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## DME No Authorization Required List

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*Last Revised: February 15th, 2020*

### Limitations

- ✓ *Quantity limits must be within CMS or DMAP benefit limits*

*When able, CareOregon provides quantity limits for reference. These quantity limits are subject to change by CMS/DMAP at any time.*

- ✓ *Quantities exceeding the limits require an authorization for payment, **except quantity limits listed for diabetic supplies (see separate grid for diabetic supplies - pg. 6)***

- ✓ *For OHP members only, **diagnosis MUST be above the line (ATL) in order to be covered without authorization***

- ✓ *Provider contracts may have different requirements than below.*

Range Start	Range End	Code Description	Limitations
A4206	A4209	Syringes	
A4213	A4215	Syringes	
A4216	A4218	Sterile Water	<i>A4218 is COA only - not covered by OHP</i>
A4220	A4222	Infusion Pump Kits/Supplies	
A4224	--	Maintenance Insulin Infusion Catheter	
A4244	A4247	Alcohol & Betadine	
A4261	--	Cervical Cap	<i>A4261 is OHP only – not covered by Medicare</i>
A4262	A4263	Lacrimal Duct Implant	
A4266	A4269	Contraceptives	<i>A4266 through A4269 OHP only – not covered by Medicare</i>
A4300	A4306	Vascular Catheters	<i>A4301 is COA only – not covered by OHP</i>
A4310	A4316	Indwelling Catheter	<i>1 per month</i>
A4332	--	Lubricant	<i>200 units per month</i>
A4333	--	Adhesive Catheter Anchoring Device	<i>3 per week</i>
A4334	--	Catheter Leg Straps	<i>1 per month</i>
A4338	--	Indwelling Catheter	<i>1 per month</i>
A4351	--	Straight-Tip Urine Catheter	<i>200 units per month</i>
A4354	A4355	Catheter/Bladder Insertion Tray	<i>1 unit per month</i>
A4356	--	External Urethral Clamp or Compression Device	<i>1 unit every 3 months</i>
A4357	--	Bedside Drainage Bag	<i>2 units per month</i>
A4358	--	Vinyl Leg Bag	<i>2 units per month</i>
A4360	--	Clamp	<i>A4360 is COA only – not covered by OHP</i>
A4361	A4435	Ostomy Supplies	<i>A4368 &amp; A4400 are COA only – not covered by OHP</i>
A4450	A4456	Tape & Adhesive Remover	
A4465	--	Non-Elastic Binder	
A4481	A4483	Misc. Supplies	
A4550	--	Surgical Trays	
A4555	A4565	Misc. Supplies	<i>A4559 is COA only – not covered by OHP</i>
A4595	--	TENS Supplies	<i>2 units per month</i>
A4602	--	Battery for Infusion Pump	
A4604	--		<i>1 per 3 months</i>

Range Start	Range End	Code Description	Limitations
A4605	A4608	Misc. Supplies	
A4611	A4620	Respiratory Equipment	
A4623	A4630	Respiratory Equipment	A4627 is OHP only – <b>not covered by Medicare</b> A4630 is COA only – <b>not covered by OHP</b>
A4633	--	Replacement Misc. Supplies	
A4635	A4638	Replacement Misc. Supplies	A4638 is COA only – <b>not covered by OHP</b>
A4640	A4649	Misc. Supplies	A4641, A4644, A4645 are COA only – <b>not covered by OHP</b>
A4653	A4657	Dialysis Supplies	A4656 is COA only – <b>not covered by OHP</b>
A4660	A4670	BP Cuff/Monitor	
A4927	--	Gloves for Urologic Needs Only	A4927 is OHP only (limit per OAR 410-122-0560) - <b>excluded by Medicare</b> 200 pair per 1 month
A5051	A5093	Ostomy Supplies	
A5102	A5200	Urologic Supplies	
A5500, A5512, A5513, L1902		Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits.
A6010	A6513	Dressings	A6228, A6229, A6230, A6250, A6260, A6450, A6451 are COA only – <b>not covered by OHP</b> A6413 is OHP only – <b>not covered by Medicare</b>
A7000	A7006	Misc. & Nebulizer Supplies	
A7010	A7018	Nebulizers & Supplies	
A7027	--	Combo Oral/Nasal Mask	1 per 3 months
A7028	--	Repl. Oral Cushion Combo Mask	2 per 1 month
A7029	--	Repl. Nasal Pillow Combo Mask	2 per 1 month
A7030	--	CPAP Full Face Mask	1 per 3 months
A7031	--	Repl. Face Mask	1 per 1 month
A7032	--	Repl. Nasal Cushion	2 per 1 month
A7033	--	Repl. Nasal Pillows	2 per 1 month
A7034	--	Nasal Application Device	1 per 3 months
A7035	--	Positive Airway Press Headgear	1 per 6 months

Range Start	Range End	Code Description	Limitations
A7036	--	Positive Airway Press Chinstrap	1 per 6 months
A7037	--	Positive Airway Pressure Tubing	1 per 3 months
A7038	--	Positive Airway Pressure Filter	2 per 1 month
A7039	--	Filter, Non-Disposable w/PAP	1 per 6 months
A7044	A7047	Misc. Resp. Supplies	
A7046	--	Repl. Water Chamber, PAP Dev.	1 per 6 months
A7501	A7527	Tracheostoma Equipment	
B4081	B4083	Nasogastric Tube	
E0100	E0116	Canes & Crutches	
E0130	E0149	Walkers	
E0153	E0159	Walker Attachments	
E0160	E0162	Sitz Type Bath Equipment	
E0163	E0168	Commode Chairs	
E0188	E0190	Decubitus Care Equipment	E0190 is OHP only – <b>not covered by Medicare</b>
E0191	--	Heel/Elbow Protector	E0191 is OHP only – <b>not covered by Medicare</b>
E0202	--	Phototherapy (Bilirubin) Light	
E0205	E0215	Heating/Cooling Accessories	
E0240	E0248	Bath Supplies	E0240 through E0248 are OHP only – <b>not covered by Medicare</b>
E0275	E0276	Bed Pan	
E0325	E0326	Urinals	
E0370	--	Air Pressure Elevator for Heel	
E0465	E0467	Ventilators	
E0562	--	Humidifier	
E0570	E0571	Nebulizers & Supplies	
E0600	--	Respiratory Suction Pump	
E0601	--	CPAP Device	
E0602	E0603	Breast Pump	
E0605	--	Vaporizer	E0605 is OHP only – <b>not covered by Medicare</b>
E0618	--	Apnea Monitor	No more than 90 day supply
E0705	--	Transfer Device	E0705 is OHP only – <b>not covered by Medicare</b>
E0776	E0780	Infusion Supplies	

Range Start	Range End	Code Description	Limitations
K0001	--	Standard Wheelchair	
K0042, K0045, K0051		Wheelchair Parts	
K1005	--	Collection/Storage Bag, Breast Milk - dspbl	
L0120, L0130, L0140, L0150, L0160, L0170, L0172, L0174		Cervical Collars	
L1810	L1832	Knee Orthotic	<i>L1815 is OHP only – not covered by Medicare</i>
L1845	--	Knee Orthotic	
L1902, L1906, L2112		Ankle-Foot Orthotic	
L3260	L3265	Surgical Boot/Shoe/Sandal	
L3650	L3670	Shoulder Orthotic	<i>L3651, L3652 are OHP only – not covered by Medicare</i> <i>L3660 is COA only – not covered by OHP</i>
L3807, L3908, L3923		Orthotics	
L3981	L3984	Orthotics	<i>L3981 through L3984 are OHP only – not covered by Medicare</i>
L4350	L4361	Orthotics/Walking Boot	
L4386	--	Orthotics/Walking Boot	
L4396	--	Orthotics	
L8000	L8002	Breast Prosthesis; Mastectomy Bra	
L8420	L8435	Prosthetic Sock	
L8470	L8485	Prosthetic Sock	
L8501	--	Tracheostomy Speaking Valve	
Q4049	--	Finger Splint	
Q4184	Q4204		
S8189	--	Tracheostomy Supplies	<i>S8189 is OHP only – not covered by Medicare</i>
S8265	--	Haberman Feeder	<i>S8265 is OHP only – not covered by Medicare</i>
T4521	T4542	Incontinence Supplies	<i>T4521 through T4542 is OHP only (limit per OAR 410-122-0630) – not covered by Medicare</i> <i>T4539 is not covered by OHP, nor Medicare</i>
V5266	--	Hearing aid batteries	<i>V5266 is OHP only – not covered by Medicare</i> <i>Up to 60 per year</i>

## Diabetic Supplies

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Code Range	Supply	Limitations
A4259	Lancets	2 units per 1 month (1 unit = 100 lancets)
A4258	Spring-Powered Device for Lancet	1 unit per 3 months
A4253	Test Strips	3 units per 1 month (1 unit = 50 strips)
E0607	Glucose Monitor	1 unit per 2 years
A4256	Glucose Control Solution	1 unit per 3 months (1 unit = 1 box)
A4233 - A4236	Glucose Monitor – Repl. Battery	1 per 10 months
A4244 – A4245	Alcohol	1 unit per 1 month
S8490	Insulin Syringes	5 units per 3 months (1 unit = 100 syringes) <b>*OHP ONLY – excluded by Medicare</b>

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## Changes Summary

**Added the following:**

- K1005