

# DME No Authorization Required List

Revised August 15, 2022

- 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, 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	Quantity
A4206	A4209	Syringes	
A4213	A4215	Syringes	
A4216	A4218	Sterile Water	A4218 is COA only - <b>not covered by OHP</b>
A4220	A4222	Infusion Pump Kits/Supplies	
A4224		Maintenance Insulin Infusion Catheter	
A4244	A4247	Alcohol & Betadine	
A4261		Cervical Cap	A4261 is OHP only – <b>not covered by Medicare</b>
A4262	A4263	Lacrimal Duct Implant	
A4266	A4269	Contraceptives	A4266 through A4269 OHP only – <b>not covered by Medicare</b>
A4300	A4306	Vascular Catheters	A4301 is COA only – <b>not covered by OHP</b>
A4310	A4316	Indwelling Catheter	1 per month
A4332		Lubricant	200 units per month
A4333		Adhesive Catheter Anchoring Device	3 per week
A4334		Catheter Leg Straps	1 per month
A4338		Indwelling Catheter	1 per month
A4351		Straight-Tip Urine Catheter	200 units per month
A4354	A4355	Catheter/Bladder Insertion Tray	1 unit per month
A4356		External Urethral Clamp or Compression Device	1 unit every 3 months
A4357		Bedside Drainage Bag	2 units per month
A4358		Vinyl Leg Bag	2 units per month
A4360		Clamp	A4360 is COA only – <b>not covered by OHP</b>
A4361	A4435	Ostomy Supplies	A4368 & A4400 are COA only – <b>not covered by OHP</b>
A4450	A4456	Tape & Adhesive Remover	

Range Start	Range End	Code Description	Quantity
A4465		Non-Elastic Binder	
A4481	A4483	Misc. Supplies	
A4550		Surgical Trays	
A4555	A4565	Misc. Supplies	A4559 is COA only – <b>not covered by OHP</b>
A4595		TENS Supplies	2 units per month
A4602		Battery for Infusion Pump	
A4604			1 per 3 months
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>

Range Start	Range End	Code Description	Quantity
<b>A7000</b>	<b>A7006</b>	Misc. & Nebulizer Supplies	
<b>A7010</b>	<b>A7018</b>	Nebulizers & Supplies	
<b>A7027</b>		Combo Oral/Nasal Mask	1 per 3 months
<b>A7028</b>		Repl. Oral Cushion Combo Mask	2 per 1 month
<b>A7029</b>		Repl. Nasal Pillow Combo Mask	2 per 1 month
<b>A7030</b>		CPAP Full Face Mask	1 per 3 months
<b>A7031</b>		Repl. Face Mask	1 per 1 month
<b>A7032</b>		Repl. Nasal Cushion	2 per 1 month
<b>A7033</b>		Repl. Nasal Pillows	2 per 1 month
<b>A7034</b>		Nasal Application Device	1 per 3 months
<b>A7035</b>		Positive Airway Press Headgear	1 per 6 months
<b>A7036</b>		Positive Airway Press Chinstrap	1 per 6 months
<b>A7037</b>		Positive Airway Pressure Tubing	1 per 3 months
<b>A7038</b>		Positive Airway Pressure Filter	2 per 1 month
<b>A7039</b>		Filter, Non-Disposable w/PAP	1 per 6 months
<b>A7044</b>	<b>A7047</b>	Misc. Resp. Supplies	
<b>A7046</b>		Repl. Water Chamber, PAP Dev.	1 per 6 months
<b>A7501</b>	<b>A7527</b>	Tracheostoma Equipment	
<b>B4081</b>	<b>B4083</b>	Nasogastric Tube	
<b>E0100</b>	<b>E0116</b>	Canes & Crutches	
<b>E0130</b>	<b>E0149</b>	Walkers	
<b>E0153</b>	<b>E0159</b>	Walker Attachments	
<b>E0160</b>	<b>E0162</b>	Sitz Type Bath Equipment	
<b>E0163</b>	<b>E0168</b>	Commode Chairs	
<b>E0188</b>	<b>E0190</b>	Decubitus Care Equipment	E0190 is OHP only – <b>not covered by Medicare</b>

Range Start	Range End	Code Description	Quantity
<b>E0191</b>		Heel/Elbow Protector	E0191 is OHP only – <b>not covered by Medicare</b>
<b>E0202</b>		Phototherapy (Bilirubin) Light	
<b>E0205</b>	<b>E0215</b>	Heating/Cooling Accessories	
<b>E0240</b>	<b>E0248</b>	Bath Supplies	E0240 through E0248 are OHP only – <b>not covered by Medicare</b>
<b>E0275</b>	<b>E0276</b>	Bed Pan	
<b>E2601</b>		Wheelchair Seat Cushion	
<b>E0325</b>	<b>E0326</b>	Urinals	
<b>E0370</b>		Air Pressure Elevator for Heel	
<b>E0465</b>	<b>E0467</b>	Ventilators	
<b>E0562</b>		Humidifier	
<b>E0570</b>	<b>E0571</b>	Nebulizers & Supplies	
<b>E0600</b>		Respiratory Suction Pump	
<b>E0601</b>		CPAP Device	
<b>E0602</b>	<b>E0603</b>	Breast Pump	
<b>E0605</b>		Vaporizer	E0605 is OHP only – <b>not covered by Medicare</b>
<b>E0618</b>		Apnea Monitor	No more than 90 day supply
<b>E0705</b>		Transfer Device	E0705 is OHP only – <b>not covered by Medicare</b>
<b>E0776</b>	<b>E0780</b>	Infusion Supplies	
<b>K0001</b>		Standard Wheelchair	
<b>K0042, K0045, K0051</b>		Wheelchair Parts	
<b>K0195</b>		Wheelchair Leg Rest	
<b>K1005</b>		Collection/Storage Bag, Breast Milk - dspbl	
<b>L0120, L0130, L0140, L0150, L0160, L0170, L0172, L0174</b>		Cervical Collars	
<b>L1810</b>	<b>L1833</b>	Knee Orthotic	L1815 is OHP only – <b>not covered by Medicare</b>

Range Start	Range End	Code Description	Quantity
L1845		Knee Orthotic	
L1902, L1906, L2112		Ankle-Foot Orthotic	
L3260	L3265	Surgical Boot/Shoe/Sandal	
L3650	L3670	Shoulder Orthotic	L3651, L3652 are OHP only – not covered by Medicare  L3660 COA only - not OHP covered
L3807, L3809, L3908, L3923, L3924		Orthotics	
L3982	L3984	Orthotics	
L4350	L4361	Orthotics/Walking Boot	
L4386		Orthotics/Walking Boot	
L4396		Orthotics	
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 Supplies	S8189 is OHP only – not covered by Medicare
S8265		Haberman Feeder	S8265 is OHP only – not covered by Medicare
T4521	T4542	Incontinence Supplies	T4521 -T4542 OHP only (per OAR 410-122-0630) – not covered by Medicare  T4539 is not covered by OHP, nor Medicare
V5014		Repair/Modification of Hearing Aid	V5014 is OHP only – auth required for Medicare



<b>V5266</b>		Hearing aid batteries	V5266 is OHP only – <b>not covered by Medicare</b> Up to 60 per year  Up to 60 per year for one/120 per year for bilateral
<b>V2624</b>		Polishing/resurfacing of ocular prosthesis	

## Diabetic supplies

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)
A4232	Insulin Syringes with needle 3cc	180 units per month *OHP ONLY – excluded by Medicare
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) *OHP ONLY – excluded by Medicare

## Changes summary

### Added the following to this list:

- Q4001-Q4051

### Changes to listing:

- V5266 - quantity notation has been updated:  
V5266 is OHP only – **not covered by Medicare**  
Up to 60 per year for one/120 per year for bilateral

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.