

DME No Authorization Required List

Revised July 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
A2001-A2010	Skin Substitutes	
A2022	Skin Substitutes	
A4206-A4209	Syringes	
A4213-A4215	Syringes	
A4216-A4218	Sterile Water	A4218 does not require a prior authorization for COA members. This code is not covered for OHP.
A4220-A4222	Infusion Pump Kits/Supplies	
A4224-A4225	Maintenance Insulin Infusion Catheter	No Prior authorization is required when quantity is 52 units per year for A4224 and/or 180 units per year for A4225.
A4232	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.
A4233-A4236	Glucose Monitor- Repl. Battery	No prior authorization is required for OHP when quantity is 1 unit/10 months.
A4244-A4247	Alcohol and Betadine	No prior authorization is required for OHP when quantity is 1 unit/month.
A4253	Test Strips	No prior authorization is required when quantity is 3 units/month. (1 unit = 50 strips)
A4256	Glucose Control Solution	No prior authorization is required when quantity is 1 unit/every 3 months. (1 unit = 1 box)
A4258	Spring-Powered Device for Lancet	No prior authorization is required when quantity is 1 unit/every 3 months.
A4259	Lancets	No prior authorization is required when quantity is 2 units/month. (1 unit = 100 lancets)
A4261	Cervical Cap	A4261 does not require a prior authorization for OHP members. This code is not covered for COA.
A4262-A4263	Lacrimal Duct Implant	
A4264-A4269	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.
A4300-A4306	Vascular Catheters	A4301 does not require a prior authorization for COA members. This code is not covered for OHP.
A4307-A4309	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: https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=309919
A4310-A4316	Indwelling Catheters	No prior authorization is required when quantity is 1 unit/month.
A4317-A4331	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
A4630		No prior authorization is required for COA members. This code is not covered for OHP.
A4635-A4638		No prior authorization is required for A4638 for COA members only. This code is not covered for OHP.
A4640-A4649		No prior authorization is required for A4641, A4644, and A4645 for COA members only. These codes are not covered for OHP.
A4653-A4670		No prior authorization is required for A4656 for COA members only. This code is not covered for OHP.
A4714-A4918		
A4927		Gloves are only covered under OHP. No prior authorization is required when quantity is 200 units/month. This code is excluded for COA.
A4928		
A5051-A5093	Ostomy Supplies	
A5102-A5200		
A5500	Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits listed in OAR 410-122-0475.
A5512-A5514	Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits listed in OAR 410-122-0475.
A6010-A6513	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.
A6530-A6533	Compression Stockings	
A6545	Compression wrap, non-elastic	
A6549	Compression Garment	
A6550	Wound Vac Wound Care Kit	
A6553	Compression stockings, below knee	
A6557	Compression stockings, thigh	
A6576	Compression arm sleeve	
A6579	Compression glove	
A6583	Compression wrap with straps	
A6589	Pressure Wrap, Bra	
A6590-A6591	Urinary Catheter with pump	

Procedure Code	Code Description	Quantity
A6593	Accessory for Compression Stockings	
A7000-A7007	Misc/Nebulizer Supplies	
A7010-A7018	Nebulizers & Supplies	
A7027	Combo Oral/Nasal Mask	No prior authorization is required when quantity is 1 unit/every 3 months.
A7028-A7029	Repl. Oral Cushion/Nasal Pillow Mask	No prior authorization is required when quantity is 2 units/month.
A7030	CPAP Full Face Mask	No prior authorization is required when quantity is 1 unit/every 3 months.
A7031	Repl. Face Mask	No prior authorization is required when quantity is 1 unit/month.
A7032-A7033	Repl. Nasal Cushion/Pillows	No prior authorization is required when quantity is 2 units/month.
A7034	Nasal Application Device	No prior authorization is required when quantity is 1 unit/every 3 months.
A7035-A7036	PAP Headgear and Chinstrap	No prior authorization is required when quantity is 1 unit/every 6 months.
A7037	PAP Tubing	No prior authorization is required when quantity is 1 unit/every 3 months.
A7038	PAP Filter	No prior authorization is required when quantity is 2 units/month.
A7039	Filter, Non-Disposable with PAP	No prior authorization is required when quantity is 1 unit/every 6 months.
A7044-A7045	Misc. Respiratory Supplies	
A7046	Repl. Water Chamber, PAP	No prior authorization is required when quantity is 1 unit/every 6 months.
A7047-A7527		
A8001	Helmet, Protective	
A9155		
A9500-A9512		
A9515-A9573		
A9575-A9591		
A9595		
A9597-A9600		
A9602-A9607		
A9697-A9698		
A9700		
A9800		
B4081-B4083	Nasogastric Tube	
E0100-E0117	Canes and Crutches	
E0130-E0149	Walkers	
E0153-E0159	Walker Attachments	

Procedure Code	Code Description	Quantity
E0160-E0162	Sitz Type Bath Equipment	
E0163-E0168	Commode Chairs	
E0188-E0190	Decubitus Care Equipment	No prior authorization is required for E0190 for OHP members only. This code is not covered for COA.
E0191	Heel/Elbow Protector	No prior authorization is required for OHP members. This code is not covered for COA.
E0202	Phototherapy (Bilirubin) Light	
E0205-E0215	Heating/Cooling Accessories	
E0240-E0248	Bath Supplies	No prior authorization is required for OHP members. These codes are not covered for COA.
E0260	Hospital Bed	
E0275-E0276	Bed Pan	
E0325-E0326	Urinals	
E0370	Air Pressure Elevator for Heel	
E0424	Stationary gaseous oxygen system	
E0431	Portable gaseous oxygen system	Any agreements on rental to purchase apply.
E0434	Portable liquid oxygen system	Any agreements on rental to purchase apply.
E0445	Oximeter device	
E0470 – E0471	Respiratory assist devices	
E0465-E0467	Ventilators	
E0562	Humidifier	
E0570-E0571	Nebulizers & Supplies	
E0600	Respiratory Suction Pump	
E0601	CPAP Device	
E0602-E0603	Breast Pump	
E0605	Vaporizer	No prior authorization is required for OHP members. This code is not covered for COA.
E0607	Glucose Monitor	No prior authorization is required when quantity is 1 unit/2 years.
E0618	Apnea Monitor	This is covered for no more than 90 days for OHP members.
E0621	Sling or Seat, patient lift	
E0630	Patient Lift, hydraulic/mechanic	
E0635	Patient Lift, Electric	
E0651	Pneumatic compressor	
E0667	Pneumatic appliance, full leg	
E0705	Transfer Device	No prior authorization is required for OHP members. This code is not covered for COA.
E0776-E0780	Infusion Supplies	

Procedure Code	Code Description	Quantity
E0951	Wheelchair Accessory, heel loops	
E0961	Wheelchair Accessory, brake extension	
E0971	Wheelchair Accessory, anti-tipping	
E0973	Wheelchair Accessory, detachable armrest	
E0978	Wheelchair Accessory, pelvic strap/belt	
E1390	Oxygen Concentrator	Any agreements on rental to purchase apply.
E1392	Portable Oxygen Concentrator	
E2402	Negative Pressure Wound pump	
E2601	Wheelchair Seat Cushion	
G0008-G0148		
G0162		
G0166-G0206		
G0237-G0248		
G0250-G0255		
G0258-G0423		
G0425-G0451		
G0460-G0476		
G0480		
G0481-G0483		
G0490-G0514		
G0516-G0659		
G0913-G2066		
G2067-G2075		
G2076-G2081		
G2086-G2101		
G2105-G2167		
G2169		
G2172-G2216		
G2250-G2252		No prior authorization is required for OHP only. COA members require PA for these services.
G3002-G3003		No prior authorization is required for OHP only. COA members require PA for these services.
G4000-G4038		
G6001-G8698		
G8708-G9005		
G9006		
G9007-G9893		

Procedure Code	Code Description	Quantity
G9895-G9999		
K0001	Standard Wheelchair	
K0042	Wheelchair Parts	
K0045	Wheelchair Parts	
K0051	Wheelchair Parts	
K0195	Wheelchair Leg Rest	
K0738	Portable Gas Oxygen System	
K1005	Collection/storage bag, breast milk	
L0120	Cervical Collar	
L0130	Cervical Collar	
L0140	Cervical Collar	
L0150	Cervical Collar	
L0160	Cervical Collar	
L0170	Cervical Collar	
L0172	Cervical Collar	
L0174	Cervical Collar	
L0180	Cervical, Post Collar	
L0464	Thoracic-Lumbar-Sacral Orthosis	
L0621	Sacroiliac Orthosis	
L0625	Lumbar Orthosis	
L0627	Lumbar Orthosis	
L0631	Lumbar-Sacral Orthosis	
L0641-L0642	Lumbar Orthosis	
L0650	Lumbar-sacral Orthosis	
L1499	Spinal Orthosis	
L1652	Hip Orthosis	
L1690	Combination, bilateral orthosis	
L1810-L1833	Knee Orthotic	No prior authorization is required for L1815 for OHP members only. This code is not covered for COA.
L1843	Knee Orthotic	
L1845-L1846	Knee Orthotic	
L1851-L1852	Knee Orthotic	
L1902	Ankle-Foot Orthotic	
L1906	Ankle-Foot Orthotic	
L1932	Ankle-Foot Orthotic	
L1951	Ankle-Foot Orthotic	
L1971	Ankle-Foot Orthotic	
L2112	Ankle-Foot Orthotic	
L2114	Ankle-Foot Orthotic	

Procedure Code	Code Description	Quantity
L2200	Addition to Orthotic, Ankle	
L2210	Addition to Orthotic, Lower	
L2220	Addition to Orthotic, Lower	
L2270	Addition to Orthotic, Lower	
L2275	Addition to Prosthetic, Lower	
L2280	Addition to Prosthetic, Lower Boot	
L2340	Addition to Prosthetic, Pre-Tibial	
L2350	Addition to Prosthetic, Lower	
L2370	Addition to Orthotic, Lower	
L2397	Addition to Orthotic, Sleeve	
L2760	Addition to Orthotic, Lower	
L2999	Orthotic, Lower Extremity	
L3000	Foot Insert, Molded	
L3010	Foot Insert, Molded	
L3020	Foot Insert, Molded	
L3216	Orthopedic Footwear, inlay	
L3221	Silicone Gel, foot insert	
L3224	Orthopedic Footwear	
L3260-L3265	Surgical Boot/Shoe/Sandal	
L3300	Lift, Elevation, Heel, Tapered	
L3310	Lift, Elevation, Heel/Sole, neoprene	
L3320	Lift, Elevation, Heel/Sole, cork	
L3332	Lift, Elevation, Inside Shoe	
L3360	Sole Wedge, outside	
L3400	Bar Wedge, Rocker	
L3485	Heel, pad, removable	
L3540	Orthopedic shoe addition, sole	
L3650-L3670	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

Procedure Code	Code Description	Quantity
		COA members only. This code is not covered for OHP.
L3761-L3762	Elbow Orthotic	
L3807	Orthotic	
L3809	Orthotic	
L3908	Orthotic	
L3923	Orthotic	
L3924	Orthotic	
L3982-L3984	Orthotics	
L4002	Orthotic replacement strap	
L4205	Repair of Orthotic Device, Labor	
L4210	Repair of Orthotic Device	
L4350-L4361	Orthotics/Walking Boot	
L4387	Walking boot	
L4396	Orthotic	
L5000	Partial Foot Shoe Insert	
L8000-L8002	Breast Prosthesis, Mastectomy Bra	
L8010	Breast Prosthesis, sleeve	
L8310	Truss, double with standard pads	
L8420-L8435	Prosthetic Sock	
L8470-L8485	Prosthetic Sock	
L8501	Tracheostomy Speaking Valve	
Q4001-Q4051	Casting supplies	
Q4184-Q4204	Skin Substitutes	
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		

Procedure Code	Code Description	Quantity
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.
V5020	Conformity evaluation- hearing, vision, speech	
V5264	Ear molds/inserts	
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.
V5275	Ear impression	

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.
May 2024	E2601	Moved down listing to be in numerical order.
	A4351	Corrected allowed units to 200/month to align with allowable OAR 410-122-0560 and LCA A52521.
	New COA and OHP	Codes added for COA and OHP to not require PA: E1390, E0431, E0470 and E0434.
June 2024	A4224-A4225	Comment added to clarify over limit.
	A7007	Added A7007 to code range not requiring auth (A7000-A7006).
	E0951	Added wheelchair accessory (heel loops) to no auth list.
	A5514	Added A5514 to the code range not requiring auth (A5512-A5513).
	Hearing codes	V5020, V5264 and V5275 were added to no auth list.
July 2024	PAP codes	Added to no auth required: E0471
	Hospital bed/Lift codes	Added to no auth required: E0260 E0621 E0630 E0635
	Oxygen	Added to no auth required: E0424 E0445 E1392 K0738
	Wound Vac	Added to no auth required: E2402 A6550
	Compression devices	Added to no auth required: A6530 A6531 A6532 A6533 A6545 A6549 A6553 A6557 A6576 A6579 A6583 A6589 A6593 E0651 E0667 L8010
	Orthotic	Added to no auth required: A8001 L0180 L0464 L0621 L0625 L0627 L0631 L0641 L0642 L0650 L1499 L1652 L1690 L1843 L1846 L1851 L1852 L1932 L1951 L1971 L2114 L2200 L2210 L2220 L2270 L2275 L2280 L2340 L2350 L2370 L2397 L2760 L2999 L3000 L3010



		L3020 L3216 L3221 L3224 L3300 L3310 L3320 L3332 L3360 L3400 L3485 L3540 L3761 L3762 L4002 L4205 L4210 L4387 L4397 L8310
	Corrections	A5500 A5512-A5514 comments added to include quantity limits for provider support

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.