



# DME No Authorization Required List

Revised April 1, 2024

- 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.
- For OHP members, diagnosis MUST be above the line (ATL) in order to be covered without authorization.
- Provider contracts may have different requirements than below.

Procedure Code	Code Description	Quantity
<b>A2001-A2010</b>	Skin Substitutes	
<b>A2022</b>	Skin Substitutes	
<b>A4206-A4209</b>	Syringes	
<b>A4213-A4215</b>	Syringes	
<b>A4216-A4218</b>	Sterile Water	A4218 does not require a prior authorization for COA members. This code is not covered for OHP.
<b>A4220-A4222</b>	Infusion Pump Kits/Supplies	
<b>A4224-A4225</b>	Maintenance Insulin Infusion Catheter	
<b>A4232</b>	Insulin Syringes with needle 3 ml	No prior authorization is required for OHP when quantity is 180 units/month. This code is not covered for COA.
<b>A4233-A4236</b>	Glucose Monitor- Repl. Battery	No prior authorization is required for OHP when quantity is 1 unit/10 months.
<b>A4244-A4247</b>	Alcohol and Betadine	No prior authorization is required for OHP when quantity is 1 unit/month.
<b>A4253</b>	Test Strips	No prior authorization is required when quantity is 3 units/month. (1 unit = 50 strips)
<b>A4256</b>	Glucose Control Solution	No prior authorization is required when quantity is 1 unit/every 3 months. (1 unit = 1 box)
<b>A4258</b>	Spring-Powered Device for Lancet	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A4259</b>	Lancets	No prior authorization is required when quantity is 2 units/month. (1 unit = 100 lancets)
<b>A4261</b>	Cervical Cap	A4261 does not require a prior authorization for OHP members. This code is not covered for COA.
<b>A4262-A4263</b>	Lacrimal Duct Implant	
<b>A4264-A4269</b>	Contraceptives	These codes do not require a prior authorization for OHP members. This code is not covered for COA. A4264 does not require a prior authorization, however a sterilization consent form is required with claim submission.
<b>A4300-A4306</b>	Vascular Catheters	A4301 does not require a prior authorization for COA members. This code is not covered for OHP.
<b>A4307-A4309</b>	Urinary supplies	Quantity limits apply. For over allowance, request PA and note exception request and number of over limit. PDF link from OAR for limits: <a href="https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=309919">https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=309919</a>
<b>A4310-A4316</b>	Indwelling Catheters	No prior authorization is required when quantity is 1 unit/month.
<b>A4317-A4331</b>	Misc Supplies	

Procedure Code	Code Description	Quantity
A4332	Lubricant	No prior authorization is required when quantity is 200 units/month.
A4333	Adhesive Catheter Anchoring Device	No prior authorization is required when quantity is 20 units/month.
A4334	Catheter Leg Straps	No prior authorization is required when quantity is 1 unit/month.
A4335-A4337	Incontinence Supplies	
A4338	Indwelling Catheter	No prior authorization is required when quantity is 1 unit/month.
A4339-A4350	Misc Supplies	
A4351	Straight-Tip Urine Catheter	No prior authorization is required when quantity is 200 units/month.
A4352-A4353	Urinary Catheter Supplies	
A4354-A4355	Catheter /Bladder Insertion Tray	No prior authorization is required when quantity is 1 unit/month.
A4356	External Urethral Clamp/Device	No prior authorization is required when quantity is 1 unit/every 3 months.
A4357-A4358	Bedside Drainage Bag/Vinyl Bag	No prior authorization is required when quantity is 2 units/month.
A4359	Urinary Suspensory without Leg Bag	
A4360	Clamp	No prior authorization is required for COA members. This code is not covered for OHP.
A4361-A4435	Ostomy Supplies	A4368 and A4400 do not require a prior authorization for COA members. These codes are not covered for OHP.
A4436-A4449	Misc Supplies	
A4450-A4456	Tape and Adhesive Remover	
A4457-A4464		
A4465	Non-Elastic Binder	
A4470-A4550	Misc Supplies	
A4555-A4559	Misc Supplies	A4556 and A4557 are not covered for COA. A4559 is no auth for COA members only, it is not covered for OHP.
A4561-A4565	Misc Supplies	
A4595	TENS Supplies	No prior authorization is required when quantity is 2 units/month.
A4602-A4620		For code A4604, no prior authorization is required when quantity is 1 unit/every 3 months.
A4623-A4626		
A4627		No prior authorization is required for OHP members. This code is not covered for COA.
A4628-A4629		

Procedure Code	Code Description	Quantity
<b>A4630</b>		No prior authorization is required for COA members. This code is not covered for OHP.
<b>A4635-A4638</b>		No prior authorization is required for A4638 for COA members only. This code is not covered for OHP.
<b>A4640-A4649</b>		No prior authorization is required for A4641, A4644, and A4645 for COA members only. These codes are not covered for OHP.
<b>A4653-A4670</b>		No prior authorization is required for A4656 for COA members only. This code is not covered for OHP.
<b>A4714-A4918</b>		
<b>A4927</b>		Gloves are only covered under OHP. No prior authorization is required when quantity is 200 units/month. This code is excluded for COA.
<b>A4928</b>		
<b>A5051-A5093</b>	Ostomy Supplies	
<b>A5102-A5200</b>		
<b>A5500</b>	Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits.
<b>A5512-A5513</b>	Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits.
<b>A6010-A6513</b>	Dressings	No prior authorization is required for A6228-A6230, A6250, A6260, A6450, and A6451 for COA members only. These codes are not covered for OHP. No prior authorization is required for A6413 for OHP members only. This code is not covered for COA.
<b>A6590-A6591</b>		
<b>A7000-A7006</b>	Misc/Nebulizer Supplies	
<b>A7010-A7018</b>	Nebulizers & Supplies	
<b>A7027</b>	Combo Oral/Nasal Mask	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A7028-A7029</b>	Repl. Oral Cushion/Nasal Pillow Mask	No prior authorization is required when quantity is 2 units/month.
<b>A7030</b>	CPAP Full Face Mask	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A7031</b>	Repl. Face Mask	No prior authorization is required when quantity is 1 unit/month.
<b>A7032-A7033</b>	Repl. Nasal Cushion/Pillows	No prior authorization is required when quantity is 2 units/month.

Procedure Code	Code Description	Quantity
<b>A7034</b>	Nasal Application Device	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A7035-A7036</b>	PAP Headgear and Chinstrap	No prior authorization is required when quantity is 1 unit/every 6 months.
<b>A7037</b>	PAP Tubing	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A7038</b>	PAP Filter	No prior authorization is required when quantity is 2 units/month.
<b>A7039</b>	Filter, Non-Disposable with PAP	No prior authorization is required when quantity is 1 unit/every 6 months.
<b>A7044-A7045</b>	Misc. Respiratory Supplies	
<b>A7046</b>	Repl. Water Chamber, PAP	No prior authorization is required when quantity is 1 unit/every 6 months.
<b>A7047-A7527</b>		
<b>A9155</b>		
<b>A9500-A9512</b>		
<b>A9515-A9573</b>		
<b>A9575-A9591</b>		
<b>A9595</b>		
<b>A9597-A9600</b>		
<b>A9602-A9607</b>		
<b>A9697-A9698</b>		
<b>A9700</b>		
<b>A9800</b>		
<b>B4081-B4083</b>	Nasogastric Tube	
<b>E0100-E0117</b>	Canes and Crutches	
<b>E0130-E0149</b>	Walkers	
<b>E0153-E0159</b>	Walker Attachments	
<b>E0160-E0162</b>	Sitz Type Bath Equipment	
<b>E0163-E0168</b>	Commode Chairs	
<b>E0188-E0190</b>	Decubitus Care Equipment	No prior authorization is required for E0190 for OHP members only. This code is not covered for COA.
<b>E0191</b>	Heel/Elbow Protector	No prior authorization is required for OHP members. This code is not covered for COA.
<b>E0202</b>	Phototherapy (Bilirubin) Light	
<b>E0205-E0215</b>	Heating/Cooling Accessories	
<b>E0240-E0248</b>	Bath Supplies	No prior authorization is required for OHP members. These codes are not covered for COA.
<b>E2601</b>	Wheelchair Seat Cushion	
<b>E0275-E0276</b>	Bed Pan	
<b>E0325-E0326</b>	Urinals	

Procedure Code	Code Description	Quantity
<b>E0370</b>	Air Pressure Elevator for Heel	
<b>E0465-E0467</b>	Ventilators	
<b>E0562</b>	Humidifier	
<b>E0570-E0571</b>	Nebulizers & Supplies	
<b>E0600</b>	Respiratory Suction Pump	
<b>E0601</b>	CPAP Device	
<b>E0602-E0603</b>	Breast Pump	
<b>E0605</b>	Vaporizer	No prior authorization is required for OHP members. This code is not covered for COA.
<b>E0607</b>	Glucose Monitor	No prior authorization is required when quantity is 1 unit/2 years.
<b>E0618</b>	Apnea Monitor	This is covered for no more than 90 days for OHP members.
<b>E0705</b>	Transfer Device	No prior authorization is required for OHP members. This code is not covered for COA.
<b>E0776-E0780</b>	Infusion Supplies	
<b>E0961</b>	Wheelchair Accessory, brake extension	
<b>E0971</b>	Wheelchair Accessory, anti-tipping	
<b>E0973</b>	Wheelchair Accessory, detachable armrest	
<b>E0978</b>	Wheelchair Accessory, pelvic strap/belt	
<b>G0008-G0148</b>		
<b>G0162</b>		
<b>G0166-G0206</b>		
<b>G0237-G0248</b>		
<b>G0250-G0255</b>		
<b>G0258-G0423</b>		
<b>G0425-G0451</b>		
<b>G0460-G0476</b>		
<b>G0480</b>		
<b>G0481-G0483</b>		
<b>G0490-G0514</b>		
<b>G0516-G0659</b>		
<b>G0913-G2066</b>		
<b>G2067-G2075</b>		
<b>G2076-G2081</b>		
<b>G2086-G2101</b>		
<b>G2105-G2167</b>		
<b>G2169</b>		

Procedure Code	Code Description	Quantity
<b>G2172-G2216</b>		
<b>G2250-G2252</b>		No prior authorization is required for OHP only. COA members require PA for these services.
<b>G3002-G3003</b>		No prior authorization is required for OHP only. COA members require PA for these services.
<b>G4000-G4038</b>		
<b>G6001-G8698</b>		
<b>G8708-G9005</b>		
<b>G9006</b>		
<b>G9007-G9893</b>		
<b>G9895-G9999</b>		
<b>K0001</b>	Standard Wheelchair	
<b>K0042</b>	Wheelchair Parts	
<b>K0045</b>	Wheelchair Parts	
<b>K0051</b>	Wheelchair Parts	
<b>K0195</b>	Wheelchair Leg Rest	
<b>K1005</b>	Collection/storage bag, breast milk	
<b>L0120</b>	Cervical Collar	
<b>L0130</b>	Cervical Collar	
<b>L0140</b>	Cervical Collar	
<b>L0150</b>	Cervical Collar	
<b>L0160</b>	Cervical Collar	
<b>L0170</b>	Cervical Collar	
<b>L0172</b>	Cervical Collar	
<b>L0174</b>	Cervical Collar	
<b>L1810-L1833</b>	Knee Orthotic	No prior authorization is required for L1815 for OHP members only. This code is not covered for COA.
<b>L1845</b>	Knee Orthotic	
<b>L1902</b>	Ankle-Foot Orthotic	
<b>L1906</b>	Ankle-Foot Orthotic	
<b>L2112</b>	Ankle-Foot Orthotic	
<b>L3260-L3265</b>	Surgical Boot/Shoe/Sandal	
<b>L3650-L3670</b>	Shoulder Orthotic	No prior authorization is required for L3651 and L3652 for OHP members only. These codes are not covered for COA. No prior authorization is required for L3660 for COA members only. This code is not covered for OHP.
<b>L3807</b>	Orthotic	
<b>L3809</b>	Orthotic	

Procedure Code	Code Description	Quantity
L3908	Orthotic	
L3923	Orthotic	
L3924	Orthotic	
L3982-L3984	Orthotics	
L4350-L4361	Orthotics/Walking Boot	
L4396	Orthotic	
L5000	Partial Foot Shoe Insert	
L8000-L8002	Breast Prosthesis, Mastectomy Bra	
L8420-L8435	Prosthetic Sock	
L8470-L8485	Prosthetic Sock	
L8501	Tracheostomy Speaking Valve	
Q4001-Q4051	Casting supplies	
Q4184-Q4204		
S8189	Tracheostomy Supply	No prior authorization is required for OHP members. This code is not covered for COA.
S8265	Haberman Feeder	No prior authorization is required for OHP members. This code is not covered for COA.
S8490	Insulin Syringes	No prior authorization for OHP is required when quantity is 5 units/3 months. (1 unit = 100 syringes) This code is not covered for COA.
S9373-S9449	Home Infusion Therapy	No prior authorization is required for OHP members. These codes are not covered for COA.
S9452-S9504	Nutrition Classes	No prior authorization is required for OHP members. These codes are not covered for COA.
T1001		
T1006		
T1013		
T1016		
T1023		
T1032-T1033		
T1502		
T2042		
T4521-T4544	Incontinence Supplies	No prior authorization is required for OHP members. These codes are not covered for COA.
V2624	Polishing/resurfacing of ocular prosthesis	
V5014	Repair/Modification of Hearing Aids	No prior authorization is required for OHP members. This code is not covered for COA.
V5266	Hearing Aid Batteries	No prior authorization is required for OHP when quantity is 120 units/year (bilateral). This code is NOT covered for COA.



## Changes summary

Month/Year	Code	Changes
December 2023	All code update	No Authorization Lists have been updated in full with improved search/formatting.
January 2024	Corrections to rows	No significant coverage changes, minor edits for numerical order.
February 2024	A4555-A4559	Clarified comment around A4556 and A4557 coverage.
April 2024	Clarification to bullet points on page 1.	Removal of diabetic supplies grid comment.
	A4307-A4309	Clarification with supply limit added to comments.
	A4351	Correction to unit allowance in comments.

**NOTE:** The use of an identified code and modifier above is no guarantee of payment. Payment for a given supply or service is based on eligibility, authorizations, and clinical criteria that may apply to a code and/or code set.