety enclosures (E0316) are covered when they are required by the beneficiary's condition and they are an integral part of, or an accessory to, a covered hospital bed. Not covered for non-hospital beds. Member must meet requirements for hospital bed.

	A	B	C	D	E	F	G	H	I	J	K	L	M
907	E0325	NU	IN	Urinal male jug-type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	Must be bed confined. Not a urological or incontinence supply.
908	E0326	NU	IN	Urinal female jug-type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	Must be bed confined. Not a urological or incontinence supply.
909	E0328	RR	CR	Hospital bed, pediatric, man, include mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	-
910	E0329	RR	CR	Hospital bed, pediatric, electric or semi-elc, include mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	Not billable with E0184, E0186, E0187, E0196, E0277, E0373. Total electric not covered. Provider must indicate if electric or semi electric on manufacturer's invoice
911	E0350	NU	IN	Control unit electronic bowel irrigation	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS		Pulsed irrigation and evacuation systems (E0350, E0352) will be denied as statutorily non-covered (no benefit – see related Policy Article A54516). Considered institutional equipment
912	E0352	NU	IN	Dispos pack electronic bowel irrigation	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS		Pulsed irrigation and evacuation systems (E0350, E0352) will be denied as statutorily non-covered (no benefit – see related Policy Article A54516). Considered institutional equipment.
913	E0370	NU	IN	Air pressure elevator for heel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	Can follow E0191 for heel or elbow protector which is as follows: Not covered for prevention. Must have diagnosis of active decubiti or wound & item is required for treatment. THP reserves right to request records. NSB if in part A inpatient facility.
914	E0371	RR	CR	Nonpower mattress overlay	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime.	1 unit per lifetime	-	Not billable w/E0250, E0255, E0260, E0303, E0304. MHT 10 month capped rental item.
915	E0372	RR	CR	Powered air mattress overlay	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
916	E0373	RR	CR	Nonpowered pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PDAC verification required

	A	B	C	D	E	F	G	H	I	J	K	L	M
917	E0424	RR	OX	Stationary compressed gas O2	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/month	1unit /rolling month	-	Use for Medicare Advantage plan members with diagnosis cluster headaches enrolled in the clinical trial.
918	E0431	RR	OX	Portable gaseous O2	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1unit /rolling month	-	-
919	E0433	RR	OX	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
920	E0434	RR	OX	Portable liquid O2	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1unit /rolling month	-	-
921	E0439	RR	OX	Stationary liquid O2, rental	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1unit /rolling month	-	-
922	E0441	-	OX	Stationary oxygen contents, gaseous, 1 month supply = 1 unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1unit /rolling month	-	Prior authorization required for use with patient owned system. Or if no stationary equipment involved. Payment for oxygen contents (stationary and/or portable) is included in the allowance for stationary equipment (E0424, E0439, E1390, E1391) during the rental CR period. Payment for stationary contents (E0441 or E0442) begins when the rental period for the stationary equipment ends.

	A	B	C	D	E	F	G	H	I	J	K	L	M
923	E0442	-	OX	Stationary oxygen contents, liquid, 1 month supply = 1 unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Prior authorization required for use with patient owned system. Or if no stationary equipment involved. Payment for oxygen contents (stationary and/or portable) is included in the allowance for stationary equipment (E0424, E0439, E1390, E1391) during the rental CR period. Payment for stationary contents (E0441 or E0442) begins when the rental period for the stationary equipment ends.
924	E0443	-	OX	Portable oxygen contents, gaseous, 1 month supply = 1 unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1unit/rolling month	-	Prior authorization required when no stationary system is being used/prior authorized. As above
925	E0444	-	OX	Portable O2 contents, liquid, 1 month supply	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Prior authorization required when no stationary system is being used/ prior authorized. As Above
926	E0445	RR	OX	Oximeter device-non invasive	See comments	See comments	See comments	N/C	No prior authorization required	-	1 unit per lifetime	Invoice Required	A4606 not billable w/ E0445 during cap rental period (10 month). Medicare Oximeters (E0445) and replacement probes (A4606) will be denied as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the beneficiary's treatment.

	A	B	C	D	E	F	G	H	I	J	K	L	M
927	E0446	RR	OX	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Though a MAC may decide to cover this procedure, there shall be no coverage for any separate or additional payment for any physician's professional services related to this procedure." Presently, the two HCPCS codes for topical oxygen therapy (E0446 and A4575) are designated as DME jurisdiction and since CMS has instructed the local MACs to not allow a physician service with topical oxygen, Noridian does not expect to see any claims for this service in either Part A or Part B.
928	E0447	RR	OX	Portable oxygen contents ,liquid, 1month supply= 1 unit, prescribed amount at rest or nighttime, exceeds 4 liters per minute (LPM)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	New code 2019 . Please follow reimbursement rules for contents during capped rental periods of stationary or base equipment as indicated above info on contents.
929	E0455	RR	OX	Oxygen tent, excluding croup/pediatric	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	Not covered for member owned oxygen equipment. No rate in RBRVS in DMEPOS. Denial D311 bundled.
930	E0457	-	-	Chest shell (culrass)	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
931	E0459	-	-	Chest wrap	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
932	E0462	RR	CR	Rocking bed w/ or w/o side rails	N/C	N/C	N/C	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	A rocking bed is a device intended for temporary use to help patient ventilation (breathing) by repeatedly tilting the patient, thereby using the weight of the abdominal contents to move the diaphragm. Electric beds designed to periodically tilt patients a small angle (e.g., 15 degrees) from the horizontal plane, placing them alternately in the Trendelenburg and reverse Trendelenburg positions following a rocking motion. These beds may include controls for adjustment of the speed and/or degree of tilting. Rocking electric beds are intended mainly to help patient breathing by using the weight of the abdominal contents to move the diaphragm; they are also used in occlusive arterial diseases to improve circulation.
933	E0465	RR	FS	Home ventilator, ANY type, used with invasive interface (i.e. tracheostomy tube)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Is not meant to be used in place of a BIPAP or CPAP machine. Please review with ordering physician if member needs long term or short term and if member could use a BIPAP/auto pap. See policies
934	E0466	RR	FS	Home ventilator, ANY type, used with non-invasive interface (i.e. mask. Chest cell)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Is not meant to be used in place of a BIPAP or CPAP machine. Please review with ordering physician if member needs long term or short term and if member could use a BIPAP/auto pap. See policies

	A	B	C	D	E	F	G	H	I	J	K	L	M
935	E0467	RR	FS	Home Ventilator, multi function respiratory device, also performs any or all additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, incl all access, components and supplies for all functions	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	When billing, a home ventilator with multi function respiratory device, E0467- there will be no additional payment for the following equipment and accessories: Oxygen, nebulizer, aspirator, cough stimulation devices such as Mechanical In-Exsufflation devices and related accessories, HFCWO, Oscillatory positive expiratory devices, PAP, RAD, and oral speech devices are included in the functionality of code E0467. Must be on PDAC list to be allowed.
936	E0468	-	FS	Home ventilator , dual function respiratory device, also performs additional fx of cough stim, includes all access, components, and suppl for all functions.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	When billing, a home ventilator with multi function respiratory device, E0468, there will be no additional payment for the following equipment and accessories: Ventilators (HCPCS codes E0465, E0466) Cough Stimulators i.e . Mechanical In-Exsufflation devices and related accessories (HCPCS codes E0482 and A7020) PAP devices, respiratory assist devices (RADs), and related accessories (HCPCS codes E0470, E0471, E0472, E0601, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562)Oral Appliances (HCPCS code E0486). Must be on PDAC list.
937	E0469	-	-	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
938	E0470	RR	CR	RAD w/o backup non-inv intrfc	Yes, prior authorization required	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	5 Yr RUL	10 units /lifetime	-	Initial trial 3 months. For Medicare members E0470, E0471, E0472, E0601, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562. are included in the functionality of code E0467. Claims for any of the HCPCS codes listed if submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.
939	E0471	RR	CR	RAD bilevel w/ backup noninvasive intrfc, e.g nasal or facial mask	Yes, prior authorization required	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	5 yr RUL	1 unit/rolling month	-	Included in functionality of or considered same/similar to E0467
940	E0472	RR	CR	Rad bilevel, w/ backup used w/ invasive intrfc, e.g tracheostomy tube	Yes, prior authorization required	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	5 yr RUL	-	-	Included in functionality of or considered same/similar to E0467
941	E0480	RR	CR	Percussor elect/pneum home m	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 years	-	Mechanical percussors (e.g., Fluid Flo and Frequencer) are considered medically necessary for cystic fibrosis, chronic bronchitis, bronchiectasis, immotile cilia syndrome, and asthma.
942	E0481	-	-	Intrapulmonary percussive vent system	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Example LCD L33786 An intrapulmonary percussive ventilator (IPV) (E0481) has not been demonstrated to be reasonable and necessary in the home setting. It will be denied as not medically necessary.
943	E0482	RR	CR	Cough stimulating device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	Mechanical In-exsufflation device LCD L33795. HCPCS codes E0482 and A7020 are included in the functionality of code E0467. THP will look at extenuating circumstances
944	E0483	RR	CR	High frequency chest wall oscillation system, includes ALL accessories and supplies, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	-
945	E0484	NU	IN	Non-elec oscillatory pep dvc	No prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 yr MLR	1/rolling year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
946	E0485	NU	IN	Oral device/appliance prefab	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	Invoice Required	L33611 A prefabricated oral appliance (E0485) will be denied as not reasonable and necessary. There is insufficient evidence to show that these items are effective therapy for OSA
947	E0485	RR	IN	Oral device/appliance prefab	NC	NC	N/C	NC	N/C	-	Not on WV 2024 DME FS	-	AS Above
948	E0486	NU	IN	Oral device/appliance cust fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	Invoice Required.	Oral appliances made by a dentist to treat sleep apnea. Follow appropriate SCA/LOA process if required. PDAC verification required
949	E0486	RR	IN	Oral device/appliance cust fab	NC	NC	N/C	NC	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Oral appliances made by a dentist to treat sleep apnea. This item is a purchase item by THP.
950	E0487	NU	OX	Spirometer, electronic , includes all accessories	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	Invoice Required	Only covered for post lung or heart transplant members. Not covered for all other indications- considered investigational experimental. The ClinicalTrials.gov Identifier is NCT00536926. Not on WV MHT Fee Schedule Follow appropriate SCA/LOA process if required.
951	E0490	RR	CR	Power Source & contrl electr unit for oral device/appli for neuromuscular elect stim of the tongue muscle, contrl by hardware remote	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	NEW Code Oct 2023
952	E0491	-	SU	Oral device/appli for neuromuscular elect stim of the tongue muscle, used in conj w/ power source & contrl electr unit, contrl by hardware remote, 90 day supply	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	New Code Oct 2023
953	E0492	-	-	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1028 HCPCS codes E0492 and E0493 are new codes as of January 1, 2024 and are used to report the eXciteOSA device (Signifier Medical Technologies) (HCPCS codes K1028 and K1029 were used between April 1, 2022 and December 31, 2023).

	A	B	C	D	E	F	G	H	I	J	K	L	M
954	E0493	-	-	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1029 HCPCS codes E0492 and E0493 are new codes as of January 1, 2024 and are used to report the eXciteOSA device (Signifier Medical Technologies) (HCPCS codes K1028 and K1029 were used between April 1, 2022 and December 31, 2023).
955	E0500	RR	FS	Ippb all types	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Intermittent positive pressure breathing (IPPB) machines as DME for members with asthma, chronic obstructive pulmonary disease (COPD) and other respiratory diseases;
956	E0530	RR	CR	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaced K1001 Positional therapy is considered experimental, investigational, or unproven for the treatment of OSA because its effectiveness has not been established: Lunoa System (Philips Respironics) • NightBalance (Respironics Inc.)
957	E0550	RR	CR	Humidifier extens supple w ippb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monthly rental	Not on WV 2024 DME FS	-	-
958	E0555	NU	-	Humidifier glass/plastic bottle for regulator	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	Included in rental fee for O2. Not covered for patient owned O2 equipment. Denial= D311 bundled
959	E0560	NU	IN	Humidifier durable supplemental	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	For ASO covered w/o auth if has a PAP or Vent/oxygen authorization. Included in the rental of Oxygen and or ventilator. Ventilator accessories are covered and separately payable if the patient has a purchased ventilator which is medically necessary. Not covered for member owned oxygen equipment.

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960	E0560	RR	IN	Humidifier durable supplemental	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	For ASO covered w/o auth if has a PAP or Vent/oxygen authorization. Included in the rental of Oxygen and or ventilator. Ventilator accessories are covered and separately payable if the patient has a purchased ventilator which is medically necessary. Not covered for member owned oxygen equipment.
961	E0561	NU	IN	Humidifier nonheated w PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Either a heated or non-heated humidifier may be covered w/CPAP. For ASO covered w/o auth if has a PAP/RAD authorization.
962	E0561	RR	IN	Humidifier nonheated w PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. For ASO covered w/o auth if has a PAP/RAD.
963	E0562	NU	IN	Humidifier heated used w PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Either a heated or non-heated humidifier may be covered w/CPAP. Will purchase with initial CPAP for MHT members Only. For ASO covered w/o auth if has a PAP or Vent/oxygen authorization
964	E0562	RR	IN	Humidifier heated used w PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. For ASO covered w/o auth if has a PAP or Vent/oxygen authorization
965	E0565	RR	CR	Compressor air power source	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 rolling years	-	MHT 10 month CR Item.
966	E0565	NU	CR	Compressor air power source	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-	Purchase dependent on DX of chronic respiratory conditions.
967	E0570	RR	CR	Nebulizer with compression	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	RUL 3-5 years	-	-	MHT Purchase Item. DX driven for short term use. Pneumonia, wheezing, acute respiratory infection. Allow up to 3 months. Purchase dependent on DX of chronic conditions. Requires a physician face-to face per ACA 6407.
968	E0570	NU	-	Nebulizer with compression	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Yes, prior authorization required	RUL 3-5 years	1/3 years	-	Purchase dependent on DX of chronic respiratory conditions.

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969	E0572	RR	CR	Aerosol compressor, adjustable pressure, lght duty, intermittent use	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV 2024 DME FS	-	Covered for administration of Pentamidine for pts w/HIV, pneumocystosis, or organ transplant.
970	E0574	RR	CR	Ultrasonic generator w svneb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV 2024 DME FS	-	Optineb-ir Model On-100/7 (NebuTec, GmbH). To administer Treprostinil only. PDAC verification required
971	E0575	RR	FS	Nebulizer ultrasonic	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	LCD L33370 Updated 2023. A large volume ultrasonic nebulizer (E0575) offers no proven clinical advantage over a pneumatic compressor and nebulizer and will be denied as not reasonable and necessary.
972	E0580	NU	IN	Nebulizer for use w/ regulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	Purchase dependent on DX of chronic respiratory conditions. Code E0580 describes the same piece of equipment as A7017, but should only be billed when this type of nebulizer is used with a beneficiary-owned oxygen system. NSB with rented home oxygen equipment.
973	E0580	RR	IN	Nebulizer for use w/ regulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	-
974	E0585	RR	CR	Nebulizer w/compressor & heater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	Purchase dependent on DX of chronic respiratory conditions.
975	E0585	NU	CR	Nebulizer w/compressor & heater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	Following codes not NSB w E0585: A4619, A7006, A7010, A7012, A7013, A7014, A7015, A7525
976	E0600	RR	CR	Suction pump portab hom modl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years	-	MHT Purchase Item. Not billable w/ A7002
977	E0601	RR	CR	Cont positive airway pressure (CPAP) device	Yes, prior authorization required	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	Yes, prior authorization required (EviCore)	5 yr RUL	10 units per lifetime	-	Use this code for an auto-titration CPAP device also. ResMed Air mini is coded E1399(most groups do not cover two CPAP's. Air mini is for travel- please refer to group plan benefit.
978	E0602	NU RR	IN	Manual breast pump	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	1 unit/5 rolling years	-	MHT Purchase Item. Breast pumps remain noncovered for Medicare recipients per CMS 1/4/13

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979	E0603	RR	IN	Breast pump, electric	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	1 every rolling year	Contract specific Health Plan pays up to \$200.00	Should be obtained in first 60 days of delivery. THP will review for extenuating circumstances outside the 60 day window. Invoice Required. MHT Purchase Item. Allowed as a purchase item for Commercial. Self funded plans may require prior authorization.
980	E0604	RR	IN	Breast pump, HD hospital grade	No prior authorization required	No prior authorization required	No prior authorization required	N/C	N/C	Rental only	-	-	Covered for commercial plans only, in situations where infant must remain in acute facility and mother has been discharged and mother cannot pump at hospital facility. Invoice required for PEIA.
981	E0605	NU	IN	Vaporizer room type	N/C	N/C	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	For Medicare and MHT Respiratory dx required
982	E0606	RR	CR	Drainage board postural	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	Reasonable Lifetime	1 per Lifetime	MHT Purchase Item. Must have severe chronic respiratory/pulmonary disease and percussion or vibration alone is ineffective.
983	E0607	NU	IN	Blood glucose monitor home	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Per HP PBM	1/3 years	-	Approved diabetes codes only. Self funded per group benefit.
984	E0610	NU	IN	Pacemaker monitr audible/vis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not on WV MHT 2024 FS. Is on WV MHT's the list of non-covered DME. If covered by LOB /Plan document THP considers self-contained pacemaker monitors medically necessary for members with cardiac pacemakers.
985	E0610	RR	IN	Pacemaker monitr audible/vis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
986	E0615	NU	IN	Pacemaker monitr digital/vis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not on WV MHT 2024 FS. Is on WV MHT's the list of non-covered DME. If covered by LOB /Plan document THP considers self-contained pacemaker monitors medically necessary for members with cardiac pacemakers.

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987	E0615	RR	IN	Pacemaker monitr digital/vis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not on WV MHT 2024 FS. Is on WV MHTs the list of non-covered DME.
988	E0616	-	IN	Implant cardiac event monitor w/memory	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not covered as DME. OPPS staus indicator N-Items Services packaged into APC rates. Follow prior authorizationification requirements for procedure,C1764
989	E0617	RR KF	CR	Automatic ext defibrillator	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Class III Device
990	E0618	RR	CR	Apnea monitor	N/C	N/C	N/C	N/C	N/C		Not on WV 2024 DME FS		Not on MHT Fee schedule 2024 and is on noncovered list on Internet manual
991	E0619	RR	CR	Apnea monitor w/ recorder	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	Invoice Required.	
992	E0620	RR	CR	Cap bld skin piercing laser	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not on MHT Fee schedule 2024 and is on noncovered list on Internet manual. Medicare: The medical necessity for a laser skin piercing device (code E0620) and related lens shield cartridge (code A4257) has not been established; therefore, claims for code E0620 and/or code A4257 will be denied as not reasonable and necessary. LCD L33822
993	E0621	NU	IN	Patient lift sling or seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	May not be billed w/E0625, E0630, E0635, E0636, E0639, E0640 / it is included in the allowance for these codes. Covered as an accessory when ordered as a replacement for a covered patient lift.

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994	E0621	RR	IN	Patient lift sling or seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT purchase item. May not be billed w/E0625, E0630, E0635, E0636, E0639, E0640 / it is included in the allowance for these codes. Covered as an accessory when ordered as a replacement for a covered patient lift.
995	E0625	RR	IN	Patient lift, bathroom or toilet NOC	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's Non-covered list.
996	E0627	NU	IN	Seat lift mechanism , electric, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Regular armchair or any chair in their home. Chair is billed A9270.
997	E0627	RR	IN	Seat lift mechanism , electric, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
998	E0629	NU	IN	Seat lift mechanism, non-electric, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
999	E0629	RR	IN	Seat lift mechanism, non-electric, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
1000	E0630	RR	CR	Pt lift hydraul/mech, incld set, sling, strap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit/lifetime	-	Not billable w/E0621.
1001	E0635	RR	CR	Patient lift electric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Cannot be used for lifts that require home modifications. Van, car, or stair lifts are also non covered.
1002	E0636	RR	CR	PT support & positioning sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PDAC verification required. See Patient Lift Policy/subset
1003	E0637	-	-	Patient lift : Combination sit to stand, any size, w/or w/o wheels	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	There is InterQual for codes E0637, E0638, E0641, E0642 only. On Medicare's Non-covered list.
1004	E0638	RR	CR	Standing frame/table system, one position (E.G. upright, supine, pr prone stander), Any size, inc pediatric, w/ pr w/o wheels.	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's Non-covered list.

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1005	E0639	RR	CR	Pt lift, moveable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	When a device is only used in a bathroom, it is coded E0625 and is not covered. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. ASO review plan document for exclusions(Van lifts, WC lifts or ramps, platform lifts, stairway elevators etc...)
1006	E0640	RR	CR	Pt lift, fixed system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	When a device is only used in a bathroom, it is coded E0625. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. ASO review plan document for exclusions(Van lifts, WC lifts or ramps, platform lifts, stairway elevators etc...) PDAC verification required.
1007	E0641	RR	CR	Standing frame/table system, multi position(e.g. 3 way stander) any size, including pediatric with or without wheels	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	There is InterQual for codes E0637, E0638, E0641, E0642 only. On Medicare's Non-covered list.
1008	E0642	-	-	Standing frame/table system, mobile (dynamic stander) ,any size incl pediatric	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	There is InterQual for codes E0637, E0638, E0641, E0642 only. On Medicare's Non-covered list.
1009	E0650	NU	IN	Pneuma compressor non-segment	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	CR item	5 yr RUL	-	-	MHT 10 mo cap rental.
1010	E0650	RR	IN	Pneuma compressor non-segment	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	-
1011	E0651	NU	IN	Pneum compressor segmental	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	CR item	5 yr RUL	-	-	MHT 10 mo cap rental.
1012	E0651	RR	IN	Pneum compressor segmental	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	-
1013	E0652	NU	IN	Pneum compres w/cal pressure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	CR item	5 yr RUL	-	-	MHT 10 mo cap rental. Requires Secondary review per InterQual. Had to tried and failed E0650/E0651 or E0650/E0651 is contraindicated. If meets, auth 2-3 month trial.

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1014	E0652	RR	IN	Pneum compres w/cal pressure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	-
1015	E0655	NU	IN	Pneumatic appliance half arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented compressor E0650.
1016	E0655	RR	IN	Pneumatic appliance half arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1017	E0656	NU	CR	Segm'td pneumatic app for use w/pneumatic compressor, trunk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Purchase or capped rental. Separately payable w/ base code.
1018	E0656	RR	CR	Segm'td pneumatic app for use w/pneumatic compressor, trunk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1019	E0657	RR	CR	Segm'td pneumatic app use w/pneumatic compressor, chest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Separately payable w/ base code.
1020	E0660	NU	IN	Pneumatic appliance full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented compressor E0650. Separately payable w/ base code.
1021	E0660	RR	IN	Pneumatic appliance full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1022	E0665	NU	IN	Pneumatic appliance full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented compressor E0650. Separately payable w/ base code.
1023	E0665	RR	IN	Pneumatic appliance full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1024	E0666	NU	IN	Pneumatic appliance half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.
1025	E0666	RR	IN	Pneumatic appliance half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1026	E0667	NU	IN	Seg pneumatic appl full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.
1027	E0667	RR	IN	Seg pneumatic appl full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1028	E0668	NU	IN	Seg pneumatic appl full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/segmented pneumatic compressor E0651 or E0652.
1029	E0668	RR	IN	Seg pneumatic appl full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. Separately payable w/ base code.

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1030	E0669	NU	IN	Seg pneumatic appli half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented pneumatic compressor E0652. Separately payable w/ base code.
1031	E0669	RR	IN	Seg pneumatic appli half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1032	E0670	NU	IN	Seg pneumatic appliances for use w/ pneumatic compressor, integrated, 2 full legs and trunk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/limb/yr	Not on WV 2024 DME FS	-	Would need to know why E0657 or E0656 not appropriate as well as the other criteria. Separately payable w/ base code.
1033	E0670	RR	IN	Seg pneumatic appliances for use w/ pneumatic compressor, integrated, 2 full legs and trunk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/limb/ yr	Not on WV 2024 DME FS	-	-
1034	E0671	NU	IN	Pressure pneum appl full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
1035	E0671	RR	IN	Pressure pneum appl full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Separately payable w/ base code.
1036	E0672	NU	IN	Pressure pneum appl full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
1037	E0672	RR	IN	Pressure pneum appl full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1038	E0673	NU	IN	Pressure pneum appl half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
1039	E0673	RR	IN	Pressure pneum appl half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Separately payable w/ base code.
1040	E0675	RR	CR	Pneumatic compression device	N/C	N/C	N/C	N/C	N/C	5 year RUL	Not on WV 2024 DME FS	-	Used for TX of PAD. Appliance codes used with E0675 are E0667, E0668, E0669 only. A PCD coded as E0675 to treat PAD is not eligible for reimbursement. There is insufficient evidence to demonstrate that reimbursement is justified. Claims for E0675 will be denied as not reasonable and necessary. LCD L33829.

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1041	E0676	RR	CR	Intermittent limb compression NOS	N/C	N/C	N/C	N/C	N/C		Not on WV 2024 DME FS	-	Not covered for prevention of illness or disease-i.e. DVT. A PCD coded as E0676 is used only for prevention of venous thrombosis. A PCD that provides intermittent limb compression for the purpose of prevention of venous thromboembolism (E0676) is a preventive service. Items that are used for a preventative service or function are excluded from coverage under the Medicare DME benefit. Article A52488.
1042	E0677	RR	CR	Non-pneumatic sequential compression garment, trunk	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication.
1043	E0678	-	-	Non-pneumatic sequential compression garment, full leg	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1032. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication.
1044	E0679	-	-	Non-pneumatic sequential compression garment, half leg	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1033. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication.
1045	E0680	-	-	Non-pneumatic compression controller with sequential calibrated gradient pressure	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1024. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication.

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1046	E0681	-	-	Non-pneumatic compression controller without calibrated gradient pressure	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1031. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication.
1047	E0682	-	-	Non-pneumatic sequential compression garment, full arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1025. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication.
1048	E0683	-	-	Non-pneumatic, non-sequential, peristaltic wave compression pump	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	The Venowave VW5 by Therma Bright. Medicare will not cover for prevention of disease/DVT.
1049	E0691	NU	IN	Ultraviolet light therapy system, includes bulbs and lamps, timer, & eye protection; Tx area 2 sq ft or less	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC. NCD 250.1
1050	E0691	RR	IN	Ultraviolet light therapy system, includes bulbs/lamps, timer & eye protection; treatment area 2 sq ft or less.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC. NCD 250.1
1051	E0692	NU	IN	Uvl sys panel 4 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC. NCD 250.1

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1052	E0692	RR	IN	Uvl sys panel 4 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC. NCD 250.1
1053	E0693	NU	IN	Uvl sys panel 6 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Panel must show medical necessity. BSA affected. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC
1054	E0693	RR	IN	Uvl sys panel 6 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Panel must show medical necessity. BSA affected. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC
1055	E0694	NU	IN	Uvl md cabinet sys 6 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Panel must show medical necessity. BSA affected. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC
1056	E0694	RR	IN	Uvl md cabinet sys 6 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Generalized psoriasis, alternative to OP treatment. Panel must show medical necessity. BSA affected. Item should be found PDAC or info submitted showing unit prescription strength and unavailable OTC
1057	E0700	RR	IN	Safety equipment device or accessory, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare Non covered list and on MHT Non covered List . On THP Policy Stat Comfort and Convenience Items.
1058	E0705	NU	IN	Transfer device, any type, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Authorized required for PARA Ladder or electrical equipment.
1059	E0705	RR	IN	Transfer device, any type, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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1060	E0710	NU	IN	Restraint, any type (body, chest, wrist, ankle)	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Items or services described by HCPCS code E0710 and A9300 are not covered under Medicare Part B. CMS ZOOM Meeting Friday June 10, 2022. First Biannual 2022 Healthcare Common Procedure Coding System (HCPCS) Public Meeting Agenda . Also listed on Medicare Noncovered List
1061	E0711	-	-	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow ROM	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1062	E0715	-	-	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1063	E0716	-	-	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1064	E0720	RR	TE	Tens two lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	ALERT Diagnosis specific. Purchase Item for All Lines of Business after trial period
1065	E0720	NU	TE	Tens two lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years	-	ALERT DIAGNOSIS SPECIFIC. Cefaly not covered. Not billable w/A4556, A4557,A0730. After trial and medical necessity established it is a Purchase Item for All Lines of Business.
1066	E0721	-	-	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	N/C	N/C	N/C	N/C	N/C	-	-	-	Currently, the evidence is insufficient to determine that the technology results in an improvement in the net health outcome for tx for obesity, chronic or acute pain, and /or opioid withdrawal.
1067	E0730	RR	TE	Tens four lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	ALERT Diagnosis specific. Cefaly is not covered. Not billable w/A4556, A4557, A0720. Clinical documentation required w/ claim to show why 2 lead insufficient. See below note.

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1068	E0730	NU	TE	Tens four lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years.	-	ALERT Diagnosis specific. Not billable w/A4556, A4557, A0720. After trial and medical necessity established it is a purchase Item for All Lines of Business. See above note.
1069	E0731	NU	IN	Conductive garment for tens	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Special coverage instructions.
1070	E0732	RR	CR	Cranial electrotherapy stimulation (ces) system, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1002 Medicare coverage guidance not available. Supplies A4596
1071	E0733	-	-	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1016
1072	E0734	-	-	External upper limb tremor stimulator of the peripheral nerves of the wrist	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Replaces K1018. Accessories are coded A4542. Not covered if the he device is for the non-dominant upper limb. LCD: External Upper Limb Tremor Stimulator Therapy https://www.cms.gov/medicare-e-coverage-database/view/lcd.aspx?lcdid=39591 . Aryicle A59680. Only one dx covered G25.0. Then need to meet criteria.
1073	E0735	-	-	Non-invasive vagus nerve stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1020
1074	E0736	-	-	Transcutaneous tibial nerve stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	New code April 2024 ZIDA Wearable neuromodulation system
1075	E0737	-	-	Transcutaneous tibial nerve stimulator, controlled by phone application	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1076	E0738	-	-	Upper extremity rehab sys provid active assist to facil muscle re-edu incl microprocessor, all comp and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	New code April 2024
1077	E0739	-	-	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	New code April 2024

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1078	E0740	RR	CR	Non-implanted pelvic floor electrical stimulator, complete system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	THP POSITION ON Pelvic Muscle Trainers: THP DOES not cover the Athena pelvic muscle trainer, Kegelmaster, Gyneflex or similar devices for the treatment of UI because these devices are considered exercise machines, and COMMERCIAL plans exclude coverage of exercise devices. In addition, such exercise devices do not meet THP'S definition of covered DME because they are not primarily medical in nature and/or are normally of use to persons who do not have an illness or injury.
1079	E0743	-	-	External lower extremity nerve stimulator for restless legs syndrome, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Noctrix Health's Nidra™ Tonic Motor Activation (TOMAC) therapy. Insufficient evidence at this time.
1080	E0744	RR	CR	Neuromuscular stim for scoliosis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	-	Not on WV 2024 DME FS	-	10 month capped rental.
1081	E0745	RR	CR	Neuromuscular stim for shock	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	10 month capped rental. Devices coded E1399 for coverage are not covered.
1082	E0746	RR	CR	EMG, biofeedback device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	Reimburse per individual provider contracts for provider service	Invoice Required. Group or Home biofeedback not covered. Not reimbursed under DME. Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions. NCD 30.1.

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1083	E0747	NU KF	IN	Elec osteogen stim not spine	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	Class III Device. Purchase Only. Contract Specific. The PRECICE limb lengthening system is not covered. May see codes E0760 and G0283 for the PRECICE device.
1084	E0748	NU KF	IN	Elec osteogen stim spinal	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	Class III Device. Purchase Only. Contract Specific. DO NOT use this code for the ActiStim-S Spine Fusion Stimulator.
1085	E0749	NU KF	CR	Elec osteogen stim implanted	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Contract Specific	Class III Device. Purchase Only. Contract Specific.
1086	E0755	RR	-	Elec salivary reflex stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS		
1087	E0760	KF	IN	Osteogen ultrasound stimulator	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	Class III Device. Purchase Only. Contract Specific. THE PRECICE limb is not covered. May see codes E0747 and G0283 for the PRECICE device
1088	E0761	RR	-	Nonthermal pulsed hi freq radio wave, dev	NSB/N/C	NSB/N/C	NSB/N/C	NSB/N/C	N/C	-	Not on WV 2024 DME FS	-	Covered as incidental to physician service. Denial = D311 bundled
1089	E0762	NU	CR	Trans elec jt stim dev sys	NSB/N/C	NSB/N/C	NSB/N/C	NSB/N/C	N/C	-	Not on WV 2024 DME FS	-	PDAC review required. N/C as separate DME item. N/C for home use. Investigational. Not covered code for MENS. Denial =D311 bundled.
1090	E0762	RR	CR	Trans elec jt stim dev sys	NSB/N/C	NSB/N/C	NSB/N/C	NSB/N/C	N/C	-	Not on WV 2024 DME FS	-	SEE ABOVE. N/C as separate DME item. Denial =D311 bundled.
1091	E0764	KF	CR	Functional neuromuscular stim. FES complete system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Class III Device. May be a purchase upon review. THP's covered FES system is the Parastep.
1092	E0765	NU	IN	Nerve stimulator for tx n&v (TEAS)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Does not cover OTC devices such as the ReliefBand®. Requires face to face. Not covered for motion sickness. Must meet all DME requirements.
1093	E0765	RR	IN	Nerve stimulator for tx n&v(TEAS)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Does not cover OTC devices. Only covers the prescription versions.

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1094	E0766	RR	FS	Electrical stimulation device used for cancer treatment, includes all accessories any type. NOVOTTF -100A Tumor treatment field therapy	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT 10 month capped rental
1095	E0767	-	-	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	
1096	E0769	RR	-	Elect stim/electromag wound treat, NEC	N/C	N/C	N/C	NSB/NC	N/C	-	Not on WV 2024 DME FS		Medicare NCD 270.1 ES and electromagnetic therapy services can only be covered when performed by a physician, physical therapist, or incident to a physician service. Unsupervised use of ES or electromagnetic therapy for wound therapy will not be covered. Denial D311 bundled.
1097	E0770	RR	IN	Transcutaneous funct elec stim of nerve/muscle groups, any type, complt sys, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	PDAC review required.
1098	E0776	NU	IN	IV pole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C/RZ	-	-	-	Purchase only, not billed separately from IV, enteral, or parenteral per diem. (S code)
1099	E0776	RR	IN	IV Pole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C/RZ	-	-	-	May be rental up to purchase price. Included in per diem (S code).
1100	E0776	NU	BA	IV Pole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C/RZ	-	-	-	Enteral or parental nutrition administered via pump or gravity. Included in per diem (S code).
1101	E0776	RR	BA	IV pole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C/RZ		-	-	Bill BA modifier when used for enteral nutrition administered by pump or gravity. Rental paid up to purchase price. Included in per diem. (S code)
1102	E0779	RR	IN	Amb infusion pump mechanical	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1103	E0780	NU	IN	Mech amb infusion pump <8hrs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-

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1104	E0781	RR	CR	External ambulatory infus pu	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1105	E0782	NU KF	IN	Non-programmable infusion pump, implantable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Class III Device, purchase only. Includes all components i.e. pump, catheter, connectors... Please check policy for specific coverage criteria, Contract Specific. When used for implantable intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME.
1106	E0783	NU KF	IN	Programmable infusion pump, implantable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Contract Specific	Class III Device, purchase only. Please check policy for specific coverage criteria, Contract Specific. When used for implantable intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME.
1107	E0784	RR	CR	Ext amb infusn pump insulin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime/ Warranty	1/4 rolling yrs	Contract Specific	Contract Specific. Coverage criteria should be indicated on claim.
1108	E0785	KF	IN	Replacement impl pump cathet	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Class III Device. Purchase Only. When used for implantable epidural/intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME.
1109	E0786	NU KF	IN	Implantable pump replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Class III Device, purchase only. When used for implantable intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME. Excludes implantable intraspinal catheter.
1110	E0787	-	-	Cgs dose adj insulin inf pmp	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	External ambulatory infusion pump, insulin. Is an active 2024 HCPCS code- however it is not valid for claim submission to Medicare or WV MHT. THP Also does not accept code for reimbursement.

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1111	E0791	RR	CR	Parenteral infusion pump sta	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	See Plan Document.
1112	E0830	NU	-	Ambulatory traction device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Lumbar traction device-dynasplint.
1113	E0840	NU RR	IN	Tract frame attach headboard, cervical traction	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Medicare and MHT do not cover. Cervical traction applied via attachment to a headboard (E0840) or a free-standing frame (E0850) has no proven clinical advantage compared to cervical traction applied via an over-the-door mechanism (E0860). If an E0840 or E0850 is ordered, it will be denied as not reasonable and necessary. LCD L33823
1114	E0849	NU	CR	Traction equip, cervical, free-standing, Stand/Frame, pneumatic,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Specific coverage instructions
1115	E0849	RR	CR	Traction equip, cervical, free-standing, Stand/Frame, pneumatic,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	-	-	Specific coverage instructions.
1116	E0850	NU	IN	Traction stand free standing, cervical	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Medicare and MHT do not cover. Cervical traction applied via attachment to a headboard (E0840) or a free-standing frame (E0850) has no proven clinical advantage compared to cervical traction applied via an over-the-door mechanism (E0860). If an E0840 or E0850 is ordered, it will be denied as not reasonable and necessary. LCD L33823
1117	E0850	RR	IN	Traction stand free standing, cervical	N/C	N/C	N/C	N/C	N/C	-	-	-	Medicare and MHT do not cover.
1118	E0855	NU	CR	Cervical traction equipment, not requiring stand or frame	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Specific Coverage In instructions.
1119	E0855	RR	CR	Cervical traction equipment, not requiring stand or frame	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	-	-	Specific coverage instructions

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1120	E0856	NU RR	CR	Cervical tract device, w/ inflatable air bladder(s)	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	E0856 describes a cervical traction device that can be used with ambulation. Therefore, it will be denied as not reasonable and necessary. Not covered for TMJ.
1121	E0860	NU	IN	Tract equip cervical tract	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/lifetime	-	This is a purchase for MHT. WV MHT requires prior authorization and has specific criteria. Medicare does allow rental.
1122	E0860	RR	IN	Tract equip cervical tract	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	5 yr RUL	-	-	See above. Rental will stop when purchase price is met.
1123	E0870	NU	IN	Tract frame attach footboard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1124	E0870	RR	IN	Tract frame attach footboard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1125	E0880	NU	IN	Trac stand free stand extrem	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1126	E0880	RR	IN	Trac stand free stand extrem	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1127	E0890	NU	IN	Traction frame attach pelvic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1128	E0890	RR	IN	Traction frame attach pelvic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	-	-	Not covered for in home lumbar traction.
1129	E0900	NU	IN	Trac stand free stand pelvic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1130	E0900	RR	IN	Trac stand free stand pelvic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	-	-	Not covered for in home lumbar traction
1131	E0910	RR	CR	Trapeze bar attached to bed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/ lifetime	-	MHT Purchase Item. Not billable w/E0940. Trapeze bars attached to a bed (E0910, E0911) are noncovered when used on an ordinary bed. CMS article A52508.
1132	E0911	RR	CR	HD trapeze bar attach to bed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	5 yr RUL	1/lifetime	-	MHT Purchase Item. Not billable w/E0910, E0912, E0940. Trapeze bars attached to a bed (E0910, E0911) are noncovered when used on an ordinary bed. CMS article A52508.

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1133	E0912	RR	CR	HD trapeze bar free standing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1 /lifetime	-	MHT Purchase Item. Not billable w/E0910, E0911, E0940.
1134	E0920	RR	CR	Fracture frame attached to bed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Dx Fracture
1135	E0930	RR	CR	Fracture frame free standing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Dx Fracture
1136	E0935	RR	FS	Cont pas motion exercise dev knee only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	7 to 21 days.	1/day up to 30 days	-	To start no later than 2 days post op/review for additional days. Medicare covers for total knee replacement only. Approved for maximum 21 days.
1137	E0936	RR	FS	CPM used for other than knee	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	Up to 21 days	Not on WV 2024 DME FS	-	InterQual sends all requested for secondary review. If authorized by Medical Director for ASO or Commercial approval is only for up to 21 days. This item is not covered by Medicare or MHT so should not be authorized for those LOB. It was never covered for Lumbar under any LOB. Lumbar traction is on Policy Stat as a comfort convenience item.
1138	E0940	RR	CR	Trapeze bar free standing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/lifetime	-	MHT Purchase Item. Covered if the beneficiary needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed. Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304, E0910. Not covered for lumbar traction.

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1139	E0941	RR	CR	Gravity assisted traction device, any type	N/C	N/C	N/C	N/C	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for lumbar traction. The Health Plan considers autotraction devices, home pneumatic lumbar traction devices, gravity- traction dependent devices as experimental and investigational because there is insufficient evidence to support their value and effectiveness in treating low back pain in the clinical or home setting. Examples of these devices: •Autotraction devices: Spinalator Spinalign massage intersegmental traction table, the Arthrotronic stabilizer, the Quantum 400 intersegmental traction table and the Anatomotor. •Home pneumatic lumbar traction devices: Saunders Lumbar HomeTrac, Saunders STx, Orthotrac Pneumatic Vest •Axial spinal unloading (gravity-dependent traction) devices: LTX 3000 •Lo-Bak TRAX™ Device
1140	E0942	NU	IN	Cervical head harness/halter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling year	-	Not billable w/E0860. Covered for members requiring a harness for rehabilitative therapy and will be using in the home.
1141	E0942	RR	IN	Cervical head harness/halter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1142	E0944	NU	IN	Pelvic belt/harness/boot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	A supportive device used to immobilize and stabilize the pelvis and lower spine. It is designed to reduce movement and provide support during the healing process of pelvic fractures, injuries, or post-surgical recovery.
1143	E0944	RR	IN	Pelvic belt/harness/boot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1144	E0945	NU	IN	Belt/harness extremity	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered for members requiring traction of the extremities d/t fracture, injury or post surgical recovery

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1145	E0945	RR	IN	Belt/harness extremity	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	If not purchased, will be covered as a rental per medical event not to exceed purchase price.
1146	E0946	RR	CR	Fracture frame dual w cross	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered for members requiring traction due to fracture where hospital bed is contraindicated.
1147	E0947	NU	IN	Fracture frame attachments pe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV 2024 DME FS	-	Covered for members requiring traction due to pelvic fracture or Dx requiring pelvic traction.
1148	E0947	RR	IN	Fracture frame attachments pe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	If not purchased, will be covered as a rental per medical event not to exceed purchase price.
1149	E0948	NU	IN	Fracture frame attachments ce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV 2024 DME FS	-	Covered for members requiring traction due to cervical fracture or Dx requiring cervical traction .
1150	E0948	RR	IN	Fracture frame attachments ce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	If not purchased, will be covered as a rental per medical event. Not to exceed purchase price.
1151	E0950	NU	IN	Tray for wheelchair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	Not covered as a convenience item- May be covered if used as positioning device in place of or in addition to an orthotic.
1152	E0950	RR	IN	Tray for wheelchair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1153	E0951	NU	IN	Loop heel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 Years	-	-	-
1154	E0951	RR	IN	Loop heel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1155	E0952	NU	IN	Toe loop/holder, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 Years	-	-	-
1156	E0952	RR	IN	Toe loop/holder, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depending if replacement or initial item.
1157	E0953	NU	IN	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list.

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1158	E0953	RR	IN	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT purchase item
1159	E0954	NU	IN	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs		-	MHT purchase item
1160	E0954	RR	IN	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	-
1161	E0955	NU	CR	Cushioned headrest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list. E0955 also covered for a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.
1162	E0955	RR	CR	Cushioned headrest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1163	E0956	NU	IN	W/C lateral trunk/hip support	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1-3 yrs	-	-	Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list.
1164	E0956	RR	IN	W/C lateral trunk/hip support	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1165	E0957	NU	IN	W/C medial thigh support	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1-3 yrs	-	-	Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list.
1166	E0957	RR	IN	W/C medial thigh support	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1167	E0958	RR	CR	Whlchr att- conv 1 arm drive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered for members who use a manual wheelchair and are unable to use both arms or one leg to propel the wheelchair but are able to self-propel using the one-arm drive attachment.
1168	E0959	NU	IN	Amputee adapter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	Covered for members who use a manual wheelchair require an amputee adapter.
1169	E0959	RR	IN	Amputee adapter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1170	E0960	NU	IN	W/C shoulder harness/straps	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1-3 yrs	-	-	Covered for members who use wheelchairs and require straps for positioning or safety.
1171	E0960	RR	IN	W/C shoulder harness/straps	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1172	E0961	NU	IN	Wheelchair brake extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	Covered for members who use a manual wheelchair and require a brake lock extension for safety.
1173	E0961	RR	IN	Wheelchair brake extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1174	E0966	NU	IN	Wheelchair head rest extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	Covered for members who use a manual wheelchair and require a headrest extension for proper positioning.
1175	E0966	RR	IN	Wheelchair head rest extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1176	E0967	NU	IN	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	-
1177	E0967	RR	IN	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with initial manual wheelchair. E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009.

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1178	E0968	RR	CR	Wheelchair commode seat	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. Medicare- Not valid for claim submission. Article A52504. Can be considered a self help or convenience item in ASO and Commercial plans.
1179	E0969	NU	IN	Wheelchair narrowing device	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	5 yr RUL	-	-	Medicare- Not valid for claim submission. Article A52504. MHT Purchase Item. If covered, covered for members who require wheelchairs but need to access spaces with narrow doors, halls, etc...
1180	E0969	RR	IN	Wheelchair narrowing device	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Purchase only	-	-	-	MHT Purchase Item.
1181	E0970	NU	-	No. 2 Footplates	N/C	N/C	N/C	N/C	No prior authorization required		-	Invoice Required	Use K0037, K0042 for Medicare, ASO & Commercial LOB.
1182	E0971	NU	IN	Wheelchair anti-tipping devi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	Not billable w/K0813-K0843, K0848-K0891.
1183	E0971	RR	IN	Wheelchair anti-tipping devi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1184	E0973	NU	IN	W/Ch access det adj armrest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	No billable w/E1002- E1008, K0017 - K0019.
1185	E0973	RR	IN	W/Ch access det adj armrest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1186	E0974	NU	IN	W/Ch access anti-rollback	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1187	E0974	RR	IN	W/Ch access anti-rollback	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered if the beneficiary self-propels and needs the device because of ramps.
1188	E0978	NU	IN	W/C acc, saf belt pelv strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 Yrs	-	-	Not Billable w/ K0813-K0843, K0848-K0891.
1189	E0978	RR	IN	W/C acc,saf belt pelv strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.

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1190	E0980	NU	IN	Wheelchair safety vest	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	Not covered by Medicare plans as not primarily medical in nature, not medically necessary. Article A52504. For Commercial and ASO plans, safety and convenience items are usually not covered per plan documents.
1191	E0980	RR	IN	Wheelchair safety vest	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1192	E0981	NU	IN	Seat upholstery, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with codes (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891).
1193	E0981	RR	IN	Seat upholstery, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. See above codes not billable w/ E0981.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1194	E0982	NU	IN	Back upholstery, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with codes (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891.
1195	E0982	RR	IN	Back upholstery, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase(x 10) THP may reimburse as a capped rental-depends if replacement or initial item.
1196	E0983	RR	CR	Add pwr joystick	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) Add on to convert manual wheelchair to power tiller and joystick not covered.
1197	E0984	NU	CR	Add pwr tiller	N/C	N/C	N/C	NC	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) Other LOB's: An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller-controlled power mobility device (E0984) will be denied as not reasonable and necessary.
1198	E0984	RR	CR	Add pwr tiller	N/C	N/C	On PEIA DME FS	N/C	Yes, prior authorization required	-	-	-	All other LOB's: An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller-controlled power mobility device (E0984) will be denied as not reasonable and necessary.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1199	E0985	NU	CR	W/C seat lift mechanism	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	According to the DMEMAC, Noridian, coverage criteria for a seat lift mechanism are in conflict with the coverage criteria for a wheelchair. Therefore, an individual cannot qualify for both items simultaneously. In order to qualify for a seat lift mechanism, the patient must be able to ambulate once they have established a standing position, even if a cane or walker is needed to ambulate. In contrast, criteria for a wheelchair "require that the patient be functionally non-ambulatory (unable to walk) within the home." Note that other types of power standing features (E2301) are also not covered wheelchair accessories.
1200	E0985	RR	CR	W/C seat lift mechanism	N/C	N/C	N/C	N/C	N/C	-	-	-	-
1201	E0986	NU	CR	Manual w/c access, push-rim pow assist system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	E0986 includes the two drive wheels/motors, batteries and battery charger. It is all inclusive. All components, e.g., drive wheels, batteries, chargers, controls, mounting hardware, etc, for a manual wheel chair conversion are considered as included in 1 UOS of the code. Only one unit of service should be billed per manual wheelchair.
1202	E0988	RR	CR	Manual w/c accessory, lever activated, wheelc drive, pair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT purchase item.
1203	E0990	NU	IN	Wheelchair elevating leg res	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable w/E0995, E1009, E1010, E1012, K0042-K0047, K0053. Elevating legrests for a member owned wheelchair are coded E0990. This code is per legrest. Do not bill K0195 for member owned wheelchairs.
1204	E0990	RR	IN	Wheelchair elevating leg res	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	1-3 yrs	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1205	E0992	NU	IN	Manual w/c access, solid seat insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	-
1206	E0992	RR	IN	Manual w/c access, solid seat insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase(x 10) THP may reimburse as a capped rental-depends if replacement or initial item.
1207	E0994	NU	IN	Wheelchair arm rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not valid for claim submission for Medicare and MHT LOB because other more specific codes are available - E0973, K0015-K0020. ASO requires that if a more specific code is available that is what providers are to use.
1208	E0994	RR	IN	Wheelchair arm rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1209	E0995	NU	IN	Wheelchair calf rest/pad, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1-3 yrs	Not on WV 2024 DME FS	-	-
1210	E0995	RR	IN	Wheelchair calf rest/pad, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1211	E1002	RR	CR	Pwr seat tilt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
1212	E1003	RR	CR	Pwr seat recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
1213	E1004	RR	CR	Pwr seat recline mech	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1214	E1005	RR	CR	Pwr seat recline pwr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
1215	E1006	RR	CR	Pwr seat combo w/o shear	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
1216	E1007	RR	CR	Pwr seat combo w/ shear	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
1217	E1008	RR	CR	Pwr seat combo pwr shear	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052. E1008 must not be used to describe a power tilt seating system or a power tilt and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees. These seating systems must be coded as A9900 and are not separately payable.
1218	E1009	NU	IN	Add mech leg elevation	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Not billable w/E0990, E0995, K0042-K0047, K0052, K0053, K0195.
1219	E1009	RR	IN	Add mech leg elevation	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	Invoice Required	MHT Purchase Item. THP may reimburse as a capped rental.

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1220	E1010	NU	CR	Add pwr leg elevation, pair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) Not billable w/E0990, E0995, K0042-K0047, K0052, K0053, K0195. The unit of service of code E1010 is a pair.
1221	E1010	RR	CR	Add pwr leg elevation, pair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase(x 10)
1222	E1011	NU	IN	Ped wc modify width adjustm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Not dispensed with initial chair.
1223	E1011	RR	IN	Ped wc modify width adjustm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	Invoice Required	MHT Purchase Item. THP may reimburse as a capped rental.
1224	E1012	RR	CR	WC access, add to power seating system, center mount elevating leg rest /platform, complete system, any typ.ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) The unit of service for code E1012 is each. HCPCS code E1012 includes all components of the leg rest, including fixed angle footplates and foot platforms. Not billable with E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195.
1225	E1014	RR	CR	Reclining back add ped w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10)
1226	E1015	NU	IN	Shock absorber for man w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1227	E1015	RR	IN	Shock absorber for man w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental.
1228	E1016	NU	IN	Shock absorber for power w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1229	E1016	RR	IN	Shock absorber for power w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental.
1230	E1017	NU	IN	HD shck absbr for hd man wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	-
1231	E1017	RR	IN	HD shck absbr for hd man wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	-
1232	E1018	NU	IN	HD shck absbr for hd pow wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	-
1233	E1018	RR	IN	HD shck absbr for hd pow wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	-

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1234	E1020	NU	CR	Residual limb support system, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT purchase (x 10). Not billable with E1028. Do not use E1028 in addition to E1020 (Residual limb support system) as it includes swingaway hardware.
1235	E1020	RR	CR	Residual limb support system, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1236	E1028	NU	CR	W/C manual swingaway	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10) May be billed in addition to codes E0955-E0957. It must not be billed in addition to code E0950, E0954, E0960, E1020, E2325, . It must not be used for mounting hardware r/t a wc seat cushion or back cushion code. Not covered if primary use is to allow member to move closer to a desk, table, etc.
1237	E1028	RR	CR	W/C manual swingaway	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1238	E1029	NU	CR	W/C vent tray fixed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10)
1239	E1029	RR	CR	W/C vent tray fixed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1240	E1030	NU	CR	W/C vent tray gimbaled	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1241	E1030	RR	CR	W/C vent tray gimbaled	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10).
1242	E1031	RR	CR	Rollabout chair with casters	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	All options and accessories are included. Only chairs with 5" diameter casters. Ok for use outside of home. A replacement accessory for a rollabout or transport chair is billed using code E1399.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1243	E1035	RR	CR	Multi-positional patient transfer system with integrated seat, operated by caregiver, pt wt <= 300lb	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Per CMS: If coverage is provided for code E1035 or E1036, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs. LCD L33799
1244	E1036	RR	CR	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, pt wt > 300 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	If E1036 is authorized reimbursement for other assistive devices will be discontinued. LCD L33799.
1245	E1037	RR	CR	Transport chair, ped size	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	In lieu of standard wheelchair . Accessories seat or back cushion NSB. Ok for use outside of home. Covered for individuals that are unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and there is a caregiver who is available, willing, and able to provide assistance with the chair. If standard wc still in 5 yr RUL cannot obtain transport chair unless documentaion of change in condition submitted.
1246	E1038	RR	CR	Transport chair pt wt <= 300lb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	In lieu of standard wheelchair . Accessories seat or back cushion NSB. Ok for use outside of home. Covered for individuals that are unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and there is a caregiver who is available, willing, and able to provide assistance with the chair. If standardd wc still in 5 yr RUL cannot obtain transport chair unless documentaion of change in condition submitted.

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1247	E1039	RR	CR	Transport chair pt wt > 300lb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	In lieu of standard wheelchair . Accessories seat or back cushion NSB. Ok for use outside of home. Covered for individuals that are unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and there is a caregiver who is available, willing, and able to provide assistance with the chair. If standard wc still in 5 yr RUL cannot obtain transport chair unless documentaion of change in condition submitted.
1248	E1050	RR	CR	Wheelchr fxd full length arms, fully recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1249	E1060	RR	CR	Wheelchair detachable arms, fully recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1250	E1070	RR	CR	Wheelchair detachable arms, footrest, fully recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1251	E1083	RR	CR	Hemi-wheelchair fixed arms, detac elevating legrest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1252	E1084	RR	CR	Hemi-wheelchair detachable arm, swing away detach elevat legrest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1253	E1085	RR	-	Hemi-wheelchair fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1254	E1086	RR	-	Hemi-wheelchair detachable arms	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1255	E1087	RR	CR	Wheelchair lightwt fixed arm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1256	E1088	RR	CR	Wheelchair lightweight det a	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1257	E1089	RR	-	Wheelchair ltwt fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-

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1258	E1090	RR	-	Wheelchair ltwtl det arms	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1259	E1092	RR	CR	Wheelchair wide w/ leg rests	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1260	E1093	RR	CR	Wheelchair wide w/ foot rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1261	E1100	RR	CR	Whchr s-recl fxd arm leg res	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1262	E1110	RR	CR	Wheelchair semi-recl detach	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1263	E1130	RR	-	Wheelchair stand fixed arm foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1264	E1140	RR	-	Wheelchair standard detached arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1265	E1150	RR	CR	Wheelchair standard w/ leg r	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1266	E1160	RR	CR	Wheelchair fixed arms	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1267	E1161	RR	CR	Manual adult wc w tilt in spac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x 10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224 - E2226, K0015-K0019, K0042-K0047, K0050, K0052, K0069, K0070, K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1268	E1170	RR	CR	Wheelchr ampu fxd arm leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL

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1269	E1171	RR	CR	Wheelchair amputee w/ leg right	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL rules.
1270	E1172	RR	CR	Wheelchair amputee detach arm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL rules.
1271	E1180	RR	CR	Wheelchair amputee w/ foot right	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL rules.
1272	E1190	RR	CR	Wheelchair amputee w/leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL rules.
1273	E1195	RR	CR	Wheelchair amputee heavy duty	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL rules.
1274	E1200	RR	CR	Wheelchair amputee fixed arm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base. Like similar wheelchairs. Follows 5 yr RUL rules.
1275	E1220	RR	-	Specially constructed wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	Manufacture Invoice Required	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1276	E1221	RR	CR	Wheelchair spec size w foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1277	E1222	RR	CR	Wheelchair spec size w/ leg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1278	E1223	RR	CR	Wheelchair spec size w foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1279	E1224	RR	CR	Wheelchair spec size w/ leg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1280	E1225	RR	CR	Manual semi-reclining back recline greater than 15 degrees but less than 80 degrees	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase(x 10). Not billable w/ Power wheelchair bases groups I, II, III, IV. K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891.
1281	E1226	NU	IN	Manual fully reclining back reclines 80 degrees or greater	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1282	E1226	RR	IN	Manual fully reclining back reclines 80 degrees or greater	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1283	E1227	NU	IN	Wheelchair spec sz spec ht a	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Code E1227 is not valid for claim submission. Base codes for manual wheelchairs include armrests. Codes for power wheelchairs include fixed height armrests. Specific codes are available for adjustable armrests when appropriate. Article A52504.
1284	E1227	RR	IN	Wheelchair spec sz spec ht a	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1285	E1228	RR	CR	Wheelchair spec sz spec ht b	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Code E1228 is not valid for claim submission. Base codes for manual wheelchairs include the back support so this is not allowed separate reimbursement. Article A52504.
1286	E1229	RR	-	Wheelchair, ped sz, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	Invoice Required	MHT Purchase Item x10. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1287	E1230	NU	IN	Power operated vehicle, 3 or 4 wheel , nonhighwy, specify brand name and model #.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Includes all options and accessories.
1288	E1230	RR	IN	Power operated vehicle	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Includes all options and accessories.
1289	E1231	NU	IN	Rigid ped w/c tilt-in-space	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/5 years	1/5 years	Invoice Required	Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015-K0019, K0042-K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1290	E1231	RR	IN	Rigid ped w/c tilt-in-space	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	5 yr RUL	-	Invoice Required	MHT Purchase Item.
1291	E1232	NU	CR	Folding ped wc tilt-in-space	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2226, K0015, K0019, K0042-K0072, E1229, E1231-E1238, K0001-K0007, K0009, K0813, K0843, K0848-K0891. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1292	E1232	RR	CR	Folding ped wc tilt-in-space	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
1293	E1233	NU	CR	Rig ped wc tilt in spac w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1294	E1233	RR	CR	Rig ped wc tilt in spac w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-
1295	E1234	NU	CR	Fid ped wc tilt in spac w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1296	E1234	RR	CR	Fid ped wc tilt in spac w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-

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1297	E1235	NU	CR	Rigid ped wc adjustable	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1298	E1235	RR	CR	Rigid ped wc adjustable	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-
1299	E1236	NU	CR	Folding ped wc adjustable	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1300	E1236	RR	CR	Folding ped wc adjustable	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-

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1301	E1237	NU	CR	Rgd ped wc adjustable w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1302	E1237	RR	CR	Rgd ped wc adjustable w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-
1303	E1238	NU	CR	Fld ped wc adjustable w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV MHT covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1304	E1238	RR	CR	Fld ped wc adjustable w/o seat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	-
1305	E1239	RR	-	Power wheelchair, pediatric, NEC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	Not on WV 2024 DME FS	Invoice required	MHT purchase. Requires specific documentation or description and reason alternative HCPCS code not able to be used.
1306	E1240	RR	CR	Wheechr litwt det arm leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1307	E1250	RR	-	Wheelchair litwt fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not in RBRVS. See K0003
1308	E1260	RR	-	Wheelchair litwt foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	As above. See K0003.

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1309	E1270	RR	CR	Wheelchair lightweight leg r	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1310	E1280	RR	CR	Wheechr h-duty det arm leg res	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1311	E1285	RR	-	Wheelchair HD fixed	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1312	E1290	RR	-	Wheelchair HD detached arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1313	E1295	RR	CR	Wheelchair heavy duty fixed	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1314	E1296	NU	IN	Wheelchair special seat height	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Code E1296 is not valid for claim submission. Base codes for wheelchairs include any seat height so this is not allowed separate reimbursement. Wheelchair Options/Accessories - Policy Article A52504
1315	E1296	RR	IN	Wheelchair special seat height	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1316	E1297	NU	IN	Wheelchair special seat dept	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Code E1297, is not valid for claim submission. Base codes for wheelchairs include any seat depth so this is not allowed separate reimbursement. Wheelchair Options/Accessories - Policy Article A52504
1317	E1297	RR	IN	Wheelchair special seat dept	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1318	E1298	NU	IN	Wheelchair spec seat depth/w	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Code E1298 is not valid for additional payment. Base codes for wheelchairs include any seat depth and width so this is not allowed separate reimbursement. Wheelchair Options/Accessories - Policy Article A52504
1319	E1298	RR	IN	Wheelchair spec seat depth/w	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1320	E1300	RR	-	Whirlpool, portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's Non-covered List

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1321	E1301	-	-	Whirlpool tub, walk-in, portable	NC	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaced K1003. THP requires prior authorization but this is not covered by Medicare Same as E1300.
1322	E1310	NU	IN	Whirlpool non-portable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Check Benefit exclusions in Plan Documents. Limited to members with documented homebound status w/justifiable diagnosis/condition. Bursitis or chronic osteoarthritis would not generally be justified because it would not be expected that a whirlpool bath would be significantly more beneficial than a normal warm bath. Criteria https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/whirlpool-baths-and-additional-documentation#:~:text=Medicare%20coverage%20policy%20for%20standard,is%20the%20least%20costly%20alternative.
1323	E1310	RR	IN	Whirlpool non-portable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Falls in commercial exclusions.
1324	E1352	-	OX	Oxygen accessory, flow regulator capable of positive inspiratory pressure	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. This product consists of multiple components - control unit, flow regulator, connecting hose and nasal interface (pillows). E1352 is an all-inclusive code for this product that includes all components. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
1325	E1353	-	OX	Oxygen supplies regulator	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1326	E1354	-	OX	Accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
1327	E1355	-	OX	Oxygen supplies stand/rack	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
1328	E1356	-	OX	Accessory, battery pack/cartridge for portable concentrator, any, replacement	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
1329	E1357	-	OX	Accessory, battery charger, for portable concentrator, any, replacement only	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
1330	E1358	-	OX	DC power adapter/portable concentrator, any type, replcmnt	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
1331	E1372	NU	IN	Immersion external heater for nebuliz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 -5 Yr RUL	1/5 rolling years	-	<u>NSB if provided w/ O2 system at any time.</u> Diagnosis specific. Not billable with E0565. Code E0585 is the correct code if compressor immersion heater (E1372), large volume nebulizer (A7017), and heavy duty aerosol compressor (E0565) are provided at same time. CMS Article A52466.
1332	E1372	RR	IN	Immersion external heater for nebuliz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1333	E1390	RR	OX	Oxygen concentrator	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	No prior authorization required		-	-	MHT LOB to follow MHT processes on yearly recertification. Continuous rental for MHT.

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1334	E1391	RR	OX	Oxygen concentrator, dual	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C		Not on WV 2024 DME FS	-	Code E1391 (oxygen concentrator, dual delivery port) is used in situations in which two beneficiaries are both using the same concentrator. In this situation, this code should only be billed for one of the beneficiaries.
1335	E1392	RR	OX	Portable oxygen concentrator	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Cannot bill E1392 with other portable (E0431, E0434, &K0738)
1336	E1399	-	OX	DME miscellaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Manufacturer's invoice and description of item.
1337	E1405	RR	OX	O2/water vapor enrich w/heat	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	E1405 and E1406 require a higher flow rate but do not provide a benefit to the beneficiary in terms of the inspired concentration of oxygen, modifiers QB, QF, QG, and QR, which are appended to claim lines to indicate oxygen flow rates greater than 4 liters/minute, must not be used with codes E1405 and E1406. Article 52514. NSB with multifunction home ventilator system.
1338	E1406	RR	OX	O2/water vapor enrich w/o heat	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	E1405 and E1406 require a higher flow rate but do not provide a benefit to the beneficiary in terms of the inspired concentration of oxygen, modifiers QB, QF, QG, and QR, which are appended to claim lines to indicate oxygen flow rates greater than 4 liters/minute, must not be used with codes E1405 and E1406. Article A52514. NSB with multifunction home ventilator system.
1339	E1700	NU	CR	Jaw motion rehab system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Therabite or Oratech Only. To treat mandibular hypomobility caused by radiation in persons with head and/or neck cancers. For Medicare coverage, actual symptom or condition must be identified. Diagnosis TMJ is not sufficient for coverage as is considered dental. Ordered by medical physician only.

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1340	E1700	RR	CR	Jaw motion rehab system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Therabite or Oratech Only. NC for commercial TMJ bx. Ordered by medical physician only. For Medicare coverage, actual symptom or condition must be identified. Diagnosis TMJ is not sufficient for coverage as is considered dental.
1341	E1701	-	SU	Repl cushions for jaw motion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	NSB at initial provision. Replacement covered once outside CR rental period.
1342	E1702	-	SU	Repl mears scales jaw motion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	NSB at initial provision. Replacement covered once outside CR rental period.
1343	E1800	RR	CR	Adjust elbow ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Low-load prolonged-duration stretch (LLPS) devices/dynamic stretch devices
1344	E1801	RR	CR	SPS elbow dev, est/flex, w/or w/o ROM adj	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Medicare does not cover Static Progressive (SP) stretch devices (Joint Active Systems® [JAS]). ASO will follow Medicare guidelines.
1345	E1802	RR	CR	Adjust forearm pro/sup device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1346	E1803	RR	CR	Adjust Elbow extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				1/1/2025 Dynamic Splinting
1347	E1804	RR	CR	Adjust elbow Flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				1/1/2025 Dynamic Splinting
1348	E1805	RR	CR	Adjust wrist ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1349	E1806	RR	CR	SPS wrist device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1350	E1807	RR	CR	Adjust wrist extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1351	E1808	RR		Adust wrsit flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1352	E1810	RR	CR	Adjust knee ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	If a concentric adjustable torsion style mechanism in the knee joint is used solely to provide an assistive function for joint extension, it must be coded as L2999.

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1353	E1811	RR	CR	SPS knee device, est/flex w/or w/o ROM adj	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1354	E1812	RR	CR	Knee ext/flex w act res ctrl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1355	E1813	RR	CR	Adjust knee extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1356	E1814	RR	CR	Adjust knee flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	NC				New January 2025 Dynamic Splinting
1357	E1815	RR	CR	Adjust ankle ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	THP is allowing coverage of dynamic splinting of the ankle; code E1815, if the guidelines are met and as long as the device is not being used as an assistive function to joint plantar or dorsiflexion motion of the ankle. If a concentric adjustable torsion style mechanism in the ankle joint is used solely to provide an assistive function for joint plantar or dorsiflexion, it must be coded as L2999
1358	E1816	RR	CR	SPS ankle device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1359	E1818	RR	CR	SPS forearm device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1360	E1820	NU	IN	Soft interface material, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered only for COVERED patient owned device. Included in rental payment during rental period.
1361	E1820	RR	IN	Soft interface material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered only for COVERED patient owned device. Included in rental payment during rental period.
1362	E1821	NU	IN	Replacement interface SPSD	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	If SPS system not covered so replacement interface would not be covered.
1363	E1821	RR	IN	Replacement interface SPSD	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1364	E1822	RR	CR	Adjust ankle extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1365	E1823	RR	CR	Adjust ankle flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1366	E1825	RR	CR	Adjust finger ext/flex devc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-

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1367	E1826	RR	CR	Adjust finger extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1368	E1827	RR	CR	Adjust finger flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C				New January 2025 Dynamic Splinting
1369	E1828	RR	CR	Adjust toe extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	New January 2025 Dynamic Splinting
1370	E1829	RR	CR	Adjust toe flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	New January 2025 Dynamic Splinting
1371	E1830	RR	CR	Adjust toe ext/flex device dynamic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Description revision in 2025 to Dynamic adjustable toe extension and flexion device, includes soft interface material"
1372	E1831	RR	CR	Static progressive stretch toe device, extension/flexion, with or without range of motion adjustment, includes all components & accessories	NSB/N/C	NSB/N/C	NSB/N/C	NSB/N/C	N/C	-	Not on WV 2024 DME FS	-	Not covered for home use. NSB in institutional use. Denial =D311 bundled.
1373	E1840	RR	CR	Adj shoulder ext/flex device, dynamic	N/C	N/C	N/C	N/C	N/C	-		-	-
1374	E1841	RR	CR	SPS shoulder dev, w/or w/o ROM, inclds all	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1375	E1902	NU	-	Communication board, non-electric	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Exclusion in most commercial and ASO COC's/SPD's. See appropriate speech generating devices E2500, E2502, E2504, E2506 etc...
1376	E2000	RR	CR	Gastric suction pump hme mdl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	A7002 sep billable with E2000 when E2000 is covered.
1377	E2001	NU	IN	SX pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal mgmt sys	NC	N/C	N/C	NC	NC	-	Not on WV 2024 DME FS	-	Narrative change April 2024. Purwick 2024 code. Accessories coded as follows: collection cannister (A7001), tubing (A7002), external urine collection device(A6590). Medicare does not have a National Coverage Determination (NCD) for PureWick™ Urine Collection System. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

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1378	E2100	NU	IN	Bld glucose monitor w voice	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 rolling years	-	May be approved PBM w/documentation. Codes A4233, A4234, A4235, A4236 are included in the allowance for E2100. WV MHT adds codes A4256 and A4258 to the allowance.
1379	E2100	RR	IN	Bld glucose monitor w voice	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1380	E2101	NU	IN	Bld glucose monitor w lance	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	May be approved PBM w/documentation. Codes A4233, A4234, A4235, A4236 are included in the allowance.
1381	E2101	RR	IN	Bld glucose monitor w lance	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1382	E2102	NU	IN	Adjunctive continuous monitor/or receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required Contract and Age Specific	-	Not on WV 2024 DME FS	Please refer to THP contracts for any old coding	WV MHT and WV CHIP members over the age of eighteen. When West Virginia Bureau of Medical Services (BMS) begin to cover CGM's for members eighteen and older, it will no longer be a benefit under DME, and the members will be transitioned to the WV MHT Pharmacy Benefit.
1383	E2102	RR	IN	Adjunctive continuous monitor/or receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required Contract Specific	-	Not on WV 2024 DME FS	Please refer to THP contracts for any old coding	Will cover for WV MHT for ages
1384	E2103	NU	IN	Non-adjunctive, non implanted continuous glucose monitor or receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Please refer to THP contracts for any old coding	Codes E0607, E2100, E2101, A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259 are included in the allowance for E2103.
1385	E2103	RR	IN	Non-adjunctive, non implanted continuous glucose monitor or receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Please refer to THP contracts for any old coding	Codes E0607, E2100, E2101, A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259 are included in the allowance for E2103.

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1386	E2104	-	-	Blood glucose monitors with an integrated lancing and/or blood sampling mechanism."	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	New code May 2024. Not in RBRVS as of August 2024. Codes A4233, A4234, A4235, A4236 are included in the allowance with E2104.
1387	E2120	RR	CR	Pulse gen sys tx endolymph fl	N/C	N/C	N/C	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Payable code by Medicare. No LCD/NCD. Used for treatment Meniere's. Ordered by ENT- Covered for Medicare member's only if standard alternatives have failed. Experimental and investigational other product lines. Battery A4638
1388	E2201	NU	IN	Man w/ch acc seat w > = 20"< 24"	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Based on member's physical dimensions.
1389	E2201	RR	IN	Man w/ch acc seat w > = 20"< 24"	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1390	E2202	NU	IN	Seat width 24-27 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Based on patient's physical dimensions.
1391	E2202	RR	IN	Seat width 24-27 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1392	E2203	NU	IN	Frame depth less than 22 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Based on patient's physical dimensions.
1393	E2203	RR	IN	Frame depth less than 22 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1394	E2204	NU	IN	Frame depth 22 to 25 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Based on patient's physical dimensions.
1395	E2204	RR	IN	Frame depth 22 to 25 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1396	E2205	NU	IN	Manual wc accessory, handrim replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with initial rental or purchase of manual wheelchair base codes: (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009
1397	E2205	RR	IN	Manual wc accessory, handrim, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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1398	E2206	NU	IN	Complete wheel lock assembly, complete. Replacement only, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with initial rental or purchase of manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009
1399	E2206	RR	IN	Complete wheel lock assembly, complete. Replacement only, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1400	E2207	NU	IN	Crutch and cane holder	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1401	E2207	RR	IN	Crutch and cane holder	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1402	E2208	NU	IN	Cylinder tank carrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1403	E2208	RR	IN	Cylinder tank carrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1404	E2209	NU	IN	Arm trough each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Yes, prior authorization required	-	-	-	-
1405	E2209	RR	IN	Arm trough each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1406	E2210	NU	IN	Wheelchair bearings,any type, replace, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not Billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009.
1407	E2210	RR	IN	Wheelchair bearings,any type, replace, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1408	E2211	NU	IN	Pneumatic propulsion tire	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with K0070
1409	E2211	RR	IN	Pneumatic propulsion tire	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1410	E2212	NU	IN	Pneumatic prop tire tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with K0070.
1411	E2212	RR	IN	Pneumatic prop tire tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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1412	E2213	NU	IN	Pneumatic prop tire insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not covered if main purpose is outdoor use. A flat free insert (E2213) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.
1413	E2213	RR	IN	Pneumatic prop tire insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1414	E2214	NU	IN	Pneumatic caster tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with K0071
1415	E2214	RR	IN	Pneumatic caster tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1416	E2215	NU	IN	Pneumatic caster tire tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with K0071.
1417	E2215	RR	IN	Pneumatic caster tire tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1418	E2216	NU	IN	Foam filled propulsion tire	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1419	E2216	RR	IN	Foam filled propulsion tire	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1420	E2217	NU	IN	Foam filled caster tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1421	E2217	RR	IN	Foam filled caster tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1422	E2218	NU	IN	Foam propulsion tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1423	E2218	RR	IN	Foam propulsion tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1424	E2219	NU	IN	Foam caster tire any size ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not reimbursable w/ K0072.
1425	E2219	RR	IN	Foam caster tire any size ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1426	E2220	NU	IN	Manual wheelchair accessory, solid(rubber/plastic) propulsion tire, any size, Replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, and K0069.

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1427	E2220	RR	IN	Manual wheelchair accessory, solid(rubber/plastic) propulsion tire, any size, Replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	-
1428	E2221	NU	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only. Each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, and K0077.
1429	E2221	RR	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only. Each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	-
1430	E2222	NU	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only. Each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, and K0077.
1431	E2222	RR	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only. Each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	-
1432	E2224	NU	IN	Propulsion wheel excludes tire, any size, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0069, and K0070. MHT does not list K0069 but K0077.
1433	E2224	RR	IN	Propulsion wheel excludes tire, any size, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1434	E2225	NU	IN	Caster wheel excludes tire, repl only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0071, K0072, and K0077.
1435	E2225	RR	IN	Caster wheel excludes tire repl only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.

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1436	E2226	NU	IN	Caster fork replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0071, K0072, and K0077.
1437	E2226	RR	IN	Caster fork replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1438	E2227	NU	CR	Gear reduction drive wheel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
1439	E2227	RR	CR	Gear reduction drive wheel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1440	E2228	NU	CR	MWC acc, wheelchair brake	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
1441	E2228	RR	CR	MWC acc, wheelchair brake	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1442	E2230	-	-	Manual wc accessory, manual standing system	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	A manual standing system for a manual wheelchair (E2230) is non-covered (no benefit category) because it is not primarily medical in nature. Reference: Wheelchair Options/Accessories - Policy Article (A52504).
1443	E2231	NU	-	Manual wc access, solid seat support bac, replaces sling, includes all hardware	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Use code E2231 for a solid support base that is used with a manual wheelchair. There should be no separate billing with power wheelchairs as it is included in the allowance for the power wheelchair codes. .
1444	E2231	RR	-	Manual wc acces, solid seat, (replaces sling seat), includes any type mounting hardware	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item. Replaces K0108.
1445	E2291	NU	-	Back, planar, for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Pediatric seating system codes E2291, E2292, E2293, E2294 may only be billed with pediatric wheelchair base codes. MHT Covered for members up to 21 yrs of age.
1446	E2292	NU	-	Seat, planar, for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	MHT Covered for members up to 21 yrs of age.

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1447	E2293	NU	-	Back, contoured for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	MHT Covered for members up to 21 yrs of age.
1448	E2294	NU	-	Seat, contoured for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	MHT Covered for members up to 21 yrs of age.
1449	E2295	RR	-	Manual WC access, pediatric size WC, dynamic seating frame, allows coordinated movement of multiple positioning features	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Replaces K0108 2009.
1450	E2295	NU	-	Manual WC access, pediatric size WC, dynamic seating frame, allows coordinated movement of multiple positioning features	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Replaces K0108 2009.
1451	E2298	-	CR	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	April 1st 2024. Since E2300 was/is not covered by WV MHT, at this time have noncovered for WV MHT. Code should be listed on claim per DOS.
1452	E2300	NU	-	WC access, power seat elevation system, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	For DOS on or after April 1, 2024, power seat elevation systems used with complex rehabilitation technology wheelchairs must be coded E2298 and a power seat elevation system used with Group 5 power driven wheelchairs must be coded K0108 . Code should be per DOS. Policy Article A52504A .
1453	E2301	NU	-	WC access, power standing system, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not considered medically necessary. Wheelchair Options/Accessories - Policy Article A52504A power standing feature (E2301) is non-covered because it is not primarily medical in nature. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power standing feature, it will be denied as non-covered.

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1454	E2310	NU	CR	Electro connect btw control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). N/C for power seat elevation / power standing features.
1455	E2310	RR	CR	Electro connect btw control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1456	E2311	NU	CR	Electro connect btw 2 sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). N/C for power seat elevation / power standing features.
1457	E2311	RR	CR	Electro connect btw 2 sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1458	E2312	NU	CR	Mini-prop remote joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick. When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.
1459	E2312	KC	CR	Mini-prop remote joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1460	E2312	RR	CR	Mini-prop remote joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1461	E2313	NU	CR	PWC harness, expand control	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
1462	E2313	RR	CR	PWC harness, expand control	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1463	E2321	NU	CR	Hand interface joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.
1464	E2321	KC	CR	Hand interface joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1465	E2321	RR	CR	Hand interface joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1466	E2322	NU	CR	Mult mech switches	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1467	E2322	KC	CR	Mult mech switches	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-

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1468	E2322	RR	CR	Mult mech switches	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1469	E2323	NU	IN	Special joystick handle	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1470	E2323	RR	IN	Special joystick handle	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1471	E2324	NU	IN	Chin cup interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1472	E2324	RR	IN	Chin cup interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1473	E2325	NU	CR	Sip and puff interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable w/E1028. A mechanical stop switch is included in the allowance for E2325.
1474	E2325	RR	CR	Sip and puff interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1475	E2326	NU	CR	Breath tube kit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). E2326 can be billed with E2325.
1476	E2326	RR	CR	Breath tube kit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1477	E2327	NU	CR	Head control interface mech	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). A mechanical direction control switch is included in the code.
1478	E2327	KC	CR	Head control interface mech	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1479	E2327	RR	CR	Head control interface mech	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1480	E2328	NU	CR	Head/extremity control inter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1481	E2328	RR	CR	Head/extremity control inter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1482	E2329	NU	CR	Head control nonproportional	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.
1483	E2329	RR	CR	Head control nonproportional	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1484	E2330	NU	CR	Head control proximity switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

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1485	E2330	RR	CR	Head control proximity switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-	
1486	E2331	RR	-	Attendant control, proportional	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	May be provided in place of, but not with patient operated system	
1487	E2340	NU	IN	W/c width 20-23 in seat frame	N/C	Yes, prior authorization required	N/C	N/C	Yes, prior authorization required	-	-	-	MHT Based on member's physical dimensions. Medicare, PEIA and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1488	E2340	RR	IN	W/c width 20-23 in seat frame	N/C	Yes, prior authorization required	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1489	E2341	NU	IN	W/c width 24-27 in seat frame	N/C	Yes, prior authorization required	N/C	N/C	Yes, prior authorization required	-	-	-	MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1490	E2341	RR	IN	W/c width 24-27 in seat frame	N/C	Yes, prior authorization required	N/C	N/C	Yes, prior authorization required	-	-	-	MHT Purchase Item.	
1491	E2342	NU	IN	W/c depth 20-21 in seat frame	N/C	Yes, prior authorization required	N/C	N/C	Yes, prior authorization required	-	-	-	MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1492	E2342	RR	IN	W/c depth 20-21 in seat frame	N/C	Yes, prior authorization required	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1493	E2343	NU	IN	W/c depth 22-25 in seat frame	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	-	MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1494	E2343	RR	IN	W/c depth 22-25 in seat frame	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1495	E2351	NU	CR	Electronic SGD interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT: Covered if member has a MHT approved SGD.	
1496	E2351	RR	CR	Electronic SGD interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.	
1497	E2358	NU	IN	Power w/c accessory, group 34, non-sealed lead acid battery, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24	
1498	E2358	RR	IN	Power w/c accessory, group 34, non-sealed lead acid battery, ea	N/C	N/C	N/C	N/C	N/C	-	-	-	-	
1499	E2359	NU	IN	Power w/c accessory, group 34, sealed lead acid battery, ea (e.g. cell absorbed glassmat)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries at one time. Warranty applies	-	-	-	-
1500	E2359	RR	IN	Power w/c accessory, group 34, sealed lead acid battery, ea (e.g. cell absorbed glassmat)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.	

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1501	E2360	NU	IN	22nf nonsealed leadacid	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/ 2 rolling years	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
1502	E2360	RR	IN	22nf nonsealed leadacid	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.
1503	E2361	NU	IN	22nf sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries at one time. Warranty applies	2/ 2 rolling years	-	-
1504	E2361	RR	IN	22nf sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1505	E2362	NU	IN	Gr24 nonsealed leadacid	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/ 2 rolling years	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
1506	E2362	RR	IN	Gr24 nonsealed leadacid	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.
1507	E2363	NU	IN	Gr24 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries. Warranty applies	2/ 2 rolling years	-	-
1508	E2363	RR	IN	Gr24 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1509	E2364	NU	IN	U1 nonsealed leadacid battery	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/ 2 rolling years	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
1510	E2364	RR	IN	U1 nonsealed leadacid battery	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.
1511	E2365	NU	IN	U1 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries. Warranty applies	2/ 2 rolling years	-	-
1512	E2365	RR	IN	U1 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1513	E2366	NU	IN	Battery charger, single mode	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1514	E2366	RR	IN	Battery charger, single mode	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1515	E2367	NU	IN	Battery charger, dual mode	N/C	N/C	N/C	N/C	N/C	-	Not on WV MHT 2024 FS	-	A single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery. If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary.
1516	E2367	RR	IN	Battery charger, dual mode	N/C	N/C	N/C	N/C	N/C	-	-	-	-

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1517	E2368	NU	CR	Power wc drive wheel motor replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1518	E2368	RR	CR	Power wc drive wheel motor replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1519	E2369	NU	CR	Pwr wc drive wheel gear box replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1520	E2369	RR	CR	Pwr wc drive wheel gear box replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1521	E2370	NU	CR	Pwr wc integrated drive wheel motor & gear box combo, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1522	E2370	RR	CR	Pwr wc integrated drive wheel motor & gear box combo, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1523	E2371	NU	IN	Gr27 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries at one time. Warranty applies	-	-	-
1524	E2371	RR	IN	Gr27 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1525	E2372	NU	IN	Gr27 non-sealed leadacid	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	Invoice Required	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
1526	E2372	RR	IN	Gr27 non-sealed leadacid	N/C	N/C	N/C	N/C	Purchase only	-	-	Invoice Required	MHT Purchase Item.
1527	E2373	NU	CR	Hand/chin ctrl spec joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1528	E2373	KC	CR	Hand/chin ctrl spec joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1529	E2373	RR	CR	Hand/chin ctrl spec joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-

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1530	E2374	NU	CR	Hand/chin ctrl std joystick, replac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	When code E2374 is used for a chin control interface, the chin cup is billed separately with code E2324. Codes E2374 describes components of drive control systems. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1531	E2374	RR	CR	Hand/chin ctrl std joystick, replac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1532	E2375	NU	CR	Non-expandable controller, replac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	When code E2375 is used for a chin control interface, the chin cup is billed separately with code E2324. Codes E2375 describes components of drive control systems. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1533	E2375	RR	CR	Non-expandable controller, replac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1534	E2376	NU	CR	Expandable controller, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	When code E2376 is used for a chin control interface, the chin cup is billed separately with code E2324. Codes E2376 describes components of drive control systems. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1535	E2376	RR	CR	Expandable controller, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).

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1536	E2377	NU	CR	Expandable controller, initl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	The reimbursement for any type of complete expandable controller is included in the allowance for codes E2377/E2376 plus E2313. If individual components of the harness are replaced, code K0108 should be used.
1537	E2377	RR	CR	Expandable controller, initl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
1538	E2378	NU	CR	Pwr actuator, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
1539	E2378	RR	CR	Pwr actuator ,replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1540	E2381	NU	IN	Pneum drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1541	E2381	RR	IN	Pneum drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1542	E2382	NU	IN	Tube, pneum wheel drive tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1543	E2382	RR	IN	Tube, pneum wheel drive tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1544	E2383	NU	IN	Insert, pneum wheel drive, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1545	E2383	RR	IN	Insert, pneum wheel drive, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1546	E2384	NU	IN	Pneumatic caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1547	E2384	RR	IN	Pneumatic caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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1548	E2385	NU	IN	Tube, pneumatic caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1549	E2385	RR	IN	Tube, pneumatic caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1550	E2386	NU	IN	Foam filled drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1551	E2386	RR	IN	Foam filled drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1552	E2387	NU	IN	Foam filled caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1553	E2387	RR	IN	Foam filled caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1554	E2388	NU	IN	Foam drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1555	E2388	RR	IN	Foam drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1556	E2389	NU	IN	Foam caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1557	E2389	RR	IN	Foam caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1558	E2390	NU	IN	Solid drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1559	E2390	RR	IN	Solid drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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1560	E2391	NU	IN	Solid caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1561	E2391	RR	IN	Solid caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1562	E2392	NU	IN	Solid caster tire, integrate, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1563	E2392	RR	IN	Solid caster tire, integrate, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1564	E2394	NU	IN	Drive wheel excludes tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1565	E2394	RR	IN	Drive wheel excludes tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1566	E2395	NU	IN	Caster wheel excludes tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1567	E2395	RR	IN	Caster wheel excludes tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1568	E2396	NU	IN	Caster fork	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1569	E2396	RR	IN	Caster fork	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1570	E2397	NU	IN	Pwc acc, lith-based battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 / 3 years	-	-	Only one lithium battery (E2397) is allowed at any one time. Article (A52504)
1571	E2397	RR	IN	Pwc acc, lith-based battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	1 / 3 years	-	-	MHT Purchase Item.
1572	E2398	-	-	Wheelchair accessory, dynamic positioning hardware for back	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-

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1573	E2402	RR	CR	Neg press wound therapy pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	-
1574	E2500	NU	CR	SGD digitized pre-rec <=8min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	Medicare/ASO /Commercial: Upgrades to speech generating devices and/or software programs (E2500-E2512) that are provided within the 5 year useful lifetime of the device will be denied as statutorily non-covered.
1575	E2500	RR	CR	SGD digitized pre-rec <=8min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1576	E2502	NU	CR	SGD prerec msg >8min <=20min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1577	E2502	RR	CR	SGD prerec msg >8min <=20min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1578	E2504	NU	CR	SGD prerec msg>20min <=40min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1579	E2504	RR	CR	SGD prerec msg>20min <=40min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	5 yr RUL	-	-	-
1580	E2506	NU	CR	SGD prerec msg > 40 min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1581	E2506	RR	CR	SGD prerec msg > 40 min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1582	E2508	NU	CR	SGD spelling phys contact	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1583	E2508	RR	CR	SGD spelling phys contact	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1584	E2510	NU	IN	SGD w multi methods msg/accs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	Cost Invoice for MHT	-
1585	E2510	RR	IN	SGD w multi methods msg/accs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1586	E2511	NU	IN	SGD sftwre prgrm for PC/PDA	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	Invoice Required	THP will reimburse for speech generating software only (HCPCS code E2511) when installed on a general computing device. The device itself (Desktop, laptop, tablet, smartphone and other hand-held computers (i.e. general computing devices) must be coded A9270 for non-covered device.
1587	E2511	RR	IN	SGD sftwre prgrm for PC/PDA	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	-	-	-

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1588	E2512	NU	IN	SGD accessory, mounting sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	Invoice Required	-
1589	E2512	RR	IN	SGD accessory, mounting sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	-
1590	E2513	-	-	Accessory for speech generating device, electromyographic sensor	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	There appears to be insufficient peer review evidence at this time.
1591	E2599	NU	-	SGD accessory, miscell	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Example: A carrying case (including shoulder strap or carrying handle, any type) (E2599) is a convenience item and is denied as non-covered.
1592	E2601	NU	IN	Gen w/c cushion wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1593	E2601	RR	IN	Gen w/c cushion wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1594	E2602	NU	IN	Gen w/c cushion wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1595	E2602	RR	IN	Gen w/c cushion wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1596	E2603	NU	IN	Skin protect wc cus wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1597	E2603	RR	IN	Skin protect wc cus wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1598	E2604	NU	IN	Skin protect wc cus wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1599	E2604	RR	IN	Skin protect wc cus wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1600	E2605	NU	IN	Position wc cush wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1601	E2605	RR	IN	Position wc cush wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1602	E2606	NU	IN	Position wc cush wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Yes, prior authorization required	-	1/2 rolling years	-	-
1603	E2606	RR	IN	Position wc cush wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1604	E2607	NU	IN	Skin pro/pos wc cus wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1605	E2607	RR	IN	Skin pro/pos wc cus wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1606	E2608	NU	IN	Skin pro/pos wc cus wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-

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1607	E2608	RR	IN	Skin pro/pos wc cus wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1608	E2609	NU	IN	Custom fabricated seat cushion, any size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Manufacture's Invoice Required	-
1609	E2609	RR	IN	Custom fabricated seat cushion, any size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Manufacture's Invoice Required	-
1610	E2610	RR	IN	Wheelchair seat cushion, powered	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	The effectiveness of a powered seat cushion (E2610) has not been established. Claims for a powered seat cushion will be denied as not reasonable and necessary. LCD L33312
1611	E2611	NU	IN	Gen use back cush width < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1612	E2611	RR	IN	Gen use back cush width < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1613	E2612	NU	IN	Gen use back cush width > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1614	E2612	RR	IN	Gen use back cush width > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1615	E2613	NU	IN	Position back cush wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1616	E2613	RR	IN	Position back cush wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1617	E2614	NU	IN	Position back cush wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1618	E2614	RR	IN	Position back cush wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1619	E2615	NU	IN	Pos back post/lat width < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1620	E2615	RR	IN	Pos back post/lat width < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1621	E2616	NU	IN	Pos back post/lat width > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	-
1622	E2616	RR	IN	Pos back post/lat width > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1623	E2617	RR	-	Custom wc back cushion, any size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2 rolling years	Manufacture's Invoice Required	-
1624	E2619	NU	IN	Replace cover w/c seat cush	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Claim must include reason for replacement and must be past RUL/ MLR timeframes per manufacture.

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1625	E2619	RR	IN	Replace cover w/c seat cush	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	4/ rolling year	-	MHT Purchase Item.
1626	E2620	NU	IN	WC planar back cush wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1627	E2620	RR	IN	WC planar back cush wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1628	E2621	NU	IN	WC planar back cush wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1629	E2621	RR	IN	WC planar back cush wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1630	E2622	NU	IN	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1631	E2622	RR	IN	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1632	E2623	NU	IN	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	-
1633	E2623	RR	IN	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1634	E2624	NU	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	-
1635	E2624	RR	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1636	E2625	NU	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	-
1637	E2625	RR	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1638	E2626	NU	IN	Seo mobile arm support attached to wc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1639	E2626	RR	IN	Seo mobile arm support attached to wc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1640	E2627	NU	IN	Arm support attached to wc rancho ty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1641	E2627	RR	IN	Arm support attached to wc rancho ty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.

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1642	E2628	NU	IN	Mobile arm support reclining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1643	E2628	RR	IN	Mobile arm support reclining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1644	E2629	NU	IN	Friction dampening arm support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1645	E2629	RR	IN	Friction dampening arm support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1646	E2630	NU	IN	Monosuspension arm/hand support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1647	E2630	RR	IN	Monosuspension arm/hand support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1648	E2631	NU	IN	Elevate proximal arm support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1649	E2631	RR	IN	Elevate proximal arm support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1650	E2632	NU	IN	Offset /lat rocker arm w/ elastic balance control	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1651	E2632	RR	IN	Offset /lat rocker arm w/ elastic balance control	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1652	E2633	NU	IN	Mobile arm support supinator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1653	E2633	RR	IN	Mobile arm support supinator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	-	-	-	MHT Purchase Item.
1654	E3000	RR	CR	Speech volume modulation system, any type, including all components and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces deleted code K1009. SpeechVive by SpeechVive Inc.
1655	E3200	-	-	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	InTandem® Rehabilitation System For Chronic Stroke Gait Impairment by MedRhythms. Considered at this time experimental and Investigational as insufficient peer review information available.
1656	E8000	NU	-	Gait trainer, pediatric, post support	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1657	E8001	NU	-	Gait trainer, pediatric, upright support	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1658	E8002	NU	-	Gait trainer, pediatric, anterior support	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-

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1659	K0001	RR	CR	Standard wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.
1660	K0002	RR	CR	Stnd hemi (low seat) whchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.
1661	K0003	RR	CR	Lightweight wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1662	K0004	RR	CR	High strength ltwt whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.
1663	K0005	NU	IN	Ultralightweight wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	MHT 10 mo cap rental. Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.
1664	K0005	RR	IN	Ultralightweight wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	-
1665	K0006	RR	CR	Heavy duty wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight ≥ 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1666	K0007	RR	CR	Extra heavy duty wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight ≥ 300 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.
1667	K0008	RR	CR	Custom manual wheelchair base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	Invoice and description required	Will need specific documentation for this code. Not covered if primary use is outside the home.
1668	K0009	RR	CR	Other manual wheelchair bases, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	Invoice and description required	Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. Not covered if primary use is outside the home.
1669	K0010	RR	CR	Stnd wt frame power whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable any other WC base or Power Operated Vehicle. Not covered if primary use is outside the home.
1670	K0011	RR	CR	Stnd wt pwr whlchr w control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable any other WC base or Power Operated Vehicle. Not covered if primary use is outside the home.
1671	K0011	KF	CR	Stnd wt pwr whlchr w control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1672	K0012	RR	CR	Ltwt portbl power whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable any other WC base or Power Operated Vehicle. Not covered if primary use is outside the home.
1673	K0013	RR	CR	Custom motorized power wheelchair base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1/5 years	Not on WV 2024 DME FS	Invoice Required	Manufactures description of item. Usually not covered.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1674	K0014	RR	CR	Other motorized/power wheelchair base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	Not billable any other WC base or Power Operated Vehicle. Would need to document reason for this code. Not covered if primary use is outside the home.
1675	K0015	NU	CR	Detach non-adjust height armrest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008.
1676	K0015	RR	CR	Detach non-adjust height armrest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
1677	K0017	NU	IN	Detach adjust armrest base, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. and other armrests: E0973.
1678	K0017	RR	IN	Detach adjust armrest base, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
1679	K0018	NU	IN	Detach adjust armrest upper, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. and other armrests: E0973.
1680	K0018	RR	IN	Detach adjust armrest upper, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
1681	K0019	NU	IN	Arm pad, replacement only, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. and other armrests: E0973.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1682	K0019	RR	IN	Arm pad, replacement only, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
1683	K0020	NU	IN	Fixed adjust armrest pair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with power tilt and/or recline seating systems E1002- E1008. In addition to above WV MHT does not allow with K0813-K0843, K0848-K0891.
1684	K0020	RR	IN	Fixed adjust armrest pair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
1685	K0037	NU	IN	High mount flip up footrest, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable w/K0813-K0843, K0848-K0891. Considered part of power wheelchair equipment package.
1686	K0037	RR	IN	High mount flip-up footrest, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT purchase Item
1687	K0038	NU	IN	Leg strap each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable w/K0039.
1688	K0038	RR	IN	Leg strap each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1689	K0039	NU	IN	Leg strap h style each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable w/K0038.
1690	K0039	RR	IN	Leg strap h style each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1691	K0040	NU	IN	Adjustable angle footplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Included in equipment package of most power wheelchair packages. Can be billed with power leg elevation feature E1012. WV MHT does not allow with K0848 and K0891.
1692	K0040	RR	IN	Adjustable angle footplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1693	K0041	NU	IN	Large size footplate each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Included in equipment package of most power wheelchair packages. Not billable with K0813-K0843, K0848-K0891.
1694	K0041	RR	IN	Large size footplate each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1695	K0042	NU	IN	Standard size footplate, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0053, K0195.
1696	K0042	RR	IN	Standard size footplate, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1697	K0043	NU	IN	Footrest lower extension tube, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0045, K0046, K0053, K0195.
1698	K0043	RR	IN	Footrest lower extension tube, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1699	K0044	NU	IN	Footrest upper hanger bracket, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0045, K0047, K0053, K0195.
1700	K0044	RR	IN	Footrest upper hanger bracket, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1701	K0045	NU	IN	Footrest complete assembly, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0043, K0044, K0053, K0195.
1702	K0045	RR	IN	Footrest complete assembly, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.

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1703	K0046	NU	IN	Elevat legrst low extension tube, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0043, K0053, K0195.
1704	K0046	RR	IN	Elevat legrst low extension tube, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1705	K0047	NU	IN	Elevat legrst upper hanger bracket, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0044, K0053, K0195.
1706	K0047	RR	IN	Elevat legrst upper hanger bracket, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1707	K0050	NU	IN	Ratchet assembly, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 For Medicare, ASO, PEIA, and Commercial: not billable with power tilt/recline systems: E1002-E1008. Check MHT.
1708	K0050	RR	IN	Ratchet assembly, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1709	K0051	NU	IN	Cam release assembly, footrest or legrest, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with power wc bases K0813-K0843, K0848-K0891. Power tilt/recline systems: E1002-E1008.
1710	K0051	RR	IN	Cam release assembly, footrest or legrest, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1711	K0052	NU	IN	Swingaway detachable footrests, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E1009, E1010, E1012.

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1712	K0052	RR	IN	Swingaway detachable footrests, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1713	K0053	NU	IN	Elevate footrest articulate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with codes E1009, E1010, E1012, E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047.
1714	K0053	RR	IN	Elevate footrest articulate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1715	K0056	NU	IN	Seat ht <17 or >=21 lwt wc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	NSB w/initial chair if no adjustments of <17 inches or >21 inches. Need to indicate the adjustment w/ claim.
1716	K0056	RR	IN	Seat ht <17 or >=21 lwt wc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1717	K0065	NU	IN	Spoke protectors	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	May not be Separately billable per type of chair.
1718	K0065	RR	IN	Spoke protectors	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1719	K0069	NU	IN	Rear wheel assembly, complete with solid tire, spokes or molded, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009. and replacement tire/wheel E2220, E2224.
1720	K0069	RR	IN	Rear wheel assembly, complete with solid tire, spokes or molded, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1721	K0070	NU	CR	Rear Wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair bases: E1161, E1229, E1231-E1238, K0001-K0007, K0009. and tires/tubes/wheel coded: E2211, E2212, E2224
1722	K0070	RR	CR	Rear Wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10)
1723	K0071	NU	IN	Front caster assembly, complete, with pneumatic tire, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 and caster/tube/tire E2214, E2215, E2225, E2226.
1724	K0071	RR	IN	Front caster assembly, complete, with pneumatic tire, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item

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1725	K0072	NU	IN	Front caster assmbly, complete with semi-pneumatic tire, replacement, only each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 and cster/wheel/fork E2219, E2225, E2226.
1726	K0072	RR	IN	Front caster assmbly, complete with semi-pneumatic tire, replacement, only each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1727	K0073	NU	IN	Caster pin lock each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
1728	K0073	RR	IN	Caster pin lock each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1729	K0077	NU	IN	Front caster assembly, complete, with solid tire, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not billable with manual or power wheelchair bases: E1161, E1229, E1231-E1238, K0001- K0007, K0009, K0813-K0843, K0848-K0891. and castor tire/wheel/fork E2221, E2222, E2225, E2226
1730	K0077	RR	IN	Front caster assembly, complete, with solid tire, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1731	K0098	NU	IN	Drive belt power wheelchair, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Not billable with power wheelchair bases: K0813-K0843, K0848-K0891.
1732	K0098	RR	IN	Drive belt power wheelchair, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
1733	K0105	NU	IN	IV hanger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Covered if medically necessary over long term
1734	K0105	RR	IN	IV hanger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
1735	K0108	NU	-	Wheelchair accessory, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	-
1736	K0195	RR	CR	Elevating whlchair leg rests, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	K0195 is billed for a capped rental wheelchair. Not billable with E1009, E1010, E1012, E0995, K0042- K0047.
1737	K0455	RR	FS	Pump uninterrupted infusion parenteral admin of med,(e.g. epoprostenol, treprostinol)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1738	K0462	-	-	Temp replmnt, pt owned equipment	Yes, prior authorization required	No prior authorization required	N/C	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	Priced per device. 1 unit only. See Repair Replace and RUL tab on this sheet . Not on PEIA FS.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1739	K0552	-	SU	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC	-	Not on WV 2024 DME FS	-	Medicare- deny as incorrect coding with E0784. Must only be used with a non-insulin external infusion pump (E0779, E0780, E0781, E0791 or K0455). Cannot be billed same time as A4222. The V-go is not to be coded with this HCPCS.
1740	K0553	-	-	Supply allowance for therapeutic continuous glucose monitor(CGM), includes all supplies and accessories. Month supply = 1 unit of service	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	2023 discontinued code - Cross walk A4239
1741	K0554	-	-	Receiver (monitor), dedicated , for use with therapeutic continuous glucose monitor system.	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	2023 discontinued code - Cross walk E2103
1742	K0601	NU	IN	Repl batt silver oxide 1.5 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 3years. Need to indicate hours of use /month the pump will be used.
1743	K0602	NU	IN	Repl batt silver oxide 3 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 3years. Need to indicate hours of use /month the pump will be used.
1744	K0603	NU	IN	Repl batt alkaline 1.5 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	# depends on amount run pump as ea battery has 3.75 hrs use.	Not on WV 2024 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 5-10 years if stored properly. Each Battery contains 3.75 hrs of use. Need to indicate hours of use /month the pump will be used.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1745	K0604	NU	IN	Repl batt lithium 3.6 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 3years. Need to indicate hours of use /month the pump will be used.
1746	K0605	NU	IN	Repl batt lithium 4.5 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. shelf life 3years. Need to indicate hours of use /month the pump will be used.
1747	K0606	RR	CR	AED garment w elec analysis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/4 yrs	-	-	Not billable w/K0607-K0609. Initial rental months up to Medical Directors' discretion. Usually 3 month rental approved. A repeat Echocardiogram is usually completed after initial 90 days to see if Ejection Fraction is <=35%. If so, ICD implantation is usually the next step and member may need life vest longer if awaiting Electrophysiology Evaluation.
1748	K0606	KF	CR	AED garment w elec analysis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/4 yrs	-	-	Not billable w/K0607-K0609.
1749	K0607	NU	CR	Repl batt for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period-only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1750	K0607	KF	CR	Repl batt for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period-only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
1751	K0607	RR	CR	Repl batt for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period-only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
1752	K0608	NU KF	IN	Repl garment for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period. Only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. Inspections and other types of maintenance may be required.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1753	K0608	RR	IN	Repl garment for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period-only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
1754	K0609	NU	SU	Repl electrode for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period-only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
1755	K0609	KF	SU	Repl electrode for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yr	Not on WV 2024 DME FS	-	Not covered/NSB during rental period-only covered for member owned medically approved AED. prior authorization Required if requesting prior to RUL of item. The batteries and pads for your AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
1756	K0669	NU	-	WC access, wheelchair seat back/cushion, does not met specific code criteria or no written coding verification from DME PDAC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice required	Would need information as to why could not use specific established HCPCS code. Would need to meet criteria. Rarely medically necessary.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1757	K0672	NU	IN	Removable soft interface, replcmnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/yr starts 1 yr after initial issuance	Not on WV 2024 DME FS	-	Eligible one year after initial purchase, replacement. A replacement removable soft interface for a knee orthosis is billed with code K0672 (lower extremity orthosis, not otherwise specified). One unit of service includes all the components that are used at the same time on a single orthosis. SEE Knee Orthosis LCD L33318.
1758	K0730	NU	CR	Ctrl dose inh drug deliv sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 years	1/ rolling years	-	MHT Purchase (X10) Used for ilprost / ventavis requires DX : I10.0 and I27.10
1759	K0730	RR	CR	Ctrl dose inh drug deliv sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 years	1/5 rolling years	-	Used for ilprost / ventavis requires DX: I10.0 and I27.10
1760	K0733	NU	IN	12-24hr sealed lead acid	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 batteries at one time. Warranty applies	-	-	MHT purchase item
1761	K0733	RR	IN	12-24hr sealed lead acid	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Purchase only	2 batteries at one time. Warranty applies	-	-	-
1762	K0738	RR	OX	Portable gas oxygen system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Specific Coverage Criteria. Allowing for WV MHT. 36 month capped rental item. 5 yr reasonable useful lifetime.
1763	K0739	RR	OX	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Specific Coverage Criteria. Most maintenance and service is included in capped rental rate for the 5 yr RUL. M&S and repairs are Included in renatl rate for ventilators
1764	K0740	RR	OX	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	RZ/NC	RZ/NC	RZ/NC	RZ/NC	No prior authorization required	-	-	Included in O2 rental payments.	CMS Non-covered Code. Providers to use to the appropriate THP covered labor codes per LOB.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1765	K0743	-	SU	Suction Pump, home model, portable, for use on wounds	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	A wound suction pump (K0743) is only covered in situations where the quantity of exudates exceeds the capacity of other treatments, such as dressings and wound fillers. If not corroborated by clinical documentation, K0743 will be denied. Provider/physician must document all therapies that have been tried and failed, including noncovered wound suction devices coded A9270 and A9272.
1766	K0744	-	-	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Contains all necessary components, such as non-adherent porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining subatmospheric pressure at the wound. For multiple wounds located close together, the larger dressing set must be used rather than multiple smaller dressing sets if it is possible.
1767	K0745	-	-	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches but less than or equal to 48 square inches	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Contains all necessary components, such as non-adherent porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining subatmospheric pressure at the wound. For multiple wounds located close together, the larger dressing set must be used rather than multiple smaller dressing sets if it is possible.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1768	K0746	-	-	Absorbative wound dressing for use with suction pump, home model, portable, pad size greater than 48 inches.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Contains all necessary components, such as non-adherent porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining subatmospheric pressure at the wound. For multiple wounds located close together, the larger dressing set must be used rather than multiple smaller dressing sets if it is possible.
1769	K0800	NU	IN	POV group 1 std up to 300lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT 10 mo capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change.
1770	K0800	RR	IN	POV group 1 std up to 300lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	No further rental after purchase price met.
1771	K0801	NU	IN	POV group 1 hd 301-450 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT 10 mo capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change.
1772	K0801	RR	IN	POV group 1 hd 301-450 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	No further rental after purchase price met.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1773	K0802	NU	IN	POV group 1 vhd 451-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT 10 mo capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change.
1774	K0802	RR	IN	POV group 1 vhd 451-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	No further rental after purchase price met.
1775	K0806	NU	IN	POV group 2 std up to 300lbs	NC	N/C	N/C	NC	Yes, prior authorization required	-	-	-	MHT 10 mo capped rental. Current Medicare LCD L33789 "Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary."
1776	K0806	RR	IN	POV group 2 std up to 300lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/5 rolling years	-	Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change.
1777	K0807	NU	IN	POV group 2 hd 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	-	MHT 10 mo capped rental. Current Medicare LCD L33789 "Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary."

	A	B	C	D	E	F	G	H	I	J	K	L	M
1778	K0807	RR	IN	POV group 2 hd 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/5 rolling years	-	Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change.
1779	K0808	NU	IN	POV group 2 vhd 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	-	MHT 10 mo capped rental. Current Medicare LCD L33789 "Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary."
1780	K0808	RR	IN	POV group 2 vhd 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/5 rolling years	-	Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change.
1781	K0812	RR	-	Power operated vehicle, NEC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	Invoice Required	MHT capped rental Description of device and supporting clinical documentation as to why a specific HCPCS code for POV or PWC would not meet the individual's needs. Not covered if primary use is outside the home.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1782	K0813	RR	CR	PWC gp 1 std port seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1783	K0814	RR	CR	PWC gp 1 std port cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1784	K0815	RR	CR	PWC gp 1 std seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1785	K0816	RR	CR	PWC gp 1 std cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1786	K0820	RR	CR	PWC gp 2 std port seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1787	K0821	RR	CR	PWC gp 2 std port cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1788	K0822	RR	CR	PWC gp 2 std seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1789	K0823	RR	CR	PWC gp 2 std cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1790	K0824	RR	CR	PWC gp 2 hd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1791	K0825	RR	CR	PWC gp 2 hd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1792	K0826	RR	CR	PWC gp 2 vhd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1793	K0827	RR	CR	PWC gp vhd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1794	K0828	RR	CR	PWC gp 2 xtra hd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1795	K0829	RR	CR	PWC gp 2 xtra hd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1796	K0830	RR	CR	Power wc/grp 2 stand w/seat elv, to 300 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	Invoice Required	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1797	K0831	RR	CR	Pwr wc grp 2 stand, cap ch, set elv, to 300 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	Invoice Required	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1798	K0835	RR	CR	PWC gp2 std sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1799	K0836	RR	CR	PWC gp2 std sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1800	K0837	RR	CR	PWC gp 2 hd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1801	K0838	RR	CR	PWC gp 2 hd sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1802	K0839	RR	CR	PWC gp2 vhd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1803	K0840	RR	CR	PWC gp2 xhd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1804	K0841	RR	CR	PWC gp2 std mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1805	K0842	RR	CR	PWC gp2 std mult pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1806	K0843	RR	CR	PWC gp2 hd mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow sep payment of added code K0020.
1807	K0848	RR	CR	PWC gp 3 std seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1808	K0849	RR	CR	PWC gp 3 std cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1809	K0850	RR	CR	PWC gp 3 hd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1810	K0851	RR	CR	PWC gp 3 hd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1811	K0852	RR	CR	PWC gp 3 vhd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1812	K0853	RR	CR	PWC gp 3 vhd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1813	K0854	RR	CR	PWC gp 3 xhd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1814	K0855	RR	CR	PWC gp 3 xhd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1815	K0856	RR	CR	PWC gp3 std sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1816	K0857	RR	CR	PWC gp3 std sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1817	K0858	RR	CR	PWC gp3 hd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1818	K0859	RR	CR	PWC gp3 hd sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1819	K0860	RR	CR	PWC gp3 vhd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1820	K0861	RR	CR	PWC gp3 std mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1821	K0862	RR	CR	PWC gp3 hd mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1822	K0863	RR	CR	PWC grp 3 vhd w/multi opt 451-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1823	K0864	RR	CR	PWC grp 3 exhd w/multi opt > 600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1824	K0868	RR	CR	PWC grp 4 stand, sling/sol seat to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1825	K0869	RR	CR	PWC grp 4 stand, capt ch to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1826	K0870	RR	CR	PWC grp e HD, sling 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1827	K0871	RR	CR	PWC grp 4 vhd, sling 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1828	K0877	RR	CR	PWC grp 4 stand w/singl opt to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1829	K0878	RR	CR	PWC grp 4 stand w/singl opt/capt ch	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1830	K0879	RR	CR	PWC grp 4 HD w/singl opt 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1831	K0880	RR	CR	PWC grp 4 vhd w/singl opt 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1832	K0884	RR	CR	PWC grp 4 stand w/multi opt to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1833	K0885	RR	CR	PWC grp 4 stand w/singl opt/capt ch	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1834	K0886	RR	CR	PWC grp 4 HD w/multi opt 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	Invoice required	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered,not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1835	K0890	RR	CR	PWC grp 5 ped w/singl opt to 25 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	Invoice required	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1836	K0891	RR	CR	PWC grp 5 ped w/multi opt to 125 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	Invoice required	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366-E2369, E2370, E2374-E2376, E2378, E2381-E2396, K0015, K0017-K0019, K0037, K0041-K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
1837	K0898	RR	CR	PWC, NOC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	Invoice Required	Medical reason more specific HCPCS code unable to meet medical needs. Not covered if primary use is outside the home. Bundling rules for power wheelchairs will apply. Must be found on PDAC.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1838	K0899	RR	CR	Power mobility dev, not coded SADMERC	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	Invoice Required	Only covered under MHT LOB and only after clear specific documentation as to medical necessity and reason another HCPCS code not able to meet member's need. Medicare LOB requires Power mobility devices be approved by PDAC. L33789: "A POV or PWC which has not been reviewed by the Pricing, Data Analysis, and Coding (PDAC) contractor or which has been reviewed by the PDAC and found not to meet the definition of a specific POV/PWC will be denied as not reasonable and necessary and should be coded as K0899."
1839	K0900	-	-	Custom fabricated durable medical equipment, other than wheelchairs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Rarely reasonable or necessary	Not on WV 2024 DME FS	Invoice Required	Description of all parts required and reason a more specific HCPCS code or E1399 would not meet the needs of the member. Office notes, face-to-face, hospital notes and supplier notes are required to be submitted.
1840	K1004	-	-	Low frequen ultra diathermy tx device for home use	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	00 = Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.) Not applicable as HCPCS not priced separately by part B (pricing indicator is 00) or value is not established(pricing indicator is '99') S = Non-covered by Medicare statute. Examples: Manasport (ManaMed, Inc., Las Vegas, NV), Sustained Acoustic Medicine (SAM) (ZetrOZ, Inc., Trumbull, CT), and PainShield MD (NanoVibronix Inc., Elmsford, NY).

	A	B	C	D	E	F	G	H	I	J	K	L	M
1841	K1007	-	PO	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Considered a brace. Describes a wearable, motorized, and computerized device functioning as a single of double upright microprocessor controlled hip, knee, ankle, and foot exoskeleton. No additional add on codes for this exoskeleton device allowed. PDAC approval required for a device to be billed with this code. Currently only one product allowed by CMS: ReWalk™ by Argo technologies
1842	K1027	-	-	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	K1027 is used to represent oral devices that do not have a fixed hinge, and thus, would not be eligible for coding using HCPCS code E0486. As of the date of this guides update, devices reported with HCPCS code K1027 include the following: <ul style="list-style-type: none"> • O2Vent Optima and O2Vent Optima Mini (Oventus Medical) • Prosomnus Evo Sleep and Snore Device (Prosomnus Sleep Technologies) • Slow Wave DS8 (Slow Wave) Prior to the development of these codes, most of these devices were coded by the Medicare Pricing, Data and Coding Contractor (PDAC) with HCPCS code A9270, which means these devices were – and continue to be – non-covered by Medicare.
1843	K1030	-	-	Ext charging sys for IMP cardiac contract modul gen, repl only.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Not on WV 2024 DME FS	-	Not on RBRVS. May be considered non-covered device. Not billed as DME- Part of outpatient facility or inpatient hospital procedure reporting/charges.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1844	K1036	-	-	Supplies accessories (E.G. transducer) for low freq ultra diathermy tx device, per month	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Since low frequency ultrasonic diathermy treatment (K1004) is not covered, the supplies would not be covered. 00 = Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.) Not applicable as HCPCS not priced separately by part B (pricing indicator is 00) or value is not established(pricing indicator is '99') S = Non-covered by Medicare statute.
1845	K1037	-	-	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Usually used with Lunoa System. The Lunoa System has 3 components for treating POSA. It has a sensor, chest strap, docking station, power adapter, travel case, and portal. However, there is insufficient evidence regarding the effectiveness of this device for coverage at this time.
1846	L0112	-	PO	Cranial cervical orthosis, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	2/year	-	Dx specific
1847	L0113	-	PO	Cranial cervical orthosis, prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	-
1848	L0120	-	PO	Cervical, flexible, on-adjustable, prefabricated, OTS, foam collar.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	For some plans, foam, soft collars (L0120) are considered not reasonable and necessary because they are not rigid or semi-rigid appliances and therefore do not meet the definition of an orthotic.
1849	L0130	-	PO	Flex thermoplastic collar mo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
1850	L0140	-	PO	Cervical semi-rigid adjustab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 yrs	2/year	-	-
1851	L0150	-	PO	Cerv semi-rig adj molded chn	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3yrs	4/year	-	-
1852	L0160	-	PO	Cerv, semi-rigid, wire frame occipital/mandibular support, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 yrs	2/year	-	Considered OTS not OTC, covered as is semi-rigid

	A	B	C	D	E	F	G	H	I	J	K	L	M
1853	L0170	-	PO	Cervical collar molded to pt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	Please refer to ASO groups SPD as some plans require >500.00 to require prior authorization.
1854	L0172	-	PO	Cerv col semi-rigid, thermoplas foam 2 piece, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	4/year	-	Considered OTS, not OTC, covered as is semi-rigid
1855	L0174	-	PO	Cerv col, semi-rigid, thermo foam 2 piece w thor ext, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	4/year	-	-
1856	L0180	-	PO	Cerv post col occ/man sup adj	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
1857	L0190	-	PO	Cerv collar supp adj cerv ba	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
1858	L0200	-	PO	Cerv col supp adj bar & thor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
1859	L0220	-	PO	Thor rib belt custom fabrica	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not covered if elastic-need to code A9270 or A4466.
1860	L0450	-	PO	TLSO flex prefab thoracic. OTS.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1861	L0452	-	PO	TLSO flex custom fab thoracic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	Invoice required	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost stolen, destroyed...
1862	L0454	-	PO	(TLSO) flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost stolen, destroyed...

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1863	L0455	-	PO	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to educe load on the intervertebral disks w/ rigid stays panels, inc shoulder straps & closures prefab. OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1864	L0456	-	PO	TLSO flexible, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, includes straps and closures, prefabricated item that has been otherwise customized..	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1865	L0457	-	PO	TLSO flex. Thoracic region. Rigid posterior panel, soft anterior apron...Prefab- OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1866	L0458	-	PO	TLSO 2Mod symphis-xipho prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1867	L0460	-	PO	TLSO triplanar control, prefab that has been otherwise customized...	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1868	L0462	-	PO	TLSO 3Mod sacro-scap prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1869	L0464	-	PO	TLSO 4Mod sacro-scap prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1870	L0466	-	PO	TLSO sagittal control, rigid posterior frame, prefab w/customized changes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1871	L0467	-	PO	TLSO sagittal control, rigid posterior frame and flexible soft anterior apron w/ straps. Prefab OTS.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	-	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1872	L0468	-	PO	TLSO, sagittal -coronal control, rigid posterior frame....., prefab w/ customization	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1873	L0469	-	PO	TLSO sagittal-coronal control, rigid posterior frame, flexible soft anterior apron w/ straps, closures, padding. Prefab OTS.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	-	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1874	L0470	-	PO	TLSO rigid frame pre subclav Prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1875	L0472	-	PO	TLSO rigid frame hyperex prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1876	L0480	-	PO	TLSO rigid plastic custom fa	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1877	L0482	-	PO	TLSO rigid lined custom fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1878	L0484	-	PO	TLSO rigid plastic cust fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1879	L0486	-	PO	TLSO rigid lined cust fab two	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1880	L0488	-	PO	TLSO rigid lined prefab one piece	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1881	L0490	-	PO	TLSO rigid plastic prefab one	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1882	L0491	-	PO	TLSO 2 piece rigid shell prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1883	L0492	-	PO	TLSO 3 piece rigid shell prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1884	L0621	-	PO	SIO flex pelvis/sacral prefab OTS.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1885	L0622	-	PO	SIO flex pelvis/sacral custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1886	L0623	-	PO	SIO panel pelvic sacral support, prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1887	L0624	-	PO	SIO panel custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	Invoice may be required	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1888	L0625	-	PO	LO flexible L1-below L5 prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1889	L0626	-	PO	LO sag control, w/ rigid posterior panels, L-1 to below L5 ,incl straps, padding, stays...stays/panels pre-fab with customization....	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1890	L0627	-	PO	LO sagitt control w/ rigid panel....L1-L5...incl straps, closures, padding, straps... prefab w/ customization....	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1891	L0628	-	PO	LO flex w/o rigid stays prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1892	L0629	-	PO	LSO flex w/rigid stays cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	Invoice may be required.	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1893	L0630	-	PO	LSO sagittal control, rigid post panel... Sacrococcygeal-T9 ... prefab item otherwise customized...	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1894	L0631	-	PO	LSO sag-control, rigid panels....sacrocooccygeal- T-9...incl straps, closures, padding...prefab item, otherwise customized...	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1895	L0632	-	PO	LSO sag rigid frame cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	Invoice required	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1896	L0633	-	PO	LSO sagittal -coronal control, rigid frame/panel(s) sacrococcygeal- T-9, incl straps, closures, padding, stays, ...prefab item otherwise customized...	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1897	L0634	-	PO	LSO flexion control custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	Invoice Required	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1898	L0635	-	PO	LSO sagitt rigid panel prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1899	L0636	-	PO	LSO sagittal rigid panel cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1900	L0637	-	PO	LSO sag-coronal rigid posterior and anterior frames/panel(s)...sacroccygeal-T-9...incl straps, closures, padding, ..., prefab item otherwise customized...	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1901	L0638	-	PO	LSO sag-coronal panel custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1902	L0639	-	PO	LSO, sagittal-coronal control, rigid shell(s)/panel(s),posterior extends from sacrococcygeal junction to T-9...may inclu straps, closures, soft interface. prefab item otherwise customized...	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1903	L0640	-	PO	LSO s/c shell/panel custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1904	L0641	-	PO	LO sag control, rigid posterior panel(s) L1-L5... incl straps, closures, padding , or stays...., prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1905	L0642	-	PO	LO sagittal control, rigid anterior & posterior panels, posterior extends L1 to below L-5. prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1906	L0643	-	PO	LSO sagittal control, rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra.... prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1907	L0648	-	PO	LSO sagittal control, rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1908	L0649	-	PO	LSO sagittal -coronal control, rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9.... Prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1909	L0650	-	PO	LSO , sagittal -coronal control, w/ rigid anterior & posterior frame/panel(s) extends from sacrococcygeal junction to T-9... Rigid lateral frame/panel(s)...incl straps, closures.... prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1910	L0651	-	PO	LSO sagittal-coronal control, rigid shell(s)/panel(s) , posterior extends from sacrococcygeal junction to T-9, anterior extends from symphysis pubis to xyphoid...may incl stabilizing closures, straps, soft interface... Prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV 2024 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1911	L0700	-	PO	CtIso a-p-l control molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. A review would be required if provided in home setting.
1912	L0710	-	PO	CtIso a-p-l control w/ inter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. A review would be required if provided in home setting.
1913	L0810	-	PO	Halo cervical into jckt vest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. A review would be required if provided in home setting.
1914	L0820	-	PO	Halo cervical into body jack	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. A review would be required if provided in home setting.

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1915	L0830	-	PO	Halo cerv into Milwaukee typ	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. A review would be required if provided in home setting.
1916	L0859	-	PO	Addition to Halo system, MRI compatible system, rings and ins, any material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	Used for protection from MRI equipment. Falls under Cervical Halo procedures. Correct Billing of Halo procedure at https://www.dmeopac.com/palmetto/PDACv2.nsf/DIDC/11UJKUWGRK~Articles%20and%20Publications~Advisory%20Articles .
1917	L0861	-	PO	Halo repl liner/interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Used for protection from MRI equipment. Falls under Cervical Halo procedures. Link above for correct billing process.
1918	L0970	-	PO	Tlso corset front	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1919	L0972	-	PO	Lso corset front	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1920	L0974	-	PO	Tlso full corset	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...

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1921	L0976	-	PO	Lso full corset	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed...
1922	L0978	-	PO	Axillary crutch extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
1923	L0980	-	PO	Peroneal straps, prefab, OTS, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	-
1924	L0982	-	PO	Stocking supporter grips, prefab, OTS, set of 4	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	-
1925	L0984	-	PO	Protective body sock, prefabricated, OTS, each	N/C	N/C	N/C	N/C	No prior authorization required	-	6/year	-	This is not covered per Medicare Policy Article Spinal Orthosis A52500: "A protective body sock (L0984) does not meet the definition of a brace and is noncovered."
1926	L0999	-	-	Addition to spinal orthosis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	-
1927	L1000	-	PO	Ctiso Milwaukee initial model	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1928	L1001	-	PO	CTLSo infant immobilizer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	Invoice required	-
1929	L1005	-	PO	Tension based scoliosis orth	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1930	L1006	-	PO	Scoliosis orthosis, sag-coronal control, rigid lateral frame, incl all accessory pads, straps and interface, prefab, trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1931	L1010	-	PO	Ctiso axilla sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1932	L1020	-	PO	Kyphosis pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1933	L1025	-	PO	Kyphosis pad floating	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1934	L1030	-	PO	Lumbar bolster pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1935	L1040	-	PO	Lumbar or lumbar rib pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-

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1936	L1050	-	PO	Sternal pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1937	L1060	-	PO	Thoracic pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1938	L1070	-	PO	Trapezius sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1939	L1080	-	PO	Outrigger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1940	L1085	-	PO	Outrigger bil w/ vert extens	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1941	L1090	-	PO	Lumbar sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1942	L1100	-	PO	Ring flange plastic/leather	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1943	L1110	-	PO	Ring flange plas/leather mol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1944	L1120	-	PO	Covers for upright each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1945	L1200	-	PO	Furnish initial orthosis only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	1/year	-	PDAC verification not required. Check PDAC for proper coding of a scoliosis brace. Noncovered Braces 1.Copes scoliosis brace 2.Providence Scoliosis System 3.Rigo-Cheneau brace 4.Rosenberger brace 5.SpineCor Dynamic Corrective as these braces are not found on PDAC. The following braces are approved for scoliosis . 1.Boston scoliosis brace 2.Charleston scoliosis brace 3.Milwaukee scoliosis brace 4.Risser jacket 5.Standard thoraco-lumbro-sacral orthosis (TLSO) brace.
1946	L1210	-	PO	Lateral thoracic extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1947	L1220	-	PO	Anterior thoracic extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1948	L1230	-	PO	Milwaukee type superstructur	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
1949	L1240	-	PO	Lumbar derotation pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1950	L1250	-	PO	Anterior asis pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1951	L1260	-	PO	Anterior thoracic derotation	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1952	L1270	-	PO	Abdominal pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1953	L1280	-	PO	Rib gusset (elastic) each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1954	L1290	-	PO	Lateral trochanteric pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1955	L1300	-	PO	Body jacket mold to patient	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	DX Scoliosis
1956	L1310	-	PO	Post-operative body jacket	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	-
1957	L1320	-	PO	Thoracic, pectus, carinatum orthosis, sternal comp, rigid circumferential frame w/anter and poste rigid pads, custom fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1958	L1499	-	-	Spinal orthosis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice required	-
1959	L5991	-	PO	Add to Lower ext pros, osseointegr external prost connector	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	New code October 2023. Medicare policy article A52496. L5991 describes a complete endoskeletal product that is used as an osseointegrated external limb prosthetic connection device. The product provides a standard connection between an osseointegrated implantable limb component and endoskeletal prosthetic components. L5991 describes a complete device, and the use of additional codes would be considered incorrect coding (unbundling). The predicate product is the Axor II osseointegrated external prosthetic connection device manufactured by Integrum, S.E.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1960	L1600	-	PO	HO abd control of hip jts, flexible, frejka type with cover, prefab item otherwise customized by ind w/ expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1961	L1610	-	PO	HO, Abduct hip flex (frejka cover only), prefab item that has been otherwise customized by ind w/ expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	Invoice Required	-
1962	L1620	-	PO	HO, Abduct hip flex Pavlik harne, prefab item otherwise customized by ind w/ expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1963	L1630	-	PO	Abduct control hip semi-flex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1964	L1640	-	PO	Pelv band/spread bar thigh c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1965	L1650	-	PO	HO abduction hip adjustable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1966	L1652	-	PO	HO bi thigh cuffs w adj abdr sprdr bar, adult, prefab, otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1967	L1653	-	PO	HO, bilateral thigh cuffs abductor, adustable, adult, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
1968	L1660	-	PO	HO abduction static plastic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1969	L1680	-	PO	Pelvic & hip control thigh c	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
1970	L1681	-	PO	HO, abduct, jts and thigh cuffs, adj flexion, ext, adduction control of hip joint, postoperative hip abduction, prefab item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	or authorization	N/C	-	Not on WV 2024 DME FS	-	L1681 describes a prefabricated orthosis with a semirigid, or rigid waist band connected to bilateral rigid uprights that includes a hip joint and a rigid thigh cuff. Both hip joints provide adjustable for extension/flexion as well as abduction; the hip joint aligns and maintains the femur in an abducted position. This orthosis is typically used in the post-operative setting. L1681 is a complete product, as it is inherent in the definition of "prefabricated" that a particular item is complete. Custom-fabricated additions will be denied as incorrect coding if billed with the L1681 prefabricated orthosis, since custom fabricated additions are only appropriate for custom-fabricated base orthotics. Palmetto DMEPOS NEWS 09/15/23.
1971	L1685	-	PO	Post-op hip abduct custom fa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 per occurrence	3/year	-	This is a brace applied postoperatively and abduction control of hip joint is required. If placed in inpatient level of care for use for acute, LTAC, Rehab, or SNF use it is not considered home DME.
1972	L1686	-	PO	HO post-op hip abduction	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 per occurrence	3/year	-	This is a brace applied postoperatively and abduction control of hip joint is required. If placed in inpatient level of care for use for acute, LTAC, Rehab, or SNF use it is not considered home DME.
1973	L1690	-	PO	Combination bilateral HO	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	-
1974	L1700	-	PO	Legg perthes orth toronto typ	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
1975	L1710	-	PO	Legg perthes orth newington	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
1976	L1720	-	PO	Legg perthes orthosis trilat	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
1977	L1730	-	PO	Legg perthes orth scottish r	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	-
1978	L1755	-	PO	Legg perthes patten bottom t	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
1979	L1810	-	PO	KO elastic with joints, prefab item that has been trimmed, bent, molded, assembled, otherwise customized to fit a specific patient by an individual w/ expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	3/year	-	Manufacture and model number required to review if elastic as elastic brace noncovered and must be billed with A4466. This is NOT To Be billed for OTS items . L1812 is the OTS item. There are no codes eligible for separate payment.
1980	L1812	-	PO	Knee orthosis, elastic w/ joints, prefab. OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/yr	Not on WV 2024 DME FS	-	Manufacture and model number required to review if elastic as elastic brace noncovered and must be billed with A4466. There are no codes eligible for separate payment.
1981	L1820	-	PO	KO elas w/ condyle pads & jo, w/ or w/o patel contr, prefab, otherwise customized	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/yr	3/year	-	Manufacture and model number required to review if elastic as elastic brace noncovered and must be billed with A4466. There are no codes eligible for separate payment.
1982	L1821	-	PO	KO, elas w/condyle pads and joints, w/ or w/o patellar control, prefabricated, OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/yr	-	-	-
1983	L1830	-	PO	KO immobilizer canvas longit prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/yr	2/year	-	There are no codes eligible for separate payment.
1984	L1831	-	PO	Knee orth pos locking joint	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/2 yrs	2/year	-	There are no codes eligible for separate payment.
1985	L1832	-	PO	KO adj knee joints(unicentric or polycentric),positional , rigid support, prefab item otherwise customized by an individual w/ expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/2 yrs	2/year	-	Use L1812, L1830, 1833, L1836 for OTS items.
1986	L1833	-	PO	KO adj knee joints(unicentric or polycentric), positional orthosis, rigid support, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/2 yrs	Not on WV 2024 DME FS	-	-
1987	L1834	-	PO	KO w/o joint rigid molded to	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	-
1988	L1836	-	PO	KO Rigid KO wo joints, incl soft interface. Prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	There are no codes eligible for separate payment.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1989	L1840	-	PO	KO derot ant cruciate custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	-
1990	L1843	-	PO	KO single upright, thigh & calf, adjustable flexion & extension jts(uni or poly) medical lateral & rotation control. W or wo varus/valgus adj. prefab item otherwise customized....	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	Prefabricated knee orthosis do not usually allow additions to base codes.
1991	L1844	-	PO	KO w/adj jt rot cntrl molded	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	-
1992	L1845	-	PO	KO double upright, thigh & calf, adj flex & ext jts(uni or poly),medial lateral & rot ctrl, w or w/o varus/valgus adj. Prefab itemotherwise customized...	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	Prefabricated knee orthosis do not usually allow additions to base codes.
1993	L1846	-	PO	KO w adj flex/ext rotat mold	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	-
1994	L1847	-	PO	KO dble uprght, adj jts,w inflatable air support chambers. Prefab item.... otherwise customized.... by an ind w/ expertise	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	-	No medical benefit per Medicare LCD L33318. For WV MHT not reimbursable w/ L2397or L2795.
1995	L1848	-	PO	KO double upright w/adj joint, inflatable air support chamber(s) prefab OTS	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	No medical benefit per Medicare LCD L33318. InterQual shows not payable by CMS.
1996	L1850	-	PO	KO Swedish type. Prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/2 yrs	2/year	-	Not billable with L2275. Will allow separate billing w/ L2397.
1997	L1851	-	PO	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial -lateral and rotation control, w/or w/o varus/valgus adjustment, prefabricated, off-the-shelf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1/3 yrs	Not on WV 2024 DME FS	-	Takes place of K0901
1998	L1852	-	PO	Knee orthosis (KO), double upright, thigh and calf, w/ adjustable flexion & extension joint (unicentric or polycentric), medical-lateral and rotation control, w or w/o varus/valgus adjustment, prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1/3 yrs	Not on WV 2024 DME FS	-	Takes the place of K0902
1999	L1860	-	PO	KO supracondylar socket mold	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/3 yrs	2/year	-	MHT Non-Reimbursable with L2397. For Medicare: There are no codes eligible for separate payment.
2000	L1900	-	PO	AFO sprng wir drsflx calf bd, cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	3/year	-	-

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2001	L1902	-	PO	AFO ankle gauntlet, with or w/o joints, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness. Total elastic not covered
2002	L1904	-	PO	Ankle orthosis , ankle gauntlet, with or w/o joints, custom fabricated	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Will need info submitted reason for custom versus a prefab type. Total elastic not covered
2003	L1906	-	PO	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off the shelf (OTS).	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness. Total elastic not covered.
2004	L1907	-	PO	Ankle orthosis supramalleolar with straps, w or w/o interface/pads, custom fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2005	L1910	-	PO	AFO sing bar clasp attach sh	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2006	L1920	-	PO	AFO sing upright w/ adjust s	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2007	L1930	-	PO	AFO plastic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2008	L1932	-	PO	AFO rig ant tib prefab TCF/=	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2009	L1940	-	PO	AFO molded to patient plasti	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2010	L1945	-	PO	AFO molded plas rig ant tib	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2011	L1950	-	PO	AFO spiral molded to pt plas	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2012	L1951	-	PO	AFO spiral prefabricated	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2013	L1960	-	PO	AFO pos solid ank plastic mo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2014	L1970	-	PO	AFO plastic molded w/ankle j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.

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2015	L1971	-	PO	AFO w/ankle joint, prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deforimity or ankle weakness.
2016	L1980	-	PO	AFO sing solid stirrup calf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deforimity or ankle weakness.
2017	L1990	-	PO	AFO doub solid stirrup calf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deforimity or ankle weakness.
2018	L2000	-	PO	KAFO sing fre stirr thigh/calf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2019	L2005	-	PO	KAFO, any material, singl or dbl upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/year	-	Base code. batteries and chargers are not separately billable from base.
2020	L2006	-	PO	KAFO, any material, single or double upright, swing and or stance phase microprocessor control with adjustability, incl all comp(sensors, batteries, charger) any type activation, w or w/o ankle joints (s) , custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	NC	-	Not on WV 2024 DME FS	-	No additional add on codes for this KAFO is allowed. Only products allowed to be billed with this code are: AGLIK by Bionic Power, C-Brace by OTTO Block, Tectus TEC-R or TEC-L by Blatchford products. Some plans may be considered experimental and investigational.
2021	L2010	-	PO	KAFO sng solid stirrup w/o j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2022	L2020	-	PO	KAFO dbl solid stirrup band/	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2023	L2030	-	PO	KAFO dbl solid stirrup w/o j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2024	L2034	-	PO	KAFO pla sin up w/wo k/a cus	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2025	L2035	-	PO	KAFO plastic pediatric size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2026	L2036	-	PO	KAFO plas doub free knee mol	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2027	L2037	-	PO	KAFO plas sing free knee mol	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2028	L2038	-	PO	KAFO w/o joint multi-axis an	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2029	L2040	-	PO	HKAFO torsion bil rot straps	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
2030	L2050	-	PO	HKAFO torsion cable hip pelv	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2031	L2060	-	PO	HKAFO torsion ball bearing j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2032	L2070	-	PO	HKAFO torsion unilat rot str	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2033	L2080	-	PO	HKAFO unilat torsion cable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2034	L2090	-	PO	HKAFO unilat torsion ball br	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2035	L2106	-	PO	AFO tib fx cast plaster mold	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2036	L2108	-	PO	AFO tib fx cast molded to pt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2037	L2112	-	PO	AFO tibial fracture soft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2038	L2114	-	PO	AFO tib fx semi-rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2039	L2116	-	PO	AFO tibial fracture rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2040	L2126	-	PO	KAFO fem fx cast thermoplas	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2041	L2128	-	PO	KAFO fem fx cast molded to p	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2042	L2132	-	PO	KAFO femoral fx cast soft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2043	L2134	-	PO	KAFO fem fx cast semi-rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2044	L2136	-	PO	KAFO femoral fx cast rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2045	L2180	-	PO	Plas shoe insert w ank joint, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2046	L2182	-	PO	Drop lock knee, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2047	L2184	-	PO	Limited motion knee joint, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2048	L2186	-	PO	Adj motion knee jnt lerman t, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2049	L2188	-	PO	Quadrilateral brim, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-

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2050	L2190	-	PO	Waist belt,add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2051	L2192	-	PO	Pelvic band & belt thigh fla, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2052	L2200	-	PO	Limited ankle motion ea jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2053	L2210	-	PO	Dorsiflexion assist each joi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2054	L2220	-	PO	Dorsi & plantar flex ass/res	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2055	L2230	-	PO	Split flat caliper stirr & p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2056	L2232	-	PO	Rocker bottom, contact AFO	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2057	L2240	-	PO	Round caliper and plate atta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2058	L2250	-	PO	Foot plate molded stirrup at	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2059	L2260	-	PO	Reinforced solid stirrup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2060	L2265	-	PO	Long tongue stirrup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2061	L2270	-	PO	Varus/valgus strap padded/li	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2062	L2275	-	PO	Plastic mod low ext pad/line	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2063	L2280	-	PO	Molded inner boot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2064	L2300	-	PO	Abduction bar jointed adjust	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2065	L2310	-	PO	Abduction bar-straight	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2066	L2320	-	PO	Non-molded lacer replc only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not separately payable with L1840, L1844, L1846. Codes L2320 and L2330 (non-molded and molded lacers, respectively) may only be billed as replacement items.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2067	L2330	-	PO	Add to LE, lacer molded to patient model, for custom fabricated orthotic only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not separately payable with L1840, L1844, L1846. Codes L2320 and L2330 (non-molded and molded lacers, respectively) may only be billed as replacement items.
2068	L2335	-	PO	Anterior swing band	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2069	L2340	-	PO	Pre-fibial shell molded to p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2070	L2350	-	PO	Prosthetic type socket molde	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2071	L2360	-	PO	Extended steel shank	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2072	L2370	-	PO	Patten bottom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2073	L2375	-	PO	Torsion ank & half solid sti	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2074	L2380	-	PO	Torsion straight knee joint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2075	L2385	-	PO	Straight knee joint heavy du	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Patients over 300 lbs.
2076	L2387	-	PO	Add LE poly knee custom KAFO	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2077	L2390	-	PO	Offset knee joint each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2078	L2395	-	PO	Offset knee joint heavy duty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Patients over 300 lbs.
2079	L2397	-	PO	Suspension sleeve lower ext	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2080	L2405	-	PO	Knee joint drop lock ea jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2081	L2415	-	PO	Knee joint cam lock each joi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2082	L2425	-	PO	Knee disc/dial lock/adj flex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2083	L2430	-	PO	Knee jnt ratchet lock ea jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2084	L2492	-	PO	Knee lift loop drop lock rin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2085	L2500	-	PO	Thi/glut/ischia wgt bearing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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2086	L2510	-	PO	Th/wght bear quad-lat brim m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2087	L2520	-	PO	Th/wght bear quad-lat brim c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2088	L2525	-	PO	Th/wght bear nar m-l brim mo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2089	L2526	-	PO	Th/wght bear nar m-l brim cu	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2090	L2530	-	PO	Thigh/wght bear lacer non-mo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2091	L2540	-	PO	Thigh/wght bear lacer molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2092	L2550	-	PO	Thigh/wght bear high roll cu	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2093	L2570	-	PO	Hip clevis type 2 posit jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2094	L2580	-	PO	Pelvic control pelvic sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2095	L2600	-	PO	Hip clevis/thrust bearing fr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2096	L2610	-	PO	Hip clevis/thrust bearing lo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2097	L2620	-	PO	Pelvic control hip heavy dut	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2098	L2622	-	PO	Hip joint adjustable flexion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2099	L2624	-	PO	Hip adj flex ext abduct cont	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2100	L2627	-	PO	Plastic mold recipro hip & c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2101	L2628	-	PO	Metal frame recipro hip & ca	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2102	L2630	-	PO	Pelvic control band & belt u	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2103	L2640	-	PO	Pelvic control band & belt b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2104	L2650	-	PO	Pelv & thor control gluteal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2105	L2660	-	PO	Thoracic control thoracic ba	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
2106	L2670	-	PO	Thorac cont paraspinal uprig	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2107	L2680	-	PO	Thorac cont lat support upri	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2108	L2750	-	PO	Plating chrome/nickel pr bar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2109	L2755	-	PO	Carbon graphite lamination	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2110	L2760	-	PO	Extension per extension per	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	16/year	-	-
2111	L2768	-	PO	Ortho sidebar disconnect	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Not allowed in Medicare's Knee Orthotic LCD. Requires medical necessity for ankle foot orthotic.
2112	L2780	-	PO	Non-corrosive finish	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Not separately payable by CMS with initial knee orthosis. Article A52465
2113	L2785	-	PO	Drop lock retainer each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
2114	L2795	-	PO	Knee control full kneecap, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2115	L2800	-	PO	Knee cap medial or lateral p, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2116	L2810	-	PO	Knee control condylar pad, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2117	L2820	-	PO	Soft interface below knee se, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Based on benefit plan this code is not payable separately with certain orthoses. Example but not inclusive list: L1831, L1832, L1833, L1836 etc..
2118	L2830	-	PO	Soft interface above knee se, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Based on benefit plan this code is not payable separately with certain orthoses. Example but not inclusive list: L1831, L1832, L1833, L1836 etc..
2119	L2840	-	PO	Tibial length sock fx or equ, add to orthosis	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	"Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no Medicare benefit)." Article A52457
2120	L2850	-	PO	Femoral lgth sock fx or equa, add to orthosis	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	"Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no Medicare benefit)." Article A52457

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2121	L2861	-	-	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS		-
2122	L2999	-	-	Lower extremity, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Documentation or description required. This code should only be used if a more specific code is unavailable. Providers are to select a HCPCS level II or CPT code if that describes the service being reported.
2123	L3000	-	PO	Ft insert ucb berkeley shell	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 3-5 yrs	4/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2124	L3001	-	PO	Foot insert remov molded spe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2125	L3002	-	PO	Foot insert plastazote or eq	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	4/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2126	L3003	-	PO	Foot insert silicone gel ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2127	L3010	-	PO	Foot longitudinal arch suppo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2128	L3020	-	PO	Foot longitud/metatarsal sup	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	4/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2129	L3030	-	PO	Foot arch support remov prem	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2130	L3031	-	PO	foot insert/plate, removeble, add to LE orthotic, high strength lghtwght material.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RUL 3-5 yrs	4/year	-	Usually not covered, even by WV MHT. It is OTC. It makes an OTC shoe rigid. It is not a corrective orthotic. We will look at it as an addition to a covered orthotic, not a stand alone item.
2131	L3040	-	PO	Ft arch supprt premold longit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	4/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2132	L3050	-	PO	Foot arch supp premold metat	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2133	L3060	-	PO	Foot arch supp longitud/meta	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2134	L3070	-	PO	Arch supprt att to sho longit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2135	L3080	-	PO	Arch supp att to shoe metata	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2136	L3090	-	PO	Arch supp att to shoe long/m	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/yr	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2137	L3100	-	PO	Hallus-valgus nght dynamic splint, OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
2138	L3140	-	PO	Abduction rotation bar shoe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2139	L3150	-	PO	Abduct rotation bar w/o shoe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2140	L3160	-	PO	Foot positioning device shoe-styled	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice Required	-
2141	L3161	-	PO	Foot, adductus positioning device, adjustable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Replaces K1015.
2142	L3170	-	PO	Foot plastic heel stabilizer, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For WV MHT needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2143	L3201	-	PO	Ortho shoe, Oxford w/supinator/pronator, inf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	Invoice Required	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace.
2144	L3202	-	PO	Ortho shoe, Oxford w/sup/pron, child	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	6/year	Depending on plan invoice may be required	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace.
2145	L3203	-	PO	Ortho shoe, Oxford w/sup/pron, junior	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	Depending on plan invoice may be required	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace.
2146	L3204	-	PO	Hightop w/supinator/pronator, infant	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	Depending on plan invoice may be required	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace.
2147	L3206	-	PO	Hightop w/sup/pron, child	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	Depending on plan invoice may be required	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace.
2148	L3207	-	PO	Hightop w/sup/pron, junior	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	Depending on plan invoice may be required	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace.
2149	L3208	-	PO	Surgical boot, ea, infant	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	No prior authorization required/RZ	-	6/year	Depending on plan invoice may be required	Usually considered part of a surgical package/NSB postop.
2150	L3209	-	PO	Surgical boot, ea, child	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	No prior authorization required/RZ	-	6/year	Depending on plan invoice may be required	Usually considered part of a surgical packet/NSB post op.
2151	L3211	-	PO	Surgical boot, ea, junior	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	No prior authorization required/RZ	-	6/year	Depending on plan invoice may be required	Usually considered part of a surgical packet/NSB post op.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2152	L3212	-	PO	Benesch boot, infant, pr	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	No prior authorization required/RZ	-	3 pair/year	Depending on plan invoice may be required	-
2153	L3213	-	PO	Benesch boot, child, pr	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	No prior authorization required/RZ	-	3 pair/year	Depending on plan invoice may be required	-
2154	L3214	-	PO	Benesch boot, junior, pr	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	N/C	No prior authorization required/RZ	-	3 pair/year	Depending on plan invoice may be required	-
2155	L3215	-	PO	Orthopedic ladies shoe, Oxford, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT.
2156	L3216	-	PO	Depth inlay, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT.
2157	L3217	-	PO	Hightop depth inlay, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT.
2158	L3219	-	PO	Orthopedic mens shoe, Oxford, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT.
2159	L3221	-	PO	Depth inlay, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT.
2160	L3222	-	PO	Hightop depth inlay, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT.
2161	L3224	-	PO	Woman's shoe oxford brace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
2162	L3225	-	PO	Man's shoe oxford brace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
2163	L3230	-	PO	Ortho footwear, custom shoe, depth inlay	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2 pair/year	Depending on plan invoice may be required	DX specific for WV MHT. Not Integral part of a brace.

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2164	L3250	-	PO	Custom molded prosthetic shoe, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	Depending on plan invoice may be required	DX specific for WV MHT. Code L3250 may be used only for a shoe that is custom fabricated from a model of a beneficiary and has a removable custom fabricated insert designed for toe or distal partial foot amputation. The shoe serves to hold the insert on the leg.
2165	L3251	-	PO	Shoe molded to pt model, silicone, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	Depending on plan invoice may be required	DX specific for WV MHT. Not Integral part of a brace.
2166	L3252	-	PO	Plastazote (similar) custom fabricated	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	Depending on plan invoice may be required	DX specific for WV MHT. Not Integral part of a brace.
2167	L3253	-	PO	Custom fitted Plastazote shoe, molded	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	Depending on plan invoice may be required	DX specific for WV MHT. Not Integral part of a brace.
2168	L3254	-	PO	Nonstandard size or width shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	Depending on plan invoice may be required	For a covered shoe that is an integral part of a covered brace.
2169	L3255	-	PO	Nonstandard size of length shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	Depending on plan invoice may be required	For a covered shoe that is an integral part of a covered brace.
2170	L3257	-	PO	Additional charge for split size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/year	Depending on plan invoice may be required	For a covered shoe that is an integral part of a covered brace.
2171	L3260	-	PO	Surgical boot/shoe, ea	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required	-	2/year	Depending on plan invoice may be required	Usually considered part of a surgical package/not separately reimbursable postop.
2172	L3265	-	PO	Plastazote sandal, ea	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required/RZ	No prior authorization required	-	2/year	Depending on plan invoice may be required	Usually considered part of a surgical package/not separately reimbursable postop.
2173	L3300	-	PO	Sho lift taper to metatarsal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2174	L3310	-	PO	Shoe lift elev heel/sole neo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

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2175	L3320	-	PO	Cork, per in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime	4/year	Invoice required	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2176	L3330	-	PO	Lifts elevation metal extens	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
2177	L3332	-	PO	Shoe lifts tapered to one-half inch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2178	L3334	-	PO	Shoe lifts elevation heel, per inch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2179	L3340	-	PO	Shoe wedge sach	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2180	L3350	-	PO	Shoe heel wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2181	L3360	-	PO	Shoe sole wedge outside sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2182	L3370	-	PO	Shoe sole wedge between sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2183	L3380	-	PO	Shoe clubfoot wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2184	L3390	-	PO	Shoe outflare wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2185	L3400	-	PO	Shoe metatarsal bar wedge ro	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2186	L3410	-	PO	Shoe metatarsal bar between	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2187	L3420	-	PO	Full sole/heel wedge btween	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2188	L3430	-	PO	Sho heel count plast reinfor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2189	L3440	-	PO	Heel leather reinforced	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2190	L3450	-	PO	Shoe heel sach cushion type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2191	L3455	-	PO	Shoe heel new leather standa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2192	L3460	-	PO	Shoe heel new rubber standar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2193	L3465	-	PO	Shoe heel thomas with wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2194	L3470	-	PO	Shoe heel thomas extend to b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2195	L3480	-	PO	Shoe heel pad & depress for	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2196	L3485	-	PO	Removable insert for spur	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	Invoice Required	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2197	L3500	-	PO	Ortho shoe add leather insol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2198	L3510	-	PO	Orthopedic shoe add rub insl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2199	L3520	-	PO	O shoe add felt w leath insl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2200	L3530	-	PO	Ortho shoe add half sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2201	L3540	-	PO	Ortho shoe add full sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2202	L3550	-	PO	Ortho shoe add standard toe tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2203	L3560	-	PO	Ortho shoe add horseshoe toe tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2204	L3570	-	PO	Ortho shoe add instep extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2205	L3580	-	PO	Ortho shoe add instep velcro clo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2206	L3590	-	PO	Ortho shoe convert to sof counte	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2207	L3595	-	PO	Ortho shoe add march bar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2208	L3600	-	PO	Trans shoe calip plate exist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2209	L3610	-	PO	Trans shoe caliper plate new	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2210	L3620	-	PO	Trans shoe solid stirrup exi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2211	L3630	-	PO	Trans shoe solid stirrup new	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2212	L3640	-	PO	Shoe dennis browne splint bo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2213	L3649	-	PO	Modification, addition or transfer, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	No prior authorization required	-	-	Requires description or documentation and Invoice for pricing	DX specific for West Virginia MHT. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2214	L3650	-	PO	Shlder fig 8 abduct restrainer, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis.
2215	L3660	-	PO	SO, figure 8 design, abduction restrainer, canvas & webbing, prefab, includes fitting and adjustment, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/Year	-	If provided as part of a physician service not separately billable. Complete device. No add on codes allowed for this orthosis.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2216	L3670	-	PO	SO, acrimo/clavicular(canvas/webbing type),prefab, includes fitting &adjustment. OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis. Need to verify this is not an elastic-so manufacturer and model number is required to be submitted with claim for separate reimbursement. Do not use for code A4565 or A4566. Vive Health LLC Model # SUP2068-XXX Would be an example of an item approved to be billed L3670.
2217	L3671	-	PO	SO, shoulder joint design, without joints, may include soft interface straps, custom fabricated, includes fitting and adjustment.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2218	L3674	-	PO	SO, abduction positioning (airplane design) thoracic component & support bar, w/ or w/o nontorsion joint/turnbuckle, may include soft interface, straps custom fabricated, includes fitting and adjustment	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Replaces codes L3672,L3673. Complete device. No add on codes allowed for this orthosis.
2219	L3675	-	PO	SO, vest type abduction restrainer, canvas webbing type or equal, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	Complete device. No add on codes allowed for this orthosis.
2220	L3677	-	PO	SO, shoulder joint design, w/o joints, may include soft interface, straps, prefabricated, has been otherwise customized....	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Requires documentation. If elastic, not covered. Complete device. No add on codes allowed for this orthosis.
2221	L3678	-	PO	SO shoulder joint design w/o joints may include soft interface, straps, prefabricated, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Complete device. No add on codes allowed for this orthosis.
2222	L3702	-	PO	EO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis. Will need information w/ claim as why prefabricatd orthosis inappropriate.
2223	L3710	-	PO	Elbow elastic with metal joints, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis.
2224	L3720	-	PO	Forearm/arm cuffs free motion	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2225	L3730	-	PO	Forearm/arm cuffs ext/flex a	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.

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2226	L3740	-	PO	Cuffs adj lock w/ active con	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Do not use for ERM system. That is inappropriate coding. Complete device. No add on codes allowed for this orthosis.
2227	L3760	-	PO	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Complete device. No add on codes allowed for this orthosis.
2228	L3761	-	PO	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Complete device. No add on codes allowed for this orthosis.
2229	L3762	-	PO	EO rigid, wo joints, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Complete device. No add on codes allowed for this orthosis.
2230	L3763	-	PO	EWHO rigid w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2231	L3764	-	PO	EWHO w/joint(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2232	L3765	-	PO	EWHFO rigid w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2233	L3766	-	PO	EWHFO w/joint(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2234	L3806	-	PO	A dynamic custom fabricated wrist hand finger orthosis (WHFO) which controls the wrist hand and finger using nontorsion turnbuckles, spring joints or rubber bands.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	4/year	-	Please review if JAS or DJO system and if should be billed as a dynamic splinting. With an E-code.
2235	L3807	-	PO	Wrist-hand- finger orthotic (WHFO), without joint(s), prefabricated item, that has been trimmed, bent, molded or otherwise customized to fit a specific patient by an individual with expertise	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	1/year	-	-
2236	L3808	-	PO	Wrist-hand-finger orthotic (WHFO), rigid w/o joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
2237	L3809	-	PO	Wrist-hand-finger orthosis, without joint(s), prefabricated, off the shelf, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	-

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2238	L3891	-	PO	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	N/C	N/C	N/C	N/C	N/C		Not on WV 2024 DME FS	-	-
2239	L3900	-	PO	Hinge extension/flex wrist/f	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	-
2240	L3901	-	PO	Hinge ext/flex wrist finger	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	-
2241	L3904	-	PO	WHO external powered, electric, cus fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Base code. Batteries and chargers are not separately billable from base.
2242	L3905	-	PO	WHO w/ nontorsion jnt(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	-
2243	L3906	-	PO	WHO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Approved for fractured fingers if unable to use prefab model or finger splint or L3913.
2244	L3908	-	PO	Wrist cock-up non-molded, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
2245	L3912	-	PO	HFO, Flexion glove w/ elastic finger control, prefab OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
2246	L3913	-	PO	HFO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
2247	L3915	-	PO	WHO inc 1 or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps. Prefab otherwise customized.....	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	4/year	-	-
2248	L3916	-	PO	WHO one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2249	L3917	-	PO	HO metacarpal fracture, prefab otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
2250	L3918	-	PO	Ho metacarpal fx orthosis prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	ASO: No prior authorization for fracture or severe sprain.
2251	L3919	-	PO	HO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
2252	L3921	-	PO	HFO w/joint(s) CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
2253	L3923	-	PO	HFO w/o joints, may include soft interface, straps, prefab,..... otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	If made primarily of elastic should use code A4466, and it is Not Covered.
2254	L3924	-	PO	HFO w/o joints may include soft interface, straps, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
2255	L3925	-	PO	FO pip/dip with joint/spring, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	monitor like same items	2/year	-	-
2256	L3927	-	PO	FO pip/dip w/o joint/spring/ may inc soft interface. Prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
2257	L3929	-	PO	HFO nontorsion joint, w/ turnbuckles, , elastic bands/springs may inc soft interface and straps, prefab otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
2258	L3930	-	PO	HFO includes one or more nontorsion joints, turnbuckles, elastic bands/springs, may include soft interface ,straps, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like /similar items	Not on WV 2024 DME FS	-	-
2259	L3931	-	PO	WHFO nontorsion joint prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	-
2260	L3933	-	PO	FO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Please submit reason for custom versus prefab with claim.
2261	L3935	-	PO	FO nontorsion joint CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	-
2262	L3956	-	PO	Addition to joint upper extremity orthosis, any mat, per joint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	-	Invoice required	-
2263	L3960	-	PO	Sewho airplan desig abdu pos, prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2264	L3961	-	PO	SEWHO cap design w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2265	L3962	-	PO	Sewho erbs palsey design abd, prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2266	L3967	-	PO	SEWHO airplane w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2267	L3971	-	PO	SEWHO cap design w/jnt(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2268	L3973	-	PO	SEWHO airplane w/jnt(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2269	L3975	-	PO	SEWHFO cap design w/o jnt CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2270	L3976	-	PO	SEWHFO airplane w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2271	L3977	-	PO	SEWHFO cap desgn w/jnt(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2272	L3978	-	PO	SEWHFO airplane w/jnt(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2273	L3980	-	PO	Upp ext fx orthosis humeral, prefab, inc fitting and adjust.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Dx specific humeral fracture.
2274	L3981	-	PO	Upp ext fx orthosis humeral, prefab, inc shoulder cap design, w or w/o jts, forearm sect, may inc soft interface, straps, inc fitting and adjust.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Please indicate why cap design abd forearm section required versus L3980.
2275	L3982	-	PO	Upper ext fx orthosis rad/ul	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2276	L3984	-	PO	Upper ext fx orthosis wrist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2277	L3995	-	PO	Sock fracture or equal each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2278	L3999	-	PO	upper limb orthosis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	IC (individual consideration)	-	Invoice required	Requires description.
2279	L4000	-	PO	Repl girdle milwaukee orth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	prior authorization requirements per plan doc may supercede this list.
2280	L4002	-	PO	Replace strap, any orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	12/year	Invoice required	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. prior authorization requirements per plan doc may supercede this list.
2281	L4010	-	PO	Replace trilateral socket br	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. prior authorization requirements per plan doc may supercede this list.
2282	L4020	-	PO	Replace quadlat socket brim	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. prior authorization requirements per plan doc may supercede this list.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2283	L4030	-	PO	Replace socket brim cust fit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2284	L4040	-	PO	Replace molded thigh lacer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. prior authorization requirements per plan doc may supercede this list.
2285	L4045	-	PO	Replace non-molded thigh lac	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2286	L4050	-	PO	Replace molded calf lacer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2287	L4055	-	PO	Replace non-molded calf lace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2288	L4060	-	PO	Replace high roll cuff	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2289	L4070	-	PO	Replace prox & dist upright	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2290	L4080	-	PO	Repl met band kafo-af0 prox	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2291	L4090	-	PO	Repl met band KAFO-AFO, calf or dist thigh	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2292	L4100	-	PO	Repl leath cuff kafo prox th	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2293	L4110	-	PO	Repl leath cuff kafo-af cal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2294	L4130	-	PO	Replace pretibial shell	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
2295	L4205	-	PO	Labor per 15 min, repair orthotic device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required		8/month	Invoice required	Include an explanation of what is being repaired
2296	L4210	-	PO	Repair or replace minor parts, orthotic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Invoice required	Requires description and time for pricing.
2297	L4350	-	PO	Ankle control orthosis, rigid, inc any type interface (pneumatic, gel)prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
2298	L4360	-	PO	Pneumatic walking boot and/or vacuum, w or wo jts, w or wo interface mat, prefab otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	DX dependent No prior authorization required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. No add-on codes allowed.
2299	L4361	-	PO	Walking boot, pneumatic or vacuum, w or w/o joints, w or w/o interface, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	DX dependent No prior authorization required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. No add-on codes allowed.
2300	L4370	-	PO	Pneumatic full leg splint, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Covered for ambulatory beneficiaries for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2301	L4386	-	PO	Non-pneum walk boot w or w/o jts, w or wo interface mat, prefabthat has been otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	DX dependent No prior authorization required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. No add-on codes allowed.
2302	L4387	-	PO	Walking boot non pneumatic, w pr w/o joints, w or w/o interface, Prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	DX dependent No prior authorization required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. No add-on codes allowed.
2303	L4392	-	PO	Replace AFO soft interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit every 6 m	4/year	-	Not covered when used solely for prevention of ulcers.
2304	L4394	-	PO	Replace foot drop splint	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	-	N/C for stasis ulcer. Medicare does not reimburse for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) because there are other more appropriate treatment modalities.
2305	L4396	-	PO	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefab..... otherwise customized	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	Covered DX: M24.571, M24.572, M24.574, M24.575, M72.2. Not covered when they are used solely for the prevention or treatment of a heel pressure ulcer because for these indications they are not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).

	A	B	C	D	E	F	G	H	I	J	K	L	M
2306	L4397	-	PO	AFO, static or dynamic, including soft interface mat, adjustable for fit, positioning, may be used for minimal ambulation, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	Covered DX: M24.571, M24.572, M24.574, M24.575, M72.2. Not covered when they are used solely for the prevention or treatment of a heel pressure ulcer because for these indications they are not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).
2307	L4398	-	PO	Foot drop splint recumbent positioning device, prefab OTS	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	N/C for stasis ulcer. Medicare does not reimburse for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) because there are other more appropriate treatment modalities.
2308	L4631	-	PO	Ankle foot orthosis, walking boot type, varus/valgus correction	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Charcot's restraint orthotic walker (CROW) orthosis. Diagnosis specific A52.16, E08.610, E09.610, E10.610, E11.610, M14.671, M14.672. Includes all additions including straps and closures. No additional codes may be billed
2309	L5000	-	PO	Partial foot, shoe insert w/long arch, toe filler	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For individuals who are missing digits or forefoot, particularly the great toe and require the rigidity and support for gait, standing balance, and toe off support.
2310	L5010	-	PO	Mold socket ank hgt w/ toe f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For individuals who are missing digits or forefoot, particularly the great toe and require the rigidity and support for gait, standing balance, and toe off support.
2311	L5020	-	PO	Tibial tubercle hgt w/ toe f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For individuals who are missing digits or forefoot, particularly the great toe and require the rigidity and support for gait, standing balance, and toe off support.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2312	L5050	-	PO	Ank symes mold sckt sach ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2313	L5060	-	PO	Symes met fr leath socket ar	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2314	L5100	-	PO	Molded socket shin sach foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket and a SACH foot.
2315	L5105	-	PO	Plast socket jts/thgh lacer	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a plastic molded socket, external knee joints, thigh lacer, and a SACH foot.
2316	L5150	-	PO	Mold sckt ext knee shin sach	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a knee disarticulation molded prosthetic socket, external knee joints, and a SACH foot.
2317	L5160	-	PO	Mold socket bent knee shin s	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a knee disarticulation molded prosthetic socket, external knee joints, and a SACH foot.
2318	L5200	-	PO	Kne sing axis fric shin sach	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2319	L5210	-	PO	No knee/ankle joints w/ ft b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	"Stubbies"
2320	L5220	-	PO	No knee joint with artic ali	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	"Stubbies"
2321	L5230	-	PO	Fem focal defic constant fri	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Above knee. SACH foot.
2322	L5250	-	PO	Hip canad sing axi cons fric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2323	L5270	-	PO	Tilt table locking hip sing	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.

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2324	L5280	-	PO	Hemipelvect canad sing axis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2325	L5301	-	PO	BK mold socket SACH ft endo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket and a SACH Foot.
2326	L5312	-	PO	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2327	L5321	-	PO	AK open end SACH	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2328	L5331	-	PO	Hip disart canadian SACH ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2329	L5341	-	PO	Hemipelvectomy canadian SACH	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2330	L5400	-	PO	Postop dress & 1 cast chg bk	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
2331	L5410	-	PO	Postop dsg bk ea add cast ch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2332	L5420	-	PO	Postop dsg & 1 cast chg ak/d	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime		Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
2333	L5430	-	PO	Postop dsg ak ea add cast ch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime		Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
2334	L5450	-	PO	Postop app non-wgt bear dsg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime		Non-weight bearing rigid dressings Immediate post surgical application or early fitting. NSB under DME benefit if member in Part A setting.
2335	L5460	-	PO	Postop app non-wgt bear dsg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime		Non-weight bearing rigid dressings Immediate post surgical application or early fitting. NSB under DME benefit if member in Part A setting.
2336	L5500	-	PO	Init bk ptb plaster direct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/lifetime	-	Prosthetic systems used during the initial stages of prosthetic limb use. Includes a direct formed plaster socket, a pylon, and a SACH foot.
2337	L5505	-	PO	Init ak ischial plstr direct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/lifetime	-	Prosthetic systems used during the initial stages of prosthetic limb use. Includes a direct formed plaster socket, a pylon, and a SACH foot.
2338	L5510	-	PO	Prep BK ptb plaster molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded plaster socket, a pylon, and a SACH Foot.
2339	L5520	-	PO	Perp BK ptb thermopls direct	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a direct formed thermoplastic patient socket, a pylon, and a SACH foot.
2340	L5530	-	PO	Prep BK ptb thermopls molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Include a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.

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2341	L5535	-	PO	Prep BK ptb open end socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2342	L5540	-	PO	Prep BK ptb laminated socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded laminated prosthetic socket, a pylon, and a SACH foot.
2343	L5560	-	PO	Prep AK ischial plast molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded plaster socket, a pylon, and a SACH Foot.
2344	L5570	-	PO	Prep AK ischial direct form	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a direct formed thermoplastic patient socket, a pylon, and a SACH foot.
2345	L5580	-	PO	Prep AK ischial thermo mold	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2346	L5585	-	PO	Prep AK ischial open end	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes an adjustable open-end prosthetic socket and a SACH foot.
2347	L5590	-	PO	Prep AK ischial laminated	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Include a molded laminated prosthetic socket, a pylon, and a SACH foot.
2348	L5595	-	PO	Hip disartic sach thermopls	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2349	L5600	-	PO	Hip disartic sach laminat mold	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded laminated prosthetic socket, a pylon, and a SACH foot.
2350	L5610	-	PO	Above knee hydracadence	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2351	L5611	-	PO	Ak 4 bar link w/fric swing	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K1 ambulator.

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2352	L5613	-	PO	Ak 4 bar ling w/hydraul swig	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2353	L5614	-	PO	4-bar link above knee w/swng	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2354	L5615	-	PO	Add, endoskeletal knee shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Replaces K1014. Upgrade to the knee-shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2355	L5616	-	PO	Ak univ multiplex sys frict	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2356	L5617	-	PO	AK/BK self-aligning unit ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
2357	L5618	-	PO	Test socket symes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2358	L5620	-	PO	Test socket below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2359	L5622	-	PO	Test socket knee disarticula	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2360	L5624	-	PO	Test socket above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2361	L5626	-	PO	Test socket hip disarticulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2362	L5628	-	PO	Test socket hemipelvectomy	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2363	L5629	-	PO	Below knee acrylic socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Not billable with initial or preparatory prosthesis as applicable.
2364	L5630	-	PO	Syme typ expandabl wall sckt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2365	L5631	-	PO	Ak/knee disartic acrylic soc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.

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2366	L5632	-	PO	Symes type ptb brim design s	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2367	L5634	-	PO	Symes type poster opening so	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2368	L5636	-	PO	Symes type medial opening so	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2369	L5637	-	PO	Below knee total contact	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
2370	L5638	-	PO	Below knee leather socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2371	L5639	-	PO	Below knee wood socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2372	L5640	-	PO	Knee disarticulat leather so	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2373	L5642	-	PO	Above knee leather socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2374	L5643	-	PO	Hip flex inner socket ext fr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2375	L5644	-	PO	Above knee wood socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2376	L5645	-	PO	Bk flex inner socket ext fra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2377	L5646	-	PO	Below knee cushion socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2378	L5647	-	PO	Below knee suction socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2379	L5648	-	PO	Above knee cushion socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2380	L5649	-	PO	Isch containmt/narrow m-l so	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2381	L5650	-	PO	Tot contact ak/knee disart s	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2382	L5651	-	PO	Ak flex inner socket ext fra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2383	L5652	-	PO	Suction susp ak/knee disart	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2384	L5653	-	PO	Knee disart expand wall sock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2385	L5654	-	PO	Socket insert symes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.

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2386	L5655	-	PO	Socket insert below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2387	L5656	-	PO	Socket insert knee articulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2388	L5658	-	PO	Socket insert above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2389	L5661	-	PO	Multi-durometer symes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2390	L5665	-	PO	Multi-durometer below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2391	L5666	-	PO	Below knee cuff suspension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2392	L5668	-	PO	Socket insert w/o lock lower	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2393	L5670	-	PO	Bk molded supracondylar susp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2394	L5671	-	PO	BK/AK locking mechanism	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	L5671 does not include the socket insert itself.
2395	L5672	-	PO	Bk removable medial brim sus	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2396	L5673	-	PO	Socket insert w lock mech	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2397	L5676	-	PO	Bk knee joints single axis p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 pair/year	-	Not covered with L5535.
2398	L5677	-	PO	Bk knee joints polycentric p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 pair/year	-	-
2399	L5678	-	PO	Bk joint covers pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 pair/year	-	-
2400	L5679	-	PO	Socket insert w/o lock mech	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2401	L5680	-	PO	Bk thigh lacer non-molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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2402	L5681	-	PO	Intl custm cong/latyp insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	Initial only (for other than initial, use code L5673 or L5679) No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2403	L5682	-	PO	Bk thigh lacer glut/ischia m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2404	L5683	-	PO	Initial custom socket insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	Initial only (for other than initial, use code L5673 or L5679) No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2405	L5684	-	PO	Bk fork strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2406	L5685	-	PO	Below knee sus/seal sleeve, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6/yr	2/year	-	-
2407	L5686	-	PO	Bk back check	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2408	L5688	-	PO	Bk waist belt webbing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2409	L5690	-	PO	Bk waist belt padded and lin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2410	L5692	-	PO	Ak pelvic control belt light	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2411	L5694	-	PO	Ak pelvic control belt pad/l	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2412	L5695	-	PO	Ak sleeve susp neoprene/equa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2413	L5696	-	PO	Ak/knee disartic pelvic join	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2414	L5697	-	PO	Ak/knee disartic pelvic band	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2415	L5698	-	PO	Ak/knee disartic silesian ba	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2416	L5699	-	PO	Shoulder harness	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2417	L5700	-	PO	Replace socket below knee	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.

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2418	L5701	-	PO	Replace socket above knee	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
2419	L5702	-	PO	Replace socket hip	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
2420	L5703	-	PO	Symes ankle w/o (SACH) foot, replace	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Includes a symes molded prosthetic socket replacement.
2421	L5704	-	PO	Custom shape cover BK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Yes	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
2422	L5705	-	PO	Custom shape cover AK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
2423	L5706	-	PO	Custom shape cvr knee disart	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
2424	L5707	-	PO	Custom shape cvr hip disart	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis.
2425	L5710	-	PO	Knee-shin exo sng axi mnl loc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable. Covered for K1 ambulator or above.
2426	L5711	-	PO	Knee-shin exo mnl lock ultra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system.
2427	L5712	-	PO	Knee-shin exo frict swg & st	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. Covered for individuals with a functional level of 1 or above.
2428	L5714	-	PO	Knee-shin exo variable frict	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2429	L5716	-	PO	Knee-shin exo mech stance ph	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
2430	L5718	-	PO	Knee-shin exo frct swg & sta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
2431	L5722	-	PO	Knee-shin pneum swg frct exo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. Covered for individuals with level 3 or above. Limited coverage in K2 ambulator.
2432	L5724	-	PO	Knee-shin exo fluid swing ph	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
2433	L5726	-	PO	Knee-shin ext jnts fld swg e	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
2434	L5728	-	PO	Knee-shin fluid swg & stance	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
2435	L5780	-	PO	Knee-shin pneum/hydra pneum	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.

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2436	L5781	-	PO	Lower limb pros vacuum pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Requires documentation as to medical necessity. Batteries and chargers not separately billable if this code included. L7360 included in the payment for L5781.
2437	L5782	-	PO	HD low limb pros vacuum pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Requires documentation as to medical necessity. Batteries and chargers not separately billable if this code included. L7364 included in payment with L5782.
2438	L5783	-	PO	Add to lower extremity, user adjustable, mechanical, residual limb volume management system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	New Code May 2024. This system is a kit of components (reel, cable, or similar) incorporated into a custom-fabricated socket. Product example: RevoFit manufactured by Click Medical. Medicare only allows 1 unit per limb regardless of weight etc...
2439	L5785	-	PO	Exoskeletal bk ultralt mater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2440	L5790	-	PO	Exoskeletal ak ultra-light m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2441	L5795	-	PO	Exoskel hip ultra-light mate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2442	L5810	-	PO	Endoskel knee-shin mnl lck lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2443	L5811	-	PO	Endo knee-shin mnl lck ultra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2444	L5812	-	PO	Endo knee-shin frct swg & st	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2445	L5814	-	PO	Endo knee-shin hydral swg ph	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2446	L5816	-	PO	Endo knee-shin polyc mch sta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2447	L5818	-	PO	Endo knee-shin frct swg & st	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2448	L5822	-	PO	Endo knee-shin pneum swg frc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.

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2449	L5824	-	PO	Endo knee-shin fluid swing p	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2450	L5826	-	PO	Miniature knee joint	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2451	L5828	-	PO	Endo knee-shin fluid swg/sta	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2452	L5830	-	PO	Endo knee-shin pneum/swg pha	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2453	L5840	-	PO	Multi-axial knee/shin system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2454	L5841	-	-	Add, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	New Code May 2024. Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2455	L5845	-	PO	Knee-shin sys stance flexion	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2456	L5848	-	PO	Knee-shin sys hydraul stance	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2457	L5850	-	PO	Endo ak/hip knee extens assi	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2458	L5855	-	PO	Mech hip extension assist	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2459	L5856	-	PO	Elec knee-shin swing/stance	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2460	L5857	-	PO	Elec knee-shin swing only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2461	L5858	-	PO	Stance phase only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-

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2462	L5859	-	PO	Endoskeleton knee-shin system, powered and programmable, flexion/extension assist control, incl any type motor(s)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2463	L5910	-	PO	Endo below knee alignable sy	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2464	L5920	-	PO	Endo ak/hip alignable system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2465	L5925	-	PO	Above knee manual lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2466	L5926	-	PO	Add, to LE prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, above knee, hip disarticulation, positional rotational unit, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Endoskeletal above knee positioning device. Allows 360 degrees of rotation and locks the endoskeletal prosthetic knee and foot system in a neutral position for ambulation. Example: Ottobock 4R57 Rotation Adapter. Replaces K1022.
2467	L5930	-	PO	High activity knee frame	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2468	L5940	-	PO	Endo bk ultra-light material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
2469	L5950	-	PO	Endo ak ultra-light material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
2470	L5960	-	PO	Endo hip ultra-light materia	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
2471	L5961	-	PO	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or w/o flexion &/or extension control.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-		-	-
2472	L5962	-	PO	Below knee flex cover system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Rarely medically necessary-member must have special needs for protection against unusually harsh environmental situations. Not covered for cosmetic, convenience, or every day usage in a typical environment.

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2473	L5964	-	PO	Above knee flex cover system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Rarely medically necessary-member must have special needs for protection against unusually harsh environmental situations. Not covered for cosmetic, convenience, or every day usage in a typical environment.
2474	L5966	-	PO	Hip flexible cover system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Rarely medically necessary-member must have special needs for protection against unusually harsh environmental situations. Not covered for cosmetic, convenience, or every day usage in a typical environment.
2475	L5968	-	PO	Multiaxial ankle w dorsiflex	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2476	L5969	-	PO	Endoskeletal ankle- foot or ankle system, power assist, incl any type motor.	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	The microprocessor foot or ankle system addition with power assist which includes any type motor (L5969) is not covered because there is insufficient information to demonstrate that the item meets the Medicare standard to be considered reasonable and necessary as per PIM Chapter 13. L33787.
2477	L5970	-	PO	Foot external keel sach foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K1 ambulator or above.
2478	L5971	-	PO	SACH foot, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Documentation will be required with claim to support need for replacement outside of RUL of prosthetic.
2479	L5972	-	PO	All lower extremity prosthesis, foot, flexible keel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
2480	L5973	-	PO	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Battery chargers (L7362, L7366, L7368) not separately billable with this code. K3 ambulator or above. Limited coverage in K2 ambulator.
2481	L5974	-	PO	Foot single axis ankle/foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K1 ambulator
2482	L5975	-	PO	Combo ankle/foot prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-

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2483	L5976	-	PO	Energy storing foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2484	L5978	-	PO	Ft prosth multiaxial anl/ft	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
2485	L5979	-	PO	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2486	L5980	-	PO	Flex foot system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
2487	L5981	-	PO	Flex-walk sys low ext prosth	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2488	L5982	-	PO	Exoskeletal axial rotation u	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
2489	L5984	-	PO	Endoskeletal axial rotation	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
2490	L5985	-	PO	Lwr ext dynamic prosth pylon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
2491	L5986	-	PO	Multi-axial rotation unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
2492	L5987	-	PO	Shank ft w vert load pylon	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2493	L5988	-	PO	Vertical shock reducing pylo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Example: Total Shock that was manufactured by Century XXII International, Inc.
2494	L5990	-	PO	User adjustable heel height	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	Invoice required	Medicare LCD L33787 as of 1/1/2024 : "A user-adjustable heel height feature (L5990) will be denied as not reasonable and necessary."
2495	L5991	-	PO	Low pros ext osseo connector	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Example: Axor II osseointegrated external prosthetic connection device manufactured by Integrum, S.E.
2496	L5999	-	PO	Lower extremity prosthesis. Miscellaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice & Description of Item	Determination of more specific HCPCS code required.
2497	L6000	-	PO	Partial hand, thumb remaining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	-
2498	L6010	-	PO	Partial hand, little and/or ring finger remaining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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2499	L6020	-	PO	Partial hand, no finger remaining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2500	L6026	-	PO	Part hand myo exclu term dev	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Special Coverage instructions apply. It includes all necessary components except the terminal device. Example: Batteries and chargers not separately billable with this code.
2501	L6050	-	PO	Wrst molded sock flx hng tri pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2502	L6055	-	PO	Wrst mold sock w/exp interfa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2503	L6100	-	PO	Elb mold sock flex hinge pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2504	L6110	-	PO	Elbow mold sock suspension t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2505	L6120	-	PO	Elbow mold doub splt soc ste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2506	L6130	-	PO	Elbow stump activated lock h	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2507	L6200	-	PO	Elbow mold outsid lock hinge	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2508	L6205	-	PO	Elbow molded w/ expand inter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2509	L6250	-	PO	Elbow inter loc elbow forearm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2510	L6300	-	PO	Shlder disart int lock elbow	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
2511	L6310	-	PO	Shoulder passive restor complete prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-

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2512	L6320	-	PO	Shoulder passive restoration(shoulder cap only)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2513	L6350	-	PO	Thoracic intern lock elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2514	L6360	-	PO	Thoracic passive restor comp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2515	L6370	-	PO	Thoracic passive restor cap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2516	L6380	-	PO	Postop dsg cast chg wrst/elb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2517	L6382	-	PO	Postop dsg cast chg elb dis/	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
2518	L6384	-	PO	Postop dsg cast chg shlder/t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
2519	L6386	-	PO	Postop ea cast chg & realign	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
2520	L6388	-	PO	Postop applicat rigid dsg on	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.

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2521	L6400	-	PO	Below elbow prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2522	L6450	-	PO	Elb disart prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2523	L6500	-	PO	Above elbow prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2524	L6550	-	PO	Shldr disar prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2525	L6570	-	PO	Scap thorac prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2526	L6580	-	PO	Wrist/elbow bowden cable mol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
2527	L6582	-	PO	Wrist/elbow bowden cbl dir f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.

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2528	L6584	-	PO	Elbow fair lead cable molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
2529	L6586	-	PO	Elbow fair lead cable dir fo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
2530	L6588	-	PO	Shdr fair lead cable molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
2531	L6590	-	PO	Shdr fair lead cable direct	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supercede this list. Please check specific ASO group prior authorization requirements.
2532	L6600	-	PO	Polycentric hinge pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2533	L6605	-	PO	Single pivot hinge pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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2534	L6610	-	PO	Flexible metal hinge pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2535	L6611	-	PO	Additional switch, ext power	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2536	L6615	-	PO	Disconnect locking wrist uni	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2537	L6616	-	PO	Disconnect insert locking wr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2538	L6620	-	PO	Flexion/extension wrist unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2539	L6621	-	PO	Flex/ext wrist w/w/o friction	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2540	L6623	-	PO	Spring-ass rot wrst w/ latch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2541	L6624	-	PO	Flex/ext/rotation wrist unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2542	L6625	-	PO	Rotation wrst w/ cable lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2543	L6628	-	PO	Quick disconn hook adapter o	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2544	L6629	-	PO	Lamination collar w/ couplin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2545	L6630	-	PO	Stainless steel any wrist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2546	L6632	-	PO	Latex suspension sleeve each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2547	L6635	-	PO	Lift assist for elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2548	L6637	-	PO	Nudge control elbow lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2549	L6638	-	PO	Elec lock on manual pw elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2550	L6640	-	PO	Shoulder abduction joint pai	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2551	L6641	-	PO	Excursion amplifier pulley t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2552	L6642	-	PO	Excursion amplifier lever ty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2553	L6645	-	PO	Shoulder flexion-abduction j	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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2554	L6646	-	PO	Multiplo locking shoulder jnt	Yes, prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2555	L6647	-	PO	Shoulder lock actuator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2556	L6648	-	PO	Ext pwrld shlder lock/unlock	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2557	L6650	-	PO	Shoulder universal joint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2558	L6655	-	PO	Standard control cable extra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2559	L6660	-	PO	Heavy duty control cable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2560	L6665	-	PO	Teflon or equal cable lining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2561	L6670	-	PO	Hook to hand cable adapter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2562	L6672	-	PO	Harness chest/shlder saddle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2563	L6675	-	PO	Harness figure of 8 sing con	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2564	L6676	-	PO	Harness figure of 8 dual con	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2565	L6677	-	PO	UE triple control harness	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2566	L6680	-	PO	Test sock wrist disart/bel e	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2567	L6682	-	PO	Test sock elbw disart/above	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2568	L6684	-	PO	Test socket shldr disart/tho	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2569	L6686	-	PO	Suction socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2570	L6687	-	PO	Frame typ socket bel elbow/w	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2571	L6688	-	PO	Frame typ sock above elb/dis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2572	L6689	-	PO	Frame typ socket shoulder di	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2573	L6690	-	PO	Frame typ sock interscap-tho	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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2574	L6691	-	PO	Removable insert each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2575	L6692	-	PO	Silicone gel insert or equal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2576	L6693	-	PO	Locking elbow forearm cntrbal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2577	L6694	-	PO	Elbow socket ins use w/lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2578	L6695	-	PO	Elbow socket ins use w/o lck	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2579	L6696	-	PO	Cus elbo skt in for con/atyp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Congenital or traumatic amputee
2580	L6697	-	PO	Cus elbo skt in not con/atyp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Congenital or traumatic amputee
2581	L6698	-	PO	Below/above elbow lock mech	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
2582	L6703	-	PO	Term dev, passive hand mitt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2583	L6704	-	PO	Term dev, sport/rec/work att	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2584	L6706	-	PO	Term dev mech hook vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2585	L6707	-	PO	Term dev mech hook vol close	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2586	L6708	-	PO	Term dev mech hand vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2587	L6709	-	PO	Term dev mech hand vol close	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2588	L6711	-	PO	Term device, hook, mechanical, voluntary opening. Pediatric	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV MHT Age restriction may apply.
2589	L6712	-	PO	Term device, hook, mechanical, voluntary closing, any size, lines/unlined. Pediatric	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV MHT Age restriction may apply.
2590	L6713	-	PO	Term device, hand, mechanical, voluntary opening. Any size, material. Pediatric	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV MHT Age restriction may apply.
2591	L6714	-	PO	Terminal device, hand mechanical, voluntary closing, any size, material. Pediatric	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV MHT Age restriction may apply.

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2592	L6715	-	PO	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2593	L6721	-	PO	Terminal device, hand or hook, heavy duty mechanical, vol opening, lined/unlined, any size, material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
2594	L6722	-	PO	Terminal device, hook, hand, heavy duty, mechanical, vol closing, any size, material. Lines or unlined	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
2595	L6805	-	PO	Term dev modifier wrist unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2596	L6810	-	PO	Term dev precision pinch dev	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2597	L6880	-	PO	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp pattern, inc. motors	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable.
2598	L6881	-	PO	Term dev auto grasp feature	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2599	L6882	-	PO	Microprocessor control uplmb	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2600	L6883	-	PO	Replc sockt below e/w disa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2601	L6884	-	PO	Replc sockt above elbow disa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.

	A	B	C	D	E	F	G	H	I	J	K	L	M
2602	L6885	-	PO	Replc sockt shldr dis/interc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. Requirements of plan document will supercede this list. Please check ASO prior authorization requirements.
2603	L6890	-	PO	Prefab glove for term device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	This is a glove for a prosthetic device- not a lymphedema glove
2604	L6895	-	PO	Custom glove for term device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2605	L6900	-	PO	Hand restorat thumb/1 finger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2606	L6905	-	PO	Hand restoration multiple fi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2607	L6910	-	PO	Hand restoration no fingers	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2608	L6915	-	PO	Hand restoration replacmnt g	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2609	L6920	-	PO	Wrist disarticul switch ctrl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2610	L6925	-	PO	Wrist disart myoelectronic c	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2611	L6930	-	PO	Below elbow switch control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2612	L6935	-	PO	Below elbow myoelectronic ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2613	L6940	-	PO	Elbow disarticulation switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.

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2614	L6945	-	PO	Elbow disart myoelectronic c	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2615	L6950	-	PO	Above elbow switch control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2616	L6955	-	PO	Above elbow myoelectronic ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2617	L6960	-	PO	Shldr disartic switch contro	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2618	L6965	-	PO	Shldr disartic myoelectronic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2619	L6970	-	PO	Interscapular-thor switch ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2620	L6975	-	PO	Interscap-thor myoelectronic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
2621	L7007	-	PO	Adult electric hand	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	
2622	L7008	-	PO	Pediatric electric hand	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
2623	L7009	-	PO	Adult electric hook	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-

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2624	L7040	-	PO	Prehensile actuator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	Amputation of the upper limb Congenital limb differences affecting hand function Patients requiring improved grasping capability on a prosthetic limb. Patient criteria include: Stable residual limb health Motivation and willingness to use and maintain the prosthetic device Ability to operate switch controls
2625	L7045	-	PO	Pediatric electric hook	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	-
2626	L7170	-	PO	Electronic elbow hosmer swit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
2627	L7180	-	PO	Electronic elbow sequential	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/5 years	-	-
2628	L7181	-	PO	Electronic elbo simultaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	NC	-	Not on WV 2024 DME FS	-	-
2629	L7185	-	PO	Electron elbow adolescent sw	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
2630	L7186	-	PO	Electron elbow child switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
2631	L7190	-	PO	Elbow adolescent myoelectron	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
2632	L7191	-	PO	Elbow child myoelectronic ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
2633	L7259	-	PO	Electronic wrist rotator, any type.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
2634	L7360	-	PO	Six volt bat otto bock/eq ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the battery	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
2635	L7362	-	PO	Battery chrgr six volt otto	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the charger	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.

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2636	L7364	-	PO	Twelve volt battery utah/equ	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the battery	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
2637	L7366	-	PO	Battery chrgr 12 volt utah/e	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the charger	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
2638	L7367	-	PO	Lithium ion battery, rechargeable, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable lifetime of the battery	Not on WV 2024 DME FS	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
2639	L7368	-	PO	Lithium ion battery charger, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable lifetime of the charger	Not on WV 2024 DME FS	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
2640	L7400	-	PO	Add UE prost be/wd, ultlite	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
2641	L7401	-	PO	Add UE prost a/e ultlite mat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
2642	L7402	-	PO	Add UE prost s/d ultlite mat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
2643	L7403	-	PO	Add UE prost b/e acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2644	L7404	-	PO	Add UE prost a/e acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2645	L7405	-	PO	Add UE prost s/d acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
2646	L7499	-	PO	Upper extremity prosthesis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice required	
2647	L7510	-	PO	Repair prosthetic device, repair or replace minor parts	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1 unit/year	Invoice required.	For repair of implanted prosthetic device.
2648	L7520	-	PO	Labor component per 15 min repair prosth	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	24/6 months	Invoice required	This is for repair only-not billable with initial prosthetic-policy specific.

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2649	L7600	-	PO	Prosthetic donning sleeve, any mat, ea	N/C	Yes, prior authorization required	N/C	N/C	Yes, prior authorization required	-	-	Invoice required	Article A52496 Lower Limb Prosthesis: "A prosthetic donning sleeve (L7600) will be denied as noncovered. "
2650	L7700	-	PO	Gasket or seal, for use with prosthetic socket insert, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
2651	L7900	-	PO	Male vacuum erection device	N/C	Yes, prior authorization required	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Medicare discontinued coverage 7/1/15 per ABLE. Article A52712 MHT exclusion.
2652	L7902	-	PO	Tension ring for vacuum erection device, any type, replacement only	N/C	Yes, prior authorization required	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Covered for the treatment of erectile dysfunction (ED) secondary to organic impotence (ICD-10 diagnosis code 52.9).
2653	L8000	-	PO	Mastectomy bra, w/o integrated breast prosthesis form, any size	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4 / year	4/year	-	If requesting more than 4 per calendar year require prior authorization. PEIA only allows 3 mastectomy bras per benefit year.
2654	L8001	-	PO	Mastectomy bra, with integrated breast prosthesis form, unilateral , any size	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4 / year	2/year	-	PEIA only allows 3 mastectomy bras per benefit year.
2655	L8002	-	PO	Mastectomy bra with integrated breast prosthesis form, bilateral, any size, any type.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4 / year	2/year	-	PEIA only allows 3 mastectomy bras per benefit year.
2656	L8010	-	PO	Breast prosthesis, mastectomy sleeve	No prior authorization required	No prior authorization required	N/C	N/C	No prior authorization required	2/year per affected side	3/year	Invoice required	Dx lymphedema S/P a mastectomy prior to going to a lymphedema pump for other LOB. May not be billed with like items A6574-A6578.
2657	L8015	-	PO	Ext breast prosthesis garment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Post Mastectomy Only	2/year	-	Prior to fitting of permanent prosthesis. Temporary item. MHT does allow replacement.
2658	L8020	-	PO	Mastectomy form	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/ 6 months per affected side	2/year	-	Foam, fabric, or fiber filled.
2659	L8030	-	PO	Breast prosthesis, silicone or equal, without integral adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/2 years	2/year	-	For bilateral mastectomy, 2 at a time, every 2 years.
2660	L8031	-	PO	Breast prosthesis, silicone or equal, with integral adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/ 2 years per affected side	-	-	Need reason member cannot use L8030.

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2661	L8032	-	PO	Nipple prosthesis, prefabricated, reusable, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/2 years per affected side	Not on WV 2024 DME FS	-	-
2662	L8033	-	PO	Nipple prosthesis, custom fabricated, reusable, any material any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/2 years per affected side	Not on WV 2024 DME FS	-	-
2663	L8035	-	PO	Custom breast prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Requires documentation supporting reason cannot use another prosthesis such as L8030 or L8031.
2664	L8039	-	PO	Breast prosthesis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice required and description of item	Use this code to bill for authorization of a Balisse Compression Bra.
2665	L8040	KM KN	PO	Nasal prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2666	L8041	KM KN	PO	Midfacial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2667	L8042	KM KN	PO	Orbital prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2668	L8043	KM KN	PO	Upper facial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2669	L8044	KM KN	PO	Hemi-facial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2670	L8045	KM KN	PO	Auricular prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2671	L8046	KM KN	PO	Partial facial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2672	L8047	KM KN	PO	Nasal septal prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	West Virginia MHT uses D codes.
2673	L8048	-	PO	Unspecified maxillofacial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Use this code for labor, repair, or modification of facial prosthesis.
2674	L8049	-	PO	Repair/modification of prosthesis, labor 15"	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	Invoice required	Requires documentation & time.
2675	L8300	-	PO	Truss single w/ standard pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Covered when hernia is reducible with application of the truss.
2676	L8310	-	PO	Truss double w/ standard pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Covered when hernia is reducible with application of the truss.
2677	L8320	-	PO	Truss addition to std pad wa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
2678	L8330	-	PO	Truss add to std pad scrotal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-

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2679	L8400	-	PO	Sheath below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	12/year	-	-
2680	L8410	-	PO	Sheath above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	6/year	-	-
2681	L8415	-	PO	Sheath upper limb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	10/year	-	-
2682	L8417	-	PO	Pros sheath/sock w gel cushn	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	4/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
2683	L8420	-	PO	Prosthetic sock multi ply BK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	12/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
2684	L8430	-	PO	Prosthetic sock multi ply AK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	12/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
2685	L8435	-	PO	Pros sock multi ply upper lm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	6/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
2686	L8440	-	PO	Shrinker below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	4/year	-	-
2687	L8460	-	PO	Shrinker above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	4/year	-	-
2688	L8465	-	PO	Shrinker upper limb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Post Mastectomy Only	4/year	-	-
2689	L8470	-	PO	Pros sock single ply BK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	24/year	-	-
2690	L8480	-	PO	Pros sock single ply AK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	12/year	-	-

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2691	L8485	-	PO	Pros sock single ply upper l	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	10/year	-	-
2692	L8499	-	PO	Unlisted procedure for prosthetic services	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice & Description of Item	Will determine if more specific code appropriate and will be medically reviewed.
2693	L8500	-	PO	Artificial larynx	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 to 6 months	-	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
2694	L8501	-	PO	Tracheostomy speaking valve	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60 days	1/2 months	-	-
2695	L8505	-	PO	Artificial larynx replace battery/accessory	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 per year	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
2696	L8507	-	PO	Trach-esoph voice prosthetic, removed and inserted by patient	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2 per month	Not on WV 2024 DME FS	-	Tube designed to be removed & reinserted by the patient.
2697	L8509	-	PO	Trach-esoph voice prosthetic, inserted by a medical professional	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	Contract specific.	Covered as a prosthetic device in the manner of a IOL or BAHA. Not covered under DME benefit if dispensed in office prior to the time of the procedure. Lesser billed amount or established HCPCS, unless otherwise indicated.
2698	L8510	-	PO	Voice amplifier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/lifetime	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
2699	L8511	-	PO	Indwelling trach insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 to 6 months	Not on WV 2024 DME FS	-	-
2700	L8512	-	PO	Gel cap for trach voice pros	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	-
2701	L8513	-	PO	Trach pros cleaning device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2 kits per month	Not on WV 2024 DME FS	-	-
2702	L8514	-	PO	Repl trach puncture dilator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered if has voice prosthesis.
2703	L8515	-	PO	Gel cap app device for trach	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered if has covered voice prosthesis.

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2704	L8600	-	PO	Implant breast silicone/eq	See comments	See comments	See comments	See comments	See comments	-	Not on WV 2024 DME FS	Part of Procedure.	Not home DME, orthotic, prosthetic. Post-mastectomy reconstruction in breast cancer patients. This is not billed as DME- part of a procedure. Breast reconstruction surgery may require prior authorization R/o if cosmetic in nature only. Not covered if procedure not covered
2705	L8603	-	PO	Collagen imp urinary 2.5 ml	See comments	See comments	See comments	See comments	See comments	-	Not on WV 2024 DME FS	Part of Procedure.	Not home DME, orthotic, prosthetic. May be part of procedure fee. Medicare covers up to five separate collagen implant treatments in patients with intrinsic sphincter deficiency. Who have passed a collagen sensitivity test. Will review commercial on case by case basis. Not covered if procedure not covered.
2706	L8604	-	PO	Injectable bulking agent, dextranomer/hyaluric acid, copolymer implant. Urinary tract	See comments	See comments	See comments	See comments	N/C	-	Not on WV 2024 DME FS	Not on RBRVS. May be part of procedure /professional fee. Should not pull DME copays etc..	Not Home DME supply May not be separately billable from a covered procedure. OPPS status indicator: Items and services packaged into APC rates. Not covered if procedure not covered.
2707	L8605	-	PO	Inject bulking agent, dextranomer/hyaluric acid, copolymer implant, anal canal, 1ml	See comments	See comments	See comments	See comments	N/C	-	Not on WV 2024 DME FS	-	Not home DME, orthotic, prosthetic. Includes shipping and necessary supplies. OPPS status indicator Items and services packaged into APC rates. Not covered if procedure not covered.
2708	L8606	-	PO	Synthetic implnt urinary 1ml	See comments	See comments	See comments	See comments	N/C	-	Not on WV 2024 DME FS	-	Not home DME, orthotic, prosthetic. May be part of professional service or procedure fee. OPPS status indicator Items and services packaged into APC rates.

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2709	L8607	-	PO	Inj vocal cord bulking agent	See comments	See comments	See comments	See comments	See comments	-	-	-	Not home DME, orthotic, prosthetic. May be part of professional service or procedure Fee. OPPS status indicator Items and services packaged into APC rates. Not covered if procedure not covered
2710	L8608	-	-	External component, supply or access for use with the Argus II Retinal Prosthesis system, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice required	Not home DME, orthotic, prosthetic. OPPS status indicator Items and services packaged into APC rates. Covered only if procedure is covered.
2711	L8609	-	PO	Artificial cornea	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV 2024 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2712	L8610	-	PO	Ocular implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV 2024 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2713	L8612	-	PO	Aqueous shunt prosthesis	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV 2024 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2714	L8613	-	PO	Ossicular implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV 2024 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.

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2715	L8614	-	PO	Cochlear device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	NSB if part of procedure. Age restriction MHT.
2716	L8615	-	PO	Coch implant headset replace 3 piece component	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 yrs	-	-	NSB if part of procedure. Age restriction MHT.
2717	L8616	-	PO	Coch implant microphone repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	-	-	NSB if part of procedure. Age restriction MHT.
2718	L8617	-	PO	Coch implant trans coil repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	NSB if part of procedure. Age restriction MHT.
2719	L8618	-	PO	Coch implant tran cable repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/yr	-	-	NSB if part of procedure. Age restriction MHT.
2720	L8619	-	PO	Cochlear implant, external speech processor & controller, integrated system, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required		-	-	NSB if part of procedure. Age restriction MHT. See MHT manual chapter 530 .1.5.1 Cochlear Implant for further information
2721	L8621	-	PO	Repl zinc air battery,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	90/3 months	-	MHT age restriction applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/ L8622, L8623, L8624.
2722	L8622	-	PO	Repl alkaline battery	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/180 days	180/3 months	-	MHT age restrictions applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/ L8621, L8623, L8624.
2723	L8623	-	PO	Lith ion batt CID, non-ear lvl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/yr	4/yr	-	MHT age restriction applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/ L8621, L8622, L8624
2724	L8624	-	PO	Lith ion batt CID, ear level	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/3yrs	4/3 yrs	-	MHT age restriction applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/L8621, L8622,L8623
2725	L8625	-	PO	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Covered for Commercial and employer funded plans that cover cochlear implants.

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2726	L8627	-	PO	Cochlear implant, external speech processor, component, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Replacement of cochlear accessories (headset, headpiece, microphone, transmitting coil and transmitter cable) is covered for plans that cover cochlear implants.
2727	L8628	-	PO	Cochlear implant, external controller component, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV 2024 DME FS	-	Replacement of a cochlear implant and/or its external components (e.g., speech processor, microphone headset and audio input selector) is considered medically necessary when the existing device cannot be repaired OR when replacement is required because a change in the member's condition makes the present unit non-functioning AND improvement is expected with a replacement unit. P
2728	L8629	-	PO	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/yr	-	-	Replacement of cochlear accessories (headset, headpiece, microphone, transmitting coil and transmitter cable) is covered for MHT members up to 21 years of age. Not covered past 21 years. Batteries for the implant require prior authorization when service limits are exceeded.
2729	L8630	-	PO	Metacarpophalangeal implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2730	L8631	-	PO	MCP joint repl 2 pc or more	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.

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2731	L8641	-	PO	Metatarsal joint implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2732	L8642	-	PO	Hallux implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2733	L8658	-	PO	Interphalangeal joint spacer	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2734	L8659	-	PO	Interphalangeal joint repl	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2735	L8670	-	PO	Vascular graft, synthetic	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2736	L8678	-	PO	ext slpy implat neurostim	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.

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2737	L8679	-	PO	Implantable neurostimulator , pulse generator,any type	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Must be billed w/ cpt code 63685 or 64590	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2738	L8680	-	PO	Implantable neurostimulator electrode (with any number of contact points), each	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	Included as part of cpt code 63650 and not sep billable	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No prior authorization required if procedure did not require prior authorization. Covered only if procedure is covered.
2739	L8681	-	PO	Pt programmer(external)for use with implantable programmable neurostimulator or pulse generator replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Not on MHT SCHEDULE	-	Case by case. This is a replacement code only.
2740	L8682	-	-	Implat neurostim radiofreq receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Surgical implants included. May be part of a professional fee and not billed as DME. No prior authorization if surgical code does not require prior authorization. Please check Plan coverage.
2741	L8683	-	PO	Radiofq trsmtr for implt neu	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Covered if met criteria for sacral/neurostimulator.
2742	L8684	-	PO	Radiofre trsmtr implt scl neu	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Covered if met criteria for sacral/neurostimulator.
2743	L8685	-	PO	Implant neurostim pulse gen,single array, recharge, incl extension	No prior authorization required	No prior authorization required	N/C	N/C	No prior authorization required	-	-	-	Covered only if procedure is covered.
2744	L8686	-	PO	Implant neurostim pulse gen, single array, nonrecharge, incl extension	No prior authorization required	No prior authorization required	N/C	N/C	No prior authorization required	-	-	-	Generator codes L8686-L8688 are not covered by Medicare.Hospitals bill C codes and ASC's usually do not submit HCPCS II codes for devices. For non-Medicare plans L8686-L8688 providers should follow their contract or appropriate specific coding and billing guidelines. Covered only if procedure is covered.

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2745	L8687	-	PO	Implant neurostim pulse gen, dual array, recharge, incl extension	No prior authorization required	No prior authorization required	N/C	N/C	No prior authorization required	-	-	-	Generator codes L8686-L8688 are not covered by Medicare. Hospitals bill C codes and ASC's usually do not submit HCPCS II codes for devices. For non-Medicare plans L8686-L8688 providers should follow their contract or appropriate specific coding and billing guidelines. Covered only if procedure is covered.
2746	L8688	-	PO	Implant neurostim pulse generator, dual array, non-recharge, incl extension	No prior authorization required	No prior authorization required	N/C	N/C	No prior authorization required	Not on RBRVS	-	-	Generator codes L8686-L8688 are not covered by Medicare. Hospitals bill C codes and ASC's usually do not submit HCPCS II codes for devices. For non-Medicare plans L8686-L8688 providers should follow their contract or appropriate specific coding and billing guidelines. Covered only if procedure is covered.
2747	L8689	-	PO	External recharg sys intern	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3 yrs	-	-	-
2748	L8690	-	PO	Aud osseo dev, int/ext comp. BAHA	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Covered if plan covers a BAHA. BAHA included all internal and external components. Is the BaHa. Part of the surgical. Use w/ CPT codes 60714, 69714-52-58. FOR MHT - follow age guidelines.
2749	L8691	-	PO	Aud osseo dev ext sound processor, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3 yrs	-	-	Covered if plan covers BAHA.
2750	L8692	-	PO	Auditory osseointegrated device, external sound processor, used w/o osseointegration, body worn, includes head band or other means of external attachment. device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	N/C	N/C	N/C	N/C	No prior authorization required/ see comment	-	-	-	This is an external soft band, not internal. Covered under WV MHT plans for members under 21 yrs age when other external device (hearing aid) contraindicated. Example: cases of microtia. Dispensing fee not separately payable. Would be excluded under plans that exclude hearing aids. Covered hearing aids are to use V codes.

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2751	L8693	-	PO	Auditory osseointegrated device, abutment, any length, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3 years	Not on WV 2024 DME FS	-	Covered if plan covers BAHA and medical necessity established.
2752	L8694	-	PO	Auditory osseointegrated device, transducer/actuator, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3 years	Not on WV 2024 DME FS	-	Split code from L8691
2753	L8695	-	PO	External recharg sys extern	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV DME fee schedule	-	Please check HMO certificates of Coverage.
2754	L8696	-	PO	Ext antenna for phren nerve stim	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Only covered if Diaphragmatic/Phrenic nerve stimulation (Remede System, Avery Diaphragm Pacing System, NeuRx DPS*) was covered. May be part of facility fee or physician fee. If the criteria for those systems above not met, the antenna will not be covered.
2755	L8699	-	PO	Prosthetic Implant , NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
2756	L8701	CR	PO	Powered upper ext ROM assist dev, elbow, wrist, hand device, with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	December 28, 2023 the PDAC had the myopro listed as a capped rental item as did not meet the FS category. Only the MyoPro 2® Motion E and Motion W. Upper extremity orthosis - no loss of limb. NO add on codes allowed. Fees have been established as of April 2024.
2757	L8702	CR	PO	Powered, upper extremity ROM device, elbow, wrist, hand, finger with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fab. No add on codes allowed.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	December 28, 2023 the PDAC had the myopro listed as a capped rental item as did not meet the FS category. Only the MyoPro 2® Motion E and Motion W. Upper extremity orthosis - no loss of limb. NO add on codes allowed. Fees have been established as of April 2024.
2758	L8720	-	PO	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV DME fee schedule	-	Walkasins®. Will review in 2025 for sufficient peer review literature

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2759	L8721	-	PO	Receptor sole for use with l8720, replacement, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV DME fee schedule	-	Walkasins®. Will review in 2025 for sufficient peer review literature
2760	L9900	-	PO	Orthotic and prosthetic supply, access, &/or service component of another HCPCS code.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RZ/NSB	Yes, prior authorization required	-	-	-	Manufacturer's invoice, description of service or item. May not be sep billable.
2761	Q0477	-	PO	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	Contract Specific	2018 split code from Q0479. Covered if VAD insertion 33990-33995 covered
2762	Q0478	-	PO	Power adaptor for use w/ electric or electric /pneumatic ventricular assist device, vehicle type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	Contract Specific	Special coverage instructions apply.
2763	Q0479	-	PO	Power module for use w/ electric or electric/pneumatic ventricular device, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	Contract Specific	Special coverage instructions apply. Usually not covered. Or not separately billable.
2764	Q0480	-	PO	Driver pneumatic vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2765	Q0481	-	PO	Micropcsr cu elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2766	Q0482	-	PO	Micropcsr cu combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2767	Q0483	-	PO	Monitor elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2768	Q0484	-	PO	Monitor elec or comb vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2769	Q0485	-	PO	Monitor cable elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2770	Q0486	-	PO	Mon cable elec/pneum vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2771	Q0487	-	PO	Leads any type vad, rep only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2772	Q0489	-	PO	Pwr pck base combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2773	Q0490	-	PO	Emr pwr source elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2774	Q0491	-	PO	Emr pwr source combo vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2775	Q0492	-	PO	Emr pwr cbl elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2776	Q0493	-	PO	Emr pwr cbl combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-

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2777	Q0494	-	PO	Emr hd pmp elec/combo, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2778	Q0495	-	PO	Charger elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2779	Q0496	-	PO	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 6 months	-	Contract Specific	1 every 6 months for Secure Care and Commercial Plans.
2780	Q0497	-	PO	Bat clips elec/comb vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2781	Q0498	-	PO	Holster elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2782	Q0499	-	PO	Belt/vest elec/combo vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2783	Q0500	-	PO	Filters elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2784	Q0501	-	PO	Shwr cov elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2785	Q0502	-	PO	Mobility cart pneum vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2786	Q0503	-	PO	Battery pneum vad replacemnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 6 months	-	Contract Specific	1 every 6 months for SecureCare.
2787	Q0504	-	PO	Pwr adpt pneum vad, rep veh	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Contract Specific	-
2788	Q0506	-	PO	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 12 months	-	Contract Specific	1 every 12 months for SecureCare and Commercial. For use with VAD device
2789	Q0507	-	PO	Miscellaneous supply or accessory for use with external ventricular assist device.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	Contract Specific	-
2790	Q0508	-	PO	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	Contract Specific	New code 2013
2791	Q0509	-	PO	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare part A.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	-

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2792	S1040	-	PO	Cranial remolding ortho, ped	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	-	-	MHT Rates or by contract rates. For RBP Groups, S1040 will only price if the network (PHCS, Healthsmart, etc.) has pricing for S1040. If criteria met, approve the purchase of S1040 and let provider know that this will price per their contract with the network (PHCS, Healthsmart, etc). If the claim will be sent to HST, there will be no payment as no Medicare rate. AMPS may pay as use other sources besides Medicare rates. Inform provider that there may be an issue with payment. Email ESR team: ASO EmployerSvcReps@healthplan.org and notify then of possible reimbursement issue with S1040, providing member and Group information as well as referral info.
2793	V2623	-	PO	Plastic eye prosth custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime	-	-	Under MHT's Vision Care services. If non par provider, Commercial plans please contact network development for possible rate agreement.
2794	V2624	-	PO	Polishing artificial eye	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Twice/Year	-	-	-
2795	V2625	-	PO	Enlargement of eye prosthesis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required		-	-	Allowed x1. More than that is rarely medically necessary. Usually included in warranty if done within 90 days of initial delivery of prosthetic.
2796	V2626	-	PO	Reduction of eye prosthesis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required		-	-	Allowed x1. More than that is rarely medically necessary. Usually included in warranty if done within 90 days of initial delivery of prosthetic.
2797	V2627	-	PO	Scleral cover shell	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Prose device MUST be coded V2531 if used for a purpose other than Tx of an eye rendered sightless and dry eye , where the Prose device serves as a substitute as a lacrimal gland.

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2798	V2628	-	PO	Fabrication & fitting	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
2799	V2629	-	PO	Prosthetic eye, other type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
2800	V5336	-	PO	Repair/Modification of augmentative communicative sys or device (exc adapt hearing aid)	N/C	N/C	N/C	N/C	N/C	-	-	-	On Medicare's 2024 non-covered list .