

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>The Health Plan (THP) Durable Medical Equipment (DME) Prior Authorization Guide</b>												
2	<b>Prosthetics, Orthotics and Supplies</b>												
3	<b>Effective December 1, 2024</b>												
4	<b>Disclaimer</b>												
5	Disclaimer: Inclusion or exclusion from this schedule for an item or service does not imply coverage. <b>It is the sole responsibility of the Rendering Provider to verify each plan's benefits, member eligibility, prior authorization requirements, such as out of network and tertiary rules, etc... PRIOR to dispensing DME items to Health Plan Members.</b> 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 The Health Plan at any time. All appropriate documentation (CMN, Physician Order, etc...) must be on file and supplied, upon demand, to The Health Plan. Providers directly contracted to THP can refer to Attachment C of their contracts for pricing determination, least costly medically appropriate alternative, etc.												
6	Medicare wrap plans, such as Medicare Select, would not use this schedule. Reimbursement would be based on Medicare EOB.												
7	<b>HCPCS codes being found in this document is not a guarantee of payment.</b>												
8	Codes should have the appropriate Pricing, Data Analysis and Coding (PDAC) verification. <a href="https://www.dmedpac.com/">https://www.dmedpac.com/</a>												
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	<b>The codes listed on this document are in reference to the Durable Medical Equipment benefit.</b>												
12	<b>Some codes may be covered under a different benefit.</b>												
13	<b>Please refer to Plan Documents, or Contracts first</b>												
14	<b>Schedule Key</b>												
15	<b>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.</b>												
16	<b>Minimum Lifetime Requirement (MLR) generally accepted as 3 years - minimum threshold for a determination of durability for a piece of equipment.</b>												
17	<b>Equipment may not be replaced inside the RUL or MLR periods due to circumstances of abuse or neglect.</b>												
18	<b>For a few codes: Reasonable Lifetime = 2 to 3 years</b>												
18	CR = Capped rental item												OTS = Off the shelf
19	DX = Diagnosis dependent												THP = Prior authorization required through Medical Review by THP
20	Invoice Required = Manufacturer's invoice and description												PBM = Submit to Pharmacy Benefits Manager
21	MLR= Minimum Lifetime Requirement												
22	N/C = Non/covered												RD = Required Documentation
23	NEC, NOC, NOS = Miscellaneous, not specific												RUL = Reasonable Useful Lifetime
24	NSB = Not separately billable												RZ = Not separately billable, IR referral type only
25	OTC = Over the counter												Yes = Covered. No precert required as long as coverage guidelines followed.
26	<b>Modifiers</b>												
27	AU = Urological, ostomy or trach item												KS = Non-insulin dependent diabetic
28	AV = Prosthetics or orthotics												KX = Insulin dependent diabetic. Do not use for a beneficiary who is exclusively treated with oral hypoglycemic agents
29	AW = Item with a surgical dressing												KX = Requirement specified in the medical policy has been met. Cannot use for O2 after April 2023. See Oxygen tab for use of modifiers N1, N2, N3.
30	AX = Item furnished in conjunction w/dialysis												MS = 6 month maintenance & service
31	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 a specific drug
32	BA = Item in Parental/Enteral category												NU = Purchase
33	CC = when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed												OS = Ostomy, tracheostomy, urological supply
34	CR = Capped Rental item,												OX = Oxygen
35	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, of 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean up activities												PE = Parental & Enteral
36	FS = Frequent/substantial servicing												PO = Prosthesis/Orthosis
37	GA = Waiver or liability statement issued as required by payer policy, individual case												RA = Replacement of DME item
38	GK= Reasonable and necessary item, service associated												RB = Replacement part of DME furnished as part of repair
39	GL= Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN												RR = Rental
40	GU = Waiver of liability statement issued as required by payer policy, routine notice												SC = Medically necessary service or supply
41	GW = Service not related to hospice patient's terminal condition												SD = Surgical dressing
42	GX = Notice of liability issued, voluntary under payer policy												SU = Supplies
43	IN = Inexpensive/routinely purchased												TE = TENS
44	JW = Drug amount discarded/not administered to any patient												TS = Therapeutic shoes
45	KC = Replacement of special power wheelchair interface												<b>Note: Q modifiers for oxygen are not added to this schedule as does not pertain to a category but a liter flow prescribed.</b>
46	KF = Class III device												
47	A1 = Dressing one wound A2 = Dressing two wounds A3 = Dressing for three wounds				A4 = Dressing four wounds A5 = Dressing for five wounds A6 = Dressing for six wounds					A7 = Dressing for seven wounds A8 = Dressing for eight wounds A9 = Dressing for nine or more			
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49													
50	<b>HCPCS</b>	<b>MOD</b>	<b>CATG</b>	<b>DESCRIPTION</b>	<b>SELF FUNDED</b>	<b>COMMERCIAL</b>	<b>PEIA</b>	<b>MEDICARE ADVANTAGE</b>	<b>MOUNTAIN HEALTH TRUST</b>	<b>SERVICE LIMITS</b>	<b>MEDICAID LIMITS</b>	<b>REIMBURSE</b>	<b>SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL</b>
51	A2001	-	-	Innovamatrix ac, per square centimeter	THP	THP	THP	THP	N/C	-	-	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56696&amp;ver=24</a> .

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
51	A2002	-	-	Miragen advanced wound matrix, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=31&amp;keyword=&amp;keywordType=starts&amp;areald=all&amp;docType=6,3,5,1,F,P&amp;contractOption=all&amp;hcpcsOption=code&amp;hcpcsStartCode=A2002&amp;hcpcsEndCode=A2002&amp;sortBy=title&amp;bc=1">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=31&amp;keyword=&amp;keywordType=starts&amp;areald=all&amp;docType=6,3,5,1,F,P&amp;contractOption=all&amp;hcpcsOption=code&amp;hcpcsStartCode=A2002&amp;hcpcsEndCode=A2002&amp;sortBy=title&amp;bc=1</a>
52	A2004	-	-	Xcellistem, 1 mg	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
53	A2005	-	-	Microlite matrix, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
54	A2006	-	-	Novosorb synpath dermal matrix, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
55	A2007	-	-	Restrata, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
56	A2008	-	-	Theragenesis, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
57	A2009	-	-	Symphony, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
58	A2010	-	-	Apis, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
59	A2011	-	-	Supra sdrn, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
60	A2012	-	-	Suprathel, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
61	A2013	-	-	Innovamatrix fs, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	<a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&amp;ver=24</a>
62	A2014	-	-	Omeza collagen matrix, per 100 mg	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
63	A2015	-	-	Phoenix wound matrix, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
64	A2016	-	-	Permeaderm b, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
65	A2017	-	-	Permeaderm glove, each	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
66	A2018	-	-	Permeaderm c, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
67	A2019	-	-	Kerecis omega3 marigen shield, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
68	A2020	-	-	Ac5 advanced wound system (ac5)	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
69	A2021	-	-	Neomatrix, per square centimeter	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
70	A2022	-	-	Innovabrn/innovamatx xl sqcm	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
71	A2023	-	-	Innovamatrix pd, 1 mg	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
72	A2024	-	-	Resolve matrix per sq cm	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
73	A2025	-	-	Miro3d per cubic cm	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
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				MatriDerm, per sq cm	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
75	A2027	-	-	MicroMatrix Flex, per mg	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
76	A2028	-	-	MiroTract Wound Matrix sheet, per cc	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	
77	A2029	-	-	Skin substitute FDA cleared as a device NOS	THP	THP	THP	THP	N/C	-	Not on WV MHT DME FS or internet manual	-	Go to MDR as a NOS code
78	A4100	-	-	Syringe w/ needle sterile, 1cc	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	-	100/rolling month	-	<b>Covered MHT as a home health supply.</b> If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
79	A4207	-	-	Syringe w/ needle sterile, 2cc	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	-	100/rolling month	-	<b>Covered MHT as a home health supply.</b> If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
80	A4208	-	-	Syringe w/ needle, sterile, 3cc	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	-	100/rolling month	-	<b>Covered MHT as a home health supply.</b> If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
81	A4209	-	-	Syringe w/ needle, sterile, 5cc or >	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	-	100/rolling month	-	<b>Covered MHT as a home health supply.</b> If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
82	A4210	-	-	Needle free injection device	N/C	N/C	NC	N/C	N/C	-	Not on WV Medicaid 2024 FS	-	Not covered by Medicare See 2024 HCPCS. Excluded by PEIA.
83	A4211	-	-	Supplies for self administering injections	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	N/C	-	Not on WV Medicaid 2024 FS	-	Incidental Physician Service. Can be reviewed if not incidental to a physician's service. Bundled or excluded by PEIA.
84	A4212	-	-	Noncoring needle or stylet w/ or w/o catheter	RZ	RZ	RZ	RZ	N/C	-	Not on WV Medicaid 2024 FS	-	Incidental Physician Service. Bundled or excluded by PEIA.
85	A4213	-	-	Syringe 20 cc or >	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes	-	60/rolling month	-	<b>Covered MHT as a home health supply.</b> If not incidental to physician service, can be reviewed for separate payment.
86	A4215	-	-	Needle sterile, any size	RZ	RZ	RZ	RZ	Yes	-	100/rolling month	-	Incidental Physician Service.
87	A4216	-	OS	Sterile water, saline/dextrose 10 ml	Yes	Yes	Yes	Yes	Yes	56 units/month	-	-	Nebulizer. Covered MHT as a home health supply.
88	A4216	AU		Sterile water/saline, 10 ml	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable w/A4221.
89	A4216		OS	Sterile water, 10 ml	Yes	Yes	Yes	Yes	Yes	-	-	-	To clear suction cath after trach suctioning. <b>For MHT covered for tracheal sx only.</b>
90	A4217	AU	SU	Sterile water/saline, 500 ml	Yes	Yes	Yes	Yes	N/C	Per Episode	Not on WV Medicaid 2024 FS	-	Non-routine irrigation of catheter. <b>MHT covers for Tracheal Suctioning Only</b>
91	A4217	AU	SU	Sterile water/saline, 500 ml	Yes	Yes	Yes	Yes	N/C	-	Not on WV Medicaid 2024 FS	-	Continuous bladder irrigational. <b>MHT for Tracheal Suctioning Only.</b>
92	A4217	AU	OS	Sterile water/saline, 500 ml	Yes	Yes	Yes	Yes	Yes	-	For Trach Suction Only.	-	<b>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</b> To clear suction cath after trach sx.
93	A4217	AW	OS	Sterile water, 500 ml	Yes	Yes	Yes	Yes	N/C	-	-	-	<b>MHT for Tracheal Suctioning Only.</b> Invoice for PEIA.
94	A4217	-	OS	Sterile water/saline, 500 ml	N/C	N/C	N/C	N/C	Yes	-	-	-	Not covered for use with IV Care.
95	A4218	-	OS	Sterile water/saline, metered dose disp, 10ml	Yes	Yes	Yes	Yes	N/C	56 units/month	Not on WV Medicaid 2024 FS	-	Medicaid Physician FS has X for excluded.
96	A4220	-	SU	Refill kit implantable infusion pump	Yes	Yes	RZ/NC	Yes	NC	-	Not on WV Medicaid 2024 FS	-	Commercial /Medicare plans Separately billable for 5-FuDR thpy/opioid drug therapy intractable pain CA in home. Not covered for heparin therapy. Not separately billable Office/outpt/hospital service i.e. refill implantable intrathecal pumps. Report drugs separately. <b>WV Medicaid/PEIA this is either not covered or bundled as a physician/outpt, or hospital service.</b>
97	A4221	-	SU	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	Yes	Yes	Yes	Yes	Yes	4/month	4/rolling month	-	Not billable w/A4230, A4231, billable 1/roll 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).
98	A4222	-	SU	Infusion supplies with pump, per cassette or bag (list drugs separately)	Yes	Yes	Yes	Yes	Yes	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.
99	A4223	-	IN	Infusion supplies not used w/pump, per cassette or bag (list drugs separately)	Yes	Yes	Yes	Yes	Yes	Per Cassette or Bag	Per Cassette or Bag	-	Not billable w/A4230, A4231. PEIA Invoice required.
100	A4224	-	SU	Supplies for maintenance of insulin infusion catheter, per week	Yes	Yes	Yes	Yes	Yes	-	-	-	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).
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102	A4225	-	-	Supplies for external insulin infusion pump, syringe type cartridge, sterile ea	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
103	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 Medicaid 2024 FS	-	Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784). PEIA covered under immunization FS not DME.
104	A4230	-	IN	Infusion set ext insulin pump, cannula type	THP	eviCore	eviCore	eviCore	eviCore	Up to 20 units per months. More than 20 units will require precert. This equals 60 in 90 days	12/rolling month	Contract Specific	<b>Not covered by Medicare for use w/external insulin infusion pump. Contract Specific.</b> 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.
105	A4231	-	-	Infusion set ext insulin pump, needle type	Yes	Yes	Yes	N/C	Yes	Up to 20 units per months. More than 20 units will require precert. This equals 60 per 90 days	12/rolling month	Contract Specific	<b>Not covered by Medicare for use w/external insulin infusion pump. Contract Specific.</b> 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.
106	A4232	-	IN	Syringe w/needle ext insulin pump, sterl 3cc	THP	eviCore	eviCore	N/C	eviCore	Up to 60 units per 90 days. More than 60 units will require precert	12/rolling month	Contract Specific	<b>NC by Medicare w/external insulin infusion pump.</b> 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.
107	A4233	-	IN	Alkaln batt for glucose mon	Yes	Yes	Yes	Yes	Yes	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
108	A4234	-	IN	J-cell batt for glucose mon	Yes	Yes	Yes	Yes	Yes	1/month	1/2 rolling years	-	ICD-10's above
109	A4235	-	IN	Lithium batt for glucose mon	Yes	Yes	Yes	Yes	Yes	1/month	1/2 rolling years	-	ICD-10's above
110	A4236	-	IN	Silvr oxide batt glucose mon	Yes	Yes	Yes	Yes	Yes	1/month	1/2 rolling years	-	ICD-10's above
111	A4238	KF	-	Supply allowance for adjunctive continuous glucose monitor( CGM) incl all supplies and accessories, 1month supply = 1 unit of service	THP	eviCore	eviCore	eviCore	PBM	-	Not on WV Medicaid 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. <b>MHT-Pharmacy Benefit;</b> can auth under medical, if needed.
112	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 .	THP	eviCore	eviCore	eviCore	PBM	-	Not on WV Medicaid 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. <b>MHT-Pharmacy Benefit;</b> can auth under medical, if needed.
113	A4244	-	IN	Alcohol or peroxide, per pint	Yes	Yes	Yes	Yes	Yes	1/month	7/rolling month	Invoice Required Contract specific	<b>MHT covers as a home health supply.</b> 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.
114	A4245	-	IN	Alcohol wipes, 50 per box	Yes	Yes	Yes	Yes	Yes	1/box 50/90 days w/ insulin or infusion pumps	4/rolling month	Invoice Required. Contract specific	<b>MHT Covers as a home health supply.</b> Not billable w/ A4244, A4239, or E2103. Not covered for use w/glucose monitors. <b>Allowed with insulin/infusion pumps if in contracts.</b> Medicare does not cover for use with Blood glucose monitor.
115	A4246	-	IN	Betadine or phisohex sol, per pint	Yes	Yes	Yes	Yes	Yes	1/month	6/rolling month	Invoice Required. Contract specific	<b>MHT Covers as a home health supply.</b> Not billable w/ A4247, A4239, or E2103. Not covered for use w/blood glucose monitors. ay be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies.
116	A4247	-	IN	Betadine or iodine swabs/wipes per box	Yes	Yes	Yes	Yes	Yes	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. <b>Allowed with insulin/ infusion pumps if in contracts.</b> May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
117	A4248	AX	-	Chlorhexidine containing antiseptic	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid 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')
118	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 Medicaid 2024 FS	-	Not covered by Medicare. May be part of physician service. Not covered for Home DME.
119	A4252	NU	IN	Blood ketone test or reagent strip, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid 2024 FS	-	Non-covered by Medicare statute. May be part of physician service. Not covered for Home DME.
120	A4253	KS	IN	Blood glucose/reagent strips, per 50 strips	Yes	Yes	Yes	Yes	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. <b>No precert within allowable limits. Understanding the code description : Please note- boxes can come in 25, 50, 70, 100 count.</b> NSB w/ A4239 or E2103.
121	A4253	KX	IN	Blood glucose/reagent strips, per 50 strips	Yes	Yes	Yes	Yes	N/C	200 per 1 month= 4 boxes of 50 or 2 boxes 100	Not on WV Medicaid 2024 FS	Contract specific	Insulin Dependent. Usually through the Pharmacy Benefits Manager. <b>No precert within allowable limits. Please note- boxes can come in 25, 50, 70, 100 count.</b> <b>Not reimbursable w/ A4239 or E2103.</b>
122	A4255	-	SU	Glucose monitor platforms, 50 per box	Yes	Yes	Yes	Yes	N/C	-	Not on WV Medicaid 2024 FS	-	Special criteria. Not billable with A4239, E2100, E2101, E2103.
123	A4256	-	SU	Calibrator solution/chips	Yes	Yes	Yes	Yes	N/C	1/3 months	Not on WV Medicaid 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. <b>NON-REIMBURSABLE WITH A4239, E2100, E0607 E2101, E2103.</b>
124	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.
125	A4258	-	SU	Lancet device each	Yes	Yes	Yes	Yes	N/C	1/6 months	Not on WV Medicaid 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. <b>NON-REIMBURSABLE WITH E2100</b>
126	A4259	KX	SU	Lancets per box, 100	Yes	Yes	Yes	Yes	Yes	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
127	A4259	KS	SU	Lancets per box, 100	Yes	Yes	Yes	Yes	Yes	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.
128	A4261	-	-	Cervical cap for contraception	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid 2024 FS	-	Non-covered by Medicare statute May be covered under another benefit. I.E pharmacy.
129	A4262	-	-	Temp lacrimal duct implant, ea	Yes	Yes	Yes	Yes	N/C	-	Not on WV Medicaid 2024 FS	-	Part of procedure would not be part of DME benefit/copy.
130	A4263	-	-	Perm lacrimal duct implant, ea	Yes	Yes	Yes	Yes	N/C	-	Not on WV Medicaid 2024 FS	-	Part of procedure would not be part of DME benefit/copy
131	A4265	-	SU	Paraffin, per lb	Yes	Yes	Yes	Yes	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.
132	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.
133	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.
134	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.
135	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.
136	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.
137	A4271	KX	KS	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests	Yes	eviCore	eviCore	eviCore	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.
138	A4280	-	PO	Brst prsths adhsv atchmnt	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	
139	A4281	-	-	Replacement tubing breast pump	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
140	A4282	-	-	Replace adapter breast pump	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
141	A4283	-	-	Replace cap breast pump bottle	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
142	A4284	-	-	Replace shield & splash protect breast pump	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
143	A4285	-	-	Polycarbonate replacement bottle	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
144	A4286	-	-	Locking ring for breast pump	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	PEIA Invoice required.
145	A4287	-	-	Disp collection and storage bag for breast milk, any size, any type, ea.	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Replaces K1005. CPT TOOL states no precert but this code does not appear to be covered.
146	A4290	-	-	Sacral nerve stimulation test lead	Yes	Yes	Yes	Yes	Yes	-	Not on WV 2024 DME FS	-	Supply used during procedure. 64561, 64681.etc.. Not covered under home DME benefit.
147	A4300	-	-	Implantable access catheter	Yes	Yes	Yes	Yes	Yes	-	Not on WV 2024 DME FS	-	Supply used during procedure. Not covered under home DME benefit.
148	A4301	-	-	Implantable access total cath, port	Yes	Yes	Yes	Yes	Yes	-	Not on WV 2024 DME FS	-	Supply used during procedure. Not covered under home DME benefit.
149	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.
150	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.
151	A4310	-	OS	Insert tray w/o bag/cath	Yes	Yes	Yes	Yes	Yes	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4332.
152	A4311	-	OS	Catheter w/o bag 2-way latex	Yes	Yes	Yes	Yes	Yes	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4310, A4332, A4338.
153	A4312	-	OS	Cath w/o bag 2-way silicone	Yes	Yes	Yes	Yes	Yes	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4310, A4332, A4344.
154	A4313	-	OS	Catheter w/bag 3-way	Yes	Yes	Yes	Yes	Yes	1/episode indwell cath insert	1/day x 14 days	-	Not billable w/A4310, A4332, A4346.
155	A4314	-	OS	Cath w/drainage 2-way latex	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	Not billable w/A4310, A4311, A4331, A4332, A4338, A4354, A4357.
156	A4315	-	OS	Cath w/drainage 2-way silicone	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	Not billable w/A4310, A4312, A4331, A4332, A4344, A4354, A4357.
157	A4316	-	OS	Cath w/drainage 3-way	Yes	Yes	Yes	Yes	Yes	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.
158	A4320	-	OS	Irrigation tray	Yes	Yes	Yes	Yes	Yes	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.
159	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.
160	A4322	-	OS	Irrigation syringe	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	Not billable w/A4320.
161	A4326	-	OS	Male external catheter	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	Does not require additional leg bag / document med need.
162	A4327	-	OS	Fem urinary collect dev cup	Yes	Yes	Yes	Yes	Yes	1/week	1/week	-	
163	A4328	-	OS	Fem urinary collect pouch	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	
164	A4330	-	OS	Stool collection pouch	Yes	Yes	Yes	Yes	Yes	31/month	31/rolling month	-	
165	A4331	-	OS	Extension drainage tubing	Yes	Yes	Yes	Yes	Yes	1/month	5/rolling month	-	Bill only w/A5112, not billable w/A4314, A4315, A4316, A4354, A4357, A4358, A5108.
166	A4332	-	OS	Lube sterile packet	Yes	Yes	Yes	Yes	Yes	31/month	31/rolling month	-	Not billable for clean, nonsterile intermittent cath.
167	A4332	AU	OS	Lube sterile packet	Yes	Yes	Yes	Yes	Yes	200/month	-	-	
168	A4333	-	OS	Urinary cath anchor device	Yes	Yes	Yes	Yes	Yes	3/week	12/rolling month	-	
169	A4334	-	OS	Urinary cath leg strap	Yes	Yes	Yes	Yes	Yes	1/month	1/rolling month	-	
170	A4335	-	-	Incontinence supply, misc	N/C	THP	THP	N/C	Yes	-	-	<b>Invoice Required</b>	Requires description & invoice for pricing. MHT: Covered at Invoice Cost.
171	A4336	-	-	Incontinence supply, urethral insert, any type, each	Yes	Yes	Yes	N/C	N/C	-	Not on WV 2024 DME FS	-	<b>Covered for code N39.3 only.</b>
172	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 & Medicaid Services (CMS) Program Integrity Manual (Internet-only Manual 100-08), Chapter 13, §13.7.1.
173	A4338	-	OS	Indwelling catheter latex	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	Cannot be billed w/ like item.
174	A4340	-	OS	Indwelling catheter special	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	
175	A4344	-	OS	Cath indw foley 2 way, all silicone or polyurethane, ea.	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	
176	A4346	-	OS	Cath indw foley 3 way	Yes	Yes	Yes	Yes	Yes	1/month	1/day x 14 days	-	Covered if continuous irrigation medically necessary.
177	A4349	-	OS	Disposable male external cath	Yes	Yes	Yes	Yes	Yes	Not exceed 35/month	31/rolling month	-	Not billable w/adhesive strips or tape.
178	A4351	-	OS	Straight tip urine catheter	Yes	Yes	Yes	Yes	Yes	1/week	200/month	-	Not billable w/A4353.
179	A4351	AU	OS	Straight tip urine catheter	Yes	Yes	Yes	Yes	Yes	200/month	200/month	-	

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
180	A4352	-	OS	Coude tip urinary catheter	Yes	Yes	Yes	Yes	Yes	1/week	200/rolling month	-	Not billable w/A4353.
181	A4352	AU	OS	Coude tip urinary catheter	Yes	Yes	Yes	Yes	Yes	200/month	200/rolling month	-	Coude cath for females rarely medically necessary.
182	A4353	-	OS	Intermittent urinary cath	Yes	Yes	Yes	Yes	Yes	1/episode strl intermit cath	200/rolling month	-	Not billable w/A4310, A4332, A4351, A4352.
183	A4353	AU	OS	Intermittent urinary cath	Yes	Yes	Yes	Yes	Yes	200/month		-	
184	A4354	-	OS	Cath insertion tray w/bag	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	Not billable w/A4310, A4332, A4357, A4331.
185	A4355	-	OS	Bladder irrigation tubing set	Yes	Yes	Yes	Yes	Yes	1/day x 14 days	1/day x 14 days	-	For continuous irrigation or history of cath obstruction.
186	A4356	-	OS	Ext ureth clmp or compr dvc	Yes	Yes	Yes	Yes	Yes	1/3 months	1/3 rolling months	-	
187	A4357	-	OS	Bedside drainage bag	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	Not billable w/A4331.
188	A4358	-	OS	Urinary leg or abdomen bag/with straps	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	Not billable w/A4331, A5113, A5114, A4335.
189	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
190	A4361	-	OS	Ostomy face plate	Yes	Yes	Yes	Yes	Yes	3/6 month	3/6 rolling months	-	Not billable w/A4375-A4383.
191	A4362	-	OS	Solid skin barrier	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	See codes A4461, A4463.
192	A4363	-	OS	Ostomy clamp, replacement	Yes	Yes	Yes	Yes	Yes	1/6 months	20/rolling month	-	Not billable w/ostomy pouch, only as replacement.
193	A4364	-	OS	Adhesive, liquid or equal, any type, per oz	Yes	Yes	Yes	Yes	Yes	4oz/month	4oz/rolling month	-	
194	A4366	-	OS	Ostomy vent	Yes	Yes	Yes	Yes	Yes	15/month	15/rolling month	-	Not billable w/A4416-A4419, A4423-A4425, A4427.
195	A4367	-	OS	Ostomy belt	Yes	Yes	Yes	Yes	Yes	1/month	2/6 rolling months	-	
196	A4368	-	OS	Ostomy filter	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	
197	A4369	-	OS	Skin barrier liquid per oz	Yes	Yes	Yes	Yes	Yes	2oz/month	2oz/rolling month	-	Not billable w/A5119.
198	A4371	-	OS	Skin barrier powder per oz	Yes	Yes	Yes	Yes	Yes	10oz/6 month	10oz/6 rolling months	-	
199	A4372	-	OS	Skin barrier solid 4x4 equiv	Yes	Yes	Yes	Yes	Yes	20/month	15/rolling month	-	
200	A4373	-	OS	Skin barrier with flange	Yes	Yes	Yes	Yes	Yes	20/month	15/rolling month	-	
201	A4375	-	OS	Drainable plastic pch w fcpl	Yes	Yes	Yes	Yes	Yes	15/month	15/rolling month	-	Not billable w/A4361, A4377, A4379. Reusable.
202	A4376	-	OS	Drainable rubber pch w fcpl	Yes	Yes	Yes	Yes	Yes	15/month	15/rolling month	-	Not billable w/A4361, A4378, A4381, A4382. Reusable.
203	A4377	-	OS	Drainable plstic pch w/o fp	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4375. Comes in package of 5.
204	A4378	-	OS	Drainable rubber pch w/o fp	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4376.
205	A4379	-	OS	Urinary plastic pouch w fcpl	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4381, A4382.
206	A4380	-	OS	Urinary rubber pouch w fcpl	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4383.
207	A4381	-	OS	Urinary plastic pouch w/o fp	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4379, A4382.
208	A4382	-	OS	Urinary hvy plstic pch w/o fp	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4379, A4381.
209	A4383	-	OS	Urinary rubber pouch w/o fp	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	Not billable w/A4361, A4380.
210	A4384	-	OS	Ostomy faceplt/silicone ring	Yes	Yes	Yes	Yes	Yes	2/6 months	2/6 rolling months	-	
211	A4385	-	OS	Ost skn barrier sld ext wear	Yes	Yes	Yes	Yes	Yes	20/month	15/rolling month	-	MHT dx: Z93.2-Z93.6, Z43.2-Z43.6, Sold in box of 10.
212	A4387	-	OS	Ost clsd pouch w att st barr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	
213	A4388	-	OS	Drainable pch w ex wear barr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	
214	A4389	-	OS	Drainable pch w st wear barr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	
215	A4390	-	OS	Drainable pch ex wear convex	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	
216	A4391	-	OS	Urinary pouch w ex wear barr	Yes	Yes	Yes	Yes	Yes	30/month	30/rolling month	-	Sold in box of 10.
217	A4392	-	OS	Urinary pouch w st wear barr	Yes	Yes	Yes	Yes	Yes	30/month	30/rolling month	-	Sold in box of 10.
218	A4393	-	OS	Urine pch w ex wear bar conv	Yes	Yes	Yes	Yes	Yes	30/month	30/rolling month	-	
219	A4394	-	OS	Ostomy pouch liq deodorant	Yes	Yes	Yes	Yes	Yes	16oz/month	16oz/rolling month	-	Comes in 8 ounce bottles.
220	A4395	-	OS	Ostomy pouch solid deodorant	Yes	Yes	Yes	Yes	Yes	30/month	30/rolling month	-	
221	A4396	-	OS	Peristomal hernia supprt blt	Yes	Yes	Yes	Yes	Yes	4/year	2/rolling year	-	
222	A4397	-	OS	Irrigation supply sleeve	Yes	Yes	Yes	Yes	Yes	4/month	4/rolling month	-	
223	A4398	-	OS	Ostomy irrigation bag	Yes	Yes	Yes	Yes	Yes	2/6 months	2/6 rolling months	-	
224	A4399	-	OS	Ostomy irrigation supply, cone/catheter, with or w/o brush	Yes	Yes	Yes	Yes	Yes	2/6 months	2/6 rolling months	-	
225	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.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
226	A4400	-	OS	Ostomy irrigation set	NC	NC	N/C	NC	Yes	-	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.
227	A4402	-	OS	Lubricant per ounce	Yes	Yes	Yes	Yes	Yes	4oz/month	4oz/rolling month	-	For use with clean, non-sterile catheterization techniques.
228	A4404	-	OS	Ostomy ring each	Yes	Yes	Yes	Yes	Yes	10/month	10/rolling month	-	
229	A4405	-	OS	Nonpectin based ostomy paste	Yes	Yes	Yes	Yes	Yes	4oz/month	4oz/rolling month	-	
230	A4406	-	OS	Pectin based ostomy paste	Yes	Yes	Yes	Yes	Yes	4oz/month	4oz/rolling month	-	
231	A4407	-	OS	Ext wear ost skn barr <=4sq"	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
232	A4408	-	OS	Ext wear ost skn barr >4sq"	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
233	A4409	-	OS	Ost skn barr convex <=4 sq "	THP	eviCore	eviCore	eviCore	eviCore	20/month	20/rolling month	-	PEIA status code P
234	A4410	-	OS	Ost skn barr extnd >4 sq"	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
235	A4411	-	OS	Ost skn barr extnd =4sq"	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
236	A4412	-	OS	Ost pouch drain high output	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
237	A4413	-	OS	2 pc drainable ost pouch	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
238	A4414	-	OS	Ost sknbar w/o conv<=4 sq "	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
239	A4415	-	OS	Ost skn barr w/o conv >4 sq"	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
240	A4416	-	OS	Ost pch clsd w barrier/fltr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	Not billable w/A4366.
241	A4417	-	OS	Ost pch w bar/bltinconv/fltr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	Not billable w/A4366.
242	A4418	-	OS	Ost pch clsd w/o bar w fltr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	Not billable w/A4366.
243	A4419	-	OS	Ost pch for bar w flange/flt	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	Not billable w/A4366.
244	A4420	-	OS	Ost pch clsd for bar w lk fl	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	Invoice Required	For WV Medicaid requires ICD-10 Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6.
245	A4421	-	OS	Ostomy supply, miscellaneous	THP	THP	THP	THP	THP	-	-	Invoice Required	
246	A4422	-	OS	Ost pouch absorbent material	Yes	Yes	Yes	Yes	Yes	31/month	1/day	-	
247	A4423	-	OS	Ost pch for bar w lk fl/fltr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	Not billable w/A4366.
248	A4424	-	OS	Ost pch drain w bar & filter	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	Not billable w/A4366.
249	A4425	-	OS	Ost pch drain for barrier fl	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	Not billable w/A4366.
250	A4426	-	OS	Ost pch drain 2 piece system	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
251	A4427	-	OS	Ost pch drain/barr lk flng/fl	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	Not billable w/A4366.
252	A4428	-	OS	Urine ost pouch w faucet/tap	Yes	Yes	Yes	Yes	Yes	20/month	15/rolling month	-	Come in boxes of 10.
253	A4429	-	OS	Urine ost pouch w bltinconv	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
254	A4430	-	OS	Ost urine pch w b/bltin conv	Yes	Yes	Yes	Yes	Yes	15/month	15/rolling month	-	Comes in box of 5.
255	A4431	-	OS	Ost pch urine w barrier/tapv	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
256	A4432	-	OS	Os pch urine w bar/flange/tap	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
257	A4433	-	OS	Urine ost pch bar w lock fin	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
258	A4434	-	OS	Ost pch urine w lock flng/flt	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	
259	A4435	-	OS	Ostomy pouch, drainable, high output, w/ extended wear barrier (one-piece system) with or w/o filter, ea.	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	Comes in box of 10.
260	A4436	-	-	Irrigation supply, sleeve, reusable, per month	Yes	Yes	Yes	Yes	Yes	1 unit/month	-	-	Code represents a month's irrigation sleeve supply allowance. <b>One unit of service would be billed regardless of how many sleeves are required.</b> 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
261	A4437	-	-	Irrigation supply, sleeve, disposable, per month	Yes	Yes	Yes	Yes	Yes	1 unit/month	-	-	As above. MM12521 - Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
262	A4450	AU	OS	Waterproof tape per 18 sq in	Yes	Yes	Yes	Yes	Yes	40/month	40/rolling month	-	Urinary incontinence & ostomy, tracheostomy. Providers are reminded to use the AU modifier when used for tracheostomy.
263	A4450	AV	OS	Non-waterproof tape per 18 sq in	Yes	Yes	Yes	Yes	Yes	40/month	40/rolling month	-	Prosthetic or orthotic
264	A4450	AW	OS	Non-waterproof tape per 18 sq in	Yes	Yes	Yes	Yes	Yes	40/month	40/rolling month	-	Based on dressing size. Providers are reminded to use appropriate modifiers.
265	A4452	AU	OS	Waterproof tape per 18 sq in	Yes	Yes	Yes	Yes	Yes	40/month	40/rolling month	-	For urinary incontinence, ostomy, tracheostomy. Providers are reminded to use appropriate modifier.
266	A4452	AV	OS	Waterproof tape per 18 sq in	Yes	Yes	Yes	Yes	Yes	40/month	40/rolling month	-	Prosthetic or orthotic



	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
267	A4452	AW	OS	Waterproof tape per 18 sq in	Yes	Yes	Yes	Yes	Yes	40/month	40/rolling month	-	Based on dressing size.
268	A4455	-	OS	Adhesive remover/oz (Ostomy only)	Yes	Yes	Yes	Yes	Yes	16oz/6 months	16oz/rolling month	-	Not separately billable w/TENS E0720 or E0730. Medicaid quantity limit may be a typo but it is what it says on the manual
269	A4456	-	OS	Adhesive remover, wipes, any type, each	Yes	Yes	Yes	Yes	Yes	1(50)/M	1(50)/rolling M	-	Replaces Code A4365. ostomy only.
270	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.eviCore requires precert. I don't think this is covered for ASO/ Medicare. <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&amp;ver=36">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&amp;ver=36</a> Might be NC versus PA. Listed as Noncovered on PEIA RBRVS FS. Not On PEIA DME FS.
271	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. <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&amp;ver=36">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&amp;ver=36</a>
272	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. <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&amp;ver=36">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&amp;ver=36</a> Not On PEIA DME FS. Status X on PEIA RBRVS shown on MHT non-covered code list.
273	A4461	AW	SD	Surgical dress hold non-reuse	Yes	Yes	Yes	Yes	Yes	-	1/rolling year	-	
274	A4463	AW	SD	Surgical dress holder reuse	Yes	Yes	Yes	Yes	Yes	2/year	1/rolling year	-	
275	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.
276	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. <a href="https://med.noridianmedicare.com/web/ddme/policies/dmd-articles/correct-coding-and-coverage-braces-constructed-primarily-of-elastic-or-other-fabric-materials-revised">https://med.noridianmedicare.com/web/ddme/policies/dmd-articles/correct-coding-and-coverage-braces-constructed-primarily-of-elastic-or-other-fabric-materials-revised</a> .
277	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 <a href="https://www.hcpcsdata.com/Codes/A/A4468">https://www.hcpcsdata.com/Codes/A/A4468</a> A4648 is bundled into the MS-DRG payment if provided in a facility.
278	A4470	-	SD	Gravlee jet washer	RZ	RZ	RZ	RZ	N/C	-	-	-	Not on PEIA DME FS. Status code P on PEIA RBRVS. <a href="https://www.hcpcsdata.com/Codes/A/A4470">https://www.hcpcsdata.com/Codes/A/A4470</a>
279	A4480	-	SD	VABRA aspirator	RZ	RZ	RZ	RZ	N/C	-	-	-	Not on PEIA DME FS. Status code P on PEIA RBRVS. <a href="https://www.hcpcsdata.com/Codes/A/A4480">https://www.hcpcsdata.com/Codes/A/A4480</a>
280	A4481	-	OS	Tracheostoma filter	Yes	Yes	Yes	Yes	Yes	31/month	31/rolling month	-	Not on PEIA Dme FS. Status code P on PEIA RBRVS
281	A4483	-	OS	Moisture exchanger	Yes	Yes	Yes	Yes	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.
282	A4490	-	-	Surgical stockings, AK length	N/C	N/C	N/C	N/C	Yes	-	4/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
283	A4495	-	-	Surgical stockings, thigh length, ea	N/C	N/C	N/C	N/C	Yes	-	4/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
284	A4500	-	-	Surgical stocking, BK length, ea	N/C	N/C	N/C	N/C	Yes	-	4/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
285	A4510	-	-	Surgical stocking, full length, ea	N/C	N/C	N/C	N/C	Yes	-	2/6 rolling months	Invoice Required	N on PEIA RBRVS and not on PEIA DME FS.
286	A4520	-	-	Incontinence garment, any type	N/C	N/C	N/C	N/C	Yes	-	200/rolling month	Invoice Required or will default to WV Medicaid 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 Medicaid. Claims analysts and customer service reps may refer to BMS. N on PEIA RBRVS FS. Not on PEIA DME FS.
287	A4540	-	-	Distal transcatheter 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. <a href="https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf">https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf</a>
288	A4541	-	-	Monthly supplies for use of device coded at E0733 (Trigeminal nerve stimulator).	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Replaces K1017 Is on PEIA DME FS.
289	A4542	-	-	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	THP	eviCore	eviCore	eviCore	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.
290	A4543	-	-	Supplies for transcatheter 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.
291	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 NidraTM Tonic Motor Activation (TOMAC) therapy (E0743). Not covered, therefore supplies and accessories are not covered.
292	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	-	
293	A4550	-	-	Surgical tray	RZ	RZ	RZ	RZ	Yes	-	15/rolling month	-	Not covered as HME ( Home medical equipment). WV MHT covers as Home Health supply.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
294	A4553	-	-	Non-disposable underpads	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	
295	A4554	-	-	Disposable underpads, all sizes	N/C	N/C	N/C	N/C	eviCore	-	150/rolling month	<b>Invoice Required or will default to WV Medicaid rate</b>	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 Medicaid. Claims analysts and customer service reps may refer to BMS.
296	A4555	-	-	Electrode/ transducer for use with electrical stimulation device used for cancer treatment, replacement only	RZ	RZ	RZ	N/C- RZ	Yes	-	-	<b>Invoice required</b>	<b>NSB with code E0766. E0766 is a continual rental for Medicare so supplies will never be sep billable. Medicaid E0766 is a capped rental. Immunization code I on PEIA RBRVS.</b>
297	A4556	-	SU	Electrodes (E.G. Apnea Monitor) per pair	Yes	Yes	Yes	Yes	Yes	15/month	15/rolling month	-	NSB w/ apnea monitor ( E0618, E0619) or TENS Unit (E0720, E0730). Apnea monitor WV MHT max age 12 months.
298	A4557	-	SU	Lead wires (e.g. apnea monitor, TENS unit) per pair	Yes	Yes	Yes	Yes	Yes	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.
299	A4558	-	SU	Conductive gel or paste	Yes	Yes	Yes	Yes	N/C	1 per 12 months	Not on WV 2024 DME FS	-	
300	A4559	-	SU	Coupling gel or paste	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	For use w/ultrasonic device, covered if device covered.
301	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://efaidnbmninnlpcapjgclcfndmkaj/https://www.cms.gov/files/document/2022-hcpcs-application-summary-biannual-2-2022-non-drug-and-non-biological-items-and-services.pdf
302	A4561	-	PO	Pessary rubber, any type	Yes	Yes	Yes	Yes	Yes	-	1/per Lifetime.	-	
303	A4562	-	PO	Pessary, non rubber, any type	Yes	Yes	Yes	Yes	Yes	-	1/per Lifetime.	-	
304	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/atest (Eclipse Vaginal Insert system - Pelvalon, Inc)
305	A4565	-	SC	Sling	Yes	Yes	Yes	Yes	Yes	-	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.
306	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. As of 2023 still on 2024 WC Medicaid FS. Not on PEIA DME FS. Staus I on PEIA RBRVS.
307	A4570	-	-	Splint	N/C/RZ	N/C/RZ	N/C/RZ	N/C/RZ	Yes	-	2/6 rolling months	-	May be considered incidental to physician service. Provider to bill using correct V&Q codes/where applicable.
308	A4575	-	-	Disposable hyperbaric oxygen chamber	N/C	N/C	N/C	N/C	N/C	-	-	-	This is not on Medicaid 2024 Fee schedule or internet manual. It is not covered by Medicare. LCD L33797 2023 revision NOT Covered. Not on PEIA DME FS
309	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
310	A4590	-	-	Casting material, fiberglass	N/C	N/C	N/C	N/C	N/C	-	-	-	Bill Q4001 - Q4051 for cast supplies.
311	A4593	-	-	Neuromodulation Stimulator sys, adjunct to rehab therapy regime, controller	THP	eviCore	eviCore	eviCore	eviCore	-	Not on WV 2024 DME FS	-	New Code 2024 PoNS® by Helios Medical Technologies <b>Usually considered I&amp;E.</b> Controller.
312	A4594	-	-	Neuromodulation stim sys, adjunct to reh therapy regime, mouthpiece, ea	THP	eviCore	eviCore	eviCore	eviCore	-	Not on WV 2024 DME FS	-	New code 2024 PoNS® by Helios Medical Technologies <b>Usually considered I&amp;E.</b> Mouthpiece.
313	A4595	-	SU	Tens suppl 2 lead per month	Yes	Yes	Yes	Yes	Yes	1/month	1/month w/E0720	-	Not billable w/A4556, A4558, A4630. not covered if TENS not covered
314	A4595	-	SU	Tens suppl 4 lead per month	Yes	Yes	Yes	Yes	Yes	2/month	2/month w/E0730	-	Not billable w/A4556, A4558, A4630. Not covered if TENS not covered
315	A4596	-	SU	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	N/C	N/C	N/C	N/C	N/C	-	-	-	<b>Not usually covered. Considered experimental and investigational by certain LOB.</b> Code E0732( CES) is not covered, therefore supplies will not be covered.
316	A4600	-	-	Sleeve for intermit limb compress device, replace	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	It is not reimbursable for LOB where E0676 is not covered.
317	A4601	-	IN	Lithium ion battery , rechargeable, nonprosthetic use, replacement	Yes	Yes	Yes	Yes	Yes	Reasonable lifetime	4/rolling year	<b>Invoice Required</b>	Not covered for use w/ E0676. Covered for use w/ covered SGD- speech generating devices. Article A52469
318	A4602	-	IN	Replacement battery for external infusion pump owned by patient, lithium 1.5 volt ea.	Yes	Yes	Yes	Yes	N/C	Reasonable Lifetime	Not on WV 2024 DME FS	<b>Invoice Required</b>	Since InterQual does not address. Use the battery codes listed in external infusion pump LCD L33794. article A52507.
319	A4604	NU	IN	Tubing with heating element	Yes	eviCore	eviCore	eviCore	eviCore	1/3 months	1/rolling month	-	Not billable w/A7037, E0471, E0472.
320	A4605	NU	IN	Trach suction cath close sys	Yes	Yes	Yes	Yes	Yes	31/month	31/rolling month	-	Connected to ventilator. Left in place for SX.
321	A4606	NU	IN	Oxygen probe (replacement)	Yes	Yes	Yes	Yes	Yes	2-3/month	2/rolling month	<b>Invoice Required</b>	Not separately reimbursable w/E0445 w/unit under cap rental. Not separately reimbursable during rental period of oxygen.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
322	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.
323	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	-	-
324	A4612	-	OX	Battery cables, replacement, pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
325	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	-	-
326	A4614	-	IN	Hand-held PEFR meter	Yes	Yes	Yes	Yes	Yes	Reasonable Lifetime	1 per lifetime	-	On PEIA DME FS
327	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
328	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.
329	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.
330	A4618	NU	IN	Breathing circuits	RZ/Yes	RZ/Yes	RZ/Yes	RZ/Yes	N/C	4/month	-	-	NSB o2 or vent rental
331	A4619	-	IN	Face tent	RZ/Yes	RZ/Yes	RZ/Yes	RZ/Yes	Yes	1/month	1/rolling month	-	MHT/billable only w/E0570. <b>Other LOB Accessories, including but not limited to, transtracheal 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.</b>
332	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.
333	A4623	-	OS	Tracheostomy inner cannula	Yes	Yes	Yes	Yes	Yes	-	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.
334	A4624	NU	IN	Tracheal suction catheter, any type other than closed system, each	Yes	Yes	Yes	Yes	Yes	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.
335	A4625	-	OS	Trach care kit for new trach	Yes	Yes	Yes	Yes	Yes	1/day first 14 days	1/day first 14 days per lifetime	-	Not billable w/A4626 or A4629.
336	A4626	-	OS	Tracheostomy cleaning brush	Yes/RZ	Yes/RZ	Yes	Yes/RZ	N/C	-	Not on WV 2024 DME FS	-	Included in A4625 & A4629 / tracheostomy care kits.
337	A4627	-	-	Spacer bag or reservoir, use w/MDI	N/C	N/C	N/C	N/C	Yes	-	1 per Lifetime	<b>Invoice Required</b>	<b>Not ON PEIA DME FS. Listed as not covered on PEIA RBRVS.</b>
338	A4628	NU	IN	Oropharyngeal suction cath	Yes	Yes	Yes	Yes	Yes	3w or 12/month	90/rolling month	-	More than 3w requires precert. L33612 coverage article. A4628 is covered and is separately payable when they are medically necessary and used with a medically necessary E0600 pump.
339	A4629	-	OS	Tracheostomy care kit	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	Start 14 days post op. All LOB not billable w/A4625, A4626.
340	A4630	NU	IN	Replace bat t.e.n.s. own by pt	Yes	Yes	Yes	Yes	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.
341	A4633	NU	IN	Uvi replacement bulb	Yes	Yes	Yes	Yes	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.
342	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.
343	A4635	NU	IN	Underarm crutch pad	Yes	Yes	Yes	Yes	Yes	2/2years	-	-	Not billable w/E0110 - E0114, E0116.
344	A4636	NU	IN	Handgrip for cane etc.	Yes	Yes	Yes	Yes	Yes	2/2years	2/2 rolling years	-	Not billable w/E0100, E0105, E0110-E0114, E0130, E0135, E0140, E0141, E0143, E0147-E0149.
345	A4637	NU	IN	Replace tip cane/crutch/walker	Yes	Yes	Yes	Yes	Yes	4/year	4/rolling year	-	Not billable w/E0100, E0105, E0110-E0114, E0130, E0135, E0140, E0141, E0143, E0147-E0149.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
346	A4638	NU	IN	Replace batt pulse gen sys	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
347	A4639	NU	CR	Infrared ht sys replacement pad	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
348	A4640	NU RR	IN	Alternating pressure pad, replacement for patient owned equipment	Yes	Yes	Yes	Yes	Yes	1/12months	-	-	Not billable w/ E0181, E0182. <b>Medicaid not reimbursable with E0181</b>
349	A4649	-	-	Surgical supply, Miscel	THP	eviCore	Not on PEIA DME FS	eviCore	EviCore	-	-	-	Should only be used if a more specific code is unavailable. <b>Covered as a Home DME supply for Medicaid LOB only.</b>
350	A4653	-	-	Peritoneal dialysis cath anchor	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	-	-	<b>Invoice required</b>	Dialysis supply. Not sep billable as DME. May be covered under IPPS, OPS or ASC Schedules.
351	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.
352	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.
353	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..
354	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	<b>Contract Specific. Invoice Required.</b>	Medicare Members Dialysis Supply. NSB to DME suppliers. NSB w/ professional service. <b>Medicaid covered for HH ICD10 dx code B20 or N181.1-N181.5 Only.</b>
355	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	<b>Contract Specific</b>	Medicare Members Dialysis Supply. NSB to DME suppliers. <b>Medicaid was allowing d/t covid only.</b>
356	A4930	-	-	Gloves, sterile, per pair	See comment	See comment	See comment	See comment	N/C	In home dialysis supply	-	<b>Contract Specific</b>	Dialysis Supply Medicare Members Only. NSB to DME suppliers. NSB w/ professional service.
357	A5051	-	OS	Pouch clsd w barr attached	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
358	A5052	-	OS	Clsd ostomy pouch w/o barr	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
359	A5053	-	OS	Clsd ostomy pouch faceplate	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
360	A5054	-	OS	Clsd ostomy pouch w/flange	Yes	Yes	Yes	Yes	Yes	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
361	A5055	-	OS	Stoma cap	Yes	Yes	Yes	Yes	Yes	31/month	31/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
362	A5056	-	OS	Ostomy pouch, drainable, w/ extended wear barrier, attached w/filter(1 piece),ea	Yes	Yes	Yes	Yes	Yes	40/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
363	A5057	-	OS	Ostomy pouch, drainable, w/ extended wear barrier	Yes	Yes	Yes	Yes	Yes	40/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
364	A5061	-	OS	Pouch drainable w barrier at	Yes	Yes	Yes	Yes	Yes	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
365	A5062	-	OS	Drnble ostomy pouch w/o barr	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
366	A5063	-	OS	Drain ostomy pouch w/flange	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
367	A5071	-	OS	Urinary pouch w/barrier	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
368	A5072	-	OS	Urinary pouch w/o barrier	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
369	A5073	-	OS	Urinary pouch on barr w/flng	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
370	A5081	-	OS	Stoma plug or seal, any type	Yes	Yes	Yes	Yes	Yes	31/month	31/rolling month	-	Not billable w/A5055, A6216. MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
371	A5082	-	OS	Continent stoma catheter	Yes	Yes	Yes	Yes	Yes	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
372	A5083	-	OS	Continent device, stoma absorptive cover for continent stoma	Yes	Yes	Yes	Yes	Yes	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
373	A5093	-	OS	Ostomy accessory convex inse	Yes	Yes	Yes	Yes	Yes	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
374	A5102	-	OS	Bedside drain btl w/wo tube	Yes	Yes	Yes	Yes	Yes	2/6 months	2/6 rolling months	-	Not billable w/A4357.
375	A5105	-	OS	Urinary suspensory w/leg bag, w/or w/o tube	Yes	Yes	Yes	Yes	Yes	1/month	1/rolling month	-	Not billable w/A4331, A4358, A5112-A5114.
376	A5112	-	OS	Urinary drainage bag, leg or abdomen, latex, with or w/o tube, w/ straps, each	Yes	Yes	Yes	Yes	Yes	1/month	1/rolling month	-	Not billable w/A5113, A5114.
377	A5113	-	OS	Latex leg strap	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	Not billable w/A5112, A5114
378	A5114	-	OS	Foam/fabric leg strap	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	Not billable w/A5112, A5113.
379	A5120	AU	OS	Skin barrier, wipes or swabs 50 per box	Yes	Yes	Yes	Yes	Yes	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.
380	A5120	AV	PO	Skin barrier, wipes or swabs 50 per box	Yes	Yes	Yes	Yes	Yes	3 (150) per 6 months	3 (150) per rolling month	-	Prosthetics / Orthotics.
381	A5121	-	OS	Solid skin barrier 6x6	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
382	A5122	-	OS	Solid skin barrier 8x8	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
383	A5126	-	OS	Disk/foam pad w/wo adhesive	Yes	Yes	Yes	Yes	Yes	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
384	A5131	-	OS	Appliance cleaner per 16 oz	Yes	Yes	Yes	Yes	Yes	1/month	1/rolling month	-	For urology supplies used w/A5102, A5105, & A5112 only.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
	A5200	-	OS	Percutaneous catheter anchor	Yes	Yes	Yes	Yes	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.
385	A5500	-	TS	Diab shoe for depth inlay, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	Includes 1st pair inserts.
386	A5501	-	TS	Diabetic shoe molded from cast of patients foot, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	Includes 1st pair inserts.
387	A5503	-	TS	Diabetic shoe, modifications to off the shelf, or custom molded shoe w/roller or rigid rocker bottom, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
388	A5504	-	TS	Diabetic shoe depth inlay w/wedge, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
389	A5505	-	TS	Diab shoe w/metatarsal bar, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
390	A5506	-	TS	Diabetic she w/off-set heel, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
391	A5507	-	TS	NOS modifications depth inlay shoe, per shoe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/cal year	1 pr/cal year	-	May substitute for inserts . Description & Invoice Required.
392	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. <b>PEIA RBRVS status code X.</b>
393	A5510	-	TS	Diabetic shoe, prefab, direct formed compression molded w/o external heat source	THP	eviCore	eviCore	eviCore	N/C	-	-	<b>Invoice Required</b>	Need documentation why A5500, A5501 not appropriate. Invoice Required.
394	A5512	-	TS	Multi density insert, direct mold, ea	THP	eviCore	eviCore	eviCore	eviCore	3 pr/cal year	3 pr/cal year	-	W/A5500, <b>PDAC verification required</b>
395	A5512	-	TS	Multi density insert, direct mold, ea	THP	eviCore	eviCore	eviCore	eviCore	2 pr/cal year	3 pr/cal year	-	W/A5501, <b>PDAC verification required</b>
396	A5513	-	TS	Multi density insert, custom mold, ea	THP	eviCore	eviCore	eviCore	eviCore	3 pr/cal year	3 pr/cal year	-	W/A5500, <b>PDAC verification required</b>
397	A5513	-	TS	Multi density insert, custom mold, ea	THP	eviCore	eviCore	eviCore	eviCore	3 pr/cal year	3 pr/cal year	-	W/A5500, <b>PDAC verification required</b>
398	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	THP	eviCore	eviCore	eviCore	eviCore	2 pr/cal year	3 pr/cal year	-	W/A5501, <b>PDAC verification required.</b>
399	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..	THP	Yes	eviCore	Yes	Yes	2 pr/cal year	3 pr/cal year	-	<b>Not on WV Medicaid covered O&amp;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 precert and this one does not on the internet THP precert list an CPT tool.</b>
400	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 Medicaid list of noncovered items.
401	A6010	-	SD	Collagen based wound filler	Yes	Yes	Yes	Yes	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 Medicaid list of noncovered items.
402	A6011	AW	SD	Collagen based wound filler, gel/paste, per gram of collagen	Yes	Yes	Yes	Yes	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 Medicaid list of noncovered items.
403	A6021	AW	SD	Collagen dressing, sterile <=16 sq in	Yes	Yes	Yes	Yes	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. <b>PDAC verification required.</b> Can stay in place up to 7 days. On Medicaid list of noncovered items.
404	A6022	AW	SD	Collagen drsg, sterile>6<=48 sq in	Yes	Yes	Yes	Yes	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. <b>PDAC verification required.</b> Can stay in place up to 7 days. On Medicaid list of noncovered items.
405	A6023	AW	SD	Collagen dressing, sterile >48 sq in	Yes	Yes	Yes	Yes	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. <b>PDAC verification required.</b> Can stay in place up to 7 days. On Medicaid list of noncovered items.
406	A6024	AW	SD	Collagen dsrg, sterile wound filler per 6 in	Yes	Yes	Yes	Yes	N/C	10 (6 in) units/month	Not on WV 2024 DME FS	-	1 month supply at a time unless more is authorized. <b>PDAC verification required.</b> Can stay in place up to 7 days On Medicaid list of noncovered items.
407	A6025	AW	SD	Gel sheet for dermal/epidermal application, (e.G, silicone, hydrogel, other) ea.	Yes	Yes	Yes	Yes	N/C	Most wounds 1 gel sheet/week. Total 5/month	Not on WV 2024 DME FS	<b>Invoice required</b>	Code A6025 should only be used for gel sheets used for the treatment of keloids or other scars. <a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54563">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54563</a> . On Medicaid list of noncovered items. Status code X PEIA RBRVS. Monitor for cosmetic/exclusions
408	A6154	AW	SD	Wound pouch each	Yes	Yes	Yes	Yes	Yes	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.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
409	A6196	AW	SD	Alginate drsgn <= 16 sq in,	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. 1 unit =6 in.
410	A6197	AW	SD	Alginate drsgn >16 <= 48 sq in,	Yes	eviCore	eviCore	eviCore	eviCore	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III IV pressure ulcers.
411	A6198	AW	SD	Alginate drsg > 48 sq in,	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
412	A6199	AW	SD	Alginate drsg wound filler, sterile, per 6 in	Yes	Yes	Yes	Yes	Yes	2 units or 12"/day (change)	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
413	A6203	AW	SD	Composite dressing <= 16 sq in	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.
414	A6204	AW	SD	Composite dressing > 16 <= 48 sq in	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.
415	A6205	AW	SD	Composite dressing > 48 sqs in, w/any size adhsv border, ea	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Status code P on PEIA RBRVS.
416	A6206	AW	SD	Contact layer <= 16 sq in	Yes	Yes	Yes	Yes	Yes	1/week	5/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
417	A6207	AW	SD	Contact layer > 16 <= 48 sq in, to line the wound	Yes	Yes	Yes	Yes	Yes	1/week	5/rolling month	-	1 month supply at a time unless more is authorized.
418	A6208	AW	SD	Contact layer > 48 sq in	Yes	Yes	Yes	Yes	Yes	1/week	5/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
419	A6209	AW	SD	Foam drsg <= 16 sq in,	Yes	Yes	Yes	Yes	Yes	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	A6210	AW	SD	Foam drsg < 16 <= 48 sq in w/o borders,	Yes	Yes	Yes	Yes	Yes	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.
421	A6211	AW	SD	Foam drsg > 48 sq in w/o borders,	Yes	Yes	Yes	Yes	Yes	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.
422	A6212	AW	SD	Foam drsg <= 16 sq in w/borders, stage III & IV pressure ulcers	Yes	Yes	Yes	Yes	Yes	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	A6213	AW	SD	Foam drsg, wnd cvr > 16 sq in <= 48 sq in w/adhsv border, ea	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	Invoice required for all LOB except Medicaid	1 month supply at a time unless more is authorized. Stage III / IV Pressure Ulcers. Must have moderate to heavy exudate.
424	A6214	AW	SD	Foam drsg > 48 sq in w/borders,	Yes	Yes	Yes	Yes	Yes	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.
425	A6215	AW	SD	Foam drsg, wound filler, per gram,	Yes	Yes	Yes	Yes	Yes	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.
426	A6216	AU	OS	Non-sterile gauze <+ 16 sq in	Yes	Yes	Yes	Yes	Yes	60/month Ostomy	90/rolling month	-	N/C for urological use. 1 month supply at a time unless authed. MHT not reimbursable with A5055 and A5081.
427	A6216	AW	SD	Non-sterile gauze <= 16 sq in	Yes	Yes	Yes	Yes	Yes	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.
428	A6217	AW	SD	Non-sterile gauze > 16 <= 48 sq	Yes	Yes	Yes	Yes	Yes	3/day	90/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
429	A6218	AW	SD	Non-sterile gauze > 48 sq in	Yes	Yes	Yes	Yes	Yes	3/day	90/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Status code P on PEIA RBRVS.
430	A6219	AW	SD	Gauze <= 16 sq in w/border	Yes	Yes	Yes	Yes	Yes	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
431	A6220	AW	SD	Gauze > 16 <= 48 sq in w/border	Yes	Yes	Yes	Yes	Yes	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
432	A6221	AW	SD	Gauze > 48 sq in w/border	Yes	Yes	Yes	Yes	Yes	1/day	60/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Status code P on PEIA RBRVS.
433	A6222	AW	SD	Gauze <= 16 in no w/sal w/o b	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
434	A6223	AW	SD	Gauze > 16 <= 48 no w/sal w/o b	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
435	A6224	AW	SD	Gauze > 48 in no w/sal w/o b	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
436	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
437	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.
438	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. ?
439	A6231	-	SD	Hydrogel drsg <= 16 sq in,	Yes	Yes	Yes	Yes	Yes	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
440	A6232	-	SD	Hydrogel drsg > 16 < 48 sq in,	Yes	Yes	Yes	Yes	Yes	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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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
441	A6233	-	SD	Hydrogel drsg > 48 sq in,	Yes	Yes	Yes	Yes	Yes	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.
442	A6234	-	SD	Hydrocolloid drsg <= 16 w/o borders,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
443	A6235	-	SD	Hydrocolloid drsg > 16 <= 48 w/o borders,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
444	A6236	-	SD	Hydrocolloid drsg > 48 sq in , w/o borders,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
445	A6237	-	SD	Hydrocolloid drsg > 16 sq in, with borders,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
446	A6238	-	SD	Hydrocolloid drsg >16<=48 sq in, w/brdrs,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
447	A6239	-	SD	Hydrocolloid drsg >48 sq in,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	Invoice Required	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
448	A6240	-	SD	Hydrocolloid filler paste,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
449	A6241	-	SD	Hydrocolloid drsg filler, dry,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
450	A6242	-	SD	Hydrogel drsg<16 sq in w/o border,	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
451	A6243	-	SD	Hydrogel drsg >16<=48 sq in, w/o border	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
452	A6244	-	SD	Hydrogel drsg >48 sq in, w/o border	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
453	A6245	-	SD	Hydrogel drsg <= 16 sq in, w/ border,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
454	A6246	-	SD	Hydrogel drsg >16<=48 sq in, w/border,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
455	A6247	-	SD	Hydrogel drsg >48 sq in w/borders,	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
456	A6248	-	SD	Hydrogel dressing, wound filler, gel, per fluid ounce	Yes	Yes	Yes	Yes	Yes	3 units (fluid ounces)/wou nd 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.
457	A6250	-	SD	Skin sealant, protectant, ointment	N/C	N/C	N/C	N/C	Yes	-	1/rolling month	Invoice Required	Medicare does not cover per Medicare Policy Article A54563 and is on the Medicare noncovered code list.
458	A6251	-	SD	Absorptive drsg, wnd cover <16 sq in w/o borders,	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
459	A6252	-	SD	Absorptive drsg>16<=48 sq in w/o borders,	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
460	A6253	-	SD	Absorptive drsg wnd cover >48 sq in w/o brds,	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
461	A6254	-	SD	Absorptive drsg wnd cover<=16 sq in w/brdrs,	Yes	Yes	Yes	Yes	Yes	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only
462	A6255	-	SD	Absorptive drsg > 16 < 48 sq in w/brdrs,	Yes	Yes	Yes	Yes	Yes	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only
463	A6256	-	SD	Absorptive drsg >48 sq in w/border	Yes	Yes	Yes	Yes	Yes	Every Other Day	31/rolling month	Invoice Required	Stage III & IV pressure ulcers only.
464	A6257	-	SD	Transparent film <= 16 sq in, tegaderm, tegaderm hp, polyskin	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	-
465	A6258	-	SD	Transparent film >16<=48 in	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	-
466	A6259	-	SD	Transparent film > 48 sq in	Yes	Yes	Yes	Yes	Yes	3/week	15/rolling month	-	-
467	A6260	-	SD	Wound cleanser, any type/size	N/C	N/C	N/C	N/C	Yes	-	1/rolling month	Invoice Required	Only covered for MHT/WV Medicaid programs.
468	A6261	-	SD	Wound filler gel/paste per fluid oz, not otherwise specified	THP	eviCore	eviCore	eviCore	eviCore	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.
469	A6262	-	SD	Wound filler. Dry form, per gram, not otherwise specified	THP	eviCore	eviCore	eviCore	eviCore	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.
470	A6266	-	SD	Impreg gauze no h2o/sal/yard	Yes	Yes	Yes	Yes	Yes	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
471	A6402	-	SD	Sterile gauze <= 16 sq in	Yes	Yes	Yes	Yes	Yes	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
472	A6403	-	SD	Sterile gauze>16 <= 48 sq in	Yes	Yes	Yes	Yes	Yes	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
473	A6404	-	SD	Sterile gauze>48 sq in	Yes	Yes	Yes	Yes	Yes	3/day	90/rolling month	Invoice Required	1 month supply at a time unless more is authorized.
474	A6407	-	SD	Packing strips, non-impreg	Yes	Yes	Yes	Yes	Yes	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
475	A6410	-	SD	Sterile eye pad	RZ/Yes	RZ/Yes	RZ/Yes	RZ/Yes	N/C	-	Not on WV 2024 DME FS	-	If part of a physician service NSB. AS of 7/2024 not on WV Medicaid as DME item per BMS manual and fee schedule
476	A6411	-	SD	Non-sterile eye pad	RZ	RZ	RZ/Yes	RZ	N/C	-	Not on WV 2024 DME FS	-	Included in service fee. As of 7/2024 not shown on WV Medicaid FS as DME item or per BMS manual covered codes.
477	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 Medicaid FS as DME item or per BMS manual covered codes. <b>PEIA RBRVS status code X</b>
478	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 Medicaid as DME item per BMS manual and fee schedule
479	A6441	-	SD	Pad band w > = 3" < 5"/yd	Yes	Yes	Yes	Yes	Yes	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	A6442	-	SD	Conform band n/s w<3"/yd	Yes	Yes	Yes	Yes	Yes	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	A6443	-	SD	Conform band n/s w>=3"<5"/yd	Yes	Yes	Yes	Yes	Yes	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	A6444	-	SD	Conform band n/s w>=5"/yd	Yes	Yes	Yes	Yes	Yes	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	A6445	-	SD	Conform band s w <3"/yd	Yes	Yes	Yes	Yes	Yes	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	A6446	-	SD	Conform band s w>=3"<5"/yd	Yes	Yes	Yes	Yes	Yes	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	A6447	-	SD	Conform band s w >=5"/yd	Yes	Yes	Yes	Yes	Yes	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	A6448	-	SD	Lt compress band <3"/yd, to hold wnd cover in place, any wound	Yes	Yes	Yes	Yes	Yes	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	A6449	-	SD	Lt compress band >=3" <5"/yd, to hold wnd cover in place, any wound	Yes	Yes	Yes	Yes	Yes	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.
488	A6450	-	SD	Lt compress band >= 5"/yd, to hold wnd cover in place, any wound	Yes	Yes	Yes	Yes	Yes	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.
489	A6451	-	SD	Mod compress band width >=3"<5"/yd, to hold wound cover	Yes	Yes	Yes	Yes	Yes	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.
490	A6452	-	SD	Hi compress band width >=3"<5"/yd, to hold wound cover	Yes	Yes	Yes	Yes	Yes	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	A6453	-	SD	Self-adher band w <3"/yd	Yes	Yes	Yes	Yes	Yes	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	A6454	-	SD	Self-adher band w>=3" <5"/yd	Yes	Yes	Yes	Yes	Yes	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.
493	A6455	-	SD	Self-adher band >=5"/yd	Yes	Yes	Yes	Yes	Yes	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.
494	A6456	-	SD	Zinc paste band w >=3"<5"/yd	Yes	Yes	Yes	Yes	Yes	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.
495	A6457	-	SD	Tubular dressing w/ or w/o elastic, any width, per linear yrd	Yes	Yes	Yes	Yes	N/C	1unit /week	Not on WV 2024 DME FS	-	On Non covered list for WV Medicaid. For other LOB covered for members that require a tubular dressing to secure a dressing.
496	A6460	-	SD	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, w/o adhesive border, ea dressing	RZ/Yes	RZ/Yes	RZ/Yes	RZ/Yes	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. <b>PEIA RBRVS status code X.</b>



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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
497	A6461	-	SD	Synthetic resorbable wound dressing, sterile, pad size > 16 sq in but <= 48 sq in., w/o adhesive border, ea dressing	RZ/Yes	RZ/Yes	RZ/Yes	RZ/Yes	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. <b>PEIA RBRVS status code X.</b>
498	A6501	-	SD	Compression burn garment, bodysuit (head to foot) custom fab	Yes	Yes	Yes	Yes	Yes	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	A6502	-	SD	Compression burn garment, chin strap (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6503	-	SD	Compression burn garment, facial hood (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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.
501	A6504	-	SD	Compression burn garment, glove to wrist (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6505	-	SD	Compression burn garment, glove to elbow (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6506	-	SD	Compression burn garment, glove to axilla (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6507	-	SD	Compression burn garment, foot to knee length (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6508	-	SD	Compression burn garment, foot to thigh length (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6509	-	SD	Compression burn garment, upper trunk to waist incl's arm opening/vest (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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.
507	A6510	-	SD	Compression burn garment, trunk incl'd's arms down to leg opening/leotard (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6511	-	SD	Compression burn garment, lower trunk incl'd's leg opening/panty (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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	A6512	-	SD	Compress burn garment NOC	THP	eviCore	eviCore	eviCore	eviCore	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.
510	A6513	-	SD	Compression burn mask, face and/or neck plastic or equal (custom fabricated)	Yes	Yes	Yes	Yes	Yes	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.
511	A6520	-	-	Gradient compression garment, glove, padded, for nighttime use, ea sleeve, not otherwise specified	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings Providers should not use SD modifier.</b> 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.
512	A6521	-	-	Gradient compression garment, glove, padded, for nighttime use, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings Providers should not use SD modifier.</b> 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.
513	A6522	-	-	Gradient compression garment, arm, padded, for nighttime use, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings Providers should not use SD modifier.</b> 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.
514	A6523	-	-	Gradient compression garment, arm, padded, for nighttime use, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings Providers should not use SD modifier.</b> 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.
515	A6524	-	-	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings Providers should not use SD modifier.</b> 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.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
516	A6525	-	-	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
517	A6526	-	-	Gradient compression garment, full leg and foot, padded, for nighttime use, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
518	A6527	-	-	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
519	A6528	-	-	Gradient compression garment, bra, for nighttime use, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
520	A6529	-	-	Gradient compression garment, bra, for nighttime use, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/6 months 2 nighttime/2 yrs	Not on WV 2024 DME FS	-	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
521	A6530	-	-	Gradient compression stocking, below knee, 18-30 mmHg, each	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	-	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> There is specific coverage rules.Covered if order is > = 20mmHg-30 MH 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.
522	A6531	AW	SD	Grad compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	Yes	Yes	Yes	Yes	Yes	3 units /6 months/limb	4 units /6 months	-	<b>Medicare, commercial ASO</b> Only covered for the treatment of an open venous stasis ulcer that meets coverage guidelines.
523	A6532	AW	SD	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each	Yes	Yes	Yes	Yes	Yes	3 units /6 months/limb	4 units /6 months	-	<b>Medicare, commercial ASO</b> Only covered for the treatment of an open venous stasis ulcer that meets coverage guidelines.
524	A6533	-	SD	Grad compress stocking, thigh 18-30mmHg,ea	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
525	A6534	-	SD	Grad compress stocking, thigh 30-40mmHg, ea	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
526	A6535	-	SD	Grad compression stocking, thigh length, 40 mmhg or greater, each	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
527	A6536	-	SD	Grad compress stocking, full length/ chap style, 18-30mmHg, ea	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
528	A6537	-	SD	Grad compress stocking, full length/ chap style, 30-40 mmHg, ea	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
529	A6538	-	SD	Grad compression stocking, full length/chap style, 40 mmhg or greater, each	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	4 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
530	A6539	-	SD	Grad compress stocking, waist length, 18-30 mmHg, ea	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	2 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.
531	A6540	-	SD	Grad compress stocking, waist length, 30-40mmHg,ea	Yes	Yes	Yes	Yes	Yes	3 daytim/6 months 2 nighttime/2 yrs	2 units /6 months	<b>Invoice Required</b>	<b>Not covered under surgical dressings</b> <b>Providers should not use SD modifier.</b> 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.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
532	A6541	-	SD	Grad compression stocking, waist length, 40 mmhg or greater, each	Yes	Yes	Yes	Yes	Yes	3 daytim/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.
533	A6544	-	SD	Garter belt for compression stocking	N/C	N/C	N/C	N/C	Yes	-	2/year	Invoice Required	Only covered WV Medicaid. Listed N on PEIA RBRVS.
534	A6545	AW	SD	Grad compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	Yes- see comments	Yes- see comments	yes- see comments	Yes- 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.
535	A6549	-	SD	Gradient compression garment, not otherwise specified	THP	eviCore	evicore	eviCore	eviCore	3 daytim/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.
536	A6550	-	SU	Wound care set for NPWT elec pump, all	THP	eviCore	eviCore	eviCore	eviCore	15 kits per month/ per wound	15 kits per rolling month/ per wound	Contract Specific	Contract Specific as to whether or not payment is included in perdiem or monthly rental.
537	A6552	-	-	Gradient compression stocking, below knee, 30-40 mmhg, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
538	A6553	-	-	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
539	A6554	-	-	Gradient compression stocking, below knee, 40 mmhg or greater, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
540	A6555	-	-	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
541	A6556	-	-	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
542	A6557	-	-	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
543	A6558	-	-	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
544	A6559	-	-	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual. Invoice for PEIA.
545	A6560	-	-	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual. Invoice for PEIA
546	A6561	-	-	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
547	A6562	-	-	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	THP	eviCore	eviCore	eviCore	N/C	3 daytim/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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
548	A6563	-	-	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
549	A6564	-	-	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
550	A6565	-	-	Gradient compression gauntlet, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
551	A6566	-	-	Gradient compression garment, neck/head, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
552	A6567	-	-	Gradient compression garment, neck/head, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
553	A6568	-	-	Gradient compression garment, torso and shoulder, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
554	A6569	-	-	Gradient compression garment, torso/shoulder, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
555	A6570	-	-	Gradient compression garment, genital region, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
556	A6571	-	-	Gradient compression garment, genital region, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
557	A6572	-	-	Gradient compression garment, toe caps, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
558	A6573	-	-	Gradient compression garment, toe caps, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
559	A6574	-	-	Gradient compression arm sleeve and glove combination, custom, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
560	A6575	-	-	Gradient compression arm sleeve and glove combination, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
561	A6576	-	-	Gradient compression arm sleeve, custom, medium weight, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
562	A6577	-	-	Gradient compression arm sleeve, custom, heavy weight, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
563	A6578	-	-	Gradient compression arm sleeve, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
564	A6579	-	-	Gradient compression glove, custom, medium weight, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
565	A6580	-	-	Gradient compression glove, custom, heavy weight, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
566	A6581	-	-	Gradient compression glove, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
567	A6582	-	-	Gradient compression gauntlet, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
568	A6583	-	-	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
569	A6584	-	-	Gradient compression wrap with adjustable straps, not otherwise specified	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
570	A6585	-	-	Gradient pressure wrap with adjustable straps, above knee, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
571	A6586	-	-	Gradient pressure wrap with adjustable straps, full leg, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
572	A6587	-	-	Gradient pressure wrap with adjustable straps, foot, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
573	A6588	-	-	Gradient pressure wrap with adjustable straps, arm, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual.
574	A6589	-	-	Gradient pressure wrap with adjustable straps, bra, each	THP	eviCore	eviCore	eviCore	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. Medicaid: Not on 2024 WV Medicaid FS or list of covered O&P internet manual. Medicare FAQ this code is for daytime use.

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
	A6590	-	-	External urinary catheter, disposable, w/ wicking material for use w/ sx pump, per month	THP	eviCore	eviCore	eviCore	N/C	-	Not WV Medicaid 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.
575	A6591	-	-	External urinary catheter; non-disposable, w/ wicking mat, for use w/ sx pump, per month	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
576	A6593	-	-	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	THP	eviCore	eviCore	eviCore	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.
577	A6594	-	-	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
578	A6595	-	-	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
579	A6596	-	-	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
580	A6597	-	-	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
581	A6598	-	-	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
582	A6599	-	-	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
583	A6600	-	-	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
584	A6601	-	-	Gradient compression bandaging supply, high density foam pad, any size or shape, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
585	A6602	-	-	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
586	A6603	-	-	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
587	A6604	-	-	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
588	A6605	-	-	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
589	A6606	-	-	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
590	A6607	-	-	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
591	A6608	-	-	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
592	A6609	-	-	Gradient compression bandaging supply, not otherwise specified	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	Manufacture Invoice and description of item required	-
593	A6610	-	-	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
594													

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
595	A7000	NU	IN	Cannister, disposable, used w/ SX pump, each	Yes	Yes	Yes	Yes	Yes	10/month per wound	1 per rolling month	Contract Specific	If used w/ Ox 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.
596	A7001	NU	IN	Cannister, nondisposable, used w/ sx pump, ea.	Yes	Yes	Yes	Yes	N/C	1/month	Not on WV 2024 DME FS	-	N/C if used with a PUREWICK SYSTEM for ASO or Medicare or Medicaid
597	A7002	NU	IN	Tubing used w suction pump	Yes	Yes	Yes	Yes	Yes	1/month	1/rolling month	-	NSB w/ E0600. N/C if billed w/ E2001 Purewick system for ASO, Medicare, and Medicaid.
598	A7003	NU	IN	Nebulizer administration set	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	NSB w/A7004, A7005, A7006.
599	A7004	NU	IN	Disposable nebulizer sml vol	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	NSB w/ A7003, 7005, A7006.
600	A7005	NU	IN	Nondisposable nebulizer set	Yes	Yes	Yes	Yes	Yes	1/6 months	1/6 rolling months	-	1/3 mo w/K0730. NSB w/A7003, A7004, A7006.
601	A7006	NU	IN	Filtered nebulizer admin set	Yes	Yes	Yes	Yes	Yes	1/month	1/rolling month	-	Not billable w/A7003, A7004, A7005.
602	A7007	NU	IN	Lg vol nebulizer disposable	Yes	Yes	Yes	Yes	N/C	2/month	Not on WV 2024 DME FS	-	Not covered if used primarily to provide room humidification.
603	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.
604	A7009	NU	IN	Nebulizer reservoir bottle, disposable, used w/ lrge 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.
605	A7010	NU	IN	Disposable corrugated tubing	Yes	Yes	Yes	Yes	Yes	1 (100 ft) per 2 months	Not on WV 2024 DME FS	-	Nebulizer - not oxygen
606	A7012	NU	IN	Nebulizer water collec devic	Yes	Yes	Yes	Yes	Yes	2/month	2/rolling month	-	-
607	A7013	NU	IN	Filter disposable, used w/ aerosol compressor or ultrasonic generator	Yes	Yes	Yes	Yes	Yes	2/month	1/rolling month	-	-
608	A7014	NU	IN	Compressor nondispos filter	Yes	Yes	Yes	Yes	N/C	1/3 months	Not on WV 2024 DME FS	-	-
609	A7015	NU	IN	Aerosol mask used w nebulize	Yes	Yes	Yes	Yes	Yes	1/month	2/rolling month	-	-
610	A7016	NU	IN	Nebulizer dome & mouthpiece	Yes	Yes	Yes	Yes	N/C	2/year	Not on WV 2024 DME FS	-	Used w/E0574, covered if the E0574 is authorized.
611	A7017	NU	IN	Nebulizer not used w oxygen	Yes	Yes	Yes	Yes	N/C	1/3 years	Not on WV 2024 DME FS	-	-
612	A7017	RR	IN	Nebulizer not used w oxygen	Yes	Yes	Yes	Yes	N/C	1/3 years	Not on WV 2024 DME FS	-	-
613	A7018	-	SU	Water distilled w/large volume nebulizer,1000ml.	Yes	Yes	Yes	Yes	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.
614	A7020	NU	-	Interface for cough stimulating device, includes all components, replacement only	Yes	Yes	Yes	Yes	Yes	-	-	-	Under some conditions may not be separately billable as for institutional use. NSB w/ initial device.
615	A7021	-	-	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	THP	THP	THP	THP	N/C	-	Not on WV 2024 DME FS	-	-
616	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
617	A7025	NU	CR	Replace chest compress vest	THP	eviCore	eviCore	eviCore	N/C	Reasonable lifetime	Not on WV 2024 DME FS	-	Replacement for pt owned equipment.
618	A7026	NU	IN	Replace chst cmprss sys hose	THP	eviCore	eviCore	eviCore	N/C	Reasonable lifetime	Not on WV 2024 DME FS	-	Replacement for pt owned equipment.
619	A7027	NU	IN	Combine oral/nasal mask, CPAP device, ea	Yes	eviCore	eviCore	eviCore	N/C	1/3 months	Not on WV 2024 DME FS	-	Effective 01/01/2008 replaces K0553.
620	A7028	NU	IN	Oral cushion for comb oral/nasal mask, repl	Yes	eviCore	evicore	eviCore	N/C	2/month	Not on WV 2024 DME FS	-	Effective 01/01/2008 replaces K0554.
621	A7029	NU	In	Nasal pillow for comb oral/nasal mask, repl	Yes	eviCore	eviCore	eviCore	N/C	2/month	Not on WV 2024 DME FS	-	Effective 01/01/2008 replaces K0555.
622	A7030	NU	IN	CPAP full face mask	Yes	eviCore	eviCore	eviCore	eviCore	1/3 months	1/6 rolling months	-	-
623	A7031	NU	IN	Replacement facemask interface	Yes	eviCore	eviCore	eviCore	eviCore	1/month	1/6 rolling months	-	Not given w/ initial placement.
624	A7032	NU	IN	Replacement nasal cushion	Yes	eviCore	eviCore	eviCore	eviCore	2/month	2/rolling month	-	Not given w/ initial placement.
625	A7033	NU	IN	Replacement nasal pillows	Yes	eviCore	eviCore	eviCore	eviCore	2/month	2/rolling month	-	Not given w/ initial placement.
626	A7034	NU	IN	Nasal application device	Yes	eviCore	eviCore	eviCore	eviCore	1/3 months	1/3 rolling months	-	-

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
	A7035	NU	IN	Pos airway press headgear	Yes	eviCore	eviCore	eviCore	eviCore	1/6 months	1/6 rolling months	-	-
627	A7036	NU	IN	Pos airway press chinstrap	Yes	eviCore	eviCore	eviCore	eviCore	1/6 months	1/6 rolling months	-	-
628	A7037	NU	IN	Pos airway pressure tubing	Yes	eviCore	eviCore	eviCore	eviCore	1/3 months	1/rolling month	-	-
629	A7038	NU	IN	Pos airway pressure filter	Yes	eviCore	eviCore	eviCore	eviCore	2/month	2/rolling month	-	-
630	A7039	NU	IN	Filter, non disposable w pap	Yes	eviCore	eviCore	eviCore	eviCore	1/6 months	1/6 rolling months	-	-
631	A7040	-	PO	One way chest drain valve	Yes	Yes	Yes	Yes	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.
632	A7041	-	PO	Water seal drain container	Yes	Yes	Yes	Yes	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	A7042	-	PO	Implanted pleural catheter	Yes	Yes	Yes	Yes	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.
634	A7044	NU	IN	PAP oral interface	Yes/RZ	eviCore	eviCore	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.
635	A7045	NU RR	IN	Repl exhalation port for PAP	Yes	eviCore	eviCore	eviCore	eviCore	1/yr	2/2 years	-	Purchase only for WV Medicaid. Most members need no more than 1 per year.
636	A7046	NU	IN	Repl water chamber, PAP dev	Yes	eviCore	eviCore	eviCore	eviCore	1/6 months	2/2 years	-	-
637	A7047	NU	IN	Oral interface used with respiratory suction pump, each	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Will follow same rules as w/ any accessory w/ suction pumps.
638	A7048	-	PO	Vacuum drain bottle/ tube kit	THP	Yes	Yes	Yes	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 precert. For WV Medicaid bill A4649 with kit. Pleurx- dressings changed 1 x week. Reorder supplies when there are three drainage kits remaining.
639	A7049	-	-	Exp positive airway pressure intranasal resistance valve	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
640	A7501	-	OS	Tracheostoma valve w diaphra	Yes	Yes	Yes	Yes	N/C	1/month	Not on WV 2024 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
641	A7502	-	OS	Replacement diaphragm/fplate	Yes	Yes	Yes	Yes	N/C	1/month	Not on WV 2024 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
642	A7503	-	OS	HMES filter holder or cap	Yes	Yes	Yes	Yes	N/C	1/6 months	Not on WV 2024 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
643	A7504	-	OS	Tracheostoma HMES filter	Yes	Yes	Yes	Yes	N/C	62/month	Not on WV 2024 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
644	A7505	-	OS	HMES or trach valve housing	Yes	Yes	Yes	Yes	N/C	2/3 months	Not on WV 2024 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
645	A7506	-	OS	HMES/trachvalve adhesive disk	Yes	Yes	Yes	Yes	N/C	62/month	Not on WV 2024 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
646	A7507	-	OS	Integrated filter & holder	Yes	Yes	Yes	Yes	Yes	62/month	31/rolling month	-	-
647	A7508	-	OS	Housing & Integrated Adhesive	Yes	Yes	Yes	Yes	Yes	62/month	31/rolling month	-	-
648	A7509	-	OS	Heat & moisture exchange sys	Yes	Yes	Yes	Yes	Yes	62/month	31/rolling month	-	-
649	A7520	-	OS	Trach/laryn tube non-cuffed	Yes	Yes	Yes	Yes	Yes	1/3 months	4/rolling month	-	-
650	A7521	-	OS	Trach/laryn tube cuffed	Yes	Yes	Yes	Yes	Yes	1/3 months	4/rolling month	-	-
651	A7522	-	OS	Trach/laryn tube stainless	Yes	Yes	Yes	Yes	Yes	1/yr	4/rolling month	-	-
652	A7523	-	OS	Tracheostomy shower protect, ea	N/C	N/C	N/C	N/C	Yes	-	-	Manufacture Invoice and description of item required	Considered a convenience item for commercial and Medicare plans.
653	A7524	-	OS	Trach stin/stud/button, ea	Yes	Yes	Yes	Yes	Yes	1/3 months	-	-	Medicaid Actually requires auth on this code
654	A7525	AU	OS	Tracheostomy mask	Yes	Yes	Yes	Yes	Yes	1/month	4/rolling month	-	1/month w/ Nebulizer
655	A7525	-	OS	Trach mask w/Nebulizer	Yes	Yes	Yes	Yes	Yes	1/month	4/rolling month	-	-
656	A7526	-	OS	Trach tube collar/holder, ea	Yes	Yes	Yes	Yes	Yes	31/month	4/rolling month	-	-
657													



	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
658	A7527	-	OS	Trach laryngectomy tube plug/stop, ea	Yes	Yes	Yes	Yes	Yes	2/3 months	2/rolling month	-	-
659	A8000	NU	IN	Soft protect helmet prefab	Yes	Yes	Yes	Yes	Yes	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery
660	A8000	RR	IN	Soft protect helmet prefab	Yes	Yes	Yes	Yes	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
661	A8001	NU	IN	Hard protect helmet prefab	Yes	Yes	Yes	Yes	Yes	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery.
662	A8001	RR	IN	Hard protect helmet prefab	Yes	Yes	Yes	Yes	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
663	A8002	NU	IN	Soft protect helmet custom	Yes	Yes	Yes	Yes	Yes	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery
664	A8002	RR	IN	Soft protect helmet custom	Yes	Yes	Yes	Yes	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
665	A8003	NU	IN	Hard protect helmet custom	Yes	Yes	Yes	Yes	Yes	1/year	1/year	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery
666	A8003	RR	IN	Hard protect helmet custom	Yes	Yes	Yes	Yes	Purchase only	1/year	-	Manufacture Invoice required	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
667	A8004	NU	IN	Repl soft interface, helmet	Yes	Yes	Yes	Yes	N/C		Not on WV 2024 DME FS	Manufacture Invoice required	-
668	A8004	RR	IN	Repl soft interface, helmet	Yes	Yes	Yes	Yes	N/C		Not on WV 2024 DME FS		
669	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/copy. Not covered by Medicare or Medicaid.
670	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/copy. Not covered by Medicare or Medicaid.
671	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. <b>Please refer to Comfort and Convenience policy in Policy Stat</b> also for those devices not contained in an LCD/NCD. ActaStim-S @ Spine Fusion Stimulator.
672	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.
673	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.
674	A9274	-	-	Ext ambul insulin del sys, disposable, ea	THP	eviCore	eviCore	eviCore	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.
675	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.
676	A9276	-	-	Sensor, invasive disposable, glucose month, per day	Yes	eviCore	eviCore	eviCore	PBM	1 box of 10/month	Not on WV 2024 DME FS	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. Medicaid LOB needs to reach out to their PBM. ASO LOB to use appropriate Medicare code. <b>IMPLANTABLE CGM's are not covered CPT 0446T under any LOB</b>
677	A9277	-	-	Transmitter, ext, interstitial sys, glucose	Yes	eviCore	eviCore	eviCore	PBM	Every 6 months to 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. Medicaid LOB needs to reach out to their PBM. ASO LOB to use appropriate Medicare code. <b>IMPLANTABLE CGM's are not covered CPT 0446T under any LOB</b>
678	A9278	-	-	Receiver, ext, interstitial sys, glucose	Yes	eviCore	eviCore	eviCore	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. Medicaid LOB needs to reach out to their PBM. ASO LOB to use appropriate Medicare code. <b>IMPLANTABLE CGM's are not covered CPT 0446T under any LOB</b>
679	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.
680	A9280	-	-	Alert or alarm device, NOC	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
681	A9281	-	-	Reaching, grabbing device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
682	A9282	-	-	Wig, any type	Yes	Yes	Yes	Yes	Yes	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 Medicaid's 506C, Medicare's non-covered lists, and PEIA RBRVS.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
683	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.
684	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.
685	A9285	-	-	Inversion/eversion correction device	R/Z or N/C	R/Z or N/C	RZ 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.
686	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 Medicaid Internet Manual as covered or non-covered. Will be considered non covered unless an item is otherwise listed as covered by Medicaid. Comfort and Convenience Items Polict Stat.
687	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.
688	A9900	-	-	Misc DME supply, accessory, and or service component of another HCPCS	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Should use appropriate HCPCS. Usually not covered
689	B4034	-	-	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	Only covered in plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 mo supply at a time unless more is authorized. <b>NSB w/ per diem (S code).</b>
690	B4035	-	-	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/ flushing syringe, administration set tubing, dressings, tape	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	Only covered in plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 mo supply at a time unless more is authorized. <b>NSB w/ per diem (S code).</b>
691	B4036	-	-	Ent feed supply kit, gravity fed, per day, includes but not limited to feeding/ flushing syringe, administration set, tubing, dressings, tape	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	Only covered in plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 mo supply at a time unless more is authorized. <b>NSB w/ per diem (S code).</b>
692	B4081	-	-	Nasogastric tube w/stylet	Yes	Yes	Yes	Yes	Yes	1/month	4/rolling month	-	-
693	B4082	-	-	Nasogastric tube w/o stylet	Yes	Yes	Yes	Yes	Yes	1/month	4/rolling month	-	-
694	B4083	-	-	Stomach tube-Lvine type	Yes	Yes	Yes	Yes	Yes	1/month	4/rolling month	-	-
695	B4087	-	-	Gastrostomy/jejunostomy tube, stndrd , any	Yes	Yes	Yes	Yes	Yes	1/3 months	2/6 rolling months	-	-
696	B4088	-	-	Gastrostomy/jejunostomy tube, low-pro, any	Yes	Yes	Yes	Yes	Yes	1/3 months	2/6 rolling months	-	-
697	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 Medicaid age guidelines. May be covered for children under EPSDT. Other Lob: May be covered if in the infusion contract.
698	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	<b>See WV Medicaid age guidelines. May be covered for children under EPSDT.</b> <b>Other LOB:</b> 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.
699	B4103	-	-	Ent form, peds, to replc fluids and elctroly	N/C	See comments	See comments	See comments	See comments	-	Not on WV 2024 DME FS	Contract specific	<b>See WV Medicaid age guidelines. May be covered for children under EPSDT.</b> <b>Other LOB:</b> Electrolyte-containing fluids (B4102 and B4103) are not indicated for the maintenance of weight and strength and are therefore non-covered, no benefit.
700	B4104	-	-	Additive for enteral formula (e.g. fiber)	NSB	NSB	NSB	NSB	See comments	-	Not on WV 2024 DME FS	-	<b>See WV Medicaid age guidelines. May be covered for children under EPSDT.</b> Denial D311. Bundled. <b>Other LOB:</b> 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.
701	B4105	-	-	In-line cartridge containing digestive enzymes for enteral feeding, each	THP	THP	THP	THP	N/C	-	Not on WV 2024 DME FS	-	Device is eligible for separate payment from enteral kits if not using S code per diems.
702	B4148	-	-	ENT feed supply kit; elastomeric control fed, per day, incl but not limited to feed/flush syringe, admin set tubing, dressing, tape	Yes	Yes	Yes	Yes	Yes	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.
703	B4149	-	-	Ent form, mfg, blnd nat food 100 cal=1 unit	THP	THP	THP	THP	THP	-	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. <b>See WV Medicaid age guidelines.</b>

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
704	B4150	-	-	Ent form, nutr cmplt w/intact nutr 100 cal=1ut	THP	THP	THP	THP	THP	-	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. <b>See WV Medicaid age guidelines.</b>
705	B4152	-	-	Ent form, nutr cmplt, cal dense 100 cal=1unit	THP	THP	THP	THP	THP	-	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. <b>See WV Medicaid age guidelines.</b>
706	B4153	-	-	Ent form, nutr cmplt, hydrolyzed 100 cal=1un	THP	THP	THP	THP	THP	-	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. <b>See WV Medicaid age guidelines.</b>
707	B4154	-	-	Ent form, spec metabolic need 100 cal=1 un	THP	THP	THP	THP	THP	-	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. <b>See WV Medicaid age guidelines.</b>
708	B4155	-	-	Ent form, nutr incmplt, mod nutr 100 cal=1 un	THP	THP	THP	THP	THP	-	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. <b>See WV Medicaid age guidelines.</b>
709	B4157	-	-	Ent form, nutr cmplt, spec need 100 cal=1un	THP	THP	N/C	THP	THP	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. <b>PDAC verification required. See WV Medicaid age guidelines.</b>
710	B4158	-	-	Ent form, peds nutr cmplt w/intct 100 cal=1un	THP	THP	N/C	THP	THP	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. <b>See WV Medicaid age guidelines.</b>
711	B4159	-	-	Ent form, peds nutr cmplt w/intct 100 cal=1un	THP	THP	N/C	THP	THP	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. <b>See WV Medicaid age guidelines.</b>
712	B4160	-	-	Ent form, peds, nutr cmplt cal dns 100=1 unit	THP	THP	N/C	THP	THP	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only.
713	B4161	-	-	Ent form, peds, hydrolyzed 100 cal = 1 unit	THP	THP	N/C	THP	THP	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. <b>PDAC verification required. See WV Medicaid age guidelines.</b>
714	B4162	-	-	Ent form, peds, spec metab 100 cal=1 unit	THP	THP	N/C	THP	THP	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. <b>PDAC verification required. See WV Medicaid age guidelines.</b>
715	B4164	-	-	Prntl nutr carbs 50% or less, 500ml=1 unit,home mix	THP	THP	THP	THP	THP	-	1/day	-	Parenteral Nutritio. Must be sole source of nutrition. Approved products only. <b>This code is separately billable when home mix parenteral nutrition solutions are used.</b> Provider must document the medical necessity for dextrose concentration less than 10%.
716	B4168	-	-	Prntl nutr amino acids 3.5%, 500ml=1 unit,home mix	THP	THP	THP	THP	THP	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b> Documet the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
717	B4172	-	-	Prntl nurt amino acids 5.5%thru 7% 500ml=1 unit,home mix	THP	THP	N/C	THP	THP	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b> Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
718	B4176	-	-	Prntl nurt amino acids 7% thru 8.5% 500ml=1 unit,home mix	THP	THP	THP	THP	THP	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b> Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day .
719	B4178	-	-	Prntl nutr amino acid >8.5% 500ml=1 unit,home mix	THP	THP	THP	THP	THP	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b> Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
720	B4180	-	-	Prntl nutr carbs >50% 500ml=1 unit,home mix	THP	THP	THP	THP	THP	-	1/day	-	Parenteral Nutrition. Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b> Provider must document the medical necessity for dextrose concentration less than 10%.
721	B4185	-	-	Prntl nutr solution, not otherwise specified, 10 grams lipids	THP	THP	THP	THP	THP	-	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.
722	B4187	-	-	PRNTL nutr Omegaven, 10 grams lipids	THP	THP	THP	THP	THP	-	-	-	Must document the medical necessity for lipid use per month in excess of the product-specific, FDA-approved dosing recommendations.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
723	B4189	-	-	Pntrl nutr amino acid+carbs, w/ electro,trace ele, vit, inc prep, any strength, 10-51gm protein/premix	Yes	Yes	Yes	Yes	Yes	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
724	B4193	-	-	Pntrl nutr amino acid+carbs, w/ electro,trace ele, vit, inc prep, any strength, 52-73gm protein /premix	Yes	Yes	Yes	Yes	Yes	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used</b>
725	B4197	-	-	Pntrl nutr amino acid+carbs, w/ electro,trace ele, vit, inc prep, any strength, 74-100gm protein/premix	Yes	Yes	Yes	Yes	Yes	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
726	B4199	-	-	Pntrl nutr amino acid+carbs over 100gm/pre	Yes	Yes	Yes	Yes	Yes	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
727	B4216	-	-	Pntrl nutr + additives/homemix, per day	THP	THP	THP	THP	THP	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
728	B4220	-	-	Pntrl nutr supply kit/premix, per day	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
729	B4222	-	-	Pntrl nutr supply kit/homemix, per day	THP	THP	THP	THP	THP	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
730	B4224	-	-	Pntrl nutr administration kit, per day	Yes	Yes	Yes	Yes	Yes	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
731	B5000	-	-	Pntrl nutr renal-Amirosyn RF.... RF, etc/premix	THP	THP	THP	THP	THP	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
732	B5100	-	-	Pntrl nutr hepatic-Heptazine premix	THP	THP	THP	THP	THP	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
733	B5200	-	-	Pntrl nutr brnch chain amino , acids/Freeminer HBC premix	THP	THP	N/C	THP	THP	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. <b>This code is separately billable when homemix parenteral nutrition solutions are used.</b>
734	B9002	NU	-	Entrl nutr infusion pump any type	THP	Yes	Yes	Yes	Capped rental only	RUL is 8 yrs/repair replacement policy	-	-	<b>MHT 10 month capped rental item.</b> NSB w/ perdiem (S code).
735	B9002	RR	-	Entrl nutr infusion pump any type	THP	THP	THP	THP	THP	RUL is 8 yrs/as above	-	-	Will pay rental up to purchase price. NSB w/perdiem (S code).
736	B9004	RR	-	Pntrl nutr infusion pump, portable	THP	THP	THP	THP	-	RUL is 8 yrs/as above	-	-	MHT 10 month cap rental. May be covered for those on parental nutrition only - <b>not enteral.</b>
737	B9006	RR	-	Pntrl nutr infusion pump, stationary	THP	THP	THP	THP	THP	RUL is 8 yrs/as above	-	-	MHT 10 month cap rental. May be covered for parental nutrition only- <b>not enteral.</b>
738	B9998	-	-	NOC (miscellaneous) for enteral supplies	THP	THP	THP	THP	THP	-	-	<b>Invoice Required</b>	Providers must submit correct HCPCS codes. Possible separate supplies are part of kit. <b>Mickey buttons case-by-case per contract.</b>
739	B9999	-	-	NOC (misc) for parenteral supplies	THP	THP	THP	THP	-	-	-	<b>Invoice Required</b>	Need to use correct B code or dressing code.
740	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 Medicaid age limitations may apply.
741	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 Medicaid age limitations may apply.
742	D5913	-	-	Nasal prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048.
743	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.
744	D5915	-	-	Orbital prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
745	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 Medicaid age limitations may apply.

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746	D5919	-	-	Facial prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
747	D5924	-	-	Cranial prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
748	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 Medicaid age limitations may apply.
749	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 Medicaid age limitations may apply.
750	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 Medicaid age limitations may apply.
751	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 Medicaid age limitations may apply.
752	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 Medicaid age limitations may apply.
753	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 Medicaid age limitations may apply.
754	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 Medicaid age limitations may apply.
755	E0100	NU RR	IN	Canes, all mat, adjustable or fixed w/tip	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4636, A4637 or E0105. MHT and THP purchase item.
756	E0105	NU RR	IN	Cane adjust/fixd quad/3 pro	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4636, A4637 or E0100. MHT and THP purchase item.
757	E0110	NU	IN	Crutch forearm pair	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0111-E0114, E0116.
758	<b>E0110</b>	RR	IN	Crutch forearm pair	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
759	E0111	NU	IN	Crutch forearm each	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110, E0112-E0114, E0116.
760	<b>E0111</b>	RR	IN	Crutch forearm each	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
761	E0112	NU	IN	Crutch underarm pair wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A463, E0110-E0111, E0113-E0116.
762	<b>E0112</b>	RR	IN	Crutch underarm pair wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
763	E0113	NU	IN	Crutch underarm each wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0112, E0114, E0116.
764	<b>E0113</b>	RR	IN	Crutch underarm each wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
765	E0114	NU	IN	Crutch underarm pair no wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0113, E0116.
766	<b>E0114</b>	RR	IN	Crutch underarm pair no wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
767	E0116	NU	IN	Crutch underarm each no wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0114.
768	<b>E0116</b>	RR	IN	Crutch underarm each no wood	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
769	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.
770	E0117	RR	CR	Underarm spring assist crutch	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
771	E0118	NU	IN	Crutch substitute(walker),low leg platform w/or w/o wheels, ea	Yes	Yes	N/C	N/C	N/C	RUL 5 yrs	Not on WV 2024 DME FS	-	-
772	E0118	RR	-	Crutch substitute(walker),low leg platform w/or w/o wheels, ea	Yes	Yes	N/C	N/C	N/C	RUL 5 yrs	Not on WV 2024 DME FS	<b>Invoice Required</b>	-
773	E0130	NU	IN	Walker rigid adjust/fixd ht	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637.
774	<b>E0130</b>	RR	IN	Walker rigid adjust/fixd ht	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
775	E0135	NU	IN	Walker folding adjust/fixd	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rollong years	-	Not billable w/A4636, A4637.
776	<b>E0135</b>	RR	IN	Walker folding adjust/fixd	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
777	E0140	NU	CR	Walker w trunk support	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rolling years	-	Not billable w.A4636, A4637, E0155, E0159.
778	E0140	RR	CR	Walker w trunk support	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
779	E0141	NU	IN	Rigid wheeled walker adj/fix	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
780	<b>E0141</b>	RR	IN	Rigid wheeled walker adj/fix	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
781	E0143	NU	IN	Walker folding wheeled w/o s	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
782	<b>E0143</b>	RR	IN	Walker folding wheeled w/o s	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	-	-	MHT Purchase Item.
783	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. Medicaid non-covered code list.
784	<b>E0144</b>	RR	CR	Enclosed walker w rear seat	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
785	E0147	NU	IN	Heavy duty, multiple braking system, variable wheel resistance walker	Yes	Yes	Yes	Yes		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.
786	E0147	RR	IN	Heavy duty, multiple braking system, variable wheel resistance walker	Yes	Yes	Yes	Yes	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
787	E0148	NU	IN	Heavy-duty walker no wheels >300 lbs	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637.
788	E0148	RR	IN	Heavy-duty walker no wheels >300 lbs	Yes	Yes	Yes	Yes	Purchase only	RUL 5 yrs	-	-	MHT Purchase Item.
789	E0149	NU	CR	Heavy duty wheeled walker >300 lbs	Yes	Yes	Yes	Yes	Yes	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
790	E0149	RR	CR	Heavy duty wheeled walker >300 lbs	Yes	Yes	Yes	Yes	Purchase only	RUL 5 yrs	-	-	MHT Purchase Item.
791	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."
792	E0153	NU	IN	Forearm crutch platform atta	Yes	Yes	Yes	Yes	Yes	-	2/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159.
793	E0153	RR	IN	Forearm crutch platform atta	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
794	E0154	NU	IN	Walker platform attachment	Yes	Yes	Yes	Yes	Yes	-	2/3 rolling years	-	LCA Article A52503 for codes allowed for separate billing.
795	E0154	RR	IN	Walker platform attachment	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
796	E0155	NU	IN	Walker wheel attachment, pair	Yes	Yes	Yes	Yes	Yes	-	2/3 rolling years	-	LCA Article A52503 for codes allowed for separate billing.
797	E0155	RR	IN	Walker wheel attachment, pair	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
798	E0156	NU	IN	Walker seat attachment	Yes	Yes	Yes	Yes	Yes	-	1/3 rolling years	-	Not billable w/E0144 since E0144 not covered
799	E0156	RR	IN	Walker seat attachment	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item. Not billable w/E0144.
800	E0157	NU	IN	Walker crutch attachment	Yes	Yes	Yes	Yes	Yes	-	2/3 rolling years	-	-
801	E0157	RR	IN	Walker crutch attachment	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
802	E0158	NU	IN	Walker leg extenders set of4	Yes	Yes	Yes	Yes	Yes	-	2/3 rolling years	-	Not billable w/E0414, E0143, E0147, E0149. Only covered for beneficiaries 6 ft tall or more.
803	E0158	RR	IN	Walker leg extenders set of4	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
804	E0159	NU	IN	Brake for wheeled walker/replacement	Yes	Yes	Yes	Yes	Yes	-	1/rolling year	-	Member owned walkers.
805	E0159	RR	IN	Brake for wheeled walker/replacement	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
806	E0160	NU	IN	Sitz type bath or equipment	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	Not separately billable in institutional use. Covered for perineal surgery or trauma/infection perineum
807	E0161	NU	IN	Sitz bath/equipment w/faucet	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	Not billable w/E0167. Not separately billable in institutional use. Covered for perineal surgery or trauma/infection perineum
808	E0162	NU	IN	Sitz bath chair	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	Not billable w/E0167. Only covered for perineal surgery or trauma/infection perineum. Not separately billable for institutional use.
809	E0162	RR	IN	Sitz bath chair	Yes	Yes	Yes	Yes	Purchase only	-	1/2 rolling years	-	As above MHT Purchase Item.
810	E0163	NU	IN	Commode chair with fixed arm	Yes	Yes	Yes	Yes	Yes	-	1/5 rolling years	-	Not billable w/E0165, E0167, E0168. Covered for perineal surgery or trauma/infection perineum
811	E0163	RR	IN	Commode chair with fixed arm	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item. As Above.
812	E0165	RR	CR	Commode chair with detach arm	Yes	Yes	Yes	Yes	Yes	-	1/5 rolling years	-	Not billable w/E0163,E0167, E0168
813	E0167	NU	IN	Commode chair pail or pan. Replacement only	Yes	Yes	Yes	Yes	Yes	-	1/rolling year	-	Not billable w/E0163-E0165, E0168.
814	E0168	NU	IN	Heavy duty, extra wide commode chair for patient weight > 300 lbs	Yes	Yes	Yes	Yes	Yes	-	1/5 rolling years	-	Not billable w/E0163, E0165, E0167.
815	E0168	RR	IN	Heavy-duty/wide commode chair	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
816	E0170	RR	CR	Commode chair electric	THP	eviCore	eviCore	eviCore	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.
817	E0171	RR	CR	Commode chair non-electric	THP	eviCore	eviCore	eviCore	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.
818	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
819	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

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
820	E0175	RR	IN	Commode chair foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
821	E0181	RR	CR	Press pad alternating w/ pump	THP	eviCore	eviCore	eviCore	eviCore	-	1/4 rolling years	-	Not billable w/A4640, E0182. MHT Purchase Item.
822	E0182	RR	CR	Replace pump, alt press pad	THP	eviCore	eviCore	eviCore	eviCore	-	1/4 rolling years	-	Not billable w/A4640, E0180, E0181. MHT Purchase Item.
823	E0183	RR	CR	Pressure red underlay/pad, alter.w/pump	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
824	E0184	NU	IN	Dry pressure mattress	THP	eviCore	eviCore	eviCore	eviCore	-	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.
825	E0184	RR	IN	Dry pressure mattress	THP	eviCore	eviCore	eviCore	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.
826	E0185	NU	IN	Gel pressure mattress pad	THP	eviCore	eviCore	eviCore	eviCore	-	1/2rolling years	-	-
827	E0185	RR	IN	Gel pressure mattress pad	eviCore	eviCore	eviCore	eviCore	-	-	-	-	-
828	E0186	RR	CR	Air pressure mattress	eviCore	eviCore	eviCore	eviCore	eviCore	-	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.
829	E0187	RR	CR	Water pressure mattress	eviCore	eviCore	eviCore	eviCore	eviCore	-	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.
830	E0188	NU	IN	Synthetic sheepskin pad	RZ	RZ	RZ	RZ	Yes	-	2/6 rolling months	-	MHT Purchase Item. Lams wool/Sheepskin pad for CPM machines is considered a supply integral to the CPM device; therefore, not separately reimbursable.
831	E0189	NU	IN	Lambswool sheepskin pad	THP	eviCore	eviCore	eviCore	eviCore	-	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 reimbursable 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.
832	E0190	-	IN	Positioning cushion / pillow / wedge	N/C	N/C	N/C	N/C	Yes	-	1/rolling year	-	MHT Purchase Item. Only covered for MHT
833	E0191	NU RR	IN	Protector heel or elbow	Yes	Yes	Yes	N/C or yes-see comments	Yes	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.
834	E0193	RR	CR	Powered air flotation bed	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	A total or semi-electric bed w/fully integrated powered pressure reducing mattress.
835	E0194	RR	CR	Air fluidized bed	THP	eviCore	eviCore	eviCore	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.
836	E0196	RR	CR	Gel pressure mattress	THP	eviCore	eviCore	eviCore	eviCore	-	1/4 rolling years	-	Not billable w/A4640, E0180, E0181, E0250, E0255, E0260,E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329
837	E0197	RR	CR	Air pressure pad for mattress	THP	eviCore	eviCore	eviCore	eviCore	-	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.
838	E0198	NU	CR	Water pressure pad for mattress	THP	eviCore	eviCore	eviCore	eviCore	-	1/4 rolling years	-	Designed to be placed on top of standard home/hospital mattress. Requires face to face
839	E0198	RR	CR	Water pressure pad for mattress	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
840	E0199	NU RR	IN	Dry pressure pad for mattress	Yes	Yes	Yes	Yes	Yes	-	1/4 rolling years	-	Requires face to face
841	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.
842	E0202	RR	CR	Phototherapy light w/ photom	Yes	Yes	Yes	Yes	Yes	5 days/ lifetime	5 days/ lifetime	-	Limited from birth to 30 days old. Dx: P57.8-P57.9, P58.0-P58.9, P59.9. Precert 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.
843	E0203	RR	-	Therapeutic light box	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf</a> <a href="https://med.noridianmedicare.com/web/jddme/topics/noncovered-items">https://med.noridianmedicare.com/web/jddme/topics/noncovered-items</a> Last Updated Dec 08 , 2022. <a href="https://dhr.wv.gov/bms/FEES/Pages/Durable-Medical-Equipment-(DME)-Fee-Schedule.aspx">https://dhr.wv.gov/bms/FEES/Pages/Durable-Medical-Equipment-(DME)-Fee-Schedule.aspx</a> <a href="https://dhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appencies/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf">https://dhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appencies/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf</a>
844	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.

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
845	E0205	RR	IN	Heat lamp with stand	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
846	E0210	NU	IN	Electric heat pad standard	N/C	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not separately billable in institutional use. <a href="https://dhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appendices/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf">https://dhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appendices/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf</a>
847	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
848	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
849	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
850	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.
851	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.
852	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.
853	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.
854	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.
855	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.
856	E0235	RR	CR	Paraffin bath unit portable	Yes	Yes	Yes	Yes	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.
857	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.
858	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
859	E0239	RR	IN	Hydrocollator unit portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	AS above
860	E0240	NU	IN	Bath/shower chair	N/C	N/C	N/C	N/C	Yes	-	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
861	E0241	NU	IN	Bathtub wall rail, ea	N/C	N/C	N/C	N/C	Yes	-	1/2 rolling years	-	On Medicare's Non-covered list. Only covered for Medicaid.
862	E0242	NU	IN	Bathtub rail, floor base	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid 2024 FS	-	On Medicare's and Medicaid's Non-covered list.
863	E0243	NU	IN	Toilet rail, ea	N/C	N/C	N/C	N/C	Yes	-	2/2 rolling years	Invoice Required	On Medicare's Non-covered list.
864	E0244	NU	IN	Raised toilet seat	N/C	N/C	N/C	N/C	eviCore	-	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
865	E0245	NU	IN	Tub stool or bench	N/C	N/C	N/C	N/C	eviCore	-	1/2 rolling years	Invoice Required	To be covered for Medicaid 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.
866	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 Medicaid's Non-covered list.
867	E0247	NU	IN	Transfer bench tub/toilet	N/C	N/C	N/C	N/C	eviCore	-	1/rolling 5 years	Invoice Required	On Medicare's Non-covered list. Prior authorization for West Virginia Medicaid. Not reimbursable with E0240 or E0248
868	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	eviCore	-	1/rolling 5 years	Invoice required	Prior authorization for West Virginia Medicaid. On Medicare's Non-covered list. Not reimbursable with E0240 or E0247
869	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.



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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
870	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.
871	E0250	RR	CR	Hosp bed fixed ht w/ mattress	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 unit per Lifetime	-	Not billable w/E0255, E0260, E0271, E0272, E0277, E0303-E0305, E0310.
872	E0251	RR	CR	Hosp bed fixed ht w/o mattress	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
873	E0255	RR	CR	Hospital bed var ht w/ mattress	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 unit per Lifetime	-	Not billable w/E0255, E0260, E0271, E0272, E0277, E0303-E0305, E0310.
874	E0256	RR	CR	Hospital bed var ht w/o matt	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	side rails included No separate payment.
875	E0260	RR	CR	Hosp bed semi-elect w/ matt	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 unit per lifetime.	-	Not billable w/E0250, E0255, E0271, E0272, E0277, E0303-E0305, E0310. <b>For WV Medicaid members ONLY, E0277 can be billed w/ e0260</b>
876	E0261	RR	CR	Hosp bed semi-elect w/o mat	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 unit per Lifetime	-	Side rails included. No separate payment.
877	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.
878	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.
879	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.
880	E0271	NU	IN	Mattress innerspring, replacement	THP	eviCore	eviCore	eviCore	eviCore	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. <a href="https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html">https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html</a>
881	E0271	RR	IN	Mattress innerspring	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item. Bundling as above.
882	E0272	NU	IN	Mattress foam rubber	THP	eviCore	eviCore	eviCore	eviCore	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. <a href="https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html">https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html</a>
883	E0272	RR	IN	Mattress foam rubber	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
884	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.
885	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.
886	E0275	-	IN	Bed pan standard	Yes	Yes	Yes	Yes	Yes	Reasonable Lifetime MLR is 3 yrs	1/2 rolling years	-	Autoclavable/bed confined.
887	E0276	-	IN	Bed pan fracture	Yes	Yes	Yes	Yes	Yes	Reasonable Lifetime MLR is 3 yrs	1/2 rolling years	-	Autoclavable/bed confined.
888	E0277	RR	CR	Powered pres-redu air mattress	THP	eviCore	eviCore	eviCore	eviCore	Reasonable Lifetime MLR 3 yrs	1 unit per lifetime	-	<b>This is a 10 month CR per BMS</b>
889	E0280	NU	IN	Bed cradle	Yes	eviCore	evicore	eviCore	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.
890	E0280	RR	IN	Bed cradle	Yes	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
891	E0290	RR	CR	Hosp bed fx ht w/o rails w/m	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
892	E0291	RR	CR	Hosp bed fx ht w/o rail w/o	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
893	E0292	RR	CR	Hosp bed var ht, hi-lo, without side rails, with mattress	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	No separate payment for mattress
894	E0293	RR	CR	Hospital bed, variable height, hi-lo, without side rails, without mattress	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
895	E0294	RR	CR	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	No separate payment for mattress
896	E0295	RR	CR	Hosp bed semi-elect w/o matt	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
897	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.
898	E0297	RR	CR	Hosp bed total elect w/o mat	N/C	N/C	NN/C	N/C	N/C	-	-	-	As above
899	E0300	NU	CR	Pediatric crib, hospital grade, fully enclosed, with or w/o top enclosure	THP	eviCore	eviCore	N/C	CR item	5 yr RUL	Not on WV 2024 DME FS	-	<b>MHT 10 mo cap rental.</b> Is above standard equipment in most ASO plan language.
900	E0300	RR	CR	Pediatric crib, hospital grade, fully enclosed, with or w/o top enclosure	THP	eviCore	eviCore	N/C	eviCore	5 yr RUL	1 per lifetime	-	<b>MHT: 10 month CR item.</b> Covered for Birth to age 21 yrs, not billable w/E0250, E0255, E0260.
901	E0301	RR	CR	HD hosp bed, 350-600 lbs	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Side rails included No separate payment.
902	E0302	RR	CR	Ex hd hosp bed > 600 lbs	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Side rails included No separate payment.
903	E0303	RR	CR	Hosp bed hvy dty xtra wide	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 per lifetime	-	<b>MHT 10 mo cap rental.</b> Not billable w/E0271, E0272, E0277, E0305, E0310.
904	E0304	RR	CR	Hosp bed xtra hvy dty x wide	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 per lifetime	-	<b>MHT 10 month cap rental.</b> Not billable w/E0250, E0256, E0260, E0261, E0271, E0272, E0303-E0305, E0310.
905	E0305	RR	CR	Rails bed side half length	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	2 per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
906	E0310	NU	IN	Rails bed side full length	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	2 (pair) per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
907	<b>E0310</b>	RR	IN	Rails bed side full length	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	2 (pair) per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
908	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.
909	E0316	RR	CR	Bed safety enclosure	THP	eviCore	eviCore	eviCore	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.
910	E0325	NU	IN	Urinal male jug-type	Yes	Yes	Yes	Yes	Yes	2/6 months	2/6 rolling months	-	Must be bed confined. Not a urological or incontinence supply.
911	E0326	NU	IN	Urinal female jug-type	Yes	Yes	Yes	Yes	Yes	2/6 months	2/6 rolling months	-	Must be bed confined. Not a urological or incontinence supply.
912	E0328	RR	CR	Hospital bed, pediatric, man, include mattress	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	-
913	E0329	RR	CR	Hospital bed, pediatric, electric or semi-elc, include mattress	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	Not billable with E0184, E0186, E0187, E0196, E0277, E0373. <b>Total electric not covered.</b> Provider must indicate if electric or semi electric on manufacturer's invoice
914	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
915	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.
916	E0370	NU	IN	Air pressure elevator for heel	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	<b>Can follow E0191 for heel or elbow protector which is as follows: Not covered for prevention. Must have diagnosis of active decubiti or wound &amp; item is required for treatment. THP reserves right to request records. NSB if in part A inpatient facility.</b>
917	E0371	RR	CR	Nonpower mattress overlay	THP	eviCore	eviCore	eviCore	eviCore	Reasonable Lifetime.	1 unit per lifetime	-	Not billable w/E0250, E0255, E0260, E0303, E0304. MHT 10 month capped rental item.
918	E0372	RR	CR	Powered air mattress overlay	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
919	E0373	RR	CR	Nonpowered pressure mattress	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>PDAC verification required</b>
920	E0424	RR	OX	Stationary compressed gas O2	THP	eviCore	eviCore	eviCore	eviCore	1/month	1unit /rolling month	-	<b>Use for Medicare Advantage plan members with diagnosis cluster headaches enrolled in the clinical trial.</b>
921	E0431	RR	OX	Portable gaseous O2	THP	eviCore	eviCore	eviCore	eviCore	-	1unit /rolling month	-	-

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
922	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	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
923	E0434	RR	OX	Portable liquid O2	THP	eviCore	eviCore	eviCore	eviCore	-	1unit /rolling month	-	-
924	E0439	RR	OX	Stationary liquid O2, rental	THP	eviCore	eviCore	eviCore	eviCore	-	1unit /rolling month	-	-
925	E0441	-	OX	Stationary oxygen contents, gaseous, 1 month supply = 1 unit	THP	eviCore	eviCore	eviCore	eviCore	-	1unit /rolling month	-	Precert 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.
926	E0442	-	OX	Stationary oxygen contents, liquid, 1 month supply = 1 unit	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Precert 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.
927	E0443	-	OX	Portable oxygen contents, gaseous, 1 month supply = 1 unit	THP	eviCore	eviCore	eviCore	eviCore	-	1unit /rolling month	-	Precert required when no stationary system is being used/precerted. As above
928	E0444	-	OX	Portable O2 contents, liquid, 1 month supply	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Precert required when no stationary system is being used/ precerted. As Above
929	E0445	RR	OX	Oximeter device-non invasive	Yes	Yes	Yes	N/C	Yes	-	1 unit per lifetime	<b>Invoice Required</b>	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.
930	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.
931	E0447	RR	OX	Portable oxygen contents ,liquid, 1month supply= 1 unit, prescribed amount at rest or nighttime, exceeds 4 liters per minute (LPM)	THP	eviCore	eviCore	eviCore	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.
932	E0455	RR	OX	Oxygen tent, excluding croup/pediatric	NSB	NSB	NSB	NSB	N/C	-	Not on WV 2024 DME FS	-	<b>Not covered for member owned oxygen equipment. No rate in RBRVS in DMEPOS. Denial D311 bundled.</b>
933	E0457	-	-	Chest shell (culrass)	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
934	E0459	-	-	Chest wrap	N/C	N/C	N/C	N/C	Yes	-	-	-	-
935	E0462	RR	CR	Rocking bed w/ or w/o side rails	N/C	eviCore	eviCore	eviCore	N/C	-	-	-	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.

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
936	E0465	RR	FS	Home ventilator , ANY type , used with invasive interface(i.e. tracheostomy tube)	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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
937	E0466	RR	FS	Home ventilator, ANY type, used with non-invasive interface(i.e. mask. Chest cell)	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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
938	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	THP	eviCore	eviCore	eviCore	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.
939	E0468	-	FS	Home ventilator , dual function respiratory device, also performs additional fx of cough stim, includes all access, components, and suppl for all functions.	THP	eviCore	eviCore	eviCore	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.
940	E0469	-	-	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	THP	THP	THP	THP	N/C	-	Not on WV 2024 DME FS	-	-
941	E0470	RR	CR	RAD w/o backup non-inv intrfc	THP	eviCore	eviCore	eviCore	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.
942	E0471	RR	CR	RAD bilevel w/ backup noninvasive intrfc,e.g nasal or facial mask	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 unit/rolling month	-	Included in functionality of or considered same/similar to E0467
943	E0472	RR	CR	Rad bilevel, w/ backup used w/ invasive intrfc, e.g tracheostomy tube	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	Included in functionality of or considered same/similar to E0467
944	E0480	RR	CR	Percussor elect/pneum home m	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 years	-	Mechanical percussors (e.g., Fluid Flo and Frequenter) are considered medically necessary for cystic fibrosis, chronic bronchitis, bronchiectasis, immotile cilia syndrome, and asthma.
945	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.
946	E0482	RR	CR	Cough stimulating device	THP	eviCore	eviCore	eviCore	eviCore	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.
947	E0483	RR	CR	High frequency chest wall oscillation system, includes ALL accessories and supplies, each	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/lifetime	-	-
948	E0484	NU	IN	Non-elec oscillatory pep dvc	Yes	eviCore	eviCore	eviCore	eviCore	3 yr MLR	1/rolling year	-	-
949	E0485	NU	IN	Oral device/appliance prefab	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	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.
950	E0485	RR	IN	Oral device/appliance prefab	NC	NC	N/C	NC	N/C	-	Not on WV 2024 DME FS	-	AS Above
951	E0486	NU	IN	Oral device/appliance cust fab	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	<b>Invoice Required.</b>	Oral appliances made by a dentist to treat sleep apnea. Follow appropriate SCA/LOA process if required. <b>PDAC verification required</b>
952	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.
953	E0487	NU	OX	Spirometer, electronic , includes all accessories	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	<b>Invoice Required</b>	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 Medicaid Fee Schedule Follow appropriate SCA/LOA process if required.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
954	E0490	RR	CR	Power Source & contrl electr unit for oral device/appli for neuromuscular elect stim of the tongue muscle, contrl by hardware remote	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>New Code Oct 2023</b>
955	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	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>New Code Oct 2023</b>
956	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 HPCPS codes E0492 and E0493 are new codes as of January 1, 2024 and are used to report the eXciteOSA device (Signifier Medical Technologies) (HPCPS codes K1028 and K1029 were used between April 1, 2022 and December 31, 2023).
957	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 HPCPS codes E0492 and E0493 are new codes as of January 1, 2024 and are used to report the eXciteOSA device (Signifier Medical Technologies) (HPCPS codes K1028 and K1029 were used between April 1, 2022 and December 31, 2023).
958	E0500	RR	FS	lppb all types	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
959	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.)
960	E0550	RR	CR	Humidifier extens suppl w lppb	THP	eviCore	eviCore	eviCore	N/C	Monthly rental	Not on WV 2024 DME FS	-	-
961	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
962	E0560	NU	IN	Humidifier durable supplemental	Yes	eviCore	eviCore	eviCore	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.
963	E0560	RR	IN	Humidifier durable supplemental	Yes	eviCore	eviCore	eviCore	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.
964	E0561	NU	IN	Humidifier nonheated w PAP	Yes	eviCore	eviCore	eviCore	eviCore	-	-	-	Either a heated or non-heated humidifier may be covered w/CPAP. For ASO covered w/o auth if has a PAP/RAD authorization.
965	E0561	RR	IN	Humidifier nonheated w PAP	Yes	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b> For ASO covered w/o auth if has a PAP/RAD.
966	E0562	NU	IN	Humidifier heated used w PAP	Yes	eviCore	eviCore	eviCore	eviCore	-	-	-	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
967	E0562	RR	IN	Humidifier heated used w PAP	Yes	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b> For ASO covered w/o auth if has a PAP or Vent/oxygen authorization
968	E0565	RR	CR	Compressor air power source	Yes	Yes	Yes	Yes	Yes	-	1/3 rolling years	-	<b>MHT 10 month CR Item.</b>
969	E0565	NU	CR	Compressor air power source	Yes	Yes	Yes	Yes	-	-	-	-	Purchase dependent on DX of chronic conditions.
970	E0570	RR	CR	Nebulizer with compression	Yes	eviCore	eviCore	eviCore	Purchase only	RUL 3-5 years	-	-	<b>MHT Purchase Item.</b> 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.
971	E0570	NU	-	Nebulizer with compression	Yes	eviCore	eviCore	eviCore	eviCore	RUL 3-5 years	1/3 years	-	
972	E0572	RR	CR	Aerosol compressor, adjustable pressure, lght duty, intermittent use	Yes	eviCore	eviCore	eviCore	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.
973	E0574	RR	CR	Ultrasonic generator w svneb	Yes	eviCore	eviCore	eviCore	N/C	RUL 3-5 years	Not on WV 2024 DME FS	-	Optineb-ir Model On-100/7 (NebuTec GmbH). To administer Treprostinil only. <b>PDAC verification required</b>

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974	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.
975	E0580	NU	IN	Nebulizer for use w/ regulat	Yes	eviCore	eviCore	eviCore	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	Purchase dependent on DX of chronic 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.
976	E0580	RR	IN	Nebulizer for use w/ regulat	Yes	eviCore	eviCore	eviCore	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	-
977	E0585	RR	CR	Nebulizer w/compressor & heater	Yes	eviCore	eviCore	eviCore	N/C	Reasonable Lifetime 3-5 years	Not on WV 2024 DME FS	-	-
978	E0585	NU	CR	Nebulizer w/compressor & heater	Yes	eviCore	eviCore	eviCore	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
979	E0600	RR	CR	Suction pump portab hom modl	Yes	Yes	Yes	Yes	Yes	-	1/4 rolling years	-	MHT Purchase Item. Not billable w/ A7002
980	E0601	RR	CR	Cont positive airway pressure (CPAP) device	THP	eviCore	eviCore	eviCore	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.
981	E0602	NU	RR	Manual breast pump	Yes	Yes	Yes	N/C	Yes	-	1 unit/5 rolling years	-	<b>MHT Purchase Item.</b> Breast pumps remain noncovered for Medicare recipients per CMS 1/4/13
982	E0603	RR	IN	Breast pump, electric	Yes	Yes	Yes	N/C	Yes	-	1 every rolling year	<b>Contract specific Health Plan pays up to \$200.00</b>	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 precert.
983	E0604	RR	IN	Breast pump, HD hospital grade	Yes	Yes	Yes	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.
984	E0605	NU	IN	Vaporizer room type	N/C	N/C	Yes	Yes	Yes	-	1/2 rolling years	-	For Medicare and Medicaid Respiratory dx required
985	E0606	RR	CR	Drainage board postural	Yes	Yes	Yes	Yes	Yes	5 yr RUL	Reasonable Lifetime	<b>1 per Lifetime</b>	<b>MHT Purchase Item.</b> Must have severe chronic respiratory/pulmonary disease and percussion or vibration alone is ineffective.
986	E0607	NU	IN	Blood glucose monitor home	Yes	eviCore	eviCore	eviCore	N/C	Per HP PBM	1/3 years	-	Approved diabetes codes only. Self funded per group benefit.
987	E0610	NU	IN	Pacemaker monitr audible/vis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not on WV Medicaid 2024 FS. Is on WV Medicaid's the list of non-covered DME.
988	E0610	RR	IN	Pacemaker monitr audible/vis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
989	E0615	NU	IN	Pacemaker monitr digital/vis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not on WV Medicaid 2024 FS. Is on WV Medicaid's the list of non-covered DME.
990	E0615	RR	IN	Pacemaker monitr digital/vis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not on WV Medicaid 2024 FS. Is on WV Medicaid's the list of non-covered DME.
991	E0616	-	IN	Implant cardiac event monitor w/memory	THP	THP	THP	THP	N/C	-	Not on WV 2024 DME FS	-	<b>Not covered as DME.</b> OPPS staus indicator N- Items Services packaged into APC rates. Follow precertification requirements for procedure,C1764
992	E0617	RR	KF	Automatic ext defibrillator	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Class III Device
993	E0618	RR	CR	Apnea monitor	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not on Medicaid Fee schedule 2024 and is on noncovered list on Internet manual
994	E0619	RR	CR	Apnea monitor w/ recorder	THP	eviCore	eviCore	eviCore	eviCore	-	1/lifetime	<b>Invoice Required.</b>	What is our policy for apnea monitors ASO since no InterQual? We used to only allow apnea monitors to 1 yr like Medicaid. Is this current?
995	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 Medicaid 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
996	E0621	NU	IN	Patient lift sling or seat	Yes	Yes	Yes	Yes	Yes	-	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.
997	E0621	RR	IN	Patient lift sling or seat	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT purchase item.</b> 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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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
998	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.
999	E0627	NU	IN	Seat lift mechanism , electric, any type	THP	eviCore	eviCore	eviCore	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.
1000	E0627	RR	IN	Seat lift mechanism , electric, any type	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
1001	E0629	NU	IN	Seat lift mechanism, non-electric, any type	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
1002	E0629	RR	IN	Seat lift mechanism, non-electric, any type	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
1003	E0630	RR	CR	Pt lift hydraulic/mech, incld set, sling, strap	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1 unit/lifetime	-	Not billable w/E0621.
1004	E0635	RR	CR	Patient lift electric	THP	eviCore	eviCore	eviCore	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.
1005	E0636	RR	CR	PT support & positioning sys	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>PDAC verification required. See Patient Lift Policy/subset</b>
1006	E0637	-	-	Patient lift : Combination sit to stand, any size, w/or w/o wheels	THP	eviCore	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	There is InterQual for codes E0637, E0638, E0641, E0642 only. <b>On Medicare's Non-covered list.</b>
1007	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.	THP	eviCore	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	On Medicare's Non-covered list.
1008	E0639	RR	CR	Pt lift, moveable	THP	eviCore	eviCore	eviCore	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...)
1009	E0640	RR	CR	Pt lift, fixed system	THP	eviCore	eviCore	eviCore	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.
1010	E0641	RR	CR	Standing frame/table system, multi position(e.g. 3 way stander) any size, including pediatric with or without wheels	THP	eviCore	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.
1011	E0642	-	-	Standing frame/table system, mobile (dynamic stander) ,any size incl pediatric	THP	eviCore	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.
1012	E0650	NU	IN	Pneuma compressor non-segment	THP	eviCore	eviCore	eviCore	CR item	5 yr RUL	-	-	<b>MHT 10 mo cap rental.</b>
1013	E0650	RR	IN	Pneuma compressor non-segment	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/lifetime	-	-
1014	E0651	NU	IN	Pneum compressor segmental	THP	eviCore	eviCore	eviCore	CR item	5 yr RUL	-	-	<b>MHT 10 mo cap rental.</b>
1015	E0651	RR	IN	Pneum compressor segmental	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/lifetime	-	-
1016	E0652	NU	IN	Pneum compres w/cal pressure	THP	eviCore	eviCore	eviCore	CR item	5 yr RUL	-	-	<b>MHT 10 mo cap rental.</b> Requires Secondary review per InterQual. Had to tried and failed E0650/E0651 or E0650/E0651 is contraindicated. If meets, auth 2-3 month trial.
1017	E0652	RR	IN	Pneum compres w/cal pressure	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/lifetime	-	-
1018	E0655	NU	IN	Pneumatic appliance half arm	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented compressor E0650.
1019	E0655	RR	IN	Pneumatic appliance half arm	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1020	E0656	NU	CR	Segm'td pneumatic app for use w/pneumatic compressor, trunk	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Purchase or capped rental. Separately payable w/ base code.
1021	E0656	RR	CR	Segm'td pneumatic app for use w/pneumatic compressor, trunk	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1022	E0657	RR	CR	Segm'td pneumatic app use w/pneumatic compressor, chest	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Separately payable w/ base code.
1023	E0660	NU	IN	Pneumatic appliance full leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented compressor E0650. Separately payable w/ base code.
1024	E0660	RR	IN	Pneumatic appliance full leg	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1025	E0665	NU	IN	Pneumatic appliance full arm	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented compressor E0650. Separately payable w/ base code.
1026	E0665	RR	IN	Pneumatic appliance full arm	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1027	E0666	NU	IN	Pneumatic appliance half leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.
1028	E0666	RR	IN	Pneumatic appliance half leg	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1029	E0667	NU	IN	Seg pneumatic appl full leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.
1030	E0667	RR	IN	Seg pneumatic appl full leg	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1031	E0668	NU	IN	Seg pneumatic appl full arm	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/segmented pneumatic compressor E0651 or E0652.
1032	E0668	RR	IN	Seg pneumatic appl full arm	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b> Separately payable w/ base code.
1033	E0669	NU	IN	Seg pneumatic appl half leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented pneumatic compressor E0652. Separately payable w/ base code.
1034	E0669	RR	IN	Seg pneumatic appl half leg	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1035	E0670	NU	IN	Seg pneumatic appliances for use w/ pneumatic compressor, integrated, 2 full legs and trunk	THP	eviCore	eviCore	eviCore	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.
1036	E0670	RR	IN	Seg pneumatic appliances for use w/ pneumatic compressor, integrated, 2 full legs and trunk	THP	eviCore	eviCore	eviCore	N/C	1/limb/yr	Not on WV 2024 DME FS	-	-
1037	E0671	NU	IN	Pressure pneum appl full leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
1038	E0671	RR	IN	Pressure pneum appl full leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b> Separately payable w/ base code.
1039	E0672	NU	IN	Pressure pneum appl full arm	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
1040	E0672	RR	IN	Pressure pneum appl full arm	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b>
1041	E0673	NU	IN	Pressure pneum appl half leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
1042	E0673	RR	IN	Pressure pneum appl half leg	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b> Separately payable w/ base code.
1043	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.
1044	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 preventative service. Items that are used for a preventative service or function are excluded from coverage under the Medicare DME benefit. Article A52488.
1045	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.
1046	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.
1047	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.
1048	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.
1049	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.
1050	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.
1051	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 Therna Bright. Medicare will not cover for prevention of disease/DVT.
1052	E0691	NU	IN	Ultraviolet light therapy system, includes bulbs and lamps, timer, & eye protection; Tx area 2 sq ft or less	THP	eviCore	eviCore	eviCore	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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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1053	E0691	RR	IN	Ultraviolet light therapy system, includes bulbs/lamps, timer & eye protection; treatment area 2 sq ft or less.	THP	eviCore	eviCore	eviCore	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
1054	E0692	NU	IN	Uvl sys panel 4 ft	THP	eviCore	eviCore	eviCore	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
1055	E0692	RR	IN	Uvl sys panel 4 ft	THP	eviCore	eviCore	eviCore	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
1056	E0693	NU	IN	Uvl sys panel 6 ft	THP	eviCore	eviCore	eviCore	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	E0693	RR	IN	Uvl sys panel 6 ft	THP	eviCore	eviCore	eviCore	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
1058	E0694	NU	IN	Uvl md cabinet sys 6 ft	THP	eviCore	eviCore	eviCore	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
1059	E0694	RR	IN	Uvl md cabinet sys 6 ft	THP	eviCore	eviCore	eviCore	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
1060	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 Medicaid Non covered List . On THP Policy Stat Comfort and Convenience Items.
1061	E0705	NU	IN	Transfer device, any type, ea	Yes	Yes	Yes	Yes	Yes	-	-	-	Authorized required for PARA Ladder or electrical equipment.
1062	E0705	RR	IN	Transfer device, any type, ea	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1063	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
1064	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	-	-
1065	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	-	-
1066	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	-	-
1067	E0720	RR	TE	Tens two lead	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>ALERT Diagnosis specific.</b> Purchase Item for All Lines of Business after trial period
1068	E0720	NU	TE	Tens two lead	THP	eviCore	eviCore	eviCore	eviCore	-	1/4 rolling years	-	<b>ALERT DIAGNOSIS SPECIFIC. Cefaly not covered.</b> Not billable w/A4556, A4557,A0730. After trial and medical necessity established it is a Purchase Item for All Lines of Business.
1069	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 rTx for obesity, chronic or acute pain, and/or opioid withdrawal.
1070	E0730	RR	TE	Tens four lead	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>ALERT Diagnosis specific. Cefaly is not covered.</b> Not billable w/A4556, A4557, A0720. Clinical documentation required w/ claim to show why 2 lead insufficient. See below note.
1071	E0730	NU	TE	Tens four lead	THP	eviCore	eviCore	eviCore	eviCore	-	1/4 rolling years.	-	<b>ALERT Diagnosis specific.</b> 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.
1072	E0731	NU	IN	Conductive garment for tens	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Special coverage instructions.
1073	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
1074	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
1075	E0734	-	-	External upper limb tremor stimulator of the peripheral nerves of the wrist	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Replaces K1018. Accessories are coded A4542. LCD: External Upper Limb Tremor Stimulator Therapy <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39591">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39591</a> . Aryicle A59680. Only one dx covered G25.0. Then need to meet criteria.

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1076	E0735	-	-	Non-invasive vagus nerve stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaces K1020
1077	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
1078	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	-	-
1079	E0738	-	-	Upper extremity rehab sys provid active assist to facil muscle re-edu incl microprocessor, all comp and	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	New code April 2024
1080	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
1081	E0740	RR	CR	Non-implanted pelvic floor electrical stimulator, complete system	THP	eviCore	eviCore	eviCore	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 used to persons who do not have an illness or injury.
1082	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.
1083	E0744	RR	CR	Neuromuscular stim for scoliosis	THP	eviCore	evicore	N/C	N/C	-	Not on WV 2024 DME FS	-	10 month capped rental.
1084	E0745	RR	CR	Neuromuscular stim for shock	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	10 month capped rental. Devices coded E1399 for coverage are not covered.
1085	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.
1086	E0747	NU KF	IN	Elec osteogen stim not spine	THP	eviCore	eviCore	eviCore	eviCore	-	-	Contract Specific	Class III Device. <b>Purchase Only.</b> Contract Specific. The PRECICE limb lengthening system is not covered. May see codes E0760 and G0283 for the PRECICE device.
1087	E0748	NU KF	IN	Elec osteogen stim spinal	THP	eviCore	eviCore	eviCore	eviCore	-	-	Contract Specific	Class III Device. <b>Purchase Only.</b> Contract Specific. <b>DO NOT</b> use this code for the ActiStim-S Spine Fusion Stimulator.
1088	E0749	NU KF	CR	Elec osteogen stim implanted	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Contract Specific	Class III Device. <b>Purchase Only.</b> Contract Specific.
1089	E0755	RR	-	Elec salivary reflex stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	
1090	E0760	KF	IN	Osteogen ultrasound stimulator	THP	eviCore	eviCore	eviCore	eviCore	-	-	Contract Specific	Class III Device. <b>Purchase Only.</b> Contract Specific. THE PRECICE limb is not covered. May see codes E0747 and G0283 for the PRECICE device
1091	E0761	RR	-	Nonthermal pulsed hi freq radio wave, dev	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV 2024 DME FS	-	Covered as incidental to physician service. Denial = D311 bundled
1092	E0762	NU	CR	Trans elec jt stim dev sys	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV 2024 DME FS	-	<b>PDAC review required.</b> N/C as separate DME item. N/C for home use. Investigational. Not covered code for MENS. Denial =D311 bundled.
1093	E0762	RR	CR	Trans elec jt stim dev sys	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV 2024 DME FS	-	<b>SEE ABOVE.</b> N/C as separate DME item. Denial =D311 bundled.
1094	E0764	KF	CR	Functional neuromuscular stim. FES complete system	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Class III Device. May be a purchase upon review. Parastep.
1095	E0765	NU	IN	Nerve stimulator for tx n&v (TEAS)	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>Does not cover OTC devices such as the ReliefBand®.</b> Requires face to face. Not covered for motion sickness. Must meet all DME requirements.
1096	E0765	RR	IN	Nerve stimulator for tx n&v(TEAS)	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Does not cover OTC devices. Only covers the prescription versions.

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1097	E0766	RR	FS	Electrical stimulation device used for cancer treatment, includes all accessories any type. NOVOTTF -100A Tumor treatment field therapy	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Medicaid 10 month capped rental
1098	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	-	Insufficient evidence found in literature search review.
1099	E0769	RR	-	Elect stim/electromag wound treat, NEC	N/C	N/C	N/C	NSB/N/C	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.
1100	E0770	RR	IN	Transcutaneous funct elec stim of nerve/muscle groups, any type, complt sys, NOS	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	THP's covered FES system is the Parastep.
1101	E0776	NU	IN	IV pole	THP	eviCore	eviCore	eviCore	N/C/RZ	-	-	-	Purchase only, not billed separately from IV, enteral, or parenteral per diem. (S code)
1102	E0776	RR	IN	IV Pole	THP	eviCore	eviCore	eviCore	N/C/RZ	-	-	-	May be rental up to purchase price. Included in per diem (S code).
1103	E0776	NU	BA	IV Pole	THP	eviCore	eviCore	eviCore	N/C/RZ	-	-	-	Enteral or parental nutrition administered via pump or gravity. Included in per diem (S code).
1104	E0776	RR	BA	IV pole	THP	eviCore	eviCore	eviCore	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)
1105	E0779	RR	IN	Amb infusion pump mechanical	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1106	E0780	NU	IN	Mech amb infusion pump <8hrs	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1107	E0781	RR	CR	External ambulatory infus pu	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1108	E0782	NU KF	IN	Non-programmable infusion pump, implantable	THP	THP	THP	THP	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.
1109	E0783	NU KF	IN	Programmable infusion pump, implantable	THP	THP	THP	THP	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.
1110	E0784	RR	CR	Ext amb infusn pump insulin	THP	eviCore	eviCore	eviCore	eviCore	Reasonable Lifetime/ Warranty	1/4 rolling yrs	Contract Specific	Contract Specific.
1111	E0785	KF	IN	Replacement impl pump cathet	THP	THP	THP	THP	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.
1112	E0786	NU KF	IN	Implantable pump replacement	THP	eviCore	eviCore	eviCore	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.
1113	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 Medicaid. THP Also does not accept code for reimbursement.
1114	E0791	RR	CR	Parenteral infusion pump sta	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	See Plan Document.
1115	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.
1116	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 Medicaid 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	E0849	NU	CR	Traction equip, cervical, free-standing, Stand/Frame, pneumatic,	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Specific coverage instructions

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1118	E0849	RR	CR	Traction equip, cervical, free-standing, Stand/Frame, pneumatic,	Yes	Yes	Yes	Yes	N/C	5 yr RUL	-	-	Specific coverage instructions.
1119	E0850	NU	IN	Traction stand free standing, cervical	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	<b>Medicare and Medicaid do not cover.</b> 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
1120	E0850	RR	IN	Traction stand free standing, cervical	N/C	N/C	N/C	N/C	N/C	-	-	-	Medicare and Medicaid do not cover.
1121	E0855	NU	CR	Cervical traction equipment, not requiring stand or frame	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Specific Coverage In instructions.
1122	E0855	RR	CR	Cervical traction equipment, not requiring stand or frame	Yes	Yes	Yes	Yes	N/C	5 yr RUL	-	-	Specific coverage instructions
1123	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.
1124	E0860	NU	IN	Tract equip cervical tract	Yes	Yes	Yes	Yes	Yes	5 yr RUL	1/lifetime	-	This is a purchase for Medicaid. WV Medicaid requires precert and has specific criteria. Medicare does allow rental.
1125	E0860	RR	IN	Tract equip cervical tract	Yes	Yes	Yes	Yes	Purchase only	5 yr RUL	-	-	See above. Rental will stop when purchase price is met.
1126	E0870	NU	IN	Tract frame attach footboard	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1127	E0870	RR	IN	Tract frame attach footboard	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1128	E0880	NU	IN	Trac stand free stand extrem	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1129	E0880	RR	IN	Trac stand free stand extrem	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1130	E0890	NU	IN	Traction frame attach pelvic	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1131	E0890	RR	IN	Traction frame attach pelvic	Yes	Yes	Yes	Yes	N/C	5 yr RUL	-	-	Not covered for in home lumbar traction.
1132	E0900	NU	IN	Trac stand free stand pelvic	Yes	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not covered for in home lumbar traction.
1133	E0900	RR	IN	Trac stand free stand pelvic	Yes	Yes	Yes	Yes	N/C	5 yr RUL	-	-	Not covered for in home lumbar traction
1134	E0910	RR	CR	Trapeze bar attached to bed	Yes	Yes	Yes	Yes	Yes	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.
1135	E0911	RR	CR	HD trapeze bar attach to bed	Yes	Yes	Yes	Yes	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.
1136	E0912	RR	CR	HD trapeze bar free standing	Yes	Yes	Yes	Yes	Yes	5 yr RUL	1/ lifetime	-	MHT Purchase Item. Not billable w/E0910, E0911, E0940.
1137	E0920	RR	CR	Fracture frame attached to bed	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1138	E0930	RR	CR	Fracture frame free standing	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1139	E0935	RR	FS	Cont pas motion exercise dev knee only	THP	eviCore	eviCore	eviCore	eviCore	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.
1140	E0936	RR	FS	CPM used for other than knee	THP	eviCore	eviCore	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 Medicaid 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.
1141	E0940	RR	CR	Trapeze bar free standing	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/lifetime	-	MHT Purchase Item. Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304, E0910. Not covered for lumbar traction.

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1142	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
1143	E0942	NU	IN	Cervical head harness/halter	Yes	Yes	Yes	Yes	Yes	-	1/rolling year	-	Not billable w/E0860. Covered for members requiring a harness for rehabilitative therapy and will be using in the home.
1144	E0942	RR	IN	Cervical head harness/halter	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1145	E0944	NU	IN	Pelvic belt/harness/boot	Yes	Yes	Yes	Yes	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.
1146	E0944	RR	IN	Pelvic belt/harness/boot	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1147	E0945	NU	IN	Belt/harness extremity	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Covered for members requiring traction of the extremities d/t fracture, injury or post surgical recovery.
1148	E0945	RR	IN	Belt/harness extremity	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1149	E0946	RR	CR	Fracture frame dual w cross	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Covered for members requiring traction due to fracture.
1150	E0947	NU	IN	Fracture frame attachments pe	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Covered for members requiring traction due to fracture.
1151	E0947	RR	IN	Fracture frame attachments pe	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1152	E0948	NU	IN	Fracture frame attachments ce	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Covered for members requiring traction due to fracture.
1153	E0948	RR	IN	Fracture frame attachments ce	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1154	E0950	NU	IN	Tray for wheelchair	Yes	Yes	Yes	Yes	Yes	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.
1155	E0950	RR	IN	Tray for wheelchair	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1156	E0951	NU	IN	Loop heel	Yes	Yes	Yes	Yes	Yes	1-3 Years	-	-	-
1157	E0951	RR	IN	Loop heel	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
1158	E0952	NU	IN	Toe loop/holder, each	Yes	Yes	Yes	Yes	Yes	1-3 Years	-	-	-
1159	E0952	RR	IN	Toe loop/holder, each	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depending if replacement or initial item.
1160	E0953	NU	IN	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Yes	Yes	Yes	Yes	Yes	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.
1161	E0953	RR	IN	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT purchase item
1162	E0954	NU	IN	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	Yes	Yes	Yes	Yes	1-3 yrs	-	-	MHT purchase item
1163	E0954	RR	IN	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	Yes	Yes	Yes	Purchase only	-	-	-	-
1164	E0955	NU	CR	Cushioned headrest	Yes	Yes	Yes	Yes	Yes	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.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1165	E0955	RR	CR	Cushioned headrest	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1166	E0956	NU	IN	W/C lateral trunk/hip support	THP	eviCore	eviCore	eviCore	eviCore	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.
1167	E0956	RR	IN	W/C lateral trunk/hip support	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1168	E0957	NU	IN	W/C medial thigh support	THP	eviCore	eviCore	eviCore	eviCore	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.
1169	E0957	RR	IN	W/C medial thigh support	THP	eviCore	evicore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1170	E0958	RR	CR	Whlchr att- conv 1 arm drive	Yes	Yes	Yes	Yes	Yes	5 yr RUL	-	-	<b>MHT Purchase Item.</b> 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.
1171	E0959	NU	IN	Amputee adapter	Yes	Yes	Yes	Yes	Yes	5 yr RUL	-	-	Covered for members who use a manual wheelchair require an amputee adapter.
1172	E0959	RR	IN	Amputee adapter	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1173	E0960	NU	IN	W/C shoulder harness/straps	THP	eviCore	eviCore	eviCore	eviCore	1-3 yrs	-	-	Covered for members who use wheelchairs and require straps for positioning or safety.
1174	E0960	RR	IN	W/C shoulder harness/straps	THP	eviCore	evicore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1175	E0961	NU	IN	Wheelchair brake extension	Yes	Yes	Yes	Yes	Yes	5 yr RUL	-	-	Covered for members who use a manual wheelchair and require a brake lock extension for safety.
1176	E0961	RR	IN	Wheelchair brake extension	Yes	Yes	Yes	Yes	Yes	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1177	E0966	NU	IN	Wheelchair head rest extension	Yes	Yes	Yes	Yes	Yes	5 yr RUL	-	-	Covered for members who use a manual wheelchair and require a headrest extension for proper positioning.
1178	E0966	RR	IN	Wheelchair head rest extension	Yes	Yes	Yes	Yes	Yes	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1179	E0967	NU	IN	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Yes	Yes	Yes	Yes	Yes	1-3 yrs	-	-	-
1180	E0967	RR	IN	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable with initial manual wheelchair. E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009.
1181	E0968	RR	CR	Wheelchair commode seat	N/C	N/C	N/C	N/C	Yes	-	-	-	<b>MHT Purchase Item.</b> Medicare- Not valid for claim submission. Article A52504. Can be considered a self help or convenience item in ASO and Commercial plans.
1182	E0969	NU	IN	Wheelchair narrowing device	Yes	Yes	Yes	N/C	Yes	5 yr RUL	-	-	<b>Medicare- Not valid for claim submission.</b> Article A52504. <b>MHT Purchase Item.</b> If covered, covered for members who require wheelchairs but need to access spaces with narrow doors, halls, etc...
1183	E0969	RR	IN	Wheelchair narrowing device	Yes	Yes	Yes	N/C	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1184	E0970	NU	-	No. 2 Footplates	N/C	N/C	N/C	N/C	Yes	-	-	<b>Invoice Required</b>	Use K0037, K0042 for Medicare, ASO & Commercial LOB.
1185	E0971	NU	IN	Wheelchair anti-tipping devi	Yes	Yes	Yes	Yes	Yes	5 yr RUL	-	-	Not billable w/K0813-K0843, K0848-K0891.
1186	E0971	RR	IN	Wheelchair anti-tipping devi	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1187	E0973	NU	IN	W/Ch access det adj armrest	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	No billable w/E1002- E1008, K0017 - K0019.
1188	E0973	RR	IN	W/Ch access det adj armrest	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1189	E0974	NU	IN	W/Ch access anti-rollback	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1190	E0974	RR	IN	W/Ch access anti-rollback	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b> 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.
1191	E0978	NU	IN	W/C acc, saf belt pelv strap	Yes	Yes	Yes	Yes	Yes	1-3 Yrs	-	-	Not Billable w/ K0813-K0843, K0848-K0891.
1192	E0978	RR	IN	W/C acc,saf belt pelv strap	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> 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
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1193	E0980	NU	IN	Wheelchair safety vest	N/C	N/C	N/C	N/C	Yes	-	-	-	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.
1194	E0980	RR	IN	Wheelchair safety vest	N/C	N/C	N/C	N/C	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1195	E0981	NU	IN	Seat upholstery, replacement	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1196	E0981	RR	IN	Seat upholstery, replacement	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item. See above codes not billable w/ E0981.
1197	E0982	NU	IN	Back upholstery, replacement	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1198	E0982	RR	IN	Back upholstery, replacement	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase(x 10)</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1199	E0983	RR	CR	Add pwr joystick	N/C	N/C	N/C	N/C	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> Add on to convert manual wheelchair to power tiller and joystick not covered.
1200	E0984	NU	CR	Add pwr tiller	N/C	N/C	N/C	NC	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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.
1201	E0984	RR	CR	Add pwr tiller	N/C	N/C	On PEIA DME FS	N/C	eviCore	-	-	-	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.
1202	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.
1203	E0985	RR	CR	W/C seat lift mechanism	N/C	N/C	N/C	N/C	N/C	-	-	-	-
1204	E0986	NU	CR	Manual w/c access, push-rim pow assist system	THP	eviCore	eviCore	eviCore	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.
1205	E0988	RR	CR	Manual w/c accessory, lever activated, wheelc drive, pair	THP	THP	THP	THP	THP	-	-	-	<b>MHT purchase item.</b>
1206	E0990	NU	IN	Wheelchair elevating leg res	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1207	E0990	RR	IN	Wheelchair elevating leg res	Yes	Yes	Yes	Yes	Purchase only	1-3 yrs	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1208	E0992	NU	IN	Manual w/c access, solid seat insert	Yes	Yes	Yes	Yes	Yes	1-3 yrs	-	-	-
1209	E0992	RR	IN	Manual w/c access, solid seat insert	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase(x 10)</b> THP may reimburse as a capped rental-depends if replacement or initial item.
1210	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 Medicaid 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.

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1211	E0994	RR	IN	Wheelchair arm rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1212	E0995	NU	IN	Wheelchair calf rest/pad, replacement only, each	Yes	Yes	Yes	Yes	N/C	1-3 yrs	Not on WV 2024 DME FS	-	-
1213	E0995	RR	IN	Wheelchair calf rest/pad, replacement only, each	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1214	E1002	RR	CR	Pwr seat tilt	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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	E1003	RR	CR	Pwr seat recline	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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	E1004	RR	CR	Pwr seat recline mech	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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	E1005	RR	CR	Pwr seat recline pwr	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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.
1218	E1006	RR	CR	Pwr seat combo w/o shear	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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.
1219	E1007	RR	CR	Pwr seat combo w/ shear	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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.
1220	E1008	RR	CR	Pwr seat combo pwr shear	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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.
1221	E1009	NU	IN	Add mech leg elevation	THP	eviCore	eviCore	eviCore	eviCore	-	-	<b>Invoice Required</b>	Not billable w/E0990, E0995, K0042-K0047, K0052, K0053, K0195.
1222	E1009	RR	IN	Add mech leg elevation	THP	eviCore	eviCore	eviCore	Purchase only	-	-	<b>Invoice Required</b>	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental.
1223	E1010	NU	CR	Add pwr leg elevation, pair	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> Not billable w/E0990, E0995, K0042-K0047, K0052, K0053, K0195. The unit of service of code E1010 is a pair.
1224	E1010	RR	CR	Add pwr leg elevation, pair	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase(x 10)</b>
1225	E1011	NU	IN	Ped wc modify width adjustm	THP	eviCore	eviCore	eviCore	eviCore	-	-	<b>Invoice Required</b>	Not dispensed with initial chair.
1226	E1011	RR	IN	Ped wc modify width adjustm	THP	eviCore	eviCore	eviCore	Purchase only	-	-	<b>Invoice Required</b>	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental.
1227	E1012	RR	CR	WC access, add to power seating system, center mount elevating leg rest /platform, complete system, any typ,ea	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase(x 10)</b> 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.
1228	E1014	RR	CR	Reclining back add ped w/c	Yes	Yes	Yes	Yes	Yes	-	-	-	<b>MHT Purchase(x 10)</b>
1229	E1015	NU	IN	Shock absorber for man w/c	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1230	E1015	RR	IN	Shock absorber for man w/c	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental.
1231	E1016	NU	IN	Shock absorber for power w/c	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1232	E1016	RR	IN	Shock absorber for power w/c	Yes	Yes	Yes	Yes	Purchase only	-	-	-	<b>MHT Purchase Item.</b> THP may reimburse as a capped rental.
1233	E1017	NU	IN	HD shck absbr for hd man wc	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	-
1234	E1017	RR	IN	HD shck absbr for hd man wc	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	-
1235	E1018	NU	IN	HD shck absbr for hd pow wc	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	-
1236	E1018	RR	IN	HD shck absbr for hd pow wc	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	-



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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1237	E1020	NU	CR	Residual limb support system, any type	Yes	Yes	Yes	Yes	Yes	-	-	-	Medicaid purchase ( x 10). Not billable with E1028. Do not use E1028 in addition to E1020 (Residual limb support system) as it includes swingaway hardware.
1238	E1020	RR	CR	Residual limb support system, any type	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1239	E1028	NU	CR	W/C manual swingaway	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase(x10) 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/ 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.
1240	E1028	RR	CR	W/C manual swingaway	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1241	E1029	NU	CR	W/C vent tray fixed	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase(x 10)
1242	E1029	RR	CR	W/C vent tray fixed	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1243	E1030	NU	CR	W/C vent tray gimbaled	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1244	E1030	RR	CR	W/C vent tray gimbaled	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase(x 10).
1245	E1031	RR	CR	Rollabout chair with casters	Yes	Yes	Yes	Yes	Yes	5 yr RUL	1/5 years	-	All options and accessories are included. Only chairs with 5" diameter casters. <b>Ok for use outside of home.</b> A replacement accessory for a rollabout or transport chair is billed using code E1399.
1246	E1035	RR	CR	Multi-positional patient transfer system with integrated seat, operated by caregiver, pt wt <= 300lb	THP	eviCore	eviCore	eviCore	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
1247	E1036	RR	CR	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, pt wt > 300 lbs	THP	eviCore	eviCore	eviCore	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.
1248	E1037	RR	CR	Transport chair, ped size	Yes	Yes	Yes	Yes	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 standarddd wc still in 5 yr RUL cannot obtain transport chair unless documentaion of change in condition submitted.
1249	E1038	RR	CR	Transport chair pt wt <= 300lb	Yes	Yes	Yes	Yes	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 standarddd wc still in 5 yr RUL cannot obtain transport chair unless documentaion of change in condition submitted.
1250	E1039	RR	CR	Transport chair pt wt > 300lb	Yes	Yes	Yes	Yes	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.
1251	E1050	RR	CR	Wheelchlr fxd full length arms, fully recline	THP	eviCore	eviCore	eviCore	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	E1060	RR	CR	Wheelchair detachable arms, fully recline	THP	eviCore	eviCore	eviCore	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	E1070	RR	CR	Wheelchair detachable arms, footrest, fully recline	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1254	E1083	RR	CR	Hemi-wheelchair fixed arms, detach elevating legrest	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1255	E1084	RR	CR	Hemi-wheelchair detachable arm, swing away detach elevat legrest	THP	eviCore	eviCore	eviCore	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	E1085	RR	-	Hemi-wheelchair fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1257	E1086	RR	-	Hemi-wheelchair detachable arms	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1258	E1087	RR	CR	Wheelchair lightwt fixed arm	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1259	E1088	RR	CR	Wheelchair lightweight det a	THP	eviCore	eviCore	eviCore	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
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1260	E1089	RR	-	Wheelchair ltwt fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1261	E1090	RR	-	Wheelchair ltwt det arms	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1262	E1092	RR	CR	Wheelchair wide w/ leg rests	THP	eviCore	eviCore	eviCore	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	E1093	RR	CR	Wheelchair wide w/ foot rest	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1264	E1100	RR	CR	Whchr s-recl fxd arm leg res	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1265	E1110	RR	CR	Wheelchair semi-recl detach	THP	eviCore	eviCore	eviCore	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	E1130	RR	-	Wheelchair stand fixed arm foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1267	E1140	RR	-	Wheelchair standard detached arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1268	E1150	RR	CR	Wheelchair standard w/ leg r	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1269	E1160	RR	CR	Wheelchair fixed arms	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1270	E1161	RR	CR	Manual adult wc w tilt in spac	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 years	-	<b>MHT Purchase (x 10).</b> 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.
1271	E1170	RR	CR	Wheelchr ampu fxd arm leg rest	THP	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1272	E1171	RR	CR	Wheelchair amputee wo leg right	THP	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1273	E1172	RR	CR	Wheelchair amputee detach arm	THP	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1274	E1180	RR	CR	Wheelchair amputee w/ foot right	THP	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1275	E1190	RR	CR	Wheelchair amputee w/leg rest	THP	Yes	Yes	Yes	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1276	E1195	RR	CR	Wheelchair amputee heavy duty	THP	eviCore	eviCore	eviCore	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	E1200	RR	CR	Wheelchair amputee fixed arm	THP	eviCore	eviCore	eviCore	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	E1220	RR	-	Specially constructed wheelchair	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	<b>Manufacture Invoice Required</b>	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1279	E1221	RR	CR	Wheelchair spec size w foot	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1280	E1222	RR	CR	Wheelchair spec size w/ leg	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1281	E1223	RR	CR	Wheelchair spec size w foot	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1282	E1224	RR	CR	Wheelchair spec size w/ leg	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1283	E1225	RR	CR	Manual semi-reclining back recline greater than 15 degrees but less than 80 degrees	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	<b>MHT Purchase(x 10).</b> 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.
1284	E1226	NU	IN	Manual fully reclining back reclines 80 degrees or greater	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1285	E1226	RR	IN	Manual fully reclining back reclines 80 degrees or greater	THP	eviCore	eviCore	eviCore	Purchase only	5 yr RUL	-	-	<b>MHT Purchase Item.</b>
1286	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 <b>E1227</b> 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.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1287	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	-	-
1288	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.
1289	E1229	RR	-	Wheelchair, ped sz, NOS	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	Invoice Required	MHT Purchase Item x10. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules.
1290	E1230	NU	IN	Power operated vehicle, 3 or 4 wheel, nonhghwy, specify brand name and model #.	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Includes all options and accessories.
1291	E1230	RR	IN	Power operated vehicle	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Includes all options and accessories.
1292	E1231	NU	IN	Rigid ped w/c tilt-in-space	THP	Yes	Yes	Yes	Yes	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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1293	E1231	RR	IN	Rigid ped w/c tilt-in-space	THP	Yes	Yes	Yes	Purchase only	5 yr RUL	-	Invoice Required	MHT Purchase Item.
1294	E1232	NU	CR	Folding ped wc tilt-in-space	THP	Yes	Yes	Yes	Yes	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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1295	E1232	RR	CR	Folding ped wc tilt-in-space	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-
1296	E1233	NU	CR	Rig ped wc tilt in spac w/o seat	THP	Yes	Yes	Yes	Yes	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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1297	E1233	RR	CR	Rig ped wc tilt in spac w/o seat	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-
1298	E1234	NU	CR	Fld ped wc tilt in spac w/o seat	THP	Yes	Yes	Yes	Yes	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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1299	E1234	RR	CR	Fld ped wc tilt in spac w/o seat	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-
1300	E1235	NU	CR	Rigid ped wc adjustable	THP	Yes	Yes	Yes	Yes	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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1301	E1235	RR	CR	Rigid ped wc adjustable	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-
1302	E1236	NU	CR	Folding ped wc adjustable	THP	Yes	Yes	Yes	Yes	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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1303	E1236	RR	CR	Folding ped wc adjustable	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1304	E1237	NU	CR	Rgd ped wc adjustable w/o seat	THP	Yes	Yes	Yes	Yes	5 yr RUL	1/5 years	-	<b>MHT Purchase (x10).</b> 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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1305	E1237	RR	CR	Rgd ped wc adjustable w/o seat	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-
1306	E1238	NU	CR	Fld ped wc adjustable w/o seat	THP	Yes	Yes	Yes	Yes	5 yr RUL	1/5 years	-	<b>MHT Purchase (x10).</b> 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 Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.
1307	E1238	RR	CR	Fld ped wc adjustable w/o seat	THP	Yes	Yes	Yes	Yes	5 yr RUL	-	-	-
1308	E1239	RR	-	Power wheelchair, pediatric, NEC	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	Not on WV 2024 DME FS	<b>Invoice required</b>	<b>MHT purchase.</b> Requires specific documentation or description and reason alternative HCPCS code not able to be used.
1309	E1240	RR	CR	Wheechr litwt det arm leg rest	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1310	E1250	RR	-	Wheelchair ltwt fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Not in RBRVS. See K0003
1311	E1260	RR	-	Wheelchair ltwt foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	As above. See K0003.
1312	E1270	RR	CR	Wheelchair lightweight leg r	THP	eviCore	evicore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1313	E1280	RR	CR	Wheechr h-duty det arm leg res	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1314	E1285	RR	-	Wheelchair HD fixed	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1315	E1290	RR	-	Wheelchair HD detached arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1316	E1295	RR	CR	Wheelchair heavy duty fixed	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1317	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
1318	E1296	RR	IN	Wheelchair special seat height	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1319	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
1320	E1297	RR	IN	Wheelchair special seat dept	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1321	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
1322	E1298	RR	IN	Wheelchair spec seat depth/w	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1323	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
1324	E1301	-	-	Whirlpool tub, walk-in, portable	NC	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Replaced K1003. eviCore requires precert but this is not covered by Medicare, Same as E1300.
1325	E1310	NU	IN	Whirlpool non-portable	THP	eviCore	eviCore	eviCore	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.
1326	E1310	RR	IN	Whirlpool non-portable	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Falls in commercial exclusions.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1327	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.
1328	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.
1329	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.
1330	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.
1331	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.
1332	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.
1333	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.
1334	E1372	NU	IN	Immersion external heater for nebuliz	THP	eviCore	eviCore	eviCore	eviCore	3-5 Yr RUL	1/5 rolling years	-	<b>NSB if provided w/ O2 system at any time.</b> 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.
1335	E1372	RR	IN	Immersion external heater for nebuliz	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1336	E1390	RR	OX	Oxygen concentrator	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Medicaid LOB to follow Medicaid processes on yearly recertification. Continuous rental for Medicaid.
1337	E1391	RR	OX	Oxygen concentrator, dual	THP	eviCore	eviCore	eviCore	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.
1338	E1392	RR	OX	Portable oxygen concentrator	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Cannot bill E1392 with other portable (E0431, E0434, &K0738)
1339	E1399	-	OX	DME miscellaneous	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Manufacturer's invoice and description of item. <b>USUALLY NOT COVERED</b>
1340	E1405	RR	OX	O2/water vapor enrich w/heat	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Since codes 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. <b>NSB with multifunction home ventilator system.</b>
1341	E1406	RR	OX	O2/water vapor enrich w/o heat	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Since codes 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. <b>NSB with multifunction home ventilator system.</b>
1342	E1700	NU	CR	Jaw motion rehab system	THP	eviCore	eviCore	eviCore	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.
1343	E1700	RR	CR	Jaw motion rehab system	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Therabite or Oratech Only. NC for commercial TMJ tx. 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.
1344	E1701	-	SU	Repl cushions for jaw motion	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	NSB at initial provision. Replacement covered once outside CR rental period.
1345	E1702	-	SU	Repl measr scales jaw motion	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	NSB at initial provision. Replacement covered once outside CR rental period.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1346	E1800	RR	CR	Adjust elbow ext/flex device	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	low-load prolonged-duration stretch (LLPS) devices/dynamic stretch devices
1347	E1801	RR	CR	SPS elbow dev, est/flex, w/or w/o ROM adj	N/C	eviCore	N/C	NC	N/C	-	Not on WV 2024 DME FS	-	ASO will follow Medicare coverage.
1348	E1802	RR	CR	Adjust forearm pro/sup device	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1349	E1805	RR	CR	Adjust wrist ext/flex device	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1350	E1806	RR	CR	SPS wrist device	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1351	E1810	RR	CR	Adjust knee ext/flex device	THP	Yes	Yes	Yes	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.
1352	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	-	-
1353	E1812	RR	CR	Knee ext/flex w act res ctrl	THP	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1354	E1815	RR	CR	Adjust ankle ext/flex device	THP	Yes	Yes	Yes	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
1355	E1816	RR	CR	SPS ankle device	N/C	Yes	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1356	E1818	RR	CR	SPS forearm device	N/C	Yes	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1357	E1820	NU	IN	Soft interface material, repl	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Covered only for COVERED patient owned device. Included in rental payment during rental period.
1358	E1820	RR	IN	Soft interface material	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Covered only for COVERED patient owned device. Included in rental payment during rental period.
1359	E1821	NU	IN	Replacement interface SPSD	N/C	Yes	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	If SPS system not covered so replacement interface would not be covered.
1360	E1821	RR	IN	Replacement interface SPSD	N/C	Yes	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1361	E1825	RR	CR	Adjust finger ext/flex devc	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1362	E1828	-	-	Dynamic adjustable toe extension only device, includes soft interface material"	THP	THP	THP	THP	N/C	-	-	-	New January 2025
1363	E1829	-	-	"Dynamic adjustable toe flexion only device, includes soft interface material"	THP	THP	THP	THP	N/C	-	-	-	New January 2025
1364	E1830	RR	CR	Adjust toe ext/flex device dynamic	THP	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Description revision in 2025 to Dynamic adjustable toe extension and flexion device, includes soft interface material"
1365	E1831	RR	CR	Static progressive stretch toe device, extension/flexion, with or without range of motion adjustment, includes all components & accessories	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV 2024 DME FS	-	Not covered for home use. NSB in institutional use. Denial =D311 bundled.
1366	E1840	RR	CR	Adj shoulder ext/flex device, dynamic	N/C	eviCore	N/C	N/C	N/C	-	-	-	-
1367	E1841	RR	CR	SPS shoulder dev, w/or w/o ROM, inclds all	N/C	eviCore	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1368	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...
1369	E2000	RR	CR	Gastric suction pump hme mdl	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	A7002 sep billable with E2000 when E2000 is covered.
1370	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.
1371	E2100	NU	IN	Bld glucose monitor w voice	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 rolling years	-	May be approved PBM w/documentation. Codes A4233, A4234, A4235, A4236 are included in the allowance for E2100. WV Medicaid adds codes A4256 and A4258 to the allowance.
1372	E2100	RR	IN	Bld glucose monitor w voice	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1373	E2101	NU	IN	Bld glucose monitor w lance	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	May be approved PBM w/documentation. Codes A4233, A4234, A4235, A4236 are included in the allowance.
1374	E2101	RR	IN	Bld glucose monitor w lance	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1375	E2102	NU	IN	Adjunctive continuous monitor/or receiver	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Please refer to THP contracts for any old coding	-
1376	E2102	RR	IN	Adjunctive continuous monitor/or receiver	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Please refer to THP contracts for any old coding	-
1377	E2103	NU	IN	Non-adjunctive, non implanted continuous glucose monitor or receiver	THP	eviCore	eviCore	eviCore	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.
1378	E2103	RR	IN	Non-adjunctive, non implanted continuous glucose monitor or receiver	THP	eviCore	eviCore	eviCore	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.
1379	E2104	-	-	Blood glucose monitors with an integrated lancing and/or blood sampling mechanism."	THP	eviCore	eviCore	eviCore	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.
1380	E2120	RR	CR	Pulse gen sys tx endolymph fl	N/C	N/C	N/C	Yes	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
1381	E2201	NU	IN	Man w/ch acc seat w >= 20" < 24"	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Based on member's physical dimensions.
1382	E2201	RR	IN	Man w/ch acc seat w >= 20" < 24"	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1383	E2202	NU	IN	Seat width 24-27 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Based on patient's physical dimensions.
1384	E2202	RR	IN	Seat width 24-27 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1385	E2203	NU	IN	Frame depth less than 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Based on patient's physical dimensions.
1386	E2203	RR	IN	Frame depth less than 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1387	E2204	NU	IN	Frame depth 22 to 25 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Based on patient's physical dimensions.
1388	E2204	RR	IN	Frame depth 22 to 25 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1389	E2205	NU	IN	Manual wc accessory, handrim replace	Yes	Yes	Yes	Yes	Yes	-	-	-	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
1390	E2205	RR	IN	Manual wc accessory, handrim, replace	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1391	E2206	NU	IN	Complete wheel lock assembly, complete. Replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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
1392	E2206	RR	IN	Complete wheel lock assembly, complete. Replacement only, each	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1393	E2207	NU	IN	Crutch and cane holder	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1394	E2207	RR	IN	Crutch and cane holder	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1395	E2208	NU	IN	Cylinder tank carrier	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1396	E2208	RR	IN	Cylinder tank carrier	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1397	E2209	NU	IN	Arm trough each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1398	E2209	RR	IN	Arm trough each	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1399	E2210	NU	IN	Wheelchair bearings,any type, replace, ea	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1400	E2210	RR	IN	Wheelchair bearings,any type, replace, ea	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1401	E2211	NU	IN	Pneumatic propulsion tire	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable with K0070
1402	E2211	RR	IN	Pneumatic propulsion tire	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1403	E2212	NU	IN	Pneumatic prop tire tube	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable with K0070.
1404	E2212	RR	IN	Pneumatic prop tire tube	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1405	E2213	NU	IN	Pneumatic prop tire insert	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1406	E2213	RR	IN	Pneumatic prop tire insert	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1407	E2214	NU	IN	Pneumatic caster tire each	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable with K0071
1408	E2214	RR	IN	Pneumatic caster tire each	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1409	E2215	NU	IN	Pneumatic caster tire tube	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable with K0071.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1410	E2215	RR	IN	Pneumatic caster tire tube	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1411	E2216	NU	IN	Foam filled propulsion tire	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1412	E2216	RR	IN	Foam filled propulsion tire	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1413	E2217	NU	IN	Foam filled caster tire each	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1414	E2217	RR	IN	Foam filled caster tire each	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1415	E2218	NU	IN	Foam propulsion tire each	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1416	E2218	RR	IN	Foam propulsion tire each	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1417	E2219	NU	IN	Foam caster tire any size ea	Yes	Yes	Yes	Yes	Yes	-	-	-	Not reimbursable w/ K0072.
1418	E2219	RR	IN	Foam caster tire any size ea	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1419	E2220	NU	IN	Manual wheelchair accessory, solid(rubber/plastic) propulsion tire, any size, Replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1420	E2220	RR	IN	Manual wheelchair accessory, solid(rubber/plastic) propulsion tire, any size, Replacement only, each	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	-
1421	E2221	NU	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, Each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1422	E2221	RR	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, Each	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	-
1423	E2222	NU	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, Each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1424	E2222	RR	IN	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, Each	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	-
1425	E2224	NU	IN	Propulsion wheel excludes tire, any size, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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 K0070. Medicaid does not list K0069 but K0077.
1426	E2224	RR	IN	Propulsion wheel excludes tire, any size, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1427	E2225	NU	IN	Caster wheel excludes tire, repl only	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1428	E2225	RR	IN	Caster wheel excludes tire repl only	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1429	E2226	NU	IN	Caster fork replacement only	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
1430	E2226	RR	IN	Caster fork replacement only	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1431	E2227	NU	CR	Gear reduction drive wheel	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1432	E2227	RR	CR	Gear reduction drive wheel	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1433	E2228	NU	CR	MWC acc, wheelchair brake	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1434	E2228	RR	CR	MWC acc, wheelchair brake	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1435	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).
1436	E2231	NU	-	Manual wc access, solid seat support bac, replaces sling, includes all hardware	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1437	E2231	RR	-	Manual wc acces, solid seat, (replaces sling seat), includes any type mounting hardware	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item. Replaces K0108.
1438	E2291	NU	-	Back, planar, for pediatric wc	THP	eviCore	eviCore	eviCore	eviCore	-	-	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.
1439	E2292	NU	-	Seat, planar, for pediatric wc	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice Required	MHT Covered for members up to 21 yrs of age.
1440	E2293	NU	-	Back, contoured for pediatric wc	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice Required	MHT Covered for members up to 21 yrs of age.
1441	E2294	NU	-	Seat, contoured for pediatric wc	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice Required	MHT Covered for members up to 21 yrs of age.



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1442	E2295	RR	-	Manual WC access, pediatric size WC, dynamic seating frame, allows coordinated movement of multiple positioning features	THP	THP	THP	THP	THP	-	-	Invoice Required	Replaces K0108 2009.
1443	E2295	NU	-	Manual WC access, pediatric size WC, dynamic seating frame, allows coordinated movement of multiple positioning features	THP	THP	THP	THP	THP	-	-	Invoice Required	Replaces K0108 2009.
1444	E2298	-	CR	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Invoice Required	<b>April 1st 2024.</b> Since E2300 was/is not covered by WV Medicaid, at this time have noncovered for WV Medicaid. Code should be listed on claim per DOS.
1445	E2300	NU	-	WC access, power seat elevation system, any type	THP	evicore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Invoice Required	<b>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.</b> Code should be per DOS. Policy Article A52504A.
1446	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.
1447	E2310	NU	CR	Electro connect btw control	THP	eviCore	evicore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> N/C for power seat elevation / power standing features.
1448	E2310	RR	CR	Electro connect btw control	THP	eviCore	evicore	eviCore	eviCore	-	-	-	-
1449	E2311	NU	CR	Electro connect btw 2 sys	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> N/C for power seat elevation / power standing features.
1450	E2311	RR	CR	Electro connect btw 2 sys	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1451	E2312	NU	CR	Mini-prop remote joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> 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.
1452	E2312	KC	CR	Mini-prop remote joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1453	E2312	RR	CR	Mini-prop remote joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1454	E2313	NU	CR	PWC harness, expand control	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b>
1455	E2313	RR	CR	PWC harness, expand control	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1456	E2321	NU	CR	Hand interface joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.
1457	E2321	KC	CR	Hand interface joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1458	E2321	RR	CR	Hand interface joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1459	E2322	NU	CR	Mult mech switches	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b>
1460	E2322	KC	CR	Mult mech switches	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1461	E2322	RR	CR	Mult mech switches	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1462	E2323	NU	IN	Special joystick handle	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1463	E2323	RR	IN	Special joystick handle	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1464	E2324	NU	IN	Chin cup interface	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1465	E2324	RR	IN	Chin cup interface	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	<b>MHT Purchase Item.</b>
1466	E2325	NU	CR	Sip and puff interface	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> Not billable w/E1028. A mechanical stop switch is included in the allowance for E2325.
1467	E2325	RR	CR	Sip and puff interface	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1468	E2326	NU	CR	Breath tube kit	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> E2326 can be billed with E2325.
1469	E2326	RR	CR	Breath tube kit	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1470	E2327	NU	CR	Head control interface mech	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> A mechanical direction control switch is included in the code.
1471	E2327	KC	CR	Head control interface mech	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1472	E2327	RR	CR	Head control interface mech	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1473	E2328	NU	CR	Head/extremity control inter	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b>
1474	E2328	RR	CR	Head/extremity control inter	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1475	E2329	NU	CR	Head control nonproportional	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase (x10).</b> A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.
1476	E2329	RR	CR	Head control nonproportional	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-

	A	B	C	D	E	F	G	H	I	J	K	L	M	
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL	
1477	E2330	NU	CR	Head control proximity switch	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase (x10). A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.	
1478	E2330	RR	CR	Head control proximity switch	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-	
1479	E2331	RR	-	Attendant control, proportional	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Invoice required	May be provided in place of, but not with patient operated system	
1480	E2340	NU	IN	W/c width 20-23 in seat frame	N/C	eviCore	N/C	N/C	eviCore	-	-	-	MHT Based on member's physical dimensions. Medicare, PEIA and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1481	E2340	RR	IN	W/c width 20-23 in seat frame	N/C	eviCore	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1482	E2341	NU	IN	W/c width 24-27 in seat frame	N/C	eviCore	N/C	N/C	eviCore	-	-	-	MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1483	E2341	RR	IN	W/c width 24-27 in seat frame	N/C	eviCore	N/C	N/C	eviCore	-	-	-	MHT Purchase Item.	
1484	E2342	NU	IN	W/c depth 20-21 in seat frame	N/C	eviCore	N/C	N/C	eviCore	-	-	-	MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1485	E2342	RR	IN	W/c depth 20-21 in seat frame	N/C	eviCore	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1486	E2343	NU	IN	W/c depth 22-25 in seat frame	N/C	N/C	N/C	N/C	eviCore	-	-	-	MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.	
1487	E2343	RR	IN	W/c depth 22-25 in seat frame	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1488	E2351	NU	CR	Electronic SGD interface	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Medicaid: Covered if member has a Medicaid approved SGD.	
1489	E2351	RR	CR	Electronic SGD interface	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.	
1490	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	
1491	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	-	-	-	-	
1492	E2359	NU	IN	Power w/c accessory, group 34, sealed lead acid battery, ea (e.g. cell absorbed glassmat)	THP	eviCore	eviCore	eviCore	eviCore	2 batteries at one time. Warranty applies	-	-	-	-
1493	E2359	RR	IN	Power w/c accessory, group 34, sealed lead acid battery, ea (e.g. cell absorbed glassmat)	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.	
1494	E2360	NU	IN	22nf nonsealed leadacid	N/C	N/C	N/C	N/C	eviCore	-	2/2 rolling years	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24	
1495	E2360	RR	IN	22nf nonsealed leadacid	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1496	E2361	NU	IN	22nf sealed leadacid battery	THP	eviCore	eviCore	eviCore	eviCore	2 batteries at one time. Warranty applies	2/2 rolling years	-	-	
1497	E2361	RR	IN	22nf sealed leadacid battery	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.	
1498	E2362	NU	IN	Gr24 nonsealed leadacid	N/C	N/C	N/C	N/C	eviCore	-	2/2 rolling years	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24	
1499	E2362	RR	IN	Gr24 nonsealed leadacid	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1500	E2363	NU	IN	Gr24 sealed leadacid battery	THP	eviCore	eviCore	eviCore	eviCore	2 batteries. Warranty applies	2/2 rolling years	-	-	
1501	E2363	RR	IN	Gr24 sealed leadacid battery	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.	
1502	E2364	NU	IN	U1 nonsealed leadacid battery	N/C	N/C	N/C	N/C	eviCore	-	2/2 rolling years	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24	
1503	E2364	RR	IN	U1 nonsealed leadacid battery	N/C	N/C	N/C	N/C	Purchase only	-	-	-	MHT Purchase Item.	
1504	E2365	NU	IN	U1 sealed leadacid battery	THP	eviCore	eviCore	eviCore	eviCore	2 batteries. Warranty applies	2/2 rolling years	-	-	
1505	E2365	RR	IN	U1 sealed leadacid battery	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.	
1506	E2366	NU	IN	Battery charger, single mode	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.	
1507	E2366	RR	IN	Battery charger, single mode	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.	
1508	E2367	NU	IN	Battery charger, dual mode	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid 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.	
1509	E2367	RR	IN	Battery charger, dual mode	N/C	N/C	N/C	N/C	N/C	-	-	-	-	
1510	E2368	NU	CR	Power w/c drive wheel motor replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.	
1511	E2368	RR	CR	Power w/c drive wheel motor replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-	
1512	E2369	NU	CR	Pwr w/c drive wheel gear box replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.	

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1513	E2369	RR	CR	Pwr wc drive wheel gear box replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1514	E2370	NU	CR	Pwr wc integrated drive wheel motor & gear box combo, replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
1515	E2370	RR	CR	Pwr wc integrated drive wheel motor & gear box combo, replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1516	E2371	NU	IN	Gr27 sealed leadacid battery	THP	eviCore	eviCore	eviCore	eviCore	2 batteries at one time. Warranty applies	-	-	-
1517	E2371	RR	IN	Gr27 sealed leadacid battery	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1518	E2372	NU	IN	Gr27 non-sealed leadacid	N/C	N/C	N/C	N/C	eviCore	-	-	Invoice Required	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
1519	E2372	RR	IN	Gr27 non-sealed leadacid	N/C	N/C	N/C	N/C	Purchase only	-	-	Invoice Required	MHT Purchase Item.
1520	E2373	NU	CR	Hand/chin ctrl spec joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1521	E2373	KC	CR	Hand/chin ctrl spec joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1522	E2373	RR	CR	Hand/chin ctrl spec joystick	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1523	E2374	NU	CR	Hand/chin ctrl std joystick, replac	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1524	E2374	RR	CR	Hand/chin ctrl std joystick, replac	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1525	E2375	NU	CR	Non-expandable controller, replac	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1526	E2375	RR	CR	Non-expandable controller, replac	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1527	E2376	NU	CR	Expandable controller, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1528	E2376	RR	CR	Expandable controller, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1529	E2377	NU	CR	Expandable controller, initl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1530	E2377	RR	CR	Expandable controller, initl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1531	E2378	NU	CR	Pwr actuator, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1532	E2378	RR	CR	Pwr actuator ,replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase ( x10).
1533	E2381	NU	IN	Pneum drive wheel tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1534	E2381	RR	IN	Pneum drive wheel tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1535	E2382	NU	IN	Tube, pneum wheel drive tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1536	E2382	RR	IN	Tube, pneum wheel drive tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1537	E2383	NU	IN	Insert, pneum wheel drive, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1538	E2383	RR	IN	Insert, pneum wheel drive, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1539	E2384	NU	IN	Pneumatic caster tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1540	E2384	RR	IN	Pneumatic caster tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1541	E2385	NU	IN	Tube, pneumatic caster tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1542	E2385	RR	IN	Tube, pneumatic caster tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1543	E2386	NU	IN	Foam filled drive wheel tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1544	E2386	RR	IN	Foam filled drive wheel tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1545	E2387	NU	IN	Foam filled caster tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1546	E2387	RR	IN	Foam filled caster tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1547	E2388	NU	IN	Foam drive wheel tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1548	E2388	RR	IN	Foam drive wheel tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1549	E2389	NU	IN	Foam caster tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1550	E2389	RR	IN	Foam caster tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1551	E2390	NU	IN	Solid drive wheel tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1552	E2390	RR	IN	Solid drive wheel tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1553	E2391	NU	IN	Solid caster tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1554	E2391	RR	IN	Solid caster tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1555	E2392	NU	IN	Solid caster tire, integrate, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1556	E2392	RR	IN	Solid caster tire, integrate, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1557	E2394	NU	IN	Drive wheel excludes tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1558	E2394	RR	IN	Drive wheel excludes tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1559	E2395	NU	IN	Caster wheel excludes tire, repl	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1560	E2395	RR	IN	Caster wheel excludes tire, repl	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1561	E2396	NU	IN	Caster fork	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1562	E2396	RR	IN	Caster fork	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1563	E2397	NU	IN	Pwc acc, lith-based battery	THP	eviCore	eviCore	eviCore	eviCore	1 / 3 years	-	-	Only one lithium battery (E2397) is allowed at any one time. Article (A52504)
1564	E2397	RR	IN	Pwc acc, lith-based battery	THP	eviCore	eviCore	eviCore	Purchase only	1 / 3 years	-	-	MHT Purchase Item.
1565	E2398	-	-	Wheelchair accessory, dynamic positioning hardware for back	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1566	E2402	RR	CR	Neg press wound therapy pump	THP	eviCore	eviCore	eviCore	eviCore	-	-	Contract Specific	-
1567	E2500	NU	CR	SGD digitized pre-rec <=8min	THP	eviCore	eviCore	eviCore	eviCore	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.
1568	E2500	RR	CR	SGD digitized pre-rec <=8min	THP	eviCore	eviCore	eviCore	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1569	E2502	NU	CR	SGD prerec msg >8min <=20min	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1570	E2502	RR	CR	SGD prerec msg >8min <=20min	THP	eviCore	eviCore	eviCore	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1571	E2504	NU	CR	SGD prerec msg>20min <=40min	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1572	E2504	RR	CR	SGD prerec msg>20min <=40min	THP	eviCore	eviCore	eviCore	Purchase only	5 yr RUL	-	-	-
1573	E2506	NU	CR	SGD prerec msg > 40 min	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1574	E2506	RR	CR	SGD prerec msg > 40 min	THP	eviCore	eviCore	eviCore	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1575	E2508	NU	CR	SGD spelling phys contact	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1576	E2508	RR	CR	SGD spelling phys contact	THP	eviCore	eviCore	eviCore	Purchase only	5 yr RUL	-	-	MHT Purchase Item.
1577	E2510	NU	IN	SGD w multi methods msg/accs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	Cost Invoice for MHT	-
1578	E2510	RR	IN	SGD w multi methods msg/accs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1579	E2511	NU	IN	SGD sftwre prgrm for PC/PDA	THP	eviCore	eviCore	eviCore	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.
1580	E2511	RR	IN	SGD sftwre prgrm for PC/PDA	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	-	-	-
1581	E2512	NU	IN	SGD accessory, mounting sys	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	Invoice Required	-
1582	E2512	RR	IN	SGD accessory, mounting sys	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	-
1583	E2513	-	-	Accessory for speech generating device, electromyographic sensor	THP	THP	THP	THP	N/C	-	Not on WV 2024 DME FS	-	There appears to be insufficient peer review evidence at this time.
1584	E2599	NU	-	SGD accessory, miscell	THP	eviCore	eviCore	eviCore	eviCore	-	-	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.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1585	E2601	NU	IN	Gen w/c cushion wth < 22 in	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	-
1586	E2601	RR	IN	Gen w/c cushion wth < 22 in	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1587	E2602	NU	IN	Gen w/c cushion wth > = 22 in	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	-
1588	E2602	RR	IN	Gen w/c cushion wth > = 22 in	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1589	E2603	NU	IN	Skin protect wc cus wd < 22 in	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	-
1590	E2603	RR	IN	Skin protect wc cus wd < 22 in	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1591	E2604	NU	IN	Skin protect wc cus wd > = 22 in	Yes	Yes	Yes	Yes	Yes	-	1/2 rolling years	-	-
1592	E2604	RR	IN	Skin protect wc cus wd > = 22 in	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1593	E2605	NU	IN	Position wc cush wth < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1594	E2605	RR	IN	Position wc cush wth < 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1595	E2606	NU	IN	Position wc cush wth > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1596	E2606	RR	IN	Position wc cush wth > = 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1597	E2607	NU	IN	Skin pro/pos wc cus wd < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1598	E2607	RR	IN	Skin pro/pos wc cus wd < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1599	E2608	NU	IN	Skin pro/pos wc cus wd > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1600	E2608	RR	IN	Skin pro/pos wc cus wd > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1601	E2609	NU	IN	Custom fabricated seat cushion, any size	THP	eviCore	eviCore	eviCore	eviCore	-	-	Manufacture's Invoice Required	-
1602	E2609	RR	IN	Custom fabricated seat cushion, any size	THP	eviCore	eviCore	eviCore	eviCore	-	-	Manufacture's Invoice Required	-
1603	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
1604	E2611	NU	IN	Gen use back cush wth < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1605	E2611	RR	IN	Gen use back cush wth < 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1606	E2612	NU	IN	Gen use back cush wth > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1607	E2612	RR	IN	Gen use back cush wth > = 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1608	E2613	NU	IN	Position back cush wd < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1609	E2613	RR	IN	Position back cush wd < 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1610	E2614	NU	IN	Position back cush wd > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1611	E2614	RR	IN	Position back cush wd > = 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1612	E2615	NU	IN	Pos back post/lat wth < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1613	E2615	RR	IN	Pos back post/lat wth < 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1614	E2616	NU	IN	Pos back post/lat wth > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	-	-
1615	E2616	RR	IN	Pos back post/lat wth > = 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1616	E2617	RR	-	Custom wc back cushion, any size	THP	eviCore	eviCore	eviCore	eviCore	-	1/2 rolling years	Manufacture's Invoice Required	-
1617	E2619	NU	IN	Replace cover w/c seat cush	Yes	Yes	Yes	Yes	Yes	-	-	-	They may only be used for replacements, not at the time of initial issue.
1618	E2619	RR	IN	Replace cover w/c seat cush	Yes	Yes	Yes	Yes	Purchase only	-	4/ rolling year	-	MHT Purchase Item.
1619	E2620	NU	IN	WC planar back cush wd < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1620	E2620	RR	IN	WC planar back cush wd < 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1621	E2621	NU	IN	WC planar back cush wd > = 22 in	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1622	E2621	RR	IN	WC planar back cush wd > = 22 in	THP	eviCore	eviCore	eviCore	Purchase only	-	-	-	MHT Purchase Item.
1623	E2622	NU	IN	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
1624	E2622	RR	IN	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	THP	eviCore	eviCore	eviCore	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1625	E2623	NU	IN	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	THP	eviCore	eviCore	eviCore	eviCore	-	1 per rolling 2 years	-	-
1626	E2623	RR	IN	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	THP	eviCore	eviCore	eviCore	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1627	E2624	NU	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	THP	eviCore	eviCore	eviCore	eviCore	-	1 per rolling 2 years	-	-

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1628	E2624	RR	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	THP	eviCore	eviCore	eviCore	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1629	E2625	NU	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater	THP	eviCore	eviCore	eviCore	eviCore	-	1 per rolling 2 years	-	-
1630	E2625	RR	IN	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater	THP	eviCore	eviCore	eviCore	Purchase only	-	1 per rolling 2 years	-	MHT Purchase Item.
1631	E2626	NU	IN	Seo mobile arm support attached to wc	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1632	E2626	RR	IN	Seo mobile arm support attached to wc	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1633	E2627	NU	IN	Arm support attached to wc rancho ty	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1634	E2627	RR	IN	Arm support attached to wc rancho ty	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1635	E2628	NU	IN	Mobile arm support reclining	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1636	E2628	RR	IN	Mobile arm support reclining	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1637	E2629	NU	IN	Friction dampening arm support	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1638	E2629	RR	IN	Friction dampening arm support	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1639	E2630	NU	IN	Monosuspension arm/hand support	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1640	E2630	RR	IN	Monosuspension arm/hand support	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1641	E2631	NU	IN	Elevate proximal arm support	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1642	E2631	RR	IN	Elevate proximal arm support	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1643	E2632	NU	IN	Offset /lat rocker arm w/ elastic balance control	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1644	E2632	RR	IN	Offset /lat rocker arm w/ elastic balance control	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1645	E2633	NU	IN	Mobile arm support supinator	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1646	E2633	RR	IN	Mobile arm support supinator	Yes	Yes	Yes	Yes	Purchase only	-	-	-	MHT Purchase Item.
1647	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.
1648	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.
1649	E8000	NU	-	Gait trainer, pediatric, post support	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1650	E8001	NU	-	Gait trainer, pediatric, upright support	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1651	E8002	NU	-	Gait trainer, pediatric, anterior support	N/C	N/C	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	-
1652	K0001	RR	CR	Standard wheelchair	THP	eviCore	eviCore	eviCore	eviCore	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. <b>Not covered if primary use is outside the home.</b>
1653	K0002	RR	CR	Std hemi (low seat) whlchr	THP	eviCore	eviCore	eviCore	eviCore	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. <b>Not covered if primary use is outside the home.</b>
1654	K0003	RR	CR	Lightweight wheelchair	THP	eviCore	eviCore	eviCore	eviCore	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. <b>Not covered if primary use is outside the home.</b>
1655	K0004	RR	CR	High strength ltwt whlchr	THP	eviCore	eviCore	eviCore	eviCore	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. <b>Not covered if primary use is outside the home.</b>

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1656	K0005	NU	IN	Ultralightweight wheelchair	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	-	<b>MHT 10 mo cap rental.</b> 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. <b>Not covered if primary use is outside the home.</b>
1657	K0005	RR	IN	Ultralightweight wheelchair	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	-	-
1658	K0006	RR	CR	Heavy duty wheelchair	THP	eviCore	eviCore	eviCore	eviCore	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. <b>Not covered if primary use is outside the home.</b>
1659	K0007	RR	CR	Extra heavy duty wheelchair	THP	eviCore	eviCore	eviCore	eviCore	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. <b>Not covered if primary use is outside the home.</b>
1660	K0008	RR	CR	Custom manual wheelchair base	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	<b>Invoice and description required</b>	Will need specific documentation for this code. <b>Not covered if primary use is outside the home.</b>
1661	K0009	RR	CR	Other manual wheelchair bases, NOS	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	<b>Invoice and description required</b>	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. <b>Not covered if primary use is outside the home.</b>
1662	K0010	RR	CR	Stnd wt frame power whlchr	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable any other WC base or Power Operated Vehicle. <b>Not covered if primary use is outside the home.</b>
1663	K0011	RR	CR	Stnd wt pwr whlchr w control	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable any other WC base or Power Operated Vehicle. <b>Not covered if primary use is outside the home.</b>
1664	K0011	KF	CR	Stnd wt pwr whlchr w control	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	-
1665	K0012	RR	CR	Ltwt portbl power whlchr	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Not billable any other WC base or Power Operated Vehicle. <b>Not covered if primary use is outside the home.</b>
1666	K0013	RR	CR	Custom motorized power wheelchair base	THP	eviCore	eviCore	eviCore	N/C	1/5 years	Not on WV 2024 DME FS	<b>Invoice Required</b>	Manufactures description of item. <b>Usually not covered.</b>
1667	K0014	RR	CR	Other motorized/power wheelchair base	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice Required</b>	Not billable any other WC base or Power Operated Vehicle. Would need to document reason for this code. <b>Not covered if primary use is outside the home.</b>
1668	K0015	NU	CR	Detach non-adjus hght armrst	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1669	K0015	RR	CR	Detach non-adjus hght armrst	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase ( x10).</b>
1670	K0017	NU	IN	Detach adjust armrst base, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1671	K0017	RR	IN	Detach adjust armrst base, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b>
1672	K0018	NU	IN	Detach adjust armrst upper, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1673	K0018	RR	IN	Detach adjust armrst upper, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b>
1674	K0019	NU	IN	Arm pad, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1675	K0019	RR	IN	Arm pad, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	<b>MHT Purchase Item.</b>
1676	K0020	NU	IN	Fixed adjust armrst pair	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with power tilt and/or recline seating systems E1002- E1008. In addition to above WV Medicaid does not allow with K0813-K0843, K0848-K0891.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1677	K0020	RR	IN	Fixed adjust armrest pair	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1678	K0037	NU	IN	High mount flip up footrest, each	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable w/K0813-K0843, K0848-K0891. Considered part of power wheelchair equipment package.
1679	K0037	RR	IN	High mount flip-up footrest, replacement only, each	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT purchase Item
1680	K0038	NU	IN	Leg strap each	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable w/K0039.
1681	K0038	RR	IN	Leg strap each	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1682	K0039	NU	IN	Leg strap h style each	Yes	Yes	Yes	Yes	Yes	-	-	-	Not billable w/K0038.
1683	K0039	RR	IN	Leg strap h style each	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1684	K0040	NU	IN	Adjustable angle footplate	Yes	Yes	Yes	Yes	Yes	-	-	-	Included in equipment package of most power wheelchair packages. Can be billed with power leg elevation feature E1012. WV Medicaid does not allow with K0848 and K0891.
1685	K0040	RR	IN	Adjustable angle footplate	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1686	K0041	NU	IN	Large size footplate each	Yes	Yes	Yes	Yes	Yes	-	-	-	Included in equipment package of most power wheelchair packages. Not billable with K0813-K0843, K0848-K0891.
1687	K0041	RR	IN	Large size footplate each	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1688	K0042	NU	IN	Standard size footplate, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1689	K0042	RR	IN	Standard size footplate, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1690	K0043	NU	IN	Footrest lower extension tube, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1691	K0043	RR	IN	Footrest lower extension tube, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1692	K0044	NU	IN	Footrest upper hanger bracket, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1693	K0044	RR	IN	Footrest upper hanger bracket, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1694	K0045	NU	IN	Footrest complete assembly, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1695	K0045	RR	IN	Footrest complete assembly, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1696	K0046	NU	IN	Elevat legrst low extension tube, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1697	K0046	RR	IN	Elevat legrst low extension tube, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1698	K0047	NU	IN	Elevat legrst upper hanger bracket, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
1699	K0047	RR	IN	Elevat legrst upper hanger bracket, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1700	K0050	NU	IN	Ratchet assembly, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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 Medicaid.
1701	K0050	RR	IN	Ratchet assembly, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1702	K0051	NU	IN	Cam release assembly, footrest or legrest, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with power wc bases K0813-K0843, K0848-K0891. Power tilt/recline systems: E1002-E1008.
1703	K0051	RR	IN	Cam release assembly, footrest or legrest, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1704	K0052	NU	IN	Swingaway detachable footrests, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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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1705	K0052	RR	IN	Swingaway detachable footrests, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1706	K0053	NU	IN	Elevate footrest articulate	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with codes E1009, E1010, E1012, E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047.
1707	K0053	RR	IN	Elevate footrest articulate	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1708	K0056	NU	IN	Seat ht <17 or >=21 lwt wc	Yes	Yes	Yes	Yes	Yes	-	-	-	NSB w/initial chair if no adjustments of <17 inches or >21 inches. Need to indicate the adjustment w/ claim.
1709	K0056	RR	IN	Seat ht <17 or >=21 lwt wc	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1710	K0065	NU	IN	Spoke protectors	Yes	Yes	Yes	Yes	Yes	-	-	-	May not be Separately billable per type of chair.
1711	K0065	RR	IN	Spoke protectors	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1712	K0069	NU	IN	Rear wheel assembly, complete with solid tire, spokes or molded, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, and replacement tire/wheel E2220, E2224.
1713	K0069	RR	IN	Rear wheel assembly, complete with solid tire, spokes or molded, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1714	K0070	NU	CR	Rear Wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with manual wheelchair bases: E1161, E1229, E1231-E1238, K0001-K0007, K0009, and tires/tubes/wheel coded: E2211, E2212, E2224
1715	K0070	RR	CR	Rear Wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase (x10)
1716	K0071	NU	IN	Front caster assembly, complete, with pneumatic tire, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 and caster/tube/tire E2214, E2215, E2225, E2226.
1717	K0071	RR	IN	Front caster assembly, complete, with pneumatic tire, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item
1718	K0072	NU	IN	Front caster assembly, complete with semi-pneumatic tire, replacement, only each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 and cster/wheel/fork E2219, E2225, E2226.
1719	K0072	RR	IN	Front caster assembly, complete with semi-pneumatic tire, replacement, only each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1720	K0073	NU	IN	Caster pin lock each	Yes	Yes	Yes	Yes	Yes	-	-	-	-
1721	K0073	RR	IN	Caster pin lock each	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1722	K0077	NU	IN	Front caster assembly, complete, with solid tire, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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
1723	K0077	RR	IN	Front caster assembly, complete, with solid tire, replacement only, each	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1724	K0098	NU	IN	Drive belt power wheelchair, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Not billable with power wheelchair bases: K0813-K0843, K0848-K0891.
1725	K0098	RR	IN	Drive belt power wheelchair, replacement only	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	MHT Purchase Item.
1726	K0105	NU	IN	IV hanger	Yes	Yes	Yes	Yes	Yes	-	-	-	Covered if medically necessary over long term
1727	K0105	RR	IN	IV hanger	Yes	Yes	Yes	Yes	Yes	-	-	-	MHT Purchase Item.
1728	K0108	NU	-	Wheelchair accessory, NOS	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Invoice Required
1729	K0195	RR	CR	Elevating whlchair leg rests, pair	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	K0195 is billed for a caped rental wheelchair. Not billable with E1009, E1010, E1012, E0995, K0042- K0047.
1730	K0455	RR	FS	Pump uninterrupted infusion parenteral admin of med,(e.g. epoprostenol, treprostino)	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1731	K0462	-	-	Temp replmnt, pt owned equipment	THP	Yes	N/C	Yes	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.
1732	K0552	-	SU	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	Yes	Yes	Yes	Yes	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.
1733	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
1734	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

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1735	K0601	NU	IN	Repl batt silver oxide 1.5 v	Yes	Yes	Yes	Yes	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.
1736	K0602	NU	IN	Repl batt silver oxide 3 v	Yes	Yes	Yes	Yes	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.
1737	K0603	NU	IN	Repl batt alkaline 1.5 v	Yes	Yes	Yes	Yes	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.
1738	K0604	NU	IN	Repl batt lithium 3.6 v	Yes	Yes	Yes	Yes	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.
1739	K0605	NU	IN	Repl batt lithium 4.5 v	Yes	Yes	Yes	Yes	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.
1740	K0606	RR	CR	AED garment w elec analysis	THP	eviCore	eviCore	eviCore	eviCore	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.
1741	K0606	KF	CR	AED garment w elec analysis	THP	eviCore	eviCore	eviCore	eviCore	1/4 yrs	-	-	Not billable w/K0607-K0609.
1742	K0607	NU	CR	Repl batt for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.
1743	K0607	KF	CR	Repl batt for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.
1744	K0607	RR	CR	Repl batt for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.
1745	K0608	NU KF	IN	Repl garment for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.
1746	K0608	RR	IN	Repl garment for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1747	K0609	NU	SU	Repl electrode for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.
1748	K0609	KF	SU	Repl electrode for AED	Yes	Yes	Yes	Yes	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. <b>Precert Required if requesting prior to RUL of item.</b> 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.
1749	K0669	NU	-	WC access, wheelchair seat back/cushion, does not met specific code criteria or no written coding verification from DME PDAC	THP	eviCore	eviCore	eviCore	eviCore	-	-	<b>Invoice required</b>	Would need information as to why could not use specific established HCPCS code. Would need to meet criteria. <b>Rarely medically necessary.</b>
1750	K0672	NU	IN	Removable soft interface, replcmnt	THP	eviCore	eviCore	eviCore	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.
1751	K0730	NU	CR	Ctrl dose inh drug deliv sys	THP	eviCore	eviCore	eviCore	eviCore	5 years	1/ rolling years	-	<b>MHT Purchase (X10)</b> Used for iprost / ventavis requires DX : I10.0 and I27.10
1752	K0730	RR	CR	Ctrl dose inh drug deliv sys	THP	eviCore	eviCore	eviCore	eviCore	5 years	1/5 rolling years	-	Used for iprost / ventavis requires DX: I10.0 and I27.10
1753	K0733	NU	IN	12-24hr sealed lead acid	THP	eviCore	eviCore	eviCore	eviCore	2 batteries at one time. Warranty applies	-	-	<b>MHT purchase item</b>
1754	K0733	RR	IN	12-24hr sealed lead acid	THP	eviCore	eviCore	eviCore	Purchase only	2 batteries at one time. Warranty applies	-	-	-
1755	K0738	RR	OX	Portable gas oxygen system	THP	eviCore	eviCore	eviCore	N/C	5 yr RUL	Not on WV 2024 DME FS	-	Specific Coverage Criteria. Allowing for WV Medicaid. 36 month capped rental item. 5 yr reasonable useful lifetime.
1756	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	THP	Yes	Yes	Yes	Yes	-	-	-	Specific Coverage Criteria. Most maintenance and service is included in capped rental rate for the 5 yr RUL.
1757	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	Yes	-	-	<b>Included in O2 rental payments.</b>	<b>CMS Non-covered Code.</b> Providers to use to the appropriate THP covered labor codes per LOB.
1758	K0743	-	SU	Suction Pump, home model, portable, for use on wounds	THP	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	<b>Invoice required</b>	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.
1759	K0744	-	-	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	<b>Invoice required</b>	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.
1760	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	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	<b>Invoice required</b>	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.

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1761	K0746	-	-	Absorbative wound dressing for use with suction pump, home model, portable, pad size greater than 48 inches.	Yes	Yes	Yes	Yes	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.
1762	K0800	NU	IN	POV group 1 std up to 300lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	<b>MHT 10 mo capped rental.</b> 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.
1763	K0800	RR	IN	POV group 1 std up to 300lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	-	No further rental after purchase price met.
1764	K0801	NU	IN	POV group 1 hd 301-450 lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	<b>MHT 10 mo capped rental.</b> 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.
1765	K0801	RR	IN	POV group 1 hd 301-450 lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	-	No further rental after purchase price met.
1766	K0802	NU	IN	POV group 1 vhd 451-600 lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	-	-	<b>MHT 10 mo capped rental.</b> 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.
1767	K0802	RR	IN	POV group 1 vhd 451-600 lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	-	No further rental after purchase price met.
1768	K0806	NU	IN	POV group 2 std up to 300lbs	NC	N/C	N/C	NC	eviCore	-	-	-	<b>MHT 10 mo capped rental.</b> 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."
1769	K0806	RR	IN	POV group 2 std up to 300lbs	N/C	N/C	N/C	N/C	eviCore	-	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.
1770	K0807	NU	IN	POV group 2 hd 301-450 lbs	N/C	N/C	N/C	N/C	eviCore	-	-	-	<b>MHT 10 mo capped rental.</b> 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."
1771	K0807	RR	IN	POV group 2 hd 301-450 lbs	N/C	N/C	N/C	N/C	eviCore	-	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.
1772	K0808	NU	IN	POV group 2 vhd 451-600 lbs	N/C	N/C	N/C	N/C	eviCore	-	-	-	<b>MHT 10 mo capped rental.</b> 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."
1773	K0808	RR	IN	POV group 2 vhd 451-600 lbs	N/C	N/C	N/C	N/C	eviCore	-	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.
1774	K0812	RR	-	Power operated vehicle, NEC	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/5 rolling years	Invoice Required	<b>MHT capped rental</b> Description of device and supporting clinical documentation as to why a specific HCPCS code for POV or PWVC would not meet the individual's needs. <b>Not covered if primary use is outside the home.</b>

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1775	K0813	RR	CR	PWC gp 1 std port seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1776	K0814	RR	CR	PWC gp 1 std port cap chair	THP	eviCore	eviCore	eviCore	eviCore	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.
1777	K0815	RR	CR	PWC gp 1 std seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1778	K0816	RR	CR	PWC gp 1 std cap chair	THP	eviCore	eviCore	eviCore	eviCore	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.
1779	K0820	RR	CR	PWC gp 2 std port seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1780	K0821	RR	CR	PWC gp 2 std port cap chair	THP	eviCore	eviCore	eviCore	eviCore	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.
1781	K0822	RR	CR	PWC gp 2 std seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1782	K0823	RR	CR	PWC gp 2 std cap chair	THP	eviCore	eviCore	eviCore	eviCore	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	K0824	RR	CR	PWC gp 2 hd seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1784	K0825	RR	CR	PWC gp 2 hd cap chair	THP	eviCore	eviCore	eviCore	eviCore	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.
1785	K0826	RR	CR	PWC gp 2 vhd seat/back	THP	eviCore	eviCore	eviCore	eviCore	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	K0827	RR	CR	PWC gp vhd cap chair	THP	eviCore	eviCore	eviCore	eviCore	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	K0828	RR	CR	PWC gp 2 xtra hd seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1788	K0829	RR	CR	PWC gp 2 xtra hd cap chair	THP	eviCore	eviCore	eviCore	eviCore	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	K0830	RR	CR	Power wc/grp 2 stand w/seat elv, to 300 lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/ 5 rolling years	<b>Invoice Required</b>	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	K0831	RR	CR	Pwr wc grp 2 stand, cap ch, set elv, to 300 lbs	THP	eviCore	eviCore	eviCore	eviCore	5 yr RUL	1/ 5 rolling years	<b>Invoice Required</b>	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.
1791	K0835	RR	CR	PWC gp2 std sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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	K0836	RR	CR	PWC gp2 std sing pow opt cap	THP	eviCore	eviCore	eviCore	eviCore	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.

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1793	K0837	RR	CR	PWC gp 2 hd sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1794	K0838	RR	CR	PWC gp 2 hd sing pow opt cap	THP	eviCore	eviCore	eviCore	eviCore	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	K0839	RR	CR	PWC gp2 vhd sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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	K0840	RR	CR	PWC gp2 xhd sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1797	K0841	RR	CR	PWC gp2 std mult pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1798	K0842	RR	CR	PWC gp2 std mult pow opt cap	THP	eviCore	eviCore	eviCore	eviCore	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	K0843	RR	CR	PWC gp2 hd mult pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1800	K0848	RR	CR	PWC gp 3 std seat/back	THP	eviCore	eviCore	eviCore	eviCore	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- 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.
1801	K0849	RR	CR	PWC gp 3 std cap chair	THP	eviCore	eviCore	eviCore	eviCore	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- 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.

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50	HCPGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1802	K0850	RR	CR	PWC gp 3 hd seat/back	THP	eviCore	eviCore	eviCore	eviCore	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
1803	K0851	RR	CR	PWC gp 3 hd cap chair	THP	eviCore	eviCore	eviCore	eviCore	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.
1804	K0852	RR	CR	PWC gp 3 vhd seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1805	K0853	RR	CR	PWC gp 3 vhd cap chair	THP	eviCore	eviCore	eviCore	eviCore	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.
1806	K0854	RR	CR	PWC gp 3 xhd seat/back	THP	eviCore	eviCore	eviCore	eviCore	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.
1807	K0855	RR	CR	PWC gp 3 xhd cap chair	THP	eviCore	eviCore	eviCore	eviCore	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	K0856	RR	CR	PWC gp3 std sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1809	K0857	RR	CR	PWC gp3 std sing pow opt cap	THP	eviCore	eviCore	eviCore	eviCore	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	K0858	RR	CR	PWC gp3 hd sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.



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1811	K0859	RR	CR	PWC gp3 hd sing pow opt cap	THP	eviCore	eviCore	eviCore	eviCore	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	K0860	RR	CR	PWC gp3 vhd sing pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1813	K0861	RR	CR	PWC gp3 std mult pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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	K0862	RR	CR	PWC gp3 hd mult pow opt s/b	THP	eviCore	eviCore	eviCore	eviCore	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.
1815	K0863	RR	CR	PWC grp 3 vhd w/multi opt 451-600 lbs	THP	eviCore	eviCore	eviCore	eviCore	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	K0864	RR	CR	PWC grp 3 exhd w/multi opt > 600 lbs	THP	eviCore	eviCore	eviCore	eviCore	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.
1817	K0868	RR	CR	PWC grp 4 stand, sling/sol seat to 300 lbs	N/C	N/C	N/C	N/C	eviCore	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.
1818	K0869	RR	CR	PWC grp 4 stand, capt ch to 300 lbs	N/C	N/C	N/C	N/C	eviCore	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.

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1819	K0870	RR	CR	PWC grp e HD, sling 301-450 lbs	N/C	N/C	N/C	N/C	eviCore	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.
1820	K0871	RR	CR	PWC grp 4 vhd, sling 451-600 lbs	N/C	N/C	N/C	N/C	eviCore	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.
1821	K0877	RR	CR	PWC grp 4 stand w/singl opt to 300 lbs	N/C	N/C	N/C	N/C	eviCore	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.
1822	K0878	RR	CR	PWC grp 4 stand w/singl opt/capt ch	N/C	N/C	N/C	N/C	eviCore	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.
1823	K0879	RR	CR	PWC grp 4 HD w/singl opt 301-450 lbs	N/C	N/C	N/C	N/C	eviCore	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.
1824	K0880	RR	CR	PWC grp 4 vhd w/singl opt 451-600 lbs	N/C	N/C	N/C	N/C	eviCore	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.

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1825	K0884	RR	CR	PWC grp 4 stand w/multi opt to 300 lbs	N/C	N/C	N/C	N/C	eviCore	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	K0885	RR	CR	PWC grp 4 stand w/singl opt/capt ch	N/C	N/C	N/C	N/C	eviCore	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.
1827	K0886	RR	CR	PWC grp 4 HD w/multi opt 301-450 lbs	N/C	N/C	N/C	N/C	eviCore	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	K0890	RR	CR	PWC grp 5 ped w/singl opt to 25 lbs	THP	eviCore	eviCore	eviCore	eviCore	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.
1829	K0891	RR	CR	PWC grp 5 ped w/multi opt to 125 lbs	THP	eviCore	eviCore	eviCore	eviCore	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.
1830	K0898	RR	CR	PWC, NOC	THP	eviCore	eviCore	eviCore	eviCore	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.
1831	K0899	RR	CR	Power mobility dev, not coded SADMERC	N/C	N/C	N/C	N/C	eviCore	-	-	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."
1832	K0900	-	-	Custom fabricated durable medical equipment, other than wheelchairs	THP	eviCore	eviCore	eviCore	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.
1833	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).

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1834	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	THP	THP	THP	THP	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. <b>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</b>
1835	K1027	-	-	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	THP	eviCore	eviCore	eviCore	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: • O2Vent Optima and O2Vent Optima Mini (Oventus Medical) • Prosomnus Evo Sleep and Snore Device (Prosomnus Sleep Technologies) • Slow Wave DSS (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.
1836	K1030	-	-	Ext charging sys for IMP cardiac contract modul gen, repl only.	THP	eviCore	eviCore	eviCore	-	-	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.
1837	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.
1838	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.
1839	L0112	-	PO	Cranial cervical orthosis, custom	Yes	Yes	Yes	Yes	Yes	1-3 yrs	2/year	-	Dx specific
1840	L0113	-	PO	Cranial cervical orthosis, orefab	THP	eviCore	eviCore	eviCore	eviCore	1-3 yrs	-	-	-
1841	L0120	-	PO	Cervical, flexible, on-adjustable, prefabricated, OTS, foam collar.	Yes	Yes	Yes	Yes	Yes	-	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.
1842	L0130	-	PO	Flex thermoplastic collar mo	Yes	Yes	Yes	Yes	Yes	1/yr	2/year	-	-
1843	L0140	-	PO	Cervical semi-rigid adjustab	Yes	Yes	Yes	Yes	Yes	1/3 yrs	2/year	-	-
1844	L0150	-	PO	Cerv semi-rig adj molded chn	Yes	Yes	Yes	Yes	Yes	1/3yrs	4/year	-	-
1845	L0160	-	PO	Cerv, semi-rigid, wire frame occipital/mandibular support, prefab, OTS	Yes	Yes	Yes	Yes	Yes	1/3 yrs	2/year	-	Considered OTS not OTC, covered as is semi-rigid
1846	L0170	-	PO	Cervical collar molded to pt	Yes	Yes	Yes	Yes	Yes	1/yr	2/year	-	Please refer to ASO groups SPD as some plans require >500.00 to require precert.
1847	L0172	-	PO	Cerv col semi-rigid, thermplas foam 2 piece, prefab, OTS	Yes	Yes	Yes	Yes	Yes	1/yr	4/year	-	Considered OTS, not OTC, covered as is semi-rigid
1848	L0174	-	PO	Cerv col, semi-rigid, thermo foam 2 piece w thor ext,	Yes	Yes	Yes	Yes	Yes	1/yr	4/year	-	-
1849	L0180	-	PO	Cer post col occ/man sup adj	Yes	Yes	Yes	Yes	Yes	1/yr	2/year	-	-
1850	L0190	-	PO	Cerv collar supp adj cerv ba	Yes	Yes	Yes	Yes	Yes	1/yr	2/year	-	-
1851	L0200	-	PO	Cerv col supp adj bar & thor	Yes	Yes	Yes	Yes	Yes	1/yr	2/year	-	-
1852	L0220	-	PO	Thor rib belt custom fabrica	Yes	Yes	Yes	Yes	Yes	-	2/year	-	Not covered if elastic-need to code A9270 or A4466.
1853	L0450	-	PO	TLSO flex prefab thoracic. OTS.	Yes	Yes	Yes	Yes	Yes	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...
1854	L0452	-	PO	TLSO flex custom fab thoracic	Yes	Yes	Yes	Yes	Yes	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...

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1855	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.	THP	eviCore	eviCore	eviCore	eviCore	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...
1856	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 reduce load on the intervertebral disks w/ rigid stays panels, inc shoulder straps & closures prefab. OTS	Yes	Yes	Yes	Yes	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...
1857	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.	THP	eviCore	eviCore	eviCore	eviCore	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...
1858	L0457	-	PO	TLSO flex. Thoracic region. Rigid posterior panel, soft anterior apron...Prefab- OTS	THP	eviCore	eviCore	eviCore	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...
1859	L0458	-	PO	TLSO 2Mod symphis-xipho prefab	THP	eviCore	eviCore	eviCore	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...
1860	L0460	-	PO	TLSO triplanar control, prefab that has been otherwise customized...	THP	eviCore	eviCore	eviCore	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...
1861	L0462	-	PO	TLSO 3Mod sacro-scap prefab	THP	eviCore	eviCore	eviCore	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...
1862	L0464	-	PO	TLSO 4Mod sacro-scap prefab	THP	eviCore	eviCore	eviCore	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...
1863	L0466	-	PO	TLSO sagittal control, rigid posterior frame ..... prefab w/customized changes	Yes	eviCore	eviCore	eviCore	eviCore	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...
1864	L0467	-	PO	TLSO sagittal control, rigid posterior frame and flexible soft anterior apron w/ straps. Prefab OTS.	Yes	eviCore	eviCore	eviCore	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...
1865	L0468	-	PO	TLSO sagittal-coronal control, rigid posterior frame..... prefab w/ customization	THP	eviCore	eviCore	eviCore	eviCore	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...
1866	L0469	-	PO	TLSO sagittal-coronal control, rigid posterior frame, flexible soft anterior apron w/ straps, closures, padding. Prefab OTS.	THP	eviCore	eviCore	eviCore	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...
1867	L0470	-	PO	TLSO rigid frame pre subclav Prefab	THP	eviCore	eviCore	eviCore	eviCore	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...
1868	L0472	-	PO	TLSO rigid frame hyperex prefab	Yes	eviCore	eviCore	eviCore	eviCore	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...
1869	L0480	-	PO	TLSO rigid plastic custom fa	THP	eviCore	eviCore	eviCore	eviCore	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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1870	L0482	-	PO	TLSO rigid lined custom fab	THP	eviCore	eviCore	eviCore	eviCore	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	L0484	-	PO	TLSO rigid plastic cust fab	THP	eviCore	eviCore	eviCore	eviCore	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...
1872	L0486	-	PO	TLSO rigid lined cust fab two	THP	eviCore	eviCore	eviCore	eviCore	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	L0488	-	PO	TLSO rigid lined prefab one piece	THP	eviCore	eviCore	eviCore	eviCore	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...
1874	L0490	-	PO	TLSO rigid plastic prefab one	Yes	eviCore	eviCore	eviCore	eviCore	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	L0491	-	PO	TLSO 2 piece rigid shell prefab	THP	eviCore	eviCore	eviCore	eviCore	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...
1876	L0492	-	PO	TLSO 3 piece rigid shell prefab	Yes	eviCore	eviCore	eviCore	eviCore	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	L0621	-	PO	SIO flex pelvis/sacral prefab OTS.	Yes	Yes	Yes	Yes	Yes	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	L0622	-	PO	SIO flex pelvis/sacral custom	THP	eviCore	eviCore	eviCore	eviCore	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	L0623	-	PO	SIO panel pelvic sacral support, prefab	Yes	Yes	Yes	Yes	Yes	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	L0624	-	PO	SIO panel custom	THP	eviCore	eviCore	eviCore	eviCore	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...
1881	L0625	-	PO	LO flexible L1-below L5 prefab	THP	eviCore	eviCore	eviCore	eviCore	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	L0626	-	PO	LO sag control, w/ rigid posterior panels, L-1 to below L5, incl straps, padding, stays...stays/panels pre-fab with customization....	Yes	eviCore	eviCore	eviCore	eviCore	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...
1883	L0627	-	PO	LO sagitt control w/ rigid panel....L1-L5...incl straps, closures, padding, straps...prefab w/ customization....	Yes	eviCore	eviCore	eviCore	eviCore	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	L0628	-	PO	LO flex w/o rigid stays prefab OTS	THP	eviCore	eviCore	eviCore	eviCore	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	L0629	-	PO	LSO flex w/rigid stays cust	THP	eviCore	eviCore	eviCore	eviCore	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...
1886	L0630	-	PO	LSO sagittal control, rigid post panel... Sacrococcygeal- T9 ... prefab item otherwise customized...	Yes	eviCore	eviCore	eviCore	eviCore	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	L0631	-	PO	LSO sag-control, rigid panels...sacrocooccygeal- T-9...incl straps, closures, padding...prefab item,	THP	eviCore	eviCore	eviCore	eviCore	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...
1888	L0632	-	PO	LSO sag rigid frame cust	THP	eviCore	eviCore	eviCore	eviCore	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...
1889	L0633	-	PO	LSO sagittal -coronal control, rigid frame/panel(s) sacrococcygeal- T-9, incl straps, closures, padding, stays, ...prefab item otherwise customized...	Yes	eviCore	eviCore	eviCore	eviCore	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	L0634	-	PO	LSO flexion control custom	THP	eviCore	eviCore	eviCore	eviCore	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...
1891	L0635	-	PO	LSO sagitt rigid panel prefab	THP	eviCore	eviCore	eviCore	eviCore	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	L0636	-	PO	LSO sagittal rigid panel cust	THP	eviCore	eviCore	eviCore	eviCore	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...
1893	L0637	-	PO	LSO sag-coronal rigid posterior and anterior frames/panel(s)...sacroccygeal-T-9...incl straps, closures, padding, .... prefab item otherwise customized...	THP	eviCore	eviCore	eviCore	eviCore	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	L0638	-	PO	LSO sag-coronal panel custom	THP	eviCore	eviCore	eviCore	eviCore	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	L0639	-	PO	LSO, sagittal-coronal control, rigid shell(s)/panel(s),posterior extends from sacroccygeal junction to T-9...may inclu straps, closures, soft interface. prefab item otherwise customized...	THP	eviCore	eviCore	eviCore	eviCore	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...
1896	L0640	-	PO	LSO s/c shell/panel custom	THP	eviCore	eviCore	eviCore	eviCore	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...
1897	L0641	-	PO	LO sag control, rigid posterior panel(s) L1-L5... incl straps, closures, padding , or stays.... prefab OTS	THP	eviCore	eviCore	eviCore	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...
1898	L0642	-	PO	LO sagittal control, rigid anterior & posterior panels, posterior extends L1 to below L-5. prefab OTS	THP	eviCore	eviCore	eviCore	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...
1899	L0643	-	PO	LSO sagittal control, rigid posterior panel(s), posterior extends from sacroccygeal junction to T-9 vertebra.... prefab OTS	THP	eviCore	eviCore	eviCore	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...
1900	L0648	-	PO	LSO sagittal control, rigid anterior and posterior panels, posterior extends from sacroccygeal junction to T-9 vertebra .... prefab OTS	THP	eviCore	eviCore	eviCore	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...
1901	L0649	-	PO	LSO sagittal -coronal control, rigid posterior frame/panel(s), posterior extends from sacroccygeal junction to T-9.... Prefab OTS	THP	eviCore	eviCore	eviCore	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...
1902	L0650	-	PO	LSO , sagittal -coronal control, w/ rigid anterior & posterior frame/panel(s) extends from sacroccygeal junction to T-9... Rigid lateral frame/panel(s)...incl straps, closures.... prefab OTS	THP	eviCore	eviCore	eviCore	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...
1903	L0651	-	PO	LSO sagittal-coronal control, rigid shell(s)/panel(s) , posterior extends from sacroccygeal junction to T-9, anterior extends from symphysis pubis to xyphoid...may incl stabilizing closures, straps, soft interface... Prefab OTS	THP	eviCore	eviCore	eviCore	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...
1904	L0700	-	PO	Ctlso a-p-l control molded	Yes	Yes	Yes	Yes	Yes	-	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. <b>A review would be required if provided in home setting.</b>
1905	L0710	-	PO	Ctlso a-p-l control w/ inter	Yes	Yes	Yes	Yes	Yes	-	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. <b>A review would be required if provided in home setting.</b>

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1906	L0810	-	PO	Halo cervical into jckt vest	Yes	Yes	Yes	Yes	Yes	-	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. <b>A review would be required if provided in home setting.</b>
1907	L0820	-	PO	Halo cervical into body jack	Yes	Yes	Yes	Yes	Yes	-	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. <b>A review would be required if provided in home setting.</b>
1908	L0830	-	PO	Halo cerv into Milwaukee typ	Yes	Yes	Yes	Yes	Yes	-	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. <b>A review would be required if provided in home setting.</b>
1909	L0859	-	PO	Addition to Halo system, MRI compatible system, rings and ins, any material	Yes	Yes	Yes	Yes	Yes	-	1/Lifetime	-	Used for protection from MRI equipment. Falls under Cervical Halo procedures. Correct Billing of Halo procedure at <a href="https://www.dmeptac.com/palmetto/PDACv2.nsf/DID/C/11UIKJWGRK-Articles%20and%20Publications-Adivisor%20Articles">https://www.dmeptac.com/palmetto/PDACv2.nsf/DID/C/11UIKJWGRK-Articles%20and%20Publications-Adivisor%20Articles</a> .
1910	L0861	-	PO	Halo repl liner/interface	Yes	Yes	Yes	Yes	Yes	-	2/year	-	Used for protection from MRI equipment. Falls under Cervical Halo procedures. <b>Link above for correct billing process.</b>
1911	L0970	-	PO	Tlso corset front	Yes	Yes	Yes	Yes	Yes	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...
1912	L0972	-	PO	Lso corset front	Yes	Yes	Yes	Yes	Yes	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...
1913	L0974	-	PO	Tlso full corset	Yes	Yes	Yes	Yes	Yes	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...
1914	L0976	-	PO	Lso full corset	Yes	Yes	Yes	Yes	Yes	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...
1915	L0978	-	PO	Axillary crutch extension	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
1916	L0980	-	PO	Peroneal straps, prefab, OTS, pair	Yes	Yes	Yes	Yes	Yes	-	1/year	-	-
1917	L0982	-	PO	Stocking supporter grips, prefab, OTS, set of 4	THP	eviCore	eviCore	eviCore	eviCore	-	6/year	-	-
1918	L0984	-	PO	Protective body sock, prefabricated, OTS, each	N/C	N/C	N/C	N/C	Yes	-	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."
1919	L0999	-	-	Addition to spinal orthosis, NOS	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice Required	-
1920	L1000	-	PO	Ctlso Milwaukee initial model	THP	Yes	Yes	Yes	Yes	-	3/year	-	-
1921	L1001	-	PO	CTLSO infant immobilizer	Yes	Yes	Yes	Yes	Yes	-	2/year	Invoice required	-
1922	L1005	-	PO	Tension based scoliosis orth	THP	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1923	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	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1924	L1010	-	PO	Ctlso axilla sling	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1925	L1020	-	PO	Kyphosis pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1926	L1025	-	PO	Kyphosis pad floating	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1927	L1030	-	PO	Lumbar bolster pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1928	L1040	-	PO	Lumbar or lumbar rib pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1929	L1050	-	PO	Sternal pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1930	L1060	-	PO	Thoracic pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1931	L1070	-	PO	Trapezius sling	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1932	L1080	-	PO	Outrigger	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1933	L1085	-	PO	Outrigger bil w/vert extens	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1934	L1090	-	PO	Lumbar sling	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1935	L1100	-	PO	Ring flange plastic/leather	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1936	L1110	-	PO	Ring flange plas/leather mol	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1937	L1120	-	PO	Covers for upright each	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-



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	L1200	-	PO	Furnish initial orthosis only	THP	eviCore	eviCore	eviCore	eviCore	1 every 3-5 yrs	1/year	-	PDAC verification not required. Check PDAC for proper coding of a scoliosis brace. <b>Noncovered Braces</b> 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.
1938													
1939	L1210	-	PO	Lateral thoracic extension	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1940	L1220	-	PO	Anterior thoracic extension	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1941	L1230	-	PO	Milwaukee type superstructur	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1942	L1240	-	PO	Lumbar derotation pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1943	L1250	-	PO	Anterior asis pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1944	L1260	-	PO	Anterior thoracic derotation	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1945	L1270	-	PO	Abdominal pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1946	L1280	-	PO	Rib gusset (elastic) each	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1947	L1290	-	PO	Lateral trochanteric pad	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1948	L1300	-	PO	Body jacket mold to patient	THP	eviCore	eviCore	eviCore	eviCore	-	1/lifetime	-	DX Scoliosis
1949	L1310	-	PO	Post-operative body jacket	THP	eviCore	eviCore	eviCore	eviCore	-	1/lifetime	-	-
	L1320	-	PO	Thoracic, pectus, carinatum orthosis, sternal comp, rigid circumferential frame w/antwr and poste rigid pads, custom fab	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
1950													
1951	L1499	-	-	Spinal orthosis, NOS	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice required	-
	L5991	-	PO	Add to Lower ext pros, osseointegr external prost connector	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Invoice required	<b>New code October 2023. Medicare policy article A52496.</b> 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.
1952													
1953	L1600	-	PO	HO abd control of hip jts, flexible, frejka type with cover, prefab item otherwise customized by ind w/ expertise	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1954	L1610	-	PO	HO, Abduct hip flex (frejka cover only), prefab item that has been otherwise customized by ind w/ expertise	Yes	Yes	Yes	Yes	Yes	-	3/year	Invoice Required	-
1955	L1620	-	PO	HO, Abduct hip flex Pavlik harne, prefab item otherwise customized by ind w/ expertise	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1956	L1630	-	PO	Abduct control hip semi-flex	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1957	L1640	-	PO	Pelv band/spread bar thigh c	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1958	L1650	-	PO	HO abduction hip adjustable	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1959	L1652	-	PO	HO bi thigh cuffs w adj abd sprdr bar, adult, prefab, otherwise customized	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1960	L1653	-	PO	HO, bilateral thigh cuffs abductor, adustable, adult, prefab, OTS	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
1961	L1660	-	PO	HO abduction static plastic	Yes	Yes	Yes	Yes	Yes	-	3/year	-	-
1962	L1680	-	PO	Pelvic & hip control thigh c	THP	Yes	Yes	Yes	Yes	-	3/year	-	-
1963	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.	THP	eviCore	eviCore	eviCore	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.
1964	L1685	-	PO	Post-op hip abduct custom fa	Yes	Yes	Yes	Yes	Yes	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.
1965	L1686	-	PO	HO post-op hip abduction	Yes	Yes	Yes	Yes	Yes	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.

	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1966	L1690	-	PO	Combination bilateral HO	THP	Yes	Yes	Yes	Yes	-	1/year	-	-
1967	L1700	-	PO	Leg perthes orth toronto typ	THP	Yes	Yes	Yes	Yes	-	4/year	-	-
1968	L1710	-	PO	Legg perthes orth newington	THP	Yes	Yes	Yes	Yes	-	4/year	-	-
1969	L1720	-	PO	Legg perthes orthosis trilat	THP	Yes	Yes	Yes	Yes	-	4/year	-	-
1970	L1730	-	PO	Legg perthes orth scottish r	THP	Yes	Yes	Yes	Yes	-	1/year	-	-
1971	L1755	-	PO	Legg perthes patten bottom t	THP	Yes	Yes	Yes	Yes	-	3/year	-	-
1972	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	Yes	Yes	Yes	Yes	Yes	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 <b>NOT To Be billed for OTS items</b> . L1812 is the OTS item. There are no codes eligible for separate payment.
1973	L1812	-	PO	Knee orthosis, elastic w/ joints, prefab. OTS	Yes	eviCore	eviCore	eviCore	N/C	1/yr	Not on WV 2024 DME FS	-	<b>Manufacture and model number required to review</b> if elastic as elastic brace noncovered and must be billed with A4466. There are no codes eligible for separate payment.
1974	L1820	-	PO	KO elas w/ condyle pads & jo, w/ or w/o patel contr, prefab, otherwise customized	THP	eviCore	eviCore	eviCore	eviCore	1/yr	3/year	-	<b>Manufacture and model number required to review</b> if elastic as elastic brace noncovered and must be billed with A4466. There are no codes eligible for separate payment.
1975	L1821	-	PO	KO, elas w/condyle pads and joints, w/ or w/o patellar control, prefabricated, OTS	THP	THP	THP	THP	THP	1/yr	-	-	-
1976	L1830	-	PO	KO immobilizer canvas longit prefab OTS	THP	eviCore	eviCore	eviCore	eviCore	1/yr	2/year	-	There are no codes eligible for separate payment.
1977	L1831	-	PO	Knee orth pos locking joint	THP	eviCore	eviCore	eviCore	eviCore	1/2 yrs	2/year	-	There are no codes eligible for separate payment.
1978	L1832	-	PO	KO adj knee joints(unicentric or polycentric),positional , rigid support, prefab item otherwise customized by an individual w/ expertise	THP	eviCore	eviCore	eviCore	eviCore	1/2 yrs	2/year	-	Use L1812, L1830, 1833, L1836 for OTS items.
1979	L1833	-	PO	KO adj knee joints(unicentric or polycentric), positional orthosis, rigid support, prefab, OTS	THP	eviCore	eviCore	eviCore	N/C	1/2 yrs	Not on WV 2024 DME FS	-	-
1980	L1834	-	PO	KO w/o joint rigid molded to	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	-
1981	L1836	-	PO	KO Rigid KO w/o joints, incl soft interface. Prefab OTS	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	There are no codes eligible for separate payment.
1982	L1840	-	PO	KO derot ant cruciate custom	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	-
1983	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....	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	Prefabricated knee orthosis do not usually allow additions to base codes.
1984	L1844	-	PO	KO w/adj jt rot cntrl molded	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	-
1985	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 item .....otherwise customized...	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	Prefabricated knee orthosis do not usually allow additions to base codes.
1986	L1846	-	PO	KO w adj flex/ext rotat mold	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	-
1987	L1847	-	PO	KO dble upright, adj jts,w inflatable air support chambers. Prefab item ..... otherwise customized.... by an ind w/ expertise	N/C	N/C	N/C	N/C	eviCore	-	2/year	-	No medical benefit per Medicare LCD L33318. For WV Medicaid not reimbursable w/ L2397or L2795.
1988	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.
1989	L1850	-	PO	KO Swedish type. Prefab, OTS	THP	eviCore	eviCore	eviCore	eviCore	1/2 yrs	2/year	-	Not billable with L2275. Will allow separate billing w/ L2397.
1990	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	THP	eviCore	eviCore	eviCore	N/C	1/3 yrs	Not on WV 2024 DME FS	-	Takes place of K0901
1991	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	THP	eviCore	evicore	eviCore	N/C	1/3 yrs	Not on WV 2024 DME FS	-	Takes the place of K0902
1992	L1860	-	PO	KO supracondylar socket mold	THP	eviCore	eviCore	eviCore	eviCore	1/3 yrs	2/year	-	Medicaid Non-Reimbursable with L2397. For Medicare: There are no codes eligible for separate payment.
1993	L1900	-	PO	AFO sprng wir drsflx calf bd, cust	THP	eviCore	evicore	eviCore	eviCore	-	3/year	-	-

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
1994	L1902	-	PO	AFO ankle gauntlet, with or w/o joints, prefab, OTS	Yes	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness. Total elastic not covered
1995	L1904	-	PO	Ankle orthosis , ankle gauntlet, with or w/o joints, custom fabricated	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Will need info submitted reason for custom versus a prefab type. Total elastic not covered
1996	L1906	-	PO	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off the shelf (OTS).	Yes	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness. Total elastic not covered.
1997	L1907	-	PO	Ankle orthosis supramalleolar with straps, w or w/o interface/pads, custom fab	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
1998	L1910	-	PO	AFO sing bar clasp attach sh	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
1999	L1920	-	PO	AFO sing upright w/ adjust s	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2000	L1930	-	PO	AFO plastic	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2001	L1932	-	PO	AFO rig ant tib prefab TCF/=	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2002	L1940	-	PO	AFO molded to patient plasti	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2003	L1945	-	PO	AFO molded plas rig ant tib	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2004	L1950	-	PO	AFO spiral molded to pt plas	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2005	L1951	-	PO	AFO spiral prefabricated	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2006	L1960	-	PO	AFO pos solid ank plastic mo	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
2007	L1970	-	PO	AFO plastic molded w/ankle j	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2008	L1971	-	PO	AFO w/ankle joint, prefab	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2009	L1980	-	PO	AFO sing solid stirrup calf	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2010	L1990	-	PO	AFO doub solid stirrup calf	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
2011	L2000	-	PO	KAFO sing fre stirr thigh/calf	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2012	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	THP	eviCore	eviCore	eviCore	eviCore	-	1/year	-	Base code. Batteries and chargers are not separately billable from base.
2013	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	THP	eviCore	eviCore	eviCore	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: AGILIK 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.
2014	L2010	-	PO	KAFO sng solid stirrup w/o j	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2015	L2020	-	PO	KAFO dbl solid stirrup band/	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2016	L2030	-	PO	KAFO dbl solid stirrup w/o j	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2017	L2034	-	PO	KAFO pla sin up w/w/o k/a cus	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2018	L2035	-	PO	KAFO plastic pediatric size	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2019	L2036	-	PO	KAFO plas doub free knee mol	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2020	L2037	-	PO	KAFO plas sing free knee mol	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2021	L2038	-	PO	KAFO w/o joint multi-axis an	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2022	L2040	-	PO	HKAFO torsion bil rot straps	Yes	Yes	Yes	Yes	Yes	-	4/year	-	-
2023	L2050	-	PO	HKAFO torsion cable hip pelv	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2024	L2060	-	PO	HKAFO torsion ball bearing j	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2025	L2070	-	PO	HKAFO torsion unilat rot str	Yes	Yes	Yes	Yes	Yes	-	4/year	-	-
2026	L2080	-	PO	HKAFO unilat torsion cable	THP	eviCore	evicore	eviCore	eviCore	-	4/year	-	-
2027	L2090	-	PO	HKAFO unilat torsion ball br	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2028	L2106	-	PO	AFO tib fx cast plaster mold	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2029	L2108	-	PO	AFO tib fx cast molded to pt	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2030	L2112	-	PO	AFO tibial fracture soft	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2031	L2114	-	PO	AFO tib fx semi-rigid	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2032	L2116	-	PO	AFO tibial fracture rigid	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2033	L2126	-	PO	KAFO fem fx cast thermoplas	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2034	L2128	-	PO	KAFO fem fx cast molded to p	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2035	L2132	-	PO	KAFO femoral fx cast soft	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2036	L2134	-	PO	KAFO fem fx cast semi-rigid	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2037	L2136	-	PO	KAFO femoral fx cast rigid	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-

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2038	L2180	-	PO	Plas shoe insert w ank joint, add to LE FX orthosis	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2039	L2182	-	PO	Drop lock knee, add to LE FX orthosis	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2040	L2184	-	PO	Limited motion knee joint, add to LE FX orthosis	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2041	L2186	-	PO	Adj motion knee jnt lerman t, add to LE FX orthosis	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2042	L2188	-	PO	Quadrilateral brim, add to LE FX orthosis	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	
2043	L2190	-	PO	Waist belt,add to LE FX orthosis	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2044	L2192	-	PO	Pelvic band & belt thigh fla, add to LE FX orthosis	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	
2045	L2200	-	PO	Limited ankle motion ea jnt	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2046	L2210	-	PO	Dorsiflexion assist each joi	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2047	L2220	-	PO	Dorsi & plantar flex ass/res	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2048	L2230	-	PO	Split flat caliper stirr & p	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2049	L2232	-	PO	Rocker bottom, contact AFO	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2050	L2240	-	PO	Round caliper and plate atta	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2051	L2250	-	PO	Foot plate molded stirrup at	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2052	L2260	-	PO	Reinforced solid stirrup	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2053	L2265	-	PO	Long tongue stirrup	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2054	L2270	-	PO	Varus/valgus strap padded/li	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2055	L2275	-	PO	Plastic mod low ext pad/line	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2056	L2280	-	PO	Molded inner boot	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2057	L2300	-	PO	Abduction bar jointed adjust	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2058	L2310	-	PO	Abduction bar-straight	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2059	L2320	-	PO	Non-molded lacer replc only	Yes	Yes	Yes	Yes	Yes	-	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.
2060	L2330	-	PO	Add to LE, lacer molded to patient model, for custom fabricated orthotic only	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2061	L2335	-	PO	Anterior swing band	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2062	L2340	-	PO	Pre-tibial shell molded to p	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2063	L2350	-	PO	Prosthetic type socket molde	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2064	L2360	-	PO	Extended steel shank	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2065	L2370	-	PO	Patten bottom	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2066	L2375	-	PO	Torsion ank & half solid sti	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2067	L2380	-	PO	Torsion straight knee joint	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2068	L2385	-	PO	Straight knee joint heavy du	Yes	Yes	Yes	Yes	Yes	-	8/year	-	Patients over 300 lbs.
2069	L2387	-	PO	Add LE poly knee custom KAFO	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2070	L2390	-	PO	Offset knee joint each	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2071	L2395	-	PO	Offset knee joint heavy duty	Yes	Yes	Yes	Yes	Yes	-	4/year	-	Patients over 300 lbs.
2072	L2397	-	PO	Suspension sleeve lower ext	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2073	L2405	-	PO	Knee joint drop lock ea jnt	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2074	L2415	-	PO	Knee joint cam lock each joi	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2075	L2425	-	PO	Knee disc/dial lock/adj flex	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2076	L2430	-	PO	Knee jnt ratchet lock ea jnt	Yes	Yes	Yes	Yes	Yes	-	4/year	-	
2077	L2492	-	PO	Knee lift loop drop lock rin	Yes	Yes	Yes	Yes	Yes	-	8/year	-	
2078	L2500	-	PO	Th/glut/ischia wgt bearing	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2079	L2510	-	PO	Th/wght bear quad-lat brim m	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2080	L2520	-	PO	Th/wght bear quad-lat brim c	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2081	L2525	-	PO	Th/wght bear nar m-l brim mo	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2082	L2526	-	PO	Th/wght bear nar m-l brim cu	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2083	L2530	-	PO	Thigh/wght bear lacer non-mo	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2084	L2540	-	PO	Thigh/wght bear lacer molded	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2085	L2550	-	PO	Thigh/wght bear high roll cu	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2086	L2570	-	PO	Hip clevis type 2 posit jnt	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2087	L2580	-	PO	Pelvic control pelvic sling	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2088	L2600	-	PO	Hip clevis/thrust bearing fr	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2089	L2610	-	PO	Hip clevis/thrust bearing lo	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2090	L2620	-	PO	Pelvic control hip heavy dut	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2091	L2622	-	PO	Hip joint adjustable flexion	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2092	L2624	-	PO	Hip adj flex ext abduct cont	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2093	L2627	-	PO	Plastic mold recipro hip & c	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2094	L2628	-	PO	Metal frame recipro hip & ca	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2095	L2630	-	PO	Pelvic control band & belt u	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2096	L2640	-	PO	Pelvic control band & belt b	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2097	L2650	-	PO	Pelv & thor control gluteal	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2098	L2660	-	PO	Thoracic control thoracic ba	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2099	L2670	-	PO	Thorac cont paraspinal uprig	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2100	L2680	-	PO	Thorac cont lat support upri	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2101	L2750	-	PO	Plating chrome/nickel pr bar	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2102	L2755	-	PO	Carbon graphite lamination	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2103	L2760	-	PO	Extension per extension per	THP	eviCore	eviCore	eviCore	eviCore	-	16/year	-	-
2104	L2768	-	PO	Ortho sidebar disconnect	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Not allowed in Medicare's Knee Orthotic LCD. Requires medical necessity for ankle foot orthotic.
2105	L2780	-	PO	Non-corrosive finish	THP	eviCore	eviCore	eviCore	eviCore	-	8/year	-	Not separately payable by CMS with initial knee orthosis. Article A52465
2106	L2785	-	PO	Drop lock retainer each	Yes	Yes	Yes	Yes	Yes	-	8/year	-	-
2107	L2795	-	PO	Knee control full kneecap, add	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2108	L2800	-	PO	Knee cap medial or lateral p, add	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2109	L2810	-	PO	Knee control condylar pad, add	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2110	L2820	-	PO	Soft interface below knee se, add	Yes	Yes	Yes	Yes	Yes	-	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..
2111	L2830	-	PO	Soft interface above knee se, add	Yes	Yes	Yes	Yes	Yes	-	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..
2112	L2840	-	PO	Tibial length sock fx or equ, add to orthosis	N/C	N/C	N/C	N/C	Yes	-	2/year	-	"Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no Medicare benefit)." Article A52457
2113	L2850	-	PO	Femoral lgth sock fx or equa, add to orthosis	N/C	N/C	N/C	N/C	Yes	-	2/year	-	"Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no Medicare benefit)." Article A52457
2114	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	-	-
2115	L2999	-	-	Lower extremity, NOS	THP	eviCore	eviCore	eviCore	eviCore	-	-	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.
2116	L3000	-	PO	Ft insert ucb berkeley shell	THP	eviCore	eviCore	eviCore	eviCore	RUL 3-5 yrs	4/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2117	L3001	-	PO	Foot insert remov molded spe	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2118	L3002	-	PO	Foot insert plastazote or eq	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	4/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2119	L3003	-	PO	Foot insert silicone gel ea	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2120	L3010	-	PO	Foot longitudinal arch suppo	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2121	L3020	-	PO	Foot longitud/metatarsal sup	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	4/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2122	L3030	-	PO	Foot arch support remov prem	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX . For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2123	L3031	-	PO	foot insert/plate, removable, add to LE orthotic, high strength lghtwght material.	THP	eviCore	eviCore	eviCore	eviCore	RUL 3-5 yrs	4/year	-	Usually not covered, even by WV Medicaid. 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.
2124	L3040	-	PO	Ft arch supprt premold longit	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	4/year	-	For WV Medicaid 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	L3050	-	PO	Foot arch supp premold metat	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid 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	L3060	-	PO	Foot arch supp longitud/meta	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid 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	L3070	-	PO	Arch supprt att to sho longit	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid 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	L3080	-	PO	Arch supp att to shoe metata	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX . 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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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2129	L3090	-	PO	Arch supp att to shoe long/m	THP	eviCore	eviCore	eviCore	eviCore	1 pr/yr	2/year	-	For WV Medicaid 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	L3100	-	PO	Hallus-valgus nght dynamic splint, OTS	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2131	L3140	-	PO	Abduction rotation bar shoe	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2132	L3150	-	PO	Abduct rotation bar w/o shoe	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2133	L3160	-	PO	Foot positioning device shoe-styled	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	Invoice Required	-
2134	L3161	-	PO	Foot, adductus positioning device, adjustable	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Replaces K1015.
2135	L3170	-	PO	Foot plastic heel stabilizer, OTS	Yes	Yes	Yes	Yes	Yes	-	2/year	-	For WV Medicaid 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	L3201	-	PO	Ortho shoe, Oxford w/supinator/pronator, inf	THP	eviCore	eviCore	N/C	eviCore	-	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.
2137	L3202	-	PO	Ortho shoe, Oxford w/sup/pron, child	Yes	Yes	Yes	N/C	Yes	-	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.
2138	L3203	-	PO	Ortho shoe, Oxford w/sup/pron, junior	THP	eviCore	eviCore	N/C	eviCore	-	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.
2139	L3204	-	PO	Hightop w/supinator/pronator, infant	THP	eviCore	eviCore	N/C	eviCore	-	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.
2140	L3206	-	PO	Hightop w/sup/pron, child	THP	eviCore	eviCore	N/C	eviCore	-	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.
2141	L3207	-	PO	Hightop w/sup/pron, junior	THP	eviCore	eviCore	N/C	eviCore	-	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.
2142	L3208	-	PO	Surgical boot, ea, infant	Yes/RZ	Yes/RZ	Yes/RZ	N/C	Yes/RZ	-	6/year	Depending on plan invoice may be required	Usually considered part of a surgical package/NSB postop.
2143	L3209	-	PO	Surgical boot, ea, child	Yes/RZ	Yes/RZ	Yes/RZ	N/C	Yes/RZ	-	6/year	Depending on plan invoice may be required	Usually considered part of a surgical packet/NSB post op.
2144	L3211	-	PO	Surgical boot, ea, junior	Yes/RZ	Yes/RZ	Yes/RZ	N/C	Yes/RZ	-	6/year	Depending on plan invoice may be required	Usually considered part of a surgical packet/NSB post op.
2145	L3212	-	PO	Benesch boot, infant, pr	Yes/RZ	Yes/RZ	Yes/RZ	N/C	Yes/RZ	-	3 pair/year	Depending on plan invoice may be required	-
2146	L3213	-	PO	Benesch boot, child, pr	Yes/RZ	Yes/RZ	Yes/RZ	N/C	Yes/RZ	-	3 pair/year	Depending on plan invoice may be required	-
2147	L3214	-	PO	Benesch boot, junior, pr	Yes/RZ	Yes/RZ	Yes/RZ	N/C	Yes/RZ	-	3 pair/year	Depending on plan invoice may be required	-
2148	L3215	-	PO	Orthopedic ladies shoe, Oxford, ea	N/C	N/C	N/C	N/C	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for for WV Medicaid.
2149	L3216	-	PO	Depth inlay, ea	N/C	N/C	N/C	N/C	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for for WV Medicaid.
2150	L3217	-	PO	Hightop depth inlay, ea	N/C	N/C	N/C	N/C	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for for WV Medicaid.
2151	L3219	-	PO	Orthopedic mens shoe, Oxford, ea	N/C	N/C	N/C	N/C	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for for WV Medicaid.
2152	L3221	-	PO	Depth inlay, ea	N/C	N/C	N/C	N/C	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for for WV Medicaid.
2153	L3222	-	PO	Hightop depth inlay, ea	N/C	N/C	N/C	N/C	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for for WV Medicaid.
2154	L3224	-	PO	Woman's shoe oxford brace	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
2155	L3225	-	PO	Man's shoe oxford brace	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.

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2156	L3230	-	PO	Ortho footwear, custom shoe, depth inlay	N/C	N/C	N/C	N/C	eviCore	-	2 pair/year	Depending on plan invoice may be required	DX specific for WV Medicaid. Not Integral part of a brace.
2157	L3250	-	PO	Custom molded prosthetic shoe, ea	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	Depending on plan invoice may be required	DX specific for WV Medicaid. 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.
2158	L3251	-	PO	Shoe molded to pt model, silicone, ea	N/C	N/C	N/C	N/C	eviCore	-	2/year	Depending on plan invoice may be required	DX specific for WV Medicaid. Not Integral part of a brace.
2159	L3252	-	PO	Plastazote (similar) custom fabricated	N/C	N/C	N/C	N/C	eviCore	-	2/year	Depending on plan invoice may be required	DX specific for WV Medicaid. Not Integral part of a brace.
2160	L3253	-	PO	Custom fitted Plastazote shoe, molded	N/C	N/C	N/C	N/C	eviCore	-	2/year	Depending on plan invoice may be required	DX specific for WV Medicaid. Not Integral part of a brace.
2161	L3254	-	PO	Nonstandard size or width shoe	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	Depending on plan invoice may be required	For a covered shoe that is an integral part of a covered brace.
2162	L3255	-	PO	Nonstandard size of length shoe	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	Depending on plan invoice may be required	For a covered shoe that is an integral part of a covered brace.
2163	L3257	-	PO	Additional charge for split size	THP	eviCore	eviCore	eviCore	eviCore	-	1/year	Depending on plan invoice may be required	For a covered shoe that is an integral part of a covered brace.
2164	L3260	-	PO	Surgical boot/shoe, ea	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes	-	2/year	Depending on plan invoice may be required	Usually considered part of a surgical package/not separately reimbursable postop.
2165	L3265	-	PO	Plastazote sandal, ea	Yes/RZ	Yes/RZ	Yes/RZ	Yes/RZ	Yes	-	2/year	Depending on plan invoice may be required	Usually considered part of a surgical package/not separately reimbursable postop.
2166	L3300	-	PO	Sho lift taper to metatarsal	Yes	Yes	Yes	Yes	Yes	-	6/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2167	L3310	-	PO	Shoe lift elev heel/sole neo	Yes	Yes	Yes	Yes	Yes	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2168	L3320	-	PO	Cork, per in	Yes	Yes	Yes	Yes	Yes	Reasonable Lifetime	4/year	Invoice required	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2169	L3330	-	PO	Lifts elevation metal extens	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	DX specific for West Virginia Medicaid. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
2170	L3332	-	PO	Shoe lifts tapered to one-half inch	Yes	Yes	Yes	Yes	Yes	-	6/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2171	L3334	-	PO	Shoe lifts elevation heel, per inch	Yes	Yes	Yes	Yes	Yes	-	6/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2172	L3340	-	PO	Shoe wedge sach	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2173	L3350	-	PO	Shoe heel wedge	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2174	L3360	-	PO	Shoe sole wedge outside sole	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2175	L3370	-	PO	Shoe sole wedge between sole	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2176	L3380	-	PO	Shoe clubfoot wedge	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2177	L3390	-	PO	Shoe outflare wedge	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. 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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2178	L3400	-	PO	Shoe metatarsal bar wedge ro	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2179	L3410	-	PO	Shoe metatarsal bar between	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2180	L3420	-	PO	Full sole/heel wedge btween	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2181	L3430	-	PO	Sho heel count plast reinfor	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2182	L3440	-	PO	Heel leather reinforced	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2183	L3450	-	PO	Shoe heel sach cushion type	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2184	L3455	-	PO	Shoe heel new leather standa	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2185	L3460	-	PO	Shoe heel new rubber standar	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2186	L3465	-	PO	Shoe heel thomas with wedge	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2187	L3470	-	PO	Shoe heel thomas extend to b	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2188	L3480	-	PO	Shoe heel pad & depress for	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2189	L3485	-	PO	Removable insert for spur	Yes	Yes	Yes	Yes	Yes	-	2/year	Invoice Required	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2190	L3500	-	PO	Ortho shoe add leather insol	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2191	L3510	-	PO	Orthopedic shoe add rub insl	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2192	L3520	-	PO	O shoe add felt w leath insl	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2193	L3530	-	PO	Ortho shoe add half sole	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2194	L3540	-	PO	Ortho shoe add full sole	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2195	L3550	-	PO	Ortho shoe add standard toe tap	Yes	Yes	Yes	Yes	Yes	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2196	L3560	-	PO	Ortho shoe add horseshoe toe tap	Yes	Yes	Yes	Yes	Yes	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2197	L3570	-	PO	Ortho shoe add instep extension	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2198	L3580	-	PO	Ortho shoe add instep velcro clo	Yes	Yes	Yes	Yes	Yes	-	8/year	-	DX specific for West Virginia Medicaid. 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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2199	L3590	-	PO	Ortho shoe convert to sof counte	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2200	L3595	-	PO	Ortho shoe add march bar	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2201	L3600	-	PO	Trans shoe calip plate exist	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2202	L3610	-	PO	Trans shoe caliper plate new	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2203	L3620	-	PO	Trans shoe solid stirrup exi	Yes	Yes	Yes	Yes	Yes	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2204	L3630	-	PO	Trans shoe solid stirrup new	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2205	L3640	-	PO	Shoe dennis browne splint bo	Yes	Yes	Yes	Yes	Yes	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2206	L3649	-	PO	Modification, addition or transfer, NOS	THP	THP	THP	THP	Yes	-	-	<b>Requires description or documentation and Invoice for pricing</b>	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
2207	L3650	-	PO	Shlder fig 8 abduct restrainer, OTS	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis.
2208	L3660	-	PO	SO, figure 8 design, abduction restrainer, canvas & webbing, prefab, includes fitting and adjustment, OTS	Yes	Yes	Yes	Yes	Yes	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.
2209	L3670	-	PO	SO, acrimo/clavicular(canvas/webbing type),prefab, includes fitting &adjustment. OTS	Yes	Yes	Yes	Yes	Yes	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.
2210	L3671	-	PO	SO, shoulder joint design, without joints, may include soft interface straps, custom fabricated, includes fitting and adjustment.	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2211	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	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	-	-	Replaces codes L3672,L3673. Complete device. No add on codes allowed for this orthosis.
2212	L3675	-	PO	SO, vest type abduction restrainer, canvas webbing type or equal, prefab, OTS	Yes	Yes	Yes	Yes	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	Complete device. No add on codes allowed for this orthosis.
2213	L3677	-	PO	SO, shoulder joint design, w/o joints, may include soft interface, straps, prefabricated, ..... has been otherwise customized....	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	<b>Invoice required</b>	Requires documentation. If elastic, not covered. Complete device. No add on codes allowed for this orthosis.
2214	L3678	-	PO	SO shoulder joint design w/o joints may include soft interface, straps, prefabricated, OTS	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	<b>Invoice required</b>	Complete device. No add on codes allowed for this orthosis.
2215	L3702	-	PO	EO w/o joints CF	Yes	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2216	L3710	-	PO	Elbow elastic with metal joints, OTS	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis.
2217	L3720	-	PO	Forearm/arm cuffs free moto	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2218	L3730	-	PO	Forearm/arm cuffs ext/flex a	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.

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2219	L3740	-	PO	Cuffs adj lock w/ active con	THP	eviCore	eviCore	eviCore	eviCore	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.
2220	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	Yes	eviCore	eviCore	eviCore	eviCore	-	-	-	Complete device. No add on codes allowed for this orthosis.
2221	L3761	-	PO	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	Yes	Yes	Yes	Yes	Yes	-	-	-	Complete device. No add on codes allowed for this orthosis.
2222	L3762	-	PO	EO rigid, wo joints, prefab, OTS	Yes	Yes	Yes	Yes	Yes	-	-	-	Complete device. No add on codes allowed for this orthosis.
2223	L3763	-	PO	EWHO rigid w/o jnts CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2224	L3764	-	PO	EWHO w/joint(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2225	L3765	-	PO	EWHFO rigid w/o jnts CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2226	L3766	-	PO	EWHFO w/joint(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
2227	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.	THP	eviCore	eviCore	eviCore	eviCore	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.
2228	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	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	1/year	-	-
2229	L3808	-	PO	Wrist-hand-finger orthotic (WHFO), rigid w/o joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	4/year	-	-
2230	L3809	-	PO	Wrist-hand-finger orthosis, without joint(s), prefabricated, off the shelf, any type	Yes	eviCore	eviCore	eviCore	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	-
2231	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	-	-
2232	L3900	-	PO	Hinge extension/flex wrist/f	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	-
2233	L3901	-	PO	Hinge ext/flex wrist finger	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	-
2234	L3904	-	PO	WHO external powered, electric, cus fab	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	Base code. Batteries and chargers are not separately billable from base.
2235	L3905	-	PO	WHO w/nontorsion jnt(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	-
2236	L3906	-	PO	WHO w/o joints CF	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	Approved for fractured fingers if unable to use prefab model or finger splint or L3913.
2237	L3908	-	PO	Wrist cock-up non-molded, OTS	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	-
2238	L3912	-	PO	HFO, Flexion glove w/ elastic finger control, prefab OTS	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	-
2239	L3913	-	PO	HFO w/o joints CF	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	2/year	-	-
2240	L3915	-	PO	WHO inc 1 or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps. Prefab ..... otherwise customized.....	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	4/year	-	-
2241	L3916	-	PO	WHO one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, prefab, OTS	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
2242	L3917	-	PO	HO metacarpal fracture, prefab .....otherwise customized.....	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	2/year	-	-
2243	L3918	-	PO	Ho metacarpal fx orthosis prefab, OTS	Yes	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	ASO: No precert for fracture or severe sprain.

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2244	L3919	-	PO	HO w/o joints CF	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	2/year	-	-
2245	L3921	-	PO	HFO w/joint(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like/same items	2/year	-	-
2246	L3923	-	PO	HFO w/o joints, may include soft interface, straps, prefab,.... otherwise customized .....	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	If made primarily of elastic should use code A4466, and it is Not Covered.
2247	L3924	-	PO	HFO w/o joints may include soft interface, straps, prefab, OTS	Yes	eviCore	eviCore	eviCore	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	-
2248	L3925	-	PO	FO pip/dip with joint/spring, OTS	Yes	Yes	Yes	Yes	Yes	monitor like same items	2/year	-	-
2249	L3927	-	PO	FO pip/dip w/o joint/spring/ may inc soft interface. Prefab, OTS	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	2/year	-	-
2250	L3929	-	PO	HFO nontorsion joint, w/ turnbuckles, , elastic bands/springs may inc soft interface and straps, prefab ..... otherwise customized .....	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	2/year	-	-
2251	L3930	-	PO	HFO includes one or more nontorsion joints, turnbuckles, elastic bands/springs, may include soft interface ,straps, prefab, OTS	Yes	eviCore	evicore	eviCore	N/C	Monitor like /similar items	Not on WV 2024 DME FS	-	-
2252	L3931	-	PO	WHFO nontorsion joint prefab	Yes	Yes	Yes	Yes	Yes	Monitor like /same items	2/year	-	-
2253	L3933	-	PO	FO w/o joints CF	Yes	Yes	-	Yes	Yes	Monitor like /same items	2/year	-	Please submit reason for custom versus prefab with claim.
2254	L3935	-	PO	FO nontorsion joint CF	Yes	Yes	Yes	Yes	Yes	Monitor like /same items	2/year	-	-
2255	L3956	-	PO	Addition to joint upper extrmty orthosis, any mat, per joint	Yes	Yes	Yes	Yes	Yes	Monitor like /same items	-	Invoice required	-
2256	L3960	-	PO	Sewho airplan desig abdu pos	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2257	L3961	-	PO	SEWHO cap design w/o jnts CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2258	L3962	-	PO	Sewho erbs palsey design abd	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
2259	L3967	-	PO	SEWHO airplane w/o jnts CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2260	L3971	-	PO	SEWHO cap design w/jnt(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2261	L3973	-	PO	SEWHO airplane w/jnt(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2262	L3975	-	PO	SEWHFO cap design w/o jnt CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2263	L3976	-	PO	SEWHFO airplane w/o jnts CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2264	L3977	-	PO	SEWHFO cap desgn w/jnt(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2265	L3978	-	PO	SEWHFO airplane w/jnt(s) CF	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
2266	L3980	-	PO	Upp ext fx orthosis humeral, prefab, inc fitting and adjust.	Yes	eviCore	evicore	eviCore	eviCore	Monitor like /same items	2/year	-	Dx specific humeral fracture.
2267	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.	THP	eviCore	eviCore	eviCore	eviCore	Monitor like /same items	2/year	-	Please indicate why cap design abd forearm section required versus L3980.
2268	L3982	-	PO	Upper ext fx orthosis rad/ul	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2269	L3984	-	PO	Upper ext fx orthosis wrist	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2270	L3995	-	PO	Sock fracture or equal each	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2271	L3999	-	PO	upper limb orthosis, NOS	THP	eviCore	eviCore	eviCore	eviCore	IC (individual consideration )	-	Invoice required	Requires description.
2272	L4000	-	PO	Repl girdle milwaukee orth	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2273	L4002	-	PO	Replace strap, any orthosis	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2274	L4010	-	PO	Replace trilateral socket br	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
2275	L4020	-	PO	Replace quadlat socket brim	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2276	L4030	-	PO	Replace socket brim cust fit	THP	eviCore	eviCore	eviCore	eviCore	-	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.

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2277	L4040	-	PO	Replace molded thigh lacer	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2278	L4045	-	PO	Replace non-molded thigh lac	Yes	Yes	Yes	Yes	Yes	-	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.
2279	L4050	-	PO	Replace molded calf lacer	Yes	Yes	Yes	Yes	Yes	-	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.
2280	L4055	-	PO	Replace non-molded calf lace	Yes	Yes	Yes	Yes	Yes	-	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.
2281	L4060	-	PO	Replace high roll cuff	Yes	Yes	Yes	Yes	Yes	-	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.
2282	L4070	-	PO	Replace prox & dist upright	Yes	Yes	Yes	Yes	Yes	-	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.
2283	L4080	-	PO	Repl met band kafo-af0 prox	Yes	Yes	Yes	Yes	Yes	-	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	L4090	-	PO	Repl met band KAFO-AFO, calf or dist thigh	Yes	Yes	Yes	Yes	Yes	-	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.
2285	L4100	-	PO	Repl leath cuff kafo prox th	Yes	Yes	Yes	Yes	Yes	-	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	L4110	-	PO	Repl leath cuff kafo-af0 cal	Yes	Yes	Yes	Yes	Yes	-	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.
2287	L4130	-	PO	Replace pretibial shell	Yes	Yes	Yes	Yes	Yes	-	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	L4205	-	PO	Labor per 15 min, repair orthotic device	Yes	Yes	Yes	Yes	Yes		8/month	Invoice required	Include an explanation of what is being repaired
2289	L4210	-	PO	Repair or replace minor parts, orthotic	Yes	Yes	Yes	Yes	Yes	-	-	Invoice required	Requires description and time for pricing.
2290	L4350	-	PO	Ankle control orthosis, rigid, inc any type interface (pneumatic, gel)prefab, OTS	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	4/year	-	-
2291	L4360	-	PO	Pneumatic walking boot and/or vacuum, w or w/o jts, w or w/o interface mat, prefab .... otherwise customized ....	THP	eviCore	evicore	eviCore	eviCore	Monitor like/same items	4/year	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. <b>No add-on codes allowed.</b>
2292	L4361	-	PO	Walking boot, pneumatic or vacuum, w or w/o joints, w or w/o interface, prefab, OTS	THP	eviCore	eviCore	eviCore	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. <b>No add-on codes allowed.</b>
2293	L4370	-	PO	Pneumatic full leg splint, prefab, OTS	Yes	Yes	Yes	Yes	Yes	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.
2294	L4386	-	PO	Non-pneum walk boot w or w/o jts, w or w/o interface mat, prefab ....that has been otherwise customized ....	Yes	Yes	Yes	Yes	Yes	Monitor like/same items	2/year	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. <b>No add-on codes allowed.</b>
2295	L4387	-	PO	Walking boot non pneumatic, w pr w/o joints, w or w/o interface, Prefab, OTS	THP	eviCore	eviCore	eviCore	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. <b>No add-on codes allowed.</b>
2296	L4392	-	PO	Replace AFO soft interface	Yes	Yes	Yes	Yes	Yes	1 unit every 6 m	4/year	-	Not covered when used solely for prevention of ulcers.
2297	L4394	-	PO	Replace foot drop splint	N/C	N/C	N/C	N/C	Yes	-	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.

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2298	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 .....	THP	eviCore	evicore	eviCore	eviCore	Monitor like/same items	2/year	-	Not covered w/ foot drop w/o contracture. Not covered for fixed contracture. No precent required for diagnosis plantar fasciitis as long as there is no foot drop or contracture. All other dx require precent
2299	L4397	-	PO	AFO, static or dynamic, including soft interface mat, adjustable for fit, positioning, may be used for minimal ambulation, prefab, OTS	THP	eviCore	eviCore	eviCore	N/C	Monitor like/same items	Not on WV 2024 DME FS	-	Not covered w/ foot drop w/o contracture.
2300	L4398	-	PO	Foot drop splint recumbent positioning device, prefab OTS	N/C	N/C	N/C	N/C	Yes	-	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.
2301	L4631	-	PO	Ankle foot orthosis, walking boot type, varus/valgus correction	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Charcot's restraint orthotic walker (CROW) orthosis. Diagnosis specific M14.60 Includes all additions including straps and closures. No additional codes may be billed
2302	L5000	-	PO	Partial foot, shoe insert w/long arch, toe filler	Yes	Yes	Yes	Yes	Yes	-	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.
2303	L5010	-	PO	Mold socket ank hgt w/ toe f	Yes	Yes	Yes	Yes	Yes	-	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.
2304	L5020	-	PO	Tibial tubercle hgt w/ toe f	Yes	Yes	Yes	Yes	Yes	-	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.
2305	L5050	-	PO	Ank symes mold sckt sach ft	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2306	L5060	-	PO	Symes met fr leath socket ar	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2307	L5100	-	PO	Molded socket shin sach foot	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket and a SACH foot.
2308	L5105	-	PO	Plast socket jts/thgh lacer	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a plastic molded socket, external knee joints, thigh lacer, and a SACH foot.
2309	L5150	-	PO	Mold sckt ext knee shin sach	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a knee disarticulation molded prosthetic socket, external knee joints, and a SACH foot.
2310	L5160	-	PO	Mold socket bent knee shin s	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a knee disarticulation molded prosthetic socket, external knee joints, and a SACH foot.
2311	L5200	-	PO	Knee sing axis fric shin sach	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2312	L5210	-	PO	No knee/ankle joints w/ ft b	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	"Stubbies"
2313	L5220	-	PO	No knee joint with artic ali	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	"Stubbies"
2314	L5230	-	PO	Fem focal defic constant fri	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Above knee. SACH foot.
2315	L5250	-	PO	Hip canad sing axi cons fric	THP	eviCore	evicore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2316	L5270	-	PO	Tilt table locking hip sing	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2317	L5280	-	PO	Hemipelvect canad sing axis	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
2318	L5301	-	PO	BK mold socket SACH ft endo	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket and a SACH Foot.
2319	L5312	-	PO	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2320	L5321	-	PO	AK open end SACH	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2321	L5331	-	PO	Hip disart canadian SACH ft	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
2322	L5341	-	PO	Hemipelvectomy canadian SACH	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.

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2323	L5400	-	PO	Postop dress & 1 cast chg bk	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2324	L5410	-	PO	Postop dsg bk ea add cast ch	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2325	L5420	-	PO	Postop dsg & 1 cast chg ak/d	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2326	L5430	-	PO	Postop dsg ak ea add cast ch	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2327	L5450	-	PO	Postop app non-wgt bear dsg	THP	eviCore	eviCore	eviCore	eviCore	-	1/lifetime	-	Non-weight bearing rigid dressings Immediate post surgical application or early fitting. NSB under DME benefit if member in Part A setting.
2328	L5460	-	PO	Postop app non-wgt bear dsg	THP	eviCore	eviCore	eviCore	eviCore	-	1/lifetime	-	Non-weight bearing rigid dressings Immediate post surgical application or early fitting. NSB under DME benefit if member in Part A setting.
2329	L5500	-	PO	Init bk ptb plaster direct	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2330	L5505	-	PO	Init ak ischial plstr direct	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2331	L5510	-	PO	Prep BK ptb plaster molded	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded plaster socket, a pylon, and a SACH Foot.
2332	L5520	-	PO	Perp BK ptb thermopls direct	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a direct formed thermoplastic patient socket, a pylon, and a SACH foot.
2333	L5530	-	PO	Prep BK ptb thermopls molded	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Include a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2334	L5535	-	PO	Prep BK ptb open end socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2335	L5540	-	PO	Prep BK ptb laminated socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded laminated prosthetic socket, a pylon, and a SACH foot.
2336	L5560	-	PO	Prep AK ischial plast molded	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded plaster socket, a pylon, and a SACH Foot.
2337	L5570	-	PO	Prep AK ischial direct form	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a direct formed thermoplastic patient socket, a pylon, and a SACH foot.
2338	L5580	-	PO	Prep AK ischial thermo mold	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2339	L5585	-	PO	Prep AK ischial open end	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes an adjustable open-end prosthetic socket and a SACH foot.
2340	L5590	-	PO	Prep AK ischial laminated	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Include a molded laminated prosthetic socket, a pylon, and a SACH foot.
2341	L5595	-	PO	Hip disartic sach thermopls	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
2342	L5600	-	PO	Hip disart sach laminat mold	THP	eviCore	eviCore	eviCore	eviCore	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded laminated prosthetic socket, a pylon, and a SACH foot.
2343	L5610	-	PO	Above knee hydracadence	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2344	L5611	-	PO	Ak 4 bar link w/fric swing	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to the knee shin system. K1 ambulator.
2345	L5613	-	PO	Ak 4 bar ling w/hydraul swig	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2346	L5614	-	PO	4-bar link above knee w/swng	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2347	L5615	-	PO	Add, endoskeletal knee shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Replaces K1014. Upgrade to the knee-shin system. K3 ambulator or above. Limited coverage K2 ambulator.
2348	L5616	-	PO	Ak univ multiplex sys frict	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2349	L5617	-	PO	AK/BK self-aligning unit ea	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
2350	L5618	-	PO	Test socket symes	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).

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2351	L5620	-	PO	Test socket below knee	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2352	L5622	-	PO	Test socket knee disarticula	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2353	L5624	-	PO	Test socket above knee	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2354	L5626	-	PO	Test socket hip disarticulat	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2355	L5628	-	PO	Test socket hemipelvectomy	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
2356	L5629	-	PO	Below knee acrylic socket	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	Not billable with initial or preparatory prosthesis as applicable.
2357	L5630	-	PO	Syme typ expandabl wall sckt	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2358	L5631	-	PO	Ak/knee disartic acrylic soc	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2359	L5632	-	PO	Symes type ptb brim design s	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2360	L5634	-	PO	Symes type poster opening so	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2361	L5636	-	PO	Symes type medial opening so	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2362	L5637	-	PO	Below knee total contact	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	-
2363	L5638	-	PO	Below knee leather socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2364	L5639	-	PO	Below knee wood socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2365	L5640	-	PO	Knee disarticulat leather so	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2366	L5642	-	PO	Above knee leather socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2367	L5643	-	PO	Hip flex inner socket ext fr	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2368	L5644	-	PO	Above knee wood socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2369	L5645	-	PO	Bk flex inner socket ext fra	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2370	L5646	-	PO	Below knee cushion socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2371	L5647	-	PO	Below knee suction socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2372	L5648	-	PO	Above knee cushion socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2373	L5649	-	PO	Isch containm/narrow m-l so	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2374	L5650	-	PO	Tot contact ak/knee disart s	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2375	L5651	-	PO	Ak flex inner socket ext fra	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2376	L5652	-	PO	Suction susp ak/knee disart	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2377	L5653	-	PO	Knee disart expand wall sock	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2378	L5654	-	PO	Socket insert symes	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2379	L5655	-	PO	Socket insert below knee	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2380	L5656	-	PO	Socket insert knee articulat	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2381	L5658	-	PO	Socket insert above knee	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2382	L5661	-	PO	Multi-durometer symes	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2383	L5665	-	PO	Multi-durometer below knee	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2384	L5666	-	PO	Below knee cuff suspension	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2385	L5668	-	PO	Socket insert w/o lock lower	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2386	L5670	-	PO	Bk molded supracondylar susp	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2387	L5671	-	PO	BK/AK locking mechanism	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	L5671 does not include the socket insert itself.
2388	L5672	-	PO	Bk removable medial brim sus	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2389	L5673	-	PO	Socket insert w lock mech	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2390	L5676	-	PO	Bk knee joints single axis p	THP	eviCore	eviCore	eviCore	eviCore	-	2 pair/year	-	Not covered with L5535.
2391	L5677	-	PO	Bk knee joints polycentric p	THP	eviCore	eviCore	eviCore	eviCore	-	2 pair/year	-	-
2392	L5678	-	PO	Bk joint covers pair	THP	eviCore	eviCore	eviCore	eviCore	-	2 pair/year	-	-
2393	L5679	-	PO	Socket insert w/o lock mech	THP	eviCore	eviCore	eviCore	eviCore	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
2394	L5680	-	PO	Bk thigh lacer non-molded	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-

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2395	L5681	-	PO	Intl custm cong/latyp insert	THP	eviCore	eviCore	eviCore	eviCore	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.
2396	L5682	-	PO	Bk thigh lacer glut/ischia m	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2397	L5683	-	PO	Initial custom socket insert	THP	eviCore	eviCore	eviCore	eviCore	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.
2398	L5684	-	PO	Bk fork strap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2399	L5685	-	PO	Below knee sus/seal sleeve, ea	Yes	Yes	Yes	Yes	Yes	6/yr	2/year	-	-
2400	L5686	-	PO	Bk back check	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2401	L5688	-	PO	Bk waist belt webbing	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2402	L5690	-	PO	Bk waist belt padded and lin	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2403	L5692	-	PO	Ak pelvic control belt light	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2404	L5694	-	PO	Ak pelvic control belt pad/l	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2405	L5695	-	PO	Ak sleeve susp neoprene/equa	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2406	L5696	-	PO	Ak/knee disartic pelvic join	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2407	L5697	-	PO	Ak/knee disartic pelvic band	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2408	L5698	-	PO	Ak/knee disartic silesian ba	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2409	L5699	-	PO	Shoulder harness	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2410	L5700	-	PO	Replace socket below knee	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
2411	L5701	-	PO	Replace socket above knee	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
2412	L5702	-	PO	Replace socket hip	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
2413	L5703	-	PO	Symes ankle w/o (SACH) foot, replace	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Includes a symes molded prosthetic socket replacement.
2414	L5704	-	PO	Custom shape cover BK	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
2415	L5705	-	PO	Custom shape cover AK	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
2416	L5706	-	PO	Custom shape cvr knee disart	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
2417	L5707	-	PO	Custom shape cvr hip disart	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis.
2418	L5710	-	PO	Knee-shin exo sng axi mnl loc	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable. Covered for K1 ambulator or above.
2419	L5711	-	PO	Knee-shin exo mnl lock ultra	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system.
2420	L5712	-	PO	Knee-shin exo frict swg & st	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2421	L5714	-	PO	Knee-shin exo variable frict	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
2422	L5716	-	PO	Knee-shin exo mech stance ph	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
2423	L5718	-	PO	Knee-shin exo frct swg & sta	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
2424	L5722	-	PO	Knee-shin pneum swg frct exo	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2425	L5724	-	PO	Knee-shin exo fluid swing ph	THP	eviCore	eviCore	eviCore	eviCore	-	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.



	A	B	C	D	E	F	G	H	I	J	K	L	M
50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2426	L5726	-	PO	Knee-shin ext jnts fld swg e	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2427	L5728	-	PO	Knee-shin fluid swg & stance	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2428	L5780	-	PO	Knee-shin pneum/hydra pneum	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2429	L5781	-	PO	Lower limb pros vacuum pump	THP	eviCore	eviCore	eviCore	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 inpayment for L5781.
2430	L5782	-	PO	HD low limb pros vacuum pump	THP	eviCore	eviCore	eviCore	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.
2431	L5783	-	PO	Add to lower extremity, user adjustable, mechanical, residual limb volume management system	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>New Code May 2024.</b> This system is a kit of components (reel, cable, or similar) incorporated into a custom-fabricated socket. Product example: RevoFit manufactured by Click Medical.
2432	L5785	-	PO	Exoskeletal bk ultralt mater	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2433	L5790	-	PO	Exoskeletal ak ultra-light m	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2434	L5795	-	PO	Exoskel hip ultra-light mate	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
2435	L5810	-	PO	Endoskel knee-shin mnl lock	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2436	L5811	-	PO	Endo knee-shin mnl lck ultra	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2437	L5812	-	PO	Endo knee-shin frct swg & st	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2438	L5814	-	PO	Endo knee-shin hydral swg ph	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2439	L5816	-	PO	Endo knee-shin polyc mch sta	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2440	L5818	-	PO	Endo knee-shin frct swg & st	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
2441	L5822	-	PO	Endo knee-shin pneum swg frc	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2442	L5824	-	PO	Endo knee-shin fluid swing p	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2443	L5826	-	PO	Miniature knee joint	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2444	L5828	-	PO	Endo knee-shin fluid swg/sta	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2445	L5830	-	PO	Endo knee-shin pneum/swg pha	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2446	L5840	-	PO	Multi-axial knee/shin system	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2447	L5841	-	-	Add, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	<b>New Code May 2024.</b> Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
2448	L5845	-	PO	Knee-shin sys stance flexion	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2449	L5848	-	PO	Knee-shin sys hydraul stance	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2450	L5850	-	PO	Endo ak/hip knee extens assi	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2451	L5855	-	PO	Mech hip extension assist	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2452	L5856	-	PO	Elec knee-shin swing/stance	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
2453	L5857	-	PO	Elec knee-shin swing only	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
2454	L5858	-	PO	Stance phase only	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
2455	L5859	-	PO	Endoskeleton knee-shin system, powered and programmable, flexion/extension assist control, incl any type motor(s)	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
2456	L5910	-	PO	Endo below knee alignable sy	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2457	L5920	-	PO	Endo ak/hip alignable system	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-

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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2458	L5925	-	PO	Above knee manual lock	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2459	L5926	-	PO	Add, to LE prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, above knee, hip disarticulation, positional rotational unit, any type	THP	eviCore	eviCore	eviCore	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.
2460	L5930	-	PO	High activity knee frame	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2461	L5940	-	PO	Endo bk ultra-light material	THP	eviCore	eviCore	eviCore	eviCore	1 unit/limb	2/year	-	-
2462	L5950	-	PO	Endo ak ultra-light material	THP	eviCore	eviCore	eviCore	eviCore	1 unit/limb	2/year	-	-
2463	L5960	-	PO	Endo hip ultra-light materia	THP	eviCore	eviCore	eviCore	eviCore	1 unit/limb	2/year	-	-
2464	L5961	-	PO	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or w/o flexion &/or extension control.	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
2465	L5962	-	PO	Below knee flex cover system	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2466	L5964	-	PO	Above knee flex cover system	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2467	L5966	-	PO	Hip flexible cover system	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2468	L5968	-	PO	Multiaxial ankle w dorsiflex	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	-
2469	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.
2470	L5970	-	PO	Foot external keel sach foot	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K1 ambulator or above.
2471	L5971	-	PO	SACH foot, replacement	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2472	L5972	-	PO	All lower extremity prosthesis, foot, flexible keel	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K2 ambulator or above.
2473	L5973	-	PO	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	THP	eviCore	eviCore	eviCore	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.
2474	L5974	-	PO	Foot single axis ankle/foot	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K1 ambulator
2475	L5975	-	PO	Combo ankle/foot prosthesis	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2476	L5976	-	PO	Energy storing foot	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2477	L5978	-	PO	Ft prosth multiaxial ankl/ft	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K2 ambulator or above.
2478	L5979	-	PO	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2479	L5980	-	PO	Flex foot system	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
2480	L5981	-	PO	Flex-walk sys low ext prosth	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2481	L5982	-	PO	Exoskeletal axial rotation u	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K2 ambulator or above.
2482	L5984	-	PO	Endoskeletal axial rotation	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K2 ambulator or above.
2483	L5985	-	PO	Lwr ext dynamic prosth pylon	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K2 ambulator or above.
2484	L5986	-	PO	Multi-axial rotation unit	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K2 ambulator or above.
2485	L5987	-	PO	Shank ft w vert load pylon	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
2486	L5988	-	PO	Vertical shock reducing pylo	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Example: Total Shock that was manufactured by Century XXII International, Inc.
2487	L5990	-	PO	User adjustable heel height	N/C	N/C	N/C	N/C	eviCore	-	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."
2488	L5991	-	PO	Low pros ext osseo connector	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Example: Axor II osseointegrated external prosthetic connection device manufactured by Integrum, S.E.

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50	HPCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2489	L5999	-	PO	Lower extremity prosthesis. Miscellaneous	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice & Description of Item	Determination of more specific HCPCS code required.
2490	L6000	-	PO	Partial hand, thumb remaining	THP	Yes	Yes	Yes	Yes	-	1/3 years	-	-
2491	L6010	-	PO	Partial hand, little and/or ring finger remaining	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2492	L6020	-	PO	Partial hand, no finger remaining	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2493	L6026	-	PO	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self suspended, inner socket with removeable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal.	THP	Yes	Yes	Yes	Yes	-	-	-	<b>Special Coverage instructions apply.</b> It includes all necessary components except the terminal device. Example: Batteries and chargers not separately billable with this code.
2494	L6050	-	PO	Wrst molded sock flx hng tri pad	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2495	L6055	-	PO	Wrst mold sock w/exp interfa	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2496	L6100	-	PO	Elb mold sock flex hinge pad	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2497	L6110	-	PO	Elbow mold sock suspension t	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2498	L6120	-	PO	Elbow mold doub splt soc ste	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2499	L6130	-	PO	Elbow stump activated lock h	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2500	L6200	-	PO	Elbow mold outsid lock hinge	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2501	L6205	-	PO	Elbow molded w/ expand inter	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2502	L6250	-	PO	Elbow inter loc elbow forearm	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2503	L6300	-	PO	Shldr disart int lock elbow	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2504	L6310	-	PO	Shoulder passive restor complete prosthesis	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2505	L6320	-	PO	Shoulder passive restoration(shoulder cap only)	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2506	L6350	-	PO	Thoracic intern lock elbow	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2507	L6360	-	PO	Thoracic passive restor comp	THP	Yes	Yes	Yes	Yes	-	2/year	-	-
2508	L6370	-	PO	Thoracic passive restor cap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2509	L6380	-	PO	Postop dsg cast chg wrst/elb	Yes	Yes	Yes	Yes	Yes	-	1/year	-	-
2510	L6382	-	PO	Postop dsg cast chg elb dis/	Yes	Yes	Yes	Yes	Yes	-	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.
2511	L6384	-	PO	Postop dsg cast chg shlder/t	Yes	Yes	Yes	Yes	Yes	-	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.
2512	L6386	-	PO	Postop ea cast chg & realign	Yes	Yes	Yes	Yes	Yes	-	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.
2513	L6388	-	PO	Postop applicat rigid dsg on	Yes	Yes	Yes	Yes	Yes	-	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.
2514	L6400	-	PO	Below elbow prosth tiss shap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2515	L6450	-	PO	Elb disart prosth tiss shap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2516	L6500	-	PO	Above elbow prosth tiss shap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2517	L6550	-	PO	Shldr disar prosth tiss shap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2518	L6570	-	PO	Scap thorac prosth tiss shap	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2519	L6580	-	PO	Wrist/elbow bowden cable mol	THP	Yes	Yes	Yes	Yes	-	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.
2520	L6582	-	PO	Wrist/elbow bowden cbl dir f	THP	Yes	Yes	Yes	Yes	-	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.
2521	L6584	-	PO	Elbow fair lead cable molded	THP	Yes	Yes	Yes	Yes	-	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.
2522	L6586	-	PO	Elbow fair lead cable dir fo	THP	Yes	Yes	Yes	Yes	-	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.
2523	L6588	-	PO	Shdr fair lead cable molded	THP	Yes	Yes	Yes	Yes	-	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.

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2524	L6590	-	PO	Shldr fair lead cable direct	THP	Yes	Yes	Yes	Yes	-	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.
2525	L6600	-	PO	Polycentric hinge pair	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2526	L6605	-	PO	Single pivot hinge pair	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2527	L6610	-	PO	Flexible metal hinge pair	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2528	L6611	-	PO	Additional switch, ext power	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2529	L6615	-	PO	Disconnect locking wrist uni	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2530	L6616	-	PO	Disconnect insert locking wr	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2531	L6620	-	PO	Flexion/extension wrist unit	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2532	L6621	-	PO	Flex/ext wrist w/wo friction	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2533	L6623	-	PO	Spring-ass rot wrst w/ latch	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2534	L6624	-	PO	Flex/ext/rotation wrist unit	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2535	L6625	-	PO	Rotation wrst w/ cable lock	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2536	L6628	-	PO	Quick disconn hook adapter o	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2537	L6629	-	PO	Lamination collar w/ couplin	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2538	L6630	-	PO	Stainless steel any wrist	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2539	L6632	-	PO	Latex suspension sleeve each	PA	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2540	L6635	-	PO	Lift assist for elbow	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2541	L6637	-	PO	Nudge control elbow lock	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2542	L6638	-	PO	Elec lock on manual pw elbow	Yes	Yes	Yes	Yes	Yes	-	2/year	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2543	L6640	-	PO	Shoulder abduction joint pai	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2544	L6641	-	PO	Excursion amplifier pulley t	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2545	L6642	-	PO	Excursion amplifier lever ty	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2546	L6645	-	PO	Shoulder flexion-abduction j	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2547	L6646	-	PO	Multipo locking shoulder jnt	THP	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2548	L6647	-	PO	Shoulder lock actuator	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	
2549	L6648	-	PO	Ext pwrdr shlder lock/unlock	THP	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2550	L6650	-	PO	Shoulder universal joint	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2551	L6655	-	PO	Standard control cable extra	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2552	L6660	-	PO	Heavy duty control cable	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2553	L6665	-	PO	Teflon or equal cable lining	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2554	L6670	-	PO	Hook to hand cable adapter	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2555	L6672	-	PO	Harness chest/shlder saddle	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2556	L6675	-	PO	Harness figure of 8 sing con	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2557	L6676	-	PO	Harness figure of 8 dual con	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2558	L6677	-	PO	UE triple control harness	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2559	L6680	-	PO	Test sock wrist disart/bel e	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2560	L6682	-	PO	Test sock elbw disart/above	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2561	L6684	-	PO	Test socket shldr disart/tho	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2562	L6686	-	PO	Suction socket	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2563	L6687	-	PO	Frame typ socket bel elbow/w	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2564	L6688	-	PO	Frame typ sock above elb/dis	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2565	L6689	-	PO	Frame typ socket shoulder di	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2566	L6690	-	PO	Frame typ sock interscap-tho	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2567	L6691	-	PO	Removable insert each	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2568	L6692	-	PO	Silicone gel insert or equal	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2569	L6693	-	PO	Locking elbow forearm cntrbal	Yes	Yes	Yes	Yes	Yes	-	2/year	-	
2570	L6694	-	PO	Elbow socket ins use w/lock	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	
2571	L6695	-	PO	Elbow socket ins use w/o lck	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2572	L6696	-	PO	Cus elbo skt in for con/atyp	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2573	L6697	-	PO	Cus elbo skt in not con/atyp	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2574	L6698	-	PO	Below/above elbow lock mech	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
2575	L6703	-	PO	Term dev, passive hand mitt	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2576	L6704	-	PO	Term dev, sport/rec/work att	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
2577	L6706	-	PO	Term dev mech hook vol open	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2578	L6707	-	PO	Term dev mech hook vol close	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2579	L6708	-	PO	Term dev mech hand vol open	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2580	L6709	-	PO	Term dev mech hand vol close	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2581	L6711	-	PO	Term device, hook, mechanical, voluntary opening. Pediatric	Yes	Yes	Yes	Yes	Yes	-	-	-	WV Medicaid Age restriction may apply.
2582	L6712	-	PO	Term device, hook, mechanical, voluntary closing, any size, lines/unlined.	Yes	Yes	Yes	Yes	Yes	-	-	-	WV Medicaid Age restriction may apply.
2583	L6713	-	PO	Term device, hand, mechanical, voluntary opening. Any size, material.	Yes	Yes	Yes	Yes	Yes	-	-	-	WV Medicaid Age restriction may apply.
2584	L6714	-	PO	Terminal device, hand mechanical, voluntary closing, any size, material. Pediatric	Yes	Yes	Yes	Yes	Yes	-	-	-	WV Medicaid Age restriction may apply.
2585	L6715	-	PO	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
2586	L6721	-	PO	Terminal device, hand or hook, heavy duty mechanical, vol opening, lined/unlined, any size, material	Yes	Yes	Yes	Yes	Yes	-	-	-	-
2587	L6722	-	PO	Terminal device, hook, hand, heavy duty, mechanical, vol closing, any size, material. Lines or unlined	Yes	Yes	Yes	Yes	Yes	-	-	-	-
2588	L6805	-	PO	Term dev modifier wrist unit	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2589	L6810	-	PO	Term dev precision pinch dev	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2590	L6880	-	PO	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp pattern, inc. motors	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable.
2591	L6881	-	PO	Term dev auto grasp feature	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2592	L6882	-	PO	Microprocessor control uplmb	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2593	L6883	-	PO	Replc sockt below e/w disa	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2594	L6884	-	PO	Replc sockt above elbow disa	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
2595	L6885	-	PO	Replc sockt shldr dis/interc	THP	Yes	Yes	Yes	Yes	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable.
2596	L6890	-	PO	Prefab glove for term device	THP	eviCore	eviCore	eviCore	eviCore	-	4/year	-	This is a glove for a prosthetic device- not a lymphedema glove
2597	L6895	-	PO	Custom glove for term device	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2598	L6900	-	PO	Hand restorat thumb/1 finger	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2599	L6905	-	PO	Hand restoration multiple fi	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2600	L6910	-	PO	Hand restoration no fingers	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2601	L6915	-	PO	Hand restoration replacmnt g	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-
2602	L6920	-	PO	Wrist disarticul switch ctrl	THP	Yes	Yes	Yes	Yes	-	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.
2603	L6925	-	PO	Wrist disart myoelectronic c	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2604	L6930	-	PO	Below elbow switch control	THP	Yes	Yes	Yes	Yes	-	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.
2605	L6935	-	PO	Below elbow myoelectronic ct	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2606	L6940	-	PO	Elbow disarticulation switch	THP	Yes	Yes	Yes	Yes	-	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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50	HPCPS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2607	L6945	-	PO	Elbow disart myoelectronic c	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2608	L6950	-	PO	Above elbow switch control	THP	Yes	Yes	Yes	Yes	-	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.
2609	L6955	-	PO	Above elbow myoelectronic ct	THP	eviCore	eviCore	eviCore	eviCore	-	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	L6960	-	PO	Shldr disartic switch contro	THP	Yes	Yes	Yes	Yes	-	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	L6965	-	PO	Shldr disartic myoelectronic	THP	Yes	Yes	Yes	Yes	-	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	L6970	-	PO	Interscapular-thor switch ct	THP	Yes	Yes	Yes	Yes	-	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	L6975	-	PO	Interscap-thor myoelectronic	THP	eviCore	eviCore	eviCore	eviCore	-	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.
2614	L7007	-	PO	Adult electric hand	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2615	L7008	-	PO	Pediatric electric hand	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
2616	L7009	-	PO	Adult electric hook	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	-
2617	L7040	-	PO	Prehensile actuator	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2618	L7045	-	PO	Pediatric electric hook	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2619	L7170	-	PO	Electronic elbow hosmer swit	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2620	L7180	-	PO	Electronic elbow sequential	THP	eviCore	eviCore	eviCore	eviCore	-	1/5 years	-	-
2621	L7181	-	PO	Electronic elbo simultaneous	THP	eviCore	eviCore	eviCore	NC	-	Not on WV 2024 DME FS	-	-
2622	L7185	-	PO	Electron elbow adolescent sw	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2623	L7186	-	PO	Electron elbow child switch	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2624	L7190	-	PO	Elbow adolescent myoelectron	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2625	L7191	-	PO	Elbow child myoelectronic ct	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2626	L7259	-	PO	Electronic wrist rotator, any type.	THP	eviCore	eviCore	eviCore	eviCore	-	1/3 years	-	-
2627	L7360	-	PO	Six volt bat otto bock/eq ea	THP	eviCore	eviCore	eviCore	eviCore	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.
2628	L7362	-	PO	Battery chgrg six volt otto	Yes	Yes	Yes	Yes	Yes	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.
2629	L7364	-	PO	Twelve volt battery utah/equ	THP	eviCore	eviCore	eviCore	eviCore	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.
2630	L7366	-	PO	Battery chgrg 12 volt utah/e	THP	eviCore	eviCore	eviCore	eviCore	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.
2631	L7367	-	PO	Lithium ion battery, rechargeable, replace	THP	eviCore	eviCore	eviCore	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.
2632	L7368	-	PO	Lithium ion battery charger, replacement only	THP	eviCore	eviCore	eviCore	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.
2633	L7400	-	PO	Add UE prost be/wd, utilite	THP	eviCore	eviCore	eviCore	eviCore	1 unit/limb	2/year	-	-
2634	L7401	-	PO	Add UE prost a/e utilite mat	THP	eviCore	eviCore	eviCore	eviCore	1 unit/limb	2/year	-	-
2635	L7402	-	PO	Add UE prost s/d utilite mat	Yes	Yes	Yes	Yes	Yes	1 unit/limb	2/year	-	-
2636	L7403	-	PO	Add UE prost b/e acrylic	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2637	L7404	-	PO	Add UE prost a/e acrylic	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	-
2638	L7405	-	PO	Add UE prost s/d acrylic	Yes	Yes	Yes	Yes	Yes	-	2/year	-	-

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50	HPCGS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2639	L7499	-	PO	Upper extremity prosthesis, NOS	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice required	
2640	L7510	-	PO	Repair prosthetic device, repair or replace minor parts	THP	eviCore	eviCore	eviCore	eviCore	-	1 unit/year	Invoice required.	For repair of implanted prosthetic device.
2641	L7520	-	PO	Labor component per 15 min repair prosth	THP	eviCore	eviCore	eviCore	eviCore	-	24/6 months	Invoice required	This is for repair only-not billable with initial prosthetic-policy specific.
2642	L7600	-	PO	Prosthetic donning sleeve, any mat, ea	N/C	eviCore	N/C	N/C	eviCore	-	-	Invoice required	Article A52496 Lower Limb Prosthesis: "A prosthetic donning sleeve (L7600) will be denied as noncovered."
2643	L7700	-	PO	Gasket or seal, for use with prosthetic socket insert, any type, each	Yes	Yes	Yes	Yes	Yes	-	-	-	-
2644	L7900	-	PO	Male vacuum erection device	N/C	eviCore	N/C	N/C	N/C	-	Not on WV 2024 DME FS	-	Medicare discontinued coverage 7/1/15 per ABLE. Article A52712 Medicaid exclusion.
2645	L7902	-	PO	Tension ring for vacuum erection device, any type, replacement only	N/C	eviCore	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-9 diagnosis code 607.84).
2646	L8000	-	PO	Mastectomy bra, w/o integrated breast prosthesis form, any size	Yes	Yes	Yes	Yes	Yes	4 / year	4/year	-	If requesting more than 4 per calendar year require precert. PEIA only allows 3 mastectomy bras per benefit year.
2647	L8001	-	PO	Mastectomy bra, with integrated breast prosthesis form, unilateral, any size	Yes	Yes	Yes	Yes	Yes	4 / year	2/year	-	PEIA only allows 3 mastectomy bras per benefit year.
2648	L8002	-	PO	Mastectomy bra with integrated breast prosthesis form, bilateral, any size, any	Yes	Yes	Yes	Yes	Yes	4 / year	2/year	-	PEIA only allows 3 mastectomy bras per benefit year.
2649	L8010	-	PO	Breast prosthesis, mastectomy sleeve	Yes	Yes	N/C	N/C	Yes	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.
2650	L8015	-	PO	Ext breast prosthesis garment	THP	eviCore	eviCore	eviCore	eviCore	Post Mastectomy Only	2/year	-	Prior to fitting of permanent prosthesis. Temporary item. Medicaid does allow replacement.
2651	L8020	-	PO	Mastectomy form	THP	eviCore	evicore	eviCore	eviCore	1/6 months per affected side	2/year	-	Foam, fabric, or fiber filled.
2652	L8030	-	PO	Breast prosthesis, silicone or equal, without integral adhesive	Yes	Yes	Yes	Yes	Yes	1/2 years	2/year	-	For bilateral mastectomy, 2 at a time, every 2 years.
2653	L8031	-	PO	Breast prosthesis, silicone or equal, with integral adhesive	Yes	Yes	Yes	Yes	Yes	1/2 years per affected side	-	-	Need reason member cannot use L8030.
2654	L8032	-	PO	Nipple prosthesis, prefabricated, reusable, any type, each	Yes	Yes	Yes	Yes	N/C	1/2 years per affected side	Not on WV 2024 DME FS	-	-
2655	L8033	-	PO	Nipple prosthesis, custom fabricated, reusable, any material any type, each	Yes	Yes	Yes	Yes	N/C	1/2 years per affected side	Not on WV 2024 DME FS	-	-
2656	L8035	-	PO	Custom breast prosthesis	THP	eviCore	eviCore	eviCore	eviCore	-	2/year	-	Requires documentation supporting reason cannot use another prosthesis such as L8030 or L8031.
2657	L8039	-	PO	Breast prosthesis, NOS	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice required and description of item	Use this code to bill for authorization of a Balisse Compression Bra.
2658	L8040	KM KN	PO	Nasal prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2659	L8041	KM KN	PO	Midfacial prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2660	L8042	KM KN	PO	Orbital prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2661	L8043	KM KN	PO	Upper facial prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2662	L8044	KM KN	PO	Hemi-facial prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2663	L8045	KM KN	PO	Auricular prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2664	L8046	KM KN	PO	Partial facial prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2665	L8047	KM KN	PO	Nasal septal prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	-	West Virginia Medicaid uses D codes.
2666	L8048	-	PO	Unspecified maxillofacial prosthesis	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Invoice required	Use this code for labor, repair, or modification of facial prosthesis.
2667	L8049	-	PO	Repair/modification of prosthesis, labor 15'	THP	eviCore	eviCore	eviCore	N/C	-	Not on WV 2024 DME FS	Invoice required	Requires documentation & time.
2668	L8300	-	PO	Truss single w/ standard pad	Yes	Yes	Yes	Yes	Yes	-	4/year	-	Covered when hernia is reducible with application of the truss.
2669	L8310	-	PO	Truss double w/ standard pad	Yes	Yes	Yes	Yes	Yes	-	4/year	-	Covered when hernia is reducible with application of the truss.
2670	L8320	-	PO	Truss addition to std pad wa	Yes	Yes	Yes	Yes	Yes	-	4/year	-	-
2671	L8330	-	PO	Truss add to std pad scrotal	Yes	Yes	Yes	Yes	Yes	-	4/year	-	-
2672	L8400	-	PO	Sheath below knee	Yes	Yes	Yes	Yes	Yes	3 initial & 3 additional w/auth per year	12/year	-	-

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50	HCPCS	MOD	CATG	DESCRIPTION	SELF FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST	SERVICE LIMITS	MEDICAID LIMITS	REIMBURSE	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
2673	L8410	-	PO	Sheath above knee	Yes	Yes	Yes	Yes	Yes	3 initial & 3 additional w/auth per year	6/year	-	-
2674	L8415	-	PO	Sheath upper limb	Yes	Yes	Yes	Yes	Yes	3 initial & 3 additional w/auth per year	10/year	-	-
2675	L8417	-	PO	Pros sheath/sock w gel cushn	THP	eviCore	eviCore	eviCore	eviCore	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.
2676	L8420	-	PO	Prosthetic sock multi ply BK	Yes	Yes	Yes	Yes	Yes	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.
2677	L8430	-	PO	Prosthetic sock multi ply AK	Yes	Yes	Yes	Yes	Yes	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.
2678	L8435	-	PO	Pros sock multi ply upper lm	Yes	Yes	Yes	Yes	Yes	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.
2679	L8440	-	PO	Shrinker below knee	Yes	Yes	Yes	Yes	Yes	3 initial & 3 additional w/auth per year	4/year	-	-
2680	L8460	-	PO	Shrinker above knee	Yes	Yes	Yes	Yes	Yes	3 initial & 3 additional w/auth per year	4/year	-	-
2681	L8465	-	PO	Shrinker upper limb	THP	eviCore	eviCore	eviCore	eviCore	Post Mastectomy Only	4/year	-	-
2682	L8470	-	PO	Pros sock single ply BK	Yes	Yes	Yes	Yes	Yes	6 initial & 6 additional w/auth per year	24/year	-	-
2683	L8480	-	PO	Pros sock single ply AK	Yes	Yes	Yes	Yes	Yes	6 initial & 6 additional w/auth per year	12/year	-	-
2684	L8485	-	PO	Pros sock single ply upper l	Yes	Yes	Yes	Yes	Yes	6 initial & 6 additional w/auth per year	10/year	-	-
2685	L8499	-	PO	Unlisted procedure for prosthetic services	THP	eviCore	eviCore	eviCore	eviCore	-	-	Invoice & Description of Item	Will determine if more specific code appropriate and will be medically reviewed.
2686	L8500	-	PO	Artificial larynx	THP	eviCore	eviCore	eviCore	eviCore	3 to 6 months	-	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
2687	L8501	-	PO	Tracheostomy speaking valve	Yes	Yes	Yes	Yes	Yes	60 days	1/2 months	-	-
2688	L8505	-	PO	Artificial larynx replace battery/accessory	Yes	Yes	Yes	Yes	Yes	-	2 per year	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
2689	L8507	-	PO	Trach-esoph voice prosthetic, removed and inserted by patient	Yes	Yes	Yes	Yes	N/C	2 per month	Not on WV 2024 DME FS	-	Tube designed to be removed & reinserted by the patient.
2690	L8509	-	PO	Trach-esoph voice prosthetic, inserted by a medical professional	Yes	Yes	Yes	Yes	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.
2691	L8510	-	PO	Voice amplifier	Yes	Yes	Yes	Yes	Yes	-	1/lifetime	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
2692	L8511	-	PO	Indwelling trach insert	Yes	Yes	Yes	Yes	N/C	3 to 6 months	Not on WV 2024 DME FS	-	-
2693	L8512	-	PO	Gel cap for trach voice pros	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	-
2694	L8513	-	PO	Trach pros cleaning device	Yes	Yes	Yes	Yes	N/C	2 kits per month	Not on WV 2024 DME FS	-	-
2695	L8514	-	PO	Repl trach puncture dilator	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Covered if has voice prosthesis.
2696	L8515	-	PO	Gel cap app device for trach	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Covered if has covered voice prosthesis.
2697	L8600	-	PO	Implant breast silicone/eq	THP	eviCore	eviCore	eviCore	eviCore	-	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 precert R/o if cosmetic in nature only. Not covered if procedure not covered
2698	L8603	-	PO	Collagen imp urinary 2.5 ml	THP	eviCore	eviCore	eviCore	eviCore	-	Not on WV 2024 DME FS	-	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.



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2699	L8604	-	PO	Injectable bulking agent, dextranomer/hyaluric acid, copolymer implant. Urinary tract	THP	eviCore	eviCore	eviCore	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.
2700	L8605	-	PO	Inject bulking agent, dextranomer/hyaluric acid, copolymer implant, anal canal, 1ml	Yes	Yes	Yes	Yes	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.
2701	L8606	-	PO	Synthetic implnt urinary 1ml	THP	eviCore	eviCore	eviCore	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.
2702	L8607	-	PO	Inj vocal cord bulking agent	Yes	Yes	Yes	Yes	Yes	-	-	-	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
2703	L8608	-	-	External component, supply or access for use with the Argus II Retinal Prosthesis system, NOS	THP	THP	THP	THP	THP	-	-	Invoice required	Not home DME, orthotic, prosthetic. OPPS status indicator/Items and services packaged into APC rates. Covered only if procedure is covered.
2704	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2705	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2706	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2707	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2708	L8614	-	PO	Cochlear device	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	NSB if part of procedure. Age restriction MHT.
2709	L8615	-	PO	Coch implant headset replace 3 piece component	Yes	Yes	Yes	Yes	Yes	1/3 yrs	-	-	NSB if part of procedure. Age restriction MHT.
2710	L8616	-	PO	Coch implant microphone repl	Yes	Yes	Yes	Yes	Yes	1/yr	-	-	NSB if part of procedure. Age restriction MHT.
2711	L8617	-	PO	Coch implant trans coil repl	Yes	Yes	Yes	Yes	Yes	-	-	-	NSB if part of procedure. Age restriction MHT.
2712	L8618	-	PO	Coch implant tran cable repl	Yes	Yes	Yes	Yes	Yes	2/yr	-	-	NSB if part of procedure. Age restriction MHT.
2713	L8619	-	PO	Cochlear implant, external speech processor & controller, integrated system, replacement	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	NSB if part of procedure. Age restriction MHT. See Medicaid manual chapter 530 .1.5.1 Cochlear Implant for further information
2714	L8621	-	PO	Repl zinc air battery,	Yes	Yes	Yes	Yes	Yes	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.
2715	L8622	-	PO	Repl alkaline battery	Yes	Yes	Yes	Yes	Yes	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.
2716	L8623	-	PO	Lith ion batt CID, non-ear lvl	Yes	Yes	Yes	Yes	Yes	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
2717	L8624	-	PO	Lith ion batt CID, ear level	Yes	Yes	Yes	Yes	Yes	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
2718	L8625	-	PO	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Yes	Yes	Yes	Yes	N/C	-	Not on WV 2024 DME FS	-	Covered for Commercial and employer funded plans that cover cochlear implants.
2719	L8627	-	PO	Cochlear implant, external speech processor, component, replacement	THP	eviCore	eviCore	eviCore	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.

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2720	L8628	-	PO	Cochlear implant, external controller component, replacement	THP	eviCore	eviCore	eviCore	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
2721	L8629	-	PO	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Yes	Yes	Yes	Yes	Yes	2/yr	-	-	Replacement of cochlear accessories (headset, headpiece, microphone, transmitting coil and transmitter cable) is covered for Medicaid members up to 21 years of age. Not covered past 21 years. Batteries for the implant require prior authorization when service limits are exceeded.
2722	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2723	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2724	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2725	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2726	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2727	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2728	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2729	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2730	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 precert required if procedure did not require precert. Covered only if procedure is covered.
2731	L8680	-	PO	Implantable neurostimulator electrode (with any number of contact points), each	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	<b>Included as part of cpt code 63650 and not sep billable</b>	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
2732	L8681	-	PO	Pt programmer(external)for use with implantable programmable neurostimulator or pulse	THP	eviCore	eviCore	eviCore	eviCore	-	Not on Medicaid SCHEDULE	-	Case by case. This is a replacement code only.
2733	L8682	-	-	Implat neurostim radiofreq receiver	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Surgical implants included. May be part of a professional fee and not billed as DME. No precert if surgical code does not require precert. Please check Plan coverage.
2734	L8683	-	PO	Radiofreq trsmtr for implt neu	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Covered if met criteria for sacral/neurostimulator.
2735	L8684	-	PO	Radiofreq trsmtr implt scrll neu	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Covered if met criteria for sacral/neurostimulator.
2736	L8685	-	PO	Implant neurostim pulse gen, single array, recharge, incl extension	Yes	Yes	N/C	N/C	Yes	-	-	-	Covered only if procedure is covered.
2737	L8686	-	PO	Implant neurostim pulse gen, single array, nonrecharge, incl extension	Yes	Yes	N/C	N/C	Yes	-	-	-	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.
2738	L8687	-	PO	Implant neurostim pulse gen, dual array, recharge, incl extension	Yes	Yes	N/C	N/C	Yes	-	-	-	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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2739	L8688	-	PO	Implant neurostim pulse generator, dual array, non-recharge, incl extension	Yes	Yes	N/C	N/C	Yes	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.
2740	L8689	-	PO	External recharge sys intern	THP	eviCore	eviCore	eviCore	eviCore	1 every 3 yrs	-	-	-
2741	L8690	-	PO	Aud osseo dev, int/ext comp. BAHA	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	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.
2742	L8691	-	PO	Aud osseo dev ext sound processor, replacement	THP	eviCore	eviCore	eviCore	eviCore	1 every 3 yrs	-	-	Covered if plan covers BAHA.
2743	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	Yes/ see comment	-	-	-	This is an external soft band, not internal. Covered under WV Medicaid 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.
2744	L8693	-	PO	Auditory osseointegrated device, abutment, any length, replacement only	Yes	Yes	Yes	Yes	N/C	1 every 3 years	Not on WV 2024 DME FS	-	Covered if plan covers BAHA and medical necessity established.
2745	L8694	-	PO	Auditory osseointegrated device, transducer/actuator, replacement only, each	Yes	Yes	Yes	Yes	N/C	1 every 3 years	Not on WV 2024 DME FS	-	Split code from L8691
2746	L8695	-	PO	External recharge sys extern	Yes	Yes	Yes	Yes	N/C	-	Not on WV DME fee schedule	-	Please check HMO certificates of Coverage.
2747	L8696	-	PO	Ext antenna for phren nerve stim	Yes	Yes	Yes	Yes	Yes	-	-	-	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.
2748	L8699	-	PO	Prosthetic Implant , NOS	THP	THP	THP	THP	THP	-	-	-	-
2749	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.	THP	THP	THP	THP	THP	-	-	-	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.
2750	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.	THP	THP	THP	THP	THP	-	-	-	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.
2751	L8720	-	PO	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	THP	THP	THP	THP	N/C	-	Not on WV DME fee schedule	-	Walkasins®. Will review in 2025 for sufficient peer review literature
2752	L8721	-	PO	Receptor sole for use with l8720, replacement, each	THP	THP	THP	THP	N/C	-	Not on WV DME fee schedule	-	Walkasins®. Will review in 2025 for sufficient peer review literature
2753	L9900	-	PO	Orthotic and prosthetic supply, access, &/or service component of another HCPCS code.	THP	eviCore	eviCore	eviCore	eviCore	-	-	-	Manufacturer's invoice, description of service or item. May not be sep billable.
2754	Q0477	-	PO	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	Yes	N/C	-	-	Contract Specific	2018 split code from Q0479. Covered if VAD insertion 33990-33995 covered
2755	Q0478	-	PO	Power adaptor for use w/ electric or electric/pneumatic ventricular assist device, vehicle type	Yes	Yes	Yes	Yes	N/C	-	-	Contract Specific	Special coverage instructions apply.
2756	Q0479	-	PO	Power module for use w/ electric or electric/pneumatic ventricular device, replacement only	Yes	Yes	Yes	Yes	N/C	-	-	Contract Specific	Special coverage instructions apply. Usually not covered. Or not separately billable.
2757	Q0480	-	PO	Driver pneumatic vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2758	Q0481	-	PO	Microprcsr cu elec vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2759	Q0482	-	PO	Microprcsr cu combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-

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2760	Q0483	-	PO	Monitor elec vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2761	Q0484	-	PO	Monitor elec or comb vad rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2762	Q0485	-	PO	Monitor cable elec vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2763	Q0486	-	PO	Mon cable elec/pneum vad rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2764	Q0487	-	PO	Leads any type vad, rep only	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2765	Q0489	-	PO	Pwr pck base combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2766	Q0490	-	PO	Emr pwr source elec vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2767	Q0491	-	PO	Emr pwr source combo vad	Yes	Yes	Yes	Yes	Yes	-	-	Contract	-
2768	Q0492	-	PO	Emr pwr cbl elec vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2769	Q0493	-	PO	Emr pwr cbl combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2770	Q0494	-	PO	Emr hd pmp elec/combo, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2771	Q0495	-	PO	Charger elec/combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2772	Q0496	-	PO	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement	Yes	Yes	Yes	Yes	Yes	1 every 6 months	-	Contract Specific	1 every 6 months for Secure Care and Commercial Plans.
2773	Q0497	-	PO	Bat clips elec/comb vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2774	Q0498	-	PO	Holster elec/combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2775	Q0499	-	PO	Belt/vest elec/combo vad rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2776	Q0500	-	PO	Filters elec/combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2777	Q0501	-	PO	Shwr cov elec/combo vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2778	Q0502	-	PO	Mobility cart pneum vad, rep	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2779	Q0503	-	PO	Battery pneum vad replacemnt	Yes	Yes	Yes	Yes	Yes	1 every 6 months	-	Contract Specific	1 every 6 months for SecureCare.
2780	Q0504	-	PO	Pwr adpt pneum vad, rep veh	Yes	Yes	Yes	Yes	Yes	-	-	Contract Specific	-
2781	Q0506	-	PO	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement	Yes	Yes	Yes	Yes	Yes	1 every 12 months	-	Contract Specific	1 every 12 months for SecureCare and Commercial. For use with VAD device
2782	Q0507	-	PO	Miscellaneous supply or accessory for use with external ventricular assist device.	THP	THP	THP	THP	N/C	-	-	Contract Specific	-
2783	Q0508	-	PO	Miscellaneous supply or accessory for use with an implanted ventricular assist device	THP	THP	THP	THP	N/C	-	-	Contract Specific	New code 2013
2784	Q0509	-	PO	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare part A.	THP	THP	THP	THP	N/C	-	-	-	-
2785	S1040	-	PO	Cranial remolding ortho, ped	THP	THP	THP	N/C	THP	-	-	-	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 EmployerSvcsReps@healthplan.org and notify then of possible reimbursement issue with S1040, providing member and Group information as well as referral info.
2786	V2623	-	PO	Plastic eye prosth custom	THP	THP	THP	THP	THP	Reasonable Lifetime	-	-	Under Medicaid's Vision Care services. If non par provider, Commercial plans please contact network development for possible rate agreement.
2787	V2624	-	PO	Polishing artificial eye	Yes	Yes	Yes	Yes	Yes	Twice/Year	-	-	-
2788	V2625	-	PO	Enlargement of eye prosthesis	Yes	Yes	Yes	Yes	Yes	-	-	-	Allowed x1 . More than that is rarely medically necessary. Usually included in warranty if done within 90 days of initial delivery of prosthetic.
2789	V2626	-	PO	Reduction of eye prosthesis	Yes	Yes	Yes	Yes	Yes	-	-	-	Allowed x1 . More than that is rarely medically necessary. Usually included in warranty if done within 90 days of initial delivery of prosthetic.
2790	V2627	-	PO	Scleral cover shell	THP	THP	THP	THP	THP	-	-	-	Prose device <b>MUST</b> be coded <b>V2531</b> 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.
2791	V2628	-	PO	Fabrication & fitting	Yes	Yes	Yes	Yes	Yes	-	-	-	-
2792	V2629	-	PO	Prosthetic eye, other type	THP	THP	THP	THP	THP	-	-	-	-
2793	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.