

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A4206	Syringe with needle, sterile, 1 cc or less, each	Covered	Covered	Covered	N/A	N/A	N
A4207	Syringe with needle, sterile 2 cc, each	Covered	Covered	Covered	N/A	N/A	N
A4208	Syringe with needle, sterile 3 cc, each	Covered	Covered	Covered	N/A	N/A	N
A4209	Syringe with needle, sterile 5 cc or greater, each	Covered	Covered	Covered	N/A	N/A	N
A4212	Non-coring needle or stylet with or without catheter	Covered	Covered	Covered	M	100	N
A4213	Syringe, sterile, 20 cc or greater, each	Covered	Covered	Covered	M	30	N
A4215	Needle, sterile, any size, each	Covered	Covered	Covered	M	100	N
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Covered	Covered	Covered	M	56	N
A4217	Sterile water/saline, 500 ml	Covered	Covered	Covered	M	31	N
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Covered	Covered	Covered	M	168	N

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A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	Covered	Covered	Covered	M	5	N
A4224	Supplies for maintenance of insulin infusion catheter, per week	Covered	Covered	Covered	Q	13	N
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Covered	Covered	Covered	Q	36	N
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Covered	Covered	Covered	N/A	N/A	N
A4230	Infusion set for external insulin pump, non needle cannula type	Covered	Covered	Covered	N/A	N/A	N
A4231	Infusion set for external insulin pump, needle type	Covered	Covered	Covered	N/A	N/A	N
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Covered	Covered	Covered	N/A	N/A	N

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A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	Covered	Covered	Covered	M	2	N
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	Covered	Covered	Covered	B	2	N
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Covered	Covered	Covered	B	2	N
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Covered	Covered	Covered	B	2	N
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Covered	Covered	Covered	M	1	N

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A4244	Alcohol or peroxide, per pint	Non-covered	Non-covered	Non-covered	M	10	N
A4245	Alcohol wipes, per box	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4246	Betadine or phisohex solution, per pint	Non-covered	Non-covered	Non-covered	B	1	N
A4247	Betadine or iodine swabs/wipes, per box	Non-covered	Non-covered	Non-covered	M	1	N
A4248	Chlorhexidine containing antiseptic, 1 ml	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	Covered	Covered	Covered	M	1	N
A4252	Blood ketone test or reagent strip, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Covered	Covered	Covered	Q	2	N
A4255	Platforms for home blood glucose monitor, 50 per box	Covered	Covered	Covered	M	1	N
A4256	Normal, low and high calibrator solution / chips	Covered	Covered	Covered	Q	1	N

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A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4258	Spring-powered device for lancet, each	Covered	Covered	Covered	Y	2	N
A4259	Lancets, per box of 100	Covered	Covered	Covered	Q	1	N
A4262	Temporary, absorbable lacrimal duct implant, each	Covered	Covered	Covered	N/A	N/A	N
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	Covered	Covered	Covered	N/A	N/A	N
A4265	Paraffin, per pound	Covered	Covered	Covered	B	6	N
A4270	Disposable endoscope sheath, each	Covered	Covered	Covered	N/A	N/A	N
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	Covered	Covered	Covered	M	5	N
A4281	Tubing for breast pump, replacement	Covered	Covered	Covered *No member cost share	M	1	N

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A4282	Adapter for breast pump, replacement	Covered	Covered	Covered *No member cost share	3	1	N
A4283	Cap for breast pump bottle, replacement	Non-covered	Non-covered	Covered *No member cost share	N/A	N/A	N
A4284	Breast shield and splash protector for use with breast pump, replacement	Non-covered	Non-covered	Covered *No member cost share	N/A	N/A	N
A4285	Polycarbonate bottle for use with breast pump, replacement	Non-covered	Non-covered	Covered *No member cost share	N/A	N/A	N
A4286	Locking ring for breast pump, replacement	Non-covered	Non-covered	Covered *No member cost share	N/A	N/A	N
A4310	Insertion tray without drainage bag and without catheter (accessories only)	Covered	Covered	Covered	M	1	N
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone,	Covered	Covered	Covered	M	1	N

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	silicone elastomer or hydrophilic, etc.)						
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	Covered	Covered	Covered	M	1	N
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	Covered	Covered	Covered	M	1	N
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	Covered	Covered	Covered	M	1	N
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	Covered	Covered	Covered	M	1	N

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A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	Covered	Covered	Covered	M	1	N
A4320	Irrigation tray with bulb or piston syringe, any purpose	Covered	Covered	Covered	M	4	N
A4321	Therapeutic agent for urinary catheter irrigation	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4322	Irrigation syringe, bulb or piston, each	Covered	Covered	Covered	M	2	N
A4326	Male external catheter with integral collection chamber, any type, each	Covered	Covered	Covered	M	4	N
A4327	Female external urinary collection device; meatal cup, each	Covered	Covered	Covered	M	4	N
A4328	Female external urinary collection device; pouch, each	Covered	Covered	Covered	M	31	N
A4330	Perianal fecal collection pouch with adhesive, each	Covered	Covered	Covered	M	31	N



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A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	Covered	Covered	Covered	M	1	N
A4332	Lubricant, individual sterile packet, each	Covered	Covered	Covered	M	150	N
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Covered	Covered	Covered	M	36	N
A4334	Urinary catheter anchoring device, leg strap, each	Covered	Covered	Covered	M	12	N
A4335	Incontinence supply; miscellaneous	Covered	Covered	Covered	M	30	Y
A4336	Incontinence supply, urethral insert, any type, each	Non-covered	Covered	Non-covered	N/A	N/A	N
A4337	Incontinence supply, rectal insert, any type, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N

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A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Covered	Covered	Covered	M	2	N
A4340	Indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.), each	Covered	Covered	Covered	M	2	N
A4344	Indwelling catheter, foley type, two-way, all silicone, each	Covered	Covered	Covered	M	2	N
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each	Covered	Covered	Covered	M	2	N
A4349	Male external catheter, with or without adhesive, disposable, each	Covered	Covered	Covered	M	35	N
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Covered	Covered	Covered	M	150	N

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A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Covered	Covered	Covered	M	150	N
A4353	Intermittent urinary catheter, with insertion supplies	Covered	Covered	Covered	M	150	N
A4354	Insertion tray with drainage bag but without catheter	Covered	Covered	Covered	M	1	N
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	Covered	Covered	Covered	M	31	N
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	Covered	Covered	Covered	Q	1	N
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	Covered	Covered	Covered	M	2	N

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A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Covered	Covered	Covered	M	2	N
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4361	Ostomy faceplate, each	Covered	Covered	Covered	B	3	N
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	Covered	Covered	Covered	M	20	N
A4363	Ostomy clamp, any type, replacement only, each	Covered	Covered	Covered	M	4	N
A4364	Adhesive, liquid or equal, any type, per oz	Covered	Covered	Covered	M	4	N
A4366	Ostomy vent, any type, each	Covered	Covered	Covered	M	10	N
A4367	Ostomy belt, each	Covered	Covered	Covered	M	1	N
A4368	Ostomy filter, any type, each	Covered	Covered	Covered	M	60	N
A4369	Ostomy skin barrier, liquid (spray, brush, etc), per oz	Covered	Covered	Covered	M	2	N
A4371	Ostomy skin barrier, powder, per oz	Covered	Covered	Covered	B	10	N

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A4372	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	Covered	Covered	Covered	M	20	N
A4373	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	Covered	Covered	Covered	M	10	N
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Covered	Covered	Covered	M	2	N
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Covered	Covered	Covered	M	1	N
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Covered	Covered	Covered	M	10	N
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	Covered	Covered	Covered	M	10	N
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	Covered	Covered	Covered	M	10	N
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	Covered	Covered	Covered	Y	6	N

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A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Covered	Covered	Covered	M	10	N
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Covered	Covered	Covered	M	10	N
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	Covered	Covered	Covered	M	10	N
A4384	Ostomy faceplate equivalent, silicone ring, each	Covered	Covered	Covered	M	10	N
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	Covered	Covered	Covered	M	20	N
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	Covered	Covered	Covered	M	10	N
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	Covered	Covered	Covered	M	10	N
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	Covered	Covered	Covered	M	10	N

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A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	Covered	Covered	Covered	M	10	N
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	Covered	Covered	Covered	M	10	N
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	Covered	Covered	Covered	M	10	N
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	Covered	Covered	Covered	M	10	N
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	Covered	Covered	Covered	M	16	N
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	Covered	Covered	Covered	M	20	N
A4396	Ostomy belt with peristomal hernia support	Covered	Covered	Covered	M	1	N

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A4397	Irrigation supply; sleeve, each	Covered	Covered	Covered	M	4	N
A4398	Ostomy irrigation supply; bag, each	Covered	Covered	Covered	B	2	N
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	Covered	Covered	Covered	B	2	N
A4400	Ostomy irrigation set	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4402	Lubricant, per ounce	Covered	Covered	Covered	M	8	N
A4404	Ostomy ring, each	Covered	Covered	Covered	M	10	N
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Covered	Covered	Covered	M	4	N
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	Covered	Covered	Covered	M	4	N
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	Covered	Covered	Covered	M	20	N



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A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	Covered	Covered	Covered	M	10	N
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	Covered	Covered	Covered	M	10	N
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	Covered	Covered	Covered	M	10	N
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	Covered	Covered	Covered	M	10	N
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	Covered	Covered	Covered	M	20	N

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A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	Covered	Covered	Covered	M	20	N
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	Covered	Covered	Covered	M	20	N
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each	Covered	Covered	Covered	M	20	N
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	Covered	Covered	Covered	M	60	N
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	Covered	Covered	Covered	M	60	N
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	Covered	Covered	Covered	M	60	N

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A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	Covered	Covered	Covered	M	60	N
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	Covered	Covered	Covered	M	60	N
A4421	Ostomy supply; miscellaneous	Covered	Covered	Covered	M	30	Y
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	Covered	Covered	Covered	M	60	N
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	Covered	Covered	Covered	M	60	N
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	Covered	Covered	Covered	M	20	N
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	Covered	Covered	Covered	M	20	N

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A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	Covered	Covered	Covered	M	20	N
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	Covered	Covered	Covered	M	20	N
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	Covered	Covered	Covered	M	10	N
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Covered	Covered	Covered	M	20	N
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Covered	Covered	Covered	M	20	N

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A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	Covered	Covered	Covered	M	20	N
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	Covered	Covered	Covered	M	20	N
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	Covered	Covered	Covered	M	20	N
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	Covered	Covered	Covered	M	20	N
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	Covered	Covered	Covered	M	20	N
A4450	Tape, non-waterproof, per 18 square inches	Covered	Covered	Covered	M	40	N
A4452	Tape, waterproof, per 18 square inches	Covered	Covered	Covered	M	40	N

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A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	Covered	Covered	Covered	B	16	N
A4456	Adhesive remover, wipes, any type, each	Covered	Covered	Covered	M	50	N
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4461	Surgical dressing holder, non-reusable, each	Covered	Covered	Covered	M	4	N
A4463	Surgical dressing holder, reusable, each	Covered	Covered	Covered	Q	1	N
A4465	Non-elastic binder for extremity	Covered	Covered	Covered	Y	1	N
A4553	Non-disposable underpads, all sizes	Covered	Covered	Covered	N/A	N/A	N
A4467	Belt, strap, sleeve, garment, or covering, any type	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4470	Gravlee jet washer	Covered	Covered	Covered	Y	1	N
A4480	Vabra aspirator	Covered	Covered	Covered	Y	1	N

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A4481	Tracheostoma filter, any type, any size, each	Covered	Covered	Covered	M	62	N
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Covered	Covered	Covered	M	30	N
A4490	Surgical stockings above knee length, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4495	Surgical stockings thigh length, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4500	Surgical stockings below knee length, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4510	Surgical stockings full length, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4520	Incontinence garment, any type, (e.g. brief, diaper), each	Non-covered	Non-covered	Non-covered	M	192	N
A4550	Surgical trays	Covered	Covered	Covered	M	1	N
A4553	Non-disposable underpads, all sizes	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4554	Disposable underpads, all sizes	Non-covered	Non-covered	Non-covered	M	150	N
A4555	Nonpneumatic compression controller	Covered	Covered	Covered	N/A	N/A	Y

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	without calibrated gradient pressure						
A4556	Electrodes, (e.g., apnea monitor), per pair	Covered	Covered	Covered	M	12	N
A4557	Lead wires, (e.g., apnea monitor), per pair	Covered	Covered	Covered	Y	2	N
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4559	Coupling gel or paste, for use with ultrasound device, per oz	Covered	Covered	Covered	M	10	N
A4561	Pessary, rubber, any type	Covered	Covered	Covered	Y	1	N
A4562	Pessary, non rubber, any type	Covered	Covered	Covered	Y	1	N
A4565	Slings	Covered	Covered	Covered	Y	1	N
A4570	Splint	Covered	Covered	Covered	Y	1	N
A4575	Topical hyperbaric oxygen chamber, disposable	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g. tens, nmes)	Covered	Covered	Covered	M	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A4600	Sleeve for intermittent limb compression device, replacement only, each	Covered	Covered	Covered	Y	1	Y
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement	Covered	Covered	Covered	2	1	N
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	Covered	Covered	Covered	B	18	N
A4604	Tubing with integrated heating element for use with positive airway pressure device	Covered	Covered	Covered	Q	2	N
A4605	Tracheal suction catheter, closed system, each	Covered	Covered	Covered	M	90	N
A4606	Oxygen probe for use with oximeter device, replacement	Covered	Covered	Covered	M	4	N
A4608	Transtracheal oxygen catheter, each	Covered	Covered	Covered	M	1	N
A4611	Battery, heavy duty; replacement for patient owned ventilator	Non-covered	Non-covered	Non-covered	B	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A4612	Battery cables; replacement for patient-owned ventilator	Non-covered	Non-covered	Non-covered	Y	1	N
A4613	Battery charger; replacement for patient-owned ventilator	Non-covered	Non-covered	Non-covered	Y	1	N
A4614	Peak expiratory flow rate meter, hand held	Covered	Covered	Covered	3	1	N
A4615	Cannula, nasal	Covered	Covered	Covered	M	4	N
A4616	Tubing (oxygen), per foot	Covered	Covered	Covered	Y	200	N
A4617	Mouth piece	Covered	Covered	Covered	M	4	N
A4618	Breathing circuits	Covered	Covered	Covered	M	4	N
A4619	Face tent	Covered	Covered	Covered	M	1	N
A4620	Variable concentration mask	Covered	Covered	Covered	Y	1	N
A4623	Tracheostomy, inner cannula	Covered	Covered	Covered	M	62	N
A4624	Tracheal suction catheter, any type other than closed system, each	Covered	Covered	Covered	M	90	N
A4625	Tracheostomy care kit for new tracheostomy	Covered	Covered	Covered	Y	14	N
A4626	Tracheostomy cleaning brush, each	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Covered	Covered	Covered	M	1	N
A4628	Oropharyngeal suction catheter, each	Covered	Covered	Covered	M	12	N
A4629	Tracheostomy care kit for established tracheostomy	Covered	Covered	Covered	M	31	N
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	Non-covered	Non-covered	Non-covered	5	2	N
A4634	Replacement bulb for therapeutic light box, tabletop model	Non-covered	Non-covered	Non-covered	Y	1	N
A4635	Underarm pad, crutch, replacement, each	Covered	Covered	Covered	Y	2	N
A4636	Replacement, handgrip, cane, crutch, or walker, each	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A4637	Replacement, tip, cane, crutch, walker, each.	Covered	Covered	Covered	Y	1	N
A4638	Replacement battery for patient-owned ear pulse generator, each	Covered	Covered	Covered	3	1	N
A4639	Replacement pad for infrared heating pad system, each	Covered	Covered	Covered	3	1	N
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Covered	Covered	Covered	2	1	N
A4649	Surgical supply; miscellaneous Cotton Tip Applicators	Covered	Covered	Covered	M	200	Y
A4649	Surgical supply; miscellaneous Oral Swabs	Covered	Covered	Covered	M	200	Y
A4649	Surgical supply; miscellaneous Syringes	Covered	Covered	Covered	M	10	Y
A4649	Surgical supply; miscellaneous Trach Ties, Custom	Covered	Covered	Covered	M	15	Y
A4649	Surgical supply; miscellaneous Toothettes	Covered	Covered	Covered	M	200	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A4649	Surgical supply; miscellaneous Trach, Custom	Covered	Covered	Covered	M	2	Y
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4663	Blood pressure cuff only	Covered	Covered	Covered	5	1	N
A4670	Automatic blood pressure monitor	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4772	Blood glucose test strips, for dialysis, per 50	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A4927	Gloves, non-sterile, per 100	Covered	Covered	Covered	M	2	N
A4930	Gloves, sterile, per pair	Covered	Covered	Covered	M	200	N
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	Covered	Covered	Covered	M	60	N
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	Covered	Covered	Covered	M	60	N
A5053	Ostomy pouch, closed; for use on faceplate, each	Covered	Covered	Covered	M	60	N
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	Covered	Covered	Covered	M	60	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A5055	Stoma cap	Covered	Covered	Covered	M	31	N
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	Covered	Covered	Covered	M	40	N
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	Covered	Covered	Covered	M	40	N
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	Covered	Covered	Covered	M	20	N
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	Covered	Covered	Covered	M	20	N
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	Covered	Covered	Covered	M	20	N
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	Covered	Covered	Covered	M	20	N
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	Covered	Covered	Covered	M	20	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	Covered	Covered	Covered	M	20	N
A5081	Stoma plug or seal, any type	Covered	Covered	Covered	M	31	N
A5082	Continent device; catheter for continent stoma	Covered	Covered	Covered	M	1	N
A5083	Continent device, stoma absorptive cover for continent stoma	Covered	Covered	Covered	M	150	N
A5093	Ostomy accessory; convex insert	Covered	Covered	Covered	M	10	N
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Covered	Covered	Covered	Q	1	N
A5105	Urinary suspensory with leg bag, with or without tube, each	Covered	Covered	Covered	M	1	N
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	Covered	Covered	Covered	M	1	N
A5113	Leg strap; latex, replacement only, per set	Covered	Covered	Covered	M	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A5114	Leg strap; foam or fabric, replacement only, per set	Covered	Covered	Covered	M	2	N
A5120	Skin barrier, wipes or swabs, each	Covered	Covered	Covered	B	150	N
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	Covered	Covered	Covered	M	20	N
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	Covered	Covered	Covered	M	20	N
A5126	Adhesive or non-adhesive; disk or foam pad	Covered	Covered	Covered	M	20	N
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	Covered	Covered	Covered	M	1	N
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	Covered	Covered	Covered	Y	1	N
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	Covered	Covered	Covered	Y	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Covered	Covered	Covered	Y	2	N
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	Covered	Covered	Covered	Y	6	N
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	Covered	Covered	Covered	Y	6	N
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	Covered	Covered	Covered	Y	6	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe	Covered	Covered	Covered	Y	6	N
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	Covered	Covered	Covered	Y	6	N
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	Covered	Covered	Covered	Y	6	N
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each	Covered	Covered	Covered	Y	6	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	Covered	Covered	Covered	M	31	N
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Covered	Covered	Covered	M	1	N
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	Covered	Covered	Covered	M	31	N
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	Covered	Covered	Covered	M	31	N
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	Covered	Covered	Covered	M	31	N
A6024	Collagen dressing wound filler, sterile, per 6 inches	Covered	Covered	Covered	M	8	N
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6154	Wound pouch, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	Covered	Covered	Covered	M	31	N
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Covered	Covered	Covered	M	31	N
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	Covered	Covered	Covered	M	31	N
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Covered	Covered	Covered	M	60	N
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	Covered	Covered	Covered	M	4	N
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Covered	Covered	Covered	M	4	N
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	Covered	Covered	Covered	M	4	N
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6215	Foam dressing, wound filler, sterile, per gram	Covered	Covered	Covered	M	31	N
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	90	N
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	90	N
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	90	N
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covered	Covered	Covered	M	90	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	31	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	Covered	Covered	Covered	M	31	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing	Covered	Covered	Covered	M	31	N
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	Covered	Covered	Covered	M	31	N
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	Covered	Covered	Covered	M	12	N
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	Covered	Covered	Covered	M	12	N
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	31	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Covered	Covered	Covered	M	3	N
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	Covered	Covered	Covered	M	1	N
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	31	N
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	31	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covered	Covered	Covered	M	15	N
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	15	N
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Covered	Covered	Covered	M	15	N
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	Covered	Covered	Covered	B	180	N
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Covered	Covered	Covered	M	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	Covered	Covered	Covered	M	12	N
A6260	Wound cleansers, any type, any size	Covered	Covered	Covered	M	1	N
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	Covered	Covered	Covered	M	31	Y
A6262	Wound filler, dry form, per gram, not otherwise specified	Covered	Covered	Covered	M	31	Y
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	Covered	Covered	Covered	M	31	N
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covered	Covered	Covered	M	93	N
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	93	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covered	Covered	Covered	M	93	N
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	Covered	Covered	Covered	M	31	N
A6410	Eye pad, sterile, each	Covered	Covered	Covered	M	10	N
A6411	Eye pad, non-sterile, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6412	Eye patch, occlusive, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6413	Adhesive bandage, first-aid type, any size, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	10	N
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	Covered	Covered	Covered	M	150	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	150	N
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	Covered	Covered	Covered	M	150	N
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Covered	Covered	Covered	M	150	N
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	150	N
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Covered	Covered	Covered	M	150	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Covered	Covered	Covered	M	8	N
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	4	N
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Covered	Covered	Covered	M	4	N
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	4	N
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	Covered	Covered	Covered	M	8	N
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	12	N
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	Covered	Covered	Covered	M	8	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Covered	Covered	Covered	M	31	N
A6457	Tubular dressing with or without elastic, any width, per linear yard	Covered	Covered	Covered	M	50	N
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Covered	Covered	Covered	Y	4	N
A6502	Compression burn garment, chin strap, custom fabricated	Covered	Covered	Covered	Y	4	N
A6503	Compression burn garment, facial hood, custom fabricated	Covered	Covered	Covered	Y	4	N
A6504	Compression burn garment, glove to wrist, custom fabricated	Covered	Covered	Covered	Y	4	N
A6505	Compression burn garment, glove to elbow, custom fabricated	Covered	Covered	Covered	Y	4	N
A6506	Compression burn garment, glove to axilla, custom fabricated	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6507	Compression burn garment, foot to knee length, custom fabricated	Covered	Covered	Covered	Y	4	N
A6508	Compression burn garment, foot to thigh length, custom fabricated	Covered	Covered	Covered	Y	4	N
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Covered	Covered	Covered	Y	4	N
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Covered	Covered	Covered	Y	4	N
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Covered	Covered	Covered	Y	4	N
A6512	Compression burn garment, not otherwise classified	Covered	Covered	Covered	Y	8	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Covered	Covered	Covered	Y	4	Y
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	Covered	Covered	Covered	Y	8	N
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	Covered	Covered	Covered	Y	8	N
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	Covered	Covered	Covered	Y	8	N
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	Covered	Covered	Covered	Y	8	N
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	Covered	Covered	Covered	Y	8	N
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	Covered	Covered	Covered	Y	8	N
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	Covered	Covered	Covered	Y	8	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	Covered	Covered	Covered	Y	8	N
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	Covered	Covered	Covered	Y	8	N
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	Covered	Covered	Covered	Y	4	N
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	Covered	Covered	Covered	Y	4	N
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each	Covered	Covered	Covered	Y	4	N
A6544	Gradient compression stocking, garter belt	Covered	Covered	Covered	B	1	N
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	Covered	Covered	Covered	B	1	N
A6549	Gradient compression stocking/sleeve, not otherwise specified	Covered	Covered	Covered	Y	12	Y



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Covered	Covered	Covered	M	15	N
A7000	Canister, disposable, used with suction pump, each	Covered	Covered	Covered	M	10	N
A7001	Canister, non-disposable, used with suction pump, each	Covered	Covered	Covered	2	1	N
A7002	Tubing, used with suction pump, each	Covered	Covered	Covered	Q	3	N
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	Covered	Covered	Covered	M	2	N
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	Covered	Covered	Covered	M	2	N
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	Covered	Covered	Covered	B	1	N
A7006	Administration set, with small volume filtered pneumatic nebulizer	Covered	Covered	Covered	M	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	Covered	Covered	Covered	M	2	N
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	Covered	Covered	Covered	B	3	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7012	Water collection device, used with large volume nebulizer	Covered	Covered	Covered	M	2	N
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	Covered	Covered	Covered	M	2	N
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	Covered	Covered	Covered	Q	1	N
A7015	Aerosol mask, used with dme nebulizer	Covered	Covered	Covered	M	1	N
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	Covered	Covered	Covered	B	1	N
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	Covered	Covered	Covered	3	1	N
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	Covered	Covered	Covered	M	56	N
A7020	Interface for cough stimulating device, includes all components, replacement only	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Covered	Covered	Covered	3	1	N
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	Covered	Covered	Covered	3	1	N
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Covered	Covered	Covered	Q	1	N
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Covered	Covered	Covered	M	2	N
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Covered	Covered	Covered	M	2	N
A7030	Full face mask used with positive airway pressure device, each	Covered	Covered	Covered	Q	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7031	Face mask interface, replacement for full face mask, each	Covered	Covered	Covered	M	1	N
A7032	Cushion for use on nasal mask interface, replacement only, each	Covered	Covered	Covered	M	2	N
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Covered	Covered	Covered	M	2	N
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Covered	Covered	Covered	Q	1	N
A7035	Headgear used with positive airway pressure device	Covered	Covered	Covered	B	1	N
A7036	Chinstrap used with positive airway pressure device	Covered	Covered	Covered	B	1	N
A7037	Tubing used with positive airway pressure device	Covered	Covered	Covered	Q	1	N
A7038	Filter, disposable, used with positive airway pressure device	Covered	Covered	Covered	M	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7039	Filter, non disposable, used with positive airway pressure device	Covered	Covered	Covered	B	1	N
A7040	One way chest drain valve	Covered	Covered	Covered	M	1	N
A7041	Water seal drainage container and tubing for use with implanted chest tube	Covered	Covered	Covered	M	1	N
A7044	Oral interface used with positive airway pressure device, each	Covered	Covered	Covered	Q	1	N
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Covered	Covered	Covered	Q	1	N
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Covered	Covered	Covered	B	1	N
A7047	Oral interface used with respiratory suction pump, each	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	Covered	Covered	Covered	N/A	N/A	N
A7501	Tracheostoma valve, including diaphragm, each	Covered	Covered	Covered	M	1	N
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Covered	Covered	Covered	M	1	N
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Covered	Covered	Covered	B	1	N
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Covered	Covered	Covered	M	62	N
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	Covered	Covered	Covered	Q	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	Covered	Covered	Covered	M	62	N
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	Covered	Covered	Covered	M	62	N
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	Covered	Covered	Covered	M	62	N
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Covered	Covered	Covered	M	62	N
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	Covered	Covered	Covered	Q	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	Covered	Covered	Covered	Y	12	N
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	Covered	Covered	Covered	Y	4	N
A7523	Tracheostomy shower protector, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A7524	Tracheostoma stent/stud/button, each	Covered	Covered	Covered	Q	1	N
A7525	Tracheostomy mask, each	Covered	Covered	Covered	M	1	N
A7526	Tracheostomy tube collar/holder, each	Covered	Covered	Covered	M	15	N
A7527	Tracheostomy/laryngectomy tube plug/stop, each	Covered	Covered	Covered	Q	2	N
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Covered	Covered	Covered	Y	1	N
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Covered	Covered	Covered	Y	1	N
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Covered	Covered	Covered	Y	1	N
A8004	Soft interface for helmet, replacement only	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9270	Non-covered item or service	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Covered	Covered	Covered	M	12	Y
A9275	Home glucose disposable monitor, includes test strips	Non-covered	Covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	M	31	Y
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	Q	1	Y
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	<b>Covered</b>  *Freestyle Libre and Dexcom brands are covered by the Pharmacy Benefit	3	1	Y
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	<b>Covered</b>	<b>Covered</b>	<b>Non-covered</b>	3	1	Y
A9280	Alert or alarm device, not otherwise classified	<b>Covered</b>	<b>Covered</b>	<b>Non-covered</b>	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A9281	Reaching/grabbing device, any type, any length, each	Covered	Covered	Non-covered	Y	1	Y
A9282	Wig, any type, each	Covered	Covered	Covered	Y	1	N
A9283	Foot pressure off loading/supportive device, any type, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9284	Spirometer, non-electronic, includes all accessories	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9285	Inversion/eversion correction device	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9286	Hygienic item or device, disposable or nondisposable, any type, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9300	Exercise equipment	Non-covered	Non-covered	Non-covered	N/A	N/A	N
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code	Covered	Covered	Covered	Y	10	Y
A9901	Dme delivery, set up, and/or dispensing service component of another hcpcs code	Covered	Covered	Covered	M	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
A9999	Miscellaneous dme supply or accessory, not otherwise specified	Covered	Covered	Covered	Y	10	Y
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Covered	Covered	Covered	M	31	N
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Covered	Covered	Covered	M	31	N
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Covered	Covered	Covered	M	31	N
B4081	Nasogastric tubing with stylet	Covered	Covered	Covered	M	3	N
B4082	Nasogastric tubing without stylet	Covered	Covered	Covered	M	3	N
B4083	Stomach tube - levine type	Covered	Covered	Covered	M	3	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Covered	Covered	Covered	Q	1	N
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Covered	Covered	Covered	Q	1	N
B4100	Food thickener, administered orally, per ounce	Covered	Covered	Covered	M	300	N
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Covered	Covered	Covered	M	750	Y
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Covered	Covered	Covered	M	750	Y
B4104	Additive for enteral formula (e.g. fiber)	Covered	Covered	Covered	M	750	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Covered	Covered	Covered	M	750	Y
B9002	Enteral nutrition infusion pump, any type	Covered	Covered	Covered	5	1	Y
B9998	NOC for enteral supplies	Covered	Covered	Covered	N/A	N/A	Y
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	Covered	Covered	Covered	5	1	N
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Covered	Covered	Covered	5	1	N
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	Covered	Covered	Covered	5	1	N
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	Covered	Covered	Covered	5	1	N
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	Covered	Covered	Covered	5	2	N
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Covered	Covered	Covered	5	2	N
E0117	Crutch, underarm, articulating, spring assisted, each	Covered	Covered	Covered	2	1	N
E0118	Crutch substitute, lower leg platform, with or without wheels, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0130	Walker, rigid (pickup), adjustable or fixed height	Covered	Covered	Covered	5	1	N
E0135	Walker, folding (pickup), adjustable or fixed height	Covered	Covered	Covered	5	1	N
E0140	Walker, with trunk support, adjustable or fixed height, any type	Covered	Covered	Covered	3	1	N
E0141	Walker, rigid, wheeled, adjustable or fixed height	Covered	Covered	Covered	5	1	N
E0143	Walker, folding, wheeled, adjustable or fixed height	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	Covered	Covered	Covered	3	1	N
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Covered	Covered	Covered	5	1	Y
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	Covered	Covered	Covered	5	1	N
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Covered	Covered	Covered	5	1	N
E0153	Platform attachment, forearm crutch, each	Covered	Covered	Covered	5	1	N
E0154	Platform attachment, walker, each	Covered	Covered	Covered	5	2	N
E0155	Wheel attachment, rigid pick-up walker, per pair	Covered	Covered	Covered	5	1	N
E0156	Seat attachment, walker	Covered	Covered	Covered	5	1	N
E0157	Crutch attachment, walker, each	Covered	Covered	Covered	5	2	N
E0158	Leg extensions for walker, per set of four (4)	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0159	Brake attachment for wheeled walker, replacement, each	Covered	Covered	Covered	5	1	N
E0160	Sitz type bath or equipment, portable, used with or without commode	Covered	Covered	Non-covered	5	1	N
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	Covered	Covered	Non-covered	5	1	N
E0162	Sitz bath chair	Covered	Covered	Non-covered	5	1	N
E0163	Commode chair, mobile or stationary, with fixed arms	Covered	Covered	Non-covered	5	1	N
E0165	Commode chair, mobile or stationary, with detachable arms	Covered	Covered	Non-covered	5	1	N
E0167	Pail or pan for use with commode chair, replacement only	Covered	Covered	Non-covered	Y	1	N
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Covered	Covered	Non-covered	5	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Covered	Covered	Non-covered	5	1	N
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Covered	Covered	Non-covered	5	1	N
E0172	Seat lift mechanism placed over or on top of toilet, any type	Covered	Covered	Non-covered	5	1	Y
E0175	Foot rest, for use with commode chair, each	Covered	Covered	Non-covered	5	1	Y
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Covered	Covered	Covered	5	1	N
E0182	Pump for alternating pressure pad, for replacement only	Covered	Covered	Covered	5	1	N
E0184	Dry pressure mattress	Covered	Covered	Covered	5	1	N
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Covered	Covered	Covered	5	1	N
E0186	Air pressure mattress	Covered	Covered	Covered	5	1	N
E0187	Water pressure mattress	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0188	Synthetic sheepskin pad	Covered	Covered	Covered	5	1	N
E0189	Lambswool sheepskin pad, any size	Covered	Covered	Covered	5	1	N
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Covered	Covered	Covered	Y	1	Y
E0191	Heel or elbow protector, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0193	Powered air flotation bed (low air loss therapy)	Covered	Covered	Covered	5	1	Y
E0194	Air fluidized bed	Covered	Covered	Covered	5	1	Y
E0196	Gel pressure mattress	Covered	Covered	Covered	5	1	N
E0197	Air pressure pad for mattress, standard mattress length and width	Covered	Covered	Covered	3	1	N
E0198	Water pressure pad for mattress, standard mattress length and width	Covered	Covered	Covered	5	1	N
E0199	Dry pressure pad for mattress, standard mattress length and width	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0202	Phototherapy (bilirubin) light with photometer	Covered	Covered	Covered	M	7	N
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	Non-covered	Non-covered	Non-covered	3	1	N
E0205	Heat lamp, with stand, includes bulb, or infrared element	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0210	Electric heat pad, standard	Covered	Covered	Covered	5	1	N
E0215	Electric heat pad, moist	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0217	Water circulating heat pad with pump	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0218	Water circulating cold pad with pump	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0220	Hot water bottle	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0221	Infrared heating pad system	Covered	Covered	Covered	3	1	N
E0225	Hydrocollator unit, includes pads	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0235	Paraffin bath unit, portable (see medical supply code a4265 for paraffin)	Covered	Covered	Covered	5	1	N
E0236	Pump for water circulating pad	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0239	Hydrocollator unit, portable	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0240	Bath/shower chair, with or without wheels, any size	Covered	Covered	Non-covered	5	1	N
E0241	Bath tub wall rail, each	Covered	Covered	Non-covered	5	2	N
E0242	Bath tub rail, floor base	Covered	Covered	Non-covered	5	1	N
E0243	Toilet rail, each	Covered	Covered	Non-covered	5	2	N
E0244	Raised toilet seat	Covered	Covered	Non-covered	5	1	N
E0245	Tub stool or bench	Covered	Covered	Non-covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0246	Transfer tub rail attachment	Covered	Covered	Non-covered	5	1	N
E0247	Transfer bench for tub or toilet with or without commode opening	Covered	Covered	Non-covered	5	1	N
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Covered	Covered	Non-covered	5	1	N
E0249	Pad for water circulating heat unit, for replacement only	Covered	Covered	Non-covered	N/A	N/A	N
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Covered	Covered	Covered	5	1	N
E0251	Hospital bed, fixed height, with any type side rails, without mattress	Covered	Covered	Covered	5	1	N
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Covered	Covered	Covered	5	1	N
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Covered	Covered	Covered	5	1	N
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Covered	Covered	Covered	5	1	N
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Covered	Covered	Covered	5	1	N
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	Covered	Covered	Covered	5	1	N
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	Covered	Covered	Covered	N/A	N/A	N
E0271	Mattress, innerspring	Covered	Covered	Covered	2	1	N
E0272	Mattress, foam rubber	Covered	Covered	Covered	2	1	N
E0273	Bed board	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0274	Over-bed table	Covered	Covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0275	Bed pan, standard, metal or plastic	Covered	Covered	Covered	5	1	N
E0276	Bed pan, fracture, metal or plastic	Covered	Covered	Covered	5	1	N
E0277	Powered pressure-reducing air mattress	Covered	Covered	Covered	5	1	N
E0280	Bed cradle, any type	Covered	Covered	Covered	5	1	N
E0290	Hospital bed, fixed height, without side rails, with mattress	Covered	Covered	Covered	5	1	N
E0291	Hospital bed, fixed height, without side rails, without mattress	Covered	Covered	Covered	5	1	N
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Covered	Covered	Covered	5	1	N
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Covered	Covered	Covered	5	1	N
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Covered	Covered	Covered	5	1	N
E0296	Hospital bed, total electric (head, foot and height adjustments). without side rails, with mattress	Covered	Covered	Covered	5	1	N
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Covered	Covered	Covered	5	1	N
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Covered	Covered	Covered	5	1	Y
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Covered	Covered	Covered	5	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Covered	Covered	Covered	5	1	N
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Covered	Covered	Covered	5	1	N
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Covered	Covered	Covered	5	1	N
E0305	Bed side rails, half length	Covered	Covered	Covered	5	1	N
E0310	Bed side rails, full length	Covered	Covered	Covered	5	1	N
E0315	Bed accessory: board, table, or support device, any type	Covered	Covered	Non-covered	N/A	N/A	N
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0325	Urinal; male, jug-type, any material	Covered	Covered	Covered	5	1	N
E0326	Urinal; female, jug-type, any material	Covered	Covered	Covered	5	1	N
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Covered	Covered	Covered	5	1	Y
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Covered	Covered	Covered	5	1	Y
E0350	Control unit for electronic bowel irrigation/evacuation system	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	Covered	Covered	Covered	B	6	N
E0370	Air pressure elevator for heel	Covered	Covered	Covered	5	1	N
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Covered	Covered	Covered	5	1	Y
E0372	Powered air overlay for mattress, standard mattress length and width	Covered	Covered	Covered	5	1	Y
E0373	Nonpowered advanced pressure reducing mattress	Covered	Covered	Covered	5	1	Y
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Covered	Covered	Covered	M	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Covered	Covered	Covered	N/A	N/A	N
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Covered	Covered	Covered	N/A	N/A	N
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Covered	Covered	Covered	M	1	N
E0433	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	Covered	Covered	Covered	M	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Covered	Covered	Covered	M	1	N
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Covered	Covered	Covered	M	1	N
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Covered	Covered	Covered	N/A	N/A	N
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Covered	Covered	Covered	N/A	N/A	N
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Covered	Covered	Covered	N/A	N/A	N
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Covered	Covered	Covered	N/A	N/A	N
E0445	Oximeter device for measuring blood oxygen levels non-invasively	Covered	Covered	Covered	M	1	N
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0455	Oxygen tent, excluding croup or pediatric tents	Covered	Covered	Covered	5	1	N
E0457	Chest shell (cuirass)	Covered	Covered	Covered	5	1	N
E0459	Chest wrap	Covered	Covered	Covered	5	1	N
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Covered	Covered	Covered	M	1	Y
E0466	Home ventilatory, any type, used with non-invasive interface, (e.g., mask, chest shell)	Covered	Covered	Covered	M	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Covered	Covered	Covered	M	1	N
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Covered	Covered	Covered	5	1	Y
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Covered	Covered	Covered	5	1	Y
E0480	Percussor, electric or pneumatic, home model	Covered	Covered	Covered	5	1	N
E0481	Intrapulmonary percussive ventilation system and related accessories	Covered	Covered	Covered	N/A	N/A	N
E0482	Cough stimulating device, alternating positive and negative airway pressure	Covered	Covered	Covered	5	1	N
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Covered	Covered	Covered	5	1	Y
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Covered	Covered	Covered	5	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	3	1	N
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	3	1	N
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Covered	Covered	Covered	M	1	N
E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	Covered	Covered	Covered	3	1	N
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Non-covered	Non-covered	Non-covered	B	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Covered	Covered	Covered	5	1	N
E0561	Humidifier, non-heated, used with positive airway pressure device	Covered	Covered	Covered	5	1	N
E0562	Humidifier, heated, used with positive airway pressure device	Covered	Covered	Covered	5	1	N
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	Covered	Covered	Covered	5	1	N
E0570	Nebulizer, with compressor	Covered	Covered	Covered	5	1	N
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	Covered	Covered	Covered	3	1	N
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Covered	Covered	Covered	5	1	Y
E0575	Nebulizer, ultrasonic, large volume	Covered	Covered	Covered	3	1	Y
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Covered	Covered	Covered	5	1	N
E0585	Nebulizer, with compressor and heater	Covered	Covered	Covered	5	1	N
E0600	Respiratory suction pump, home model, portable or stationary, electric	Covered	Covered	Covered	5	1	N
E0601	Continuous positive airway pressure (cpap) device	Covered	Covered	Covered	5	1	N
E0602	Breast pump, manual, any type	Covered	Covered	Covered	N/A	N/A	N
E0603	Breast pump, electric (ac and/or dc), any type	Covered	Covered	Covered	N/A	N/A	N
E0604	Breast pump, hospital grade, electric (ac and / or dc), any type	Covered	Covered	Covered	N/A	N/A	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0606	Postural drainage board	Covered	Covered	Covered	Y	1	N
E0607	Home blood glucose monitor	Covered	Covered	Covered	5	1	N
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	Covered	Covered	Covered	5	1	Y
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	Covered	Covered	Covered	5	1	Y
E0617	External defibrillator with integrated electrocardiogram analysis	Covered	Covered	Covered	5	1	Y
E0618	Apnea monitor, without recording feature	Covered	Covered	Covered	5	1	N
E0619	Apnea monitor, with recording feature	Covered	Covered	Covered	5	1	N
E0620	Skin piercing device for collection of capillary blood, laser, each	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0621	Sling or seat, patient lift, canvas or nylon	Covered	Covered	Non-covered	3	1	N
E0625	Patient lift, bathroom or toilet, not otherwise classified	Covered	Covered	Non-covered	5	1	Y
E0627	Seat lift mechanism, electric, any type	Covered	Covered	Non-covered	5	1	Y
E0629	Seat lift mechanism, non-electric, any type	Covered	Covered	Non-covered	5	1	Y
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Covered	Covered	Non-covered	5	1	N
E0635	Patient lift, electric with seat or sling	Covered	Covered	Non-covered	5	1	Y
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Covered	Covered	Non-covered	5	1	Y
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Covered	Covered	Non-covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Covered	Covered	Non-covered	5	1	Y
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Covered	Covered	Non-covered	5	1	Y
E0640	Patient lift, fixed system, includes all components/accessories	Covered	Covered	Non-covered	5	1	Y
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Covered	Covered	Non-covered	5	1	Y
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Covered	Covered	Non-covered	5	1	Y
E0650	Pneumatic compressor, non-segmental home model	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Covered	Covered	Covered	5	1	Y
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Covered	Covered	Covered	5	1	Y
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Covered	Covered	Covered	5	1	Y
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Covered	Covered	Covered	5	1	Y
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Covered	Covered	Covered	5	1	Y
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Covered	Covered	Covered	5	1	Y
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Covered	Covered	Covered	5	1	Y
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Covered	Covered	Covered	5	1	Y
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Covered	Covered	Covered	5	1	N
E0671	Segmental gradient pressure pneumatic appliance, full leg	Covered	Covered	Covered	5	1	Y
E0672	Segmental gradient pressure pneumatic appliance, full arm	Covered	Covered	Covered	5	1	Y



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0673	Segmental gradient pressure pneumatic appliance, half leg	Covered	Covered	Covered	5	1	Y
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	Covered	Covered	Covered	5	1	Y
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Covered	Covered	Covered	5	1	Y
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Covered	Covered	Covered	5	1	Y
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Covered	Covered	Covered	5	1	Y
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Covered	Covered	Covered	5	1	Y
E0700	Safety equipment, device or accessory, any type Gait Belt	Covered	Covered	Non-covered	N/A	N/A	Y
E0705	Transfer device, any type, each	Covered	Covered	Non-covered	5	1	N
E0710	Restraints, any type (body, chest, wrist or ankle)	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	Covered	Covered	Covered	5	1	N
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	Covered	Covered	Covered	5	1	N
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	patient's skin by layers of fabric)						
<b>E0740</b>	Non-implanted pelvic floor electrical stimulator complete system	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	5	1	Y
<b>E0744</b>	Neuromuscular stimulator for scoliosis	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	5	1	N
<b>E0745</b>	Neuromuscular stimulator, electronic shock unit	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	5	1	N
<b>E0747</b>	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	5	1	Y
<b>E0748</b>	Osteogenesis stimulator, electrical, non-invasive, spinal applications	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	5	1	Y
<b>E0760</b>	Osteogenesis stimulator, low intensity ultrasound, non-invasive	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Covered	Covered	Covered	5	1	Y
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Covered	Covered	Covered	5	1	Y
E0765	Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	Covered	Covered	Covered	5	1	N
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Covered	Covered	Covered	M	1	Y
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Covered	Covered	Covered	5	1	Y
E0776	Iv pole	Covered	Covered	Covered	5	1	N
E0784	External ambulatory infusion pump, insulin	Covered	Covered	Covered	5	1	Y
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Covered	Covered	Covered	N/A	N/A	N
E0791	Parenteral infusion pump, stationary, single or multi-channel	Covered	Covered	Covered	5	1	N
E0830	Ambulatory traction device, all types, each	Covered	Covered	Covered	N/A	N/A	N
E0840	Traction frame, attached to headboard, cervical traction	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Covered	Covered	Covered	5	1	N
E0850	Traction stand, free standing, cervical traction	Covered	Covered	Covered	3	1	N
E0855	Cervical traction equipment not requiring additional stand or frame	Covered	Covered	Covered	5	1	N
E0856	Cervical traction device, with inflatable air bladder(s)	Covered	Covered	Covered	5	1	N
E0860	Traction equipment, overdoor, cervical	Covered	Covered	Covered	5	1	N
E0870	Traction frame, attached to footboard, extremity traction, (e.g. buck's)	Covered	Covered	Covered	5	1	N
E0880	Traction stand, free standing, extremity traction, (e.g., buck's)	Covered	Covered	Covered	5	1	N
E0890	Traction frame, attached to footboard, pelvic traction	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	Covered	Covered	Covered	5	1	N
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Covered	Covered	Non-covered	5	1	N
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Covered	Covered	Non-covered	5	1	N
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Covered	Covered	Non-covered	5	1	N
E0920	Fracture frame, attached to bed, includes weights	Covered	Covered	Covered	5	1	N
E0930	Fracture frame, free standing, includes weights	Covered	Covered	Covered	5	1	N
E0935	Continuous passive motion exercise device for use on knee only	Covered	Covered	Covered	M	21	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0936	Continuous passive motion exercise device for use other than knee	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0940	Trapeze bar, free standing, complete with grab bar	Covered	Covered	Non-covered	5	1	N
E0941	Gravity assisted traction device, any type	Covered	Covered	Covered	5	1	N
E0942	Cervical head harness/halter	Covered	Covered	Covered	5	1	N
E0944	Pelvic belt/harness/boot	Covered	Covered	Covered	5	1	N
E0945	Extremity belt/harness	Covered	Covered	Covered	5	1	N
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)	Covered	Covered	Covered	5	1	N
E0947	Fracture frame, attachments for complex pelvic traction	Covered	Covered	Covered	5	1	N
E0948	Fracture frame, attachments for complex cervical traction	Covered	Covered	Covered	5	1	N
E0950	Wheelchair accessory, tray, each	Covered	Covered	Covered	5	1	N
E0951	Heel loop/holder, any type, with or without ankle strap, each	Covered	Covered	Covered	Y	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0952	Toe loop/holder, any type, each	Covered	Covered	Covered	Y	2	N
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Covered	Covered	Covered	5	2	N
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Covered	Covered	Covered	5	2	N
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Covered	Covered	Covered	Y	1	N
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Covered	Covered	Covered	Y	2	N
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Covered	Covered	Covered	Y	2	N
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0959	Manual wheelchair accessory, adapter for amputee, each	Covered	Covered	Covered	5	2	N
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Covered	Covered	Covered	Y	1	N
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Covered	Covered	Covered	3	2	N
E0966	Manual wheelchair accessory, headrest extension, each	Covered	Covered	Covered	Y	1	N
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Covered	Covered	Covered	Y	2	N
E0968	Commode seat, wheelchair	Covered	Covered	Non-covered	5	1	N
E0969	Narrowing device, wheelchair	Covered	Covered	Covered	5	1	N
E0970	No.2 footplates, except for elevating leg rest	Covered	Covered	Covered	5	1	N
E0971	Manual wheelchair accessory, anti-tipping device, each	Covered	Covered	Covered	3	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Covered	Covered	Covered	3	2	N
E0974	Manual wheelchair accessory, anti-rollback device, each	Covered	Covered	Covered	3	2	N
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Covered	Covered	Covered	Y	1	N
E0980	Safety vest, wheelchair	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Covered	Covered	Covered	Y	2	N
E0982	Wheelchair accessory, back upholstery, replacement only, each	Covered	Covered	Covered	Y	1	N
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Covered	Covered	Covered	3	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Covered	Covered	Covered	3	1	N
E0985	Wheelchair accessory, seat lift mechanism	Covered	Covered	Covered	5	1	N
E0986	Manual wheelchair accessory, push-rim activated power assist system	Covered	Covered	Covered	5	1	Y
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	Covered	Covered	Covered	5	1	N
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Covered	Covered	Covered	3	2	Y
E0992	Manual wheelchair accessory, solid seat insert	Covered	Covered	Covered	Y	1	N
E0994	Arm rest, each	Covered	Covered	Covered	5	1	N
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Covered	Covered	Covered	Y	4	N
E1002	Wheelchair accessory, power seating system, tilt only	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Covered	Covered	Covered	5	1	Y
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Covered	Covered	Covered	5	1	Y
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Covered	Covered	Covered	5	1	Y
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Covered	Covered	Covered	5	1	Y
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Covered	Covered	Covered	5	1	Y
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Covered	Covered	Covered	5	2	N
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Covered	Covered	Covered	5	1	N
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Covered	Covered	Covered	5	1	N
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type each	Covered	Covered	Covered	5	1	N
E1014	Reclining back, addition to pediatric size wheelchair	Covered	Covered	Covered	5	1	N
E1015	Shock absorber for manual wheelchair, each	Covered	Covered	Covered	3	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1016	Shock absorber for power wheelchair, each	Covered	Covered	Covered	3	2	N
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Covered	Covered	Covered	3	2	N
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Covered	Covered	Covered	3	2	N
E1020	Residual limb support system for wheelchair, any type	Covered	Covered	Covered	5	1	N
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Covered	Covered	Covered	5	6	N
E1029	Wheelchair accessory, ventilator tray, fixed	Covered	Covered	Covered	5	1	N
E1030	Wheelchair accessory, ventilator tray, gimbale	Covered	Covered	Covered	5	1	N
E1031	Rollabout chair, any and all types with castors 5" or greater	Covered	Covered	Non-covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Covered	Covered	Non-covered	5	1	Y
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Covered	Covered	Non-covered	5	1	N
E1037	Transport chair, pediatric size	Covered	Covered	Covered	5	1	N
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	N
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Covered	Covered	Covered	5	1	N
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests	Covered	Covered	Covered	5	1	N
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	Covered	Covered	Covered	5	1	N
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	Covered	Covered	Covered	5	1	N
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests	Covered	Covered	Covered	5	1	N
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1161	Manual adult size wheelchair, includes tilt in space	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1221	Wheelchair with fixed arm, footrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1222	Wheelchair with fixed arm, elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1223	Wheelchair with detachable arms, footrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1224	Wheelchair with detachable arms, elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Covered	Covered	Covered	5	1	N
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Covered	Covered	Covered	5	1	N
E1227	Special height arms for wheelchair	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1228	Special back height for wheelchair	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1229	Wheelchair, pediatric size, not otherwise specified	Covered	Covered	Covered	5	1	N
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	Covered	Covered	Covered	5	1	N
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Covered	Covered	Covered	5	1	Y
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Covered	Covered	Covered	5	1	Y
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Covered	Covered	Covered	5	1	Y
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Covered	Covered	Covered	5	1	Y
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Covered	Covered	Covered	5	1	Y
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Covered	Covered	Covered	5	1	Y
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Covered	Covered	Covered	5	1	Y
E1239	Power wheelchair, pediatric size, not otherwise specified	Covered	Covered	Covered	5	1	Y
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	Non-covered	Non-covered	Non-covered	5	1	N
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	Covered	Covered	Covered	5	1	N
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	Covered	Covered	Covered	5	1	N
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	Covered	Covered	Covered	5	1	N
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1296	Special wheelchair seat height from floor	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1297	Special wheelchair seat depth, by upholstery	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1298	Special wheelchair seat depth and/or width, by construction	Non-covered	Non-covered	Non-covered	N/A	N/A	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1300	Whirlpool, portable (overtub type)	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1310	Whirlpool, non-portable (built-in type)	Covered	Covered	Covered	N/A	N/A	Y
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Covered	Covered	Covered	5	1	N
E1353	Regulator	Covered	Covered	Covered	5	1	N
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1355	Stand/rack	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1372	Immersion external heater for nebulizer	Covered	Covered	Covered	5	1	N
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Covered	Covered	Covered	M	1	N
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Covered	Covered	Covered	M	1	N
E1392	Portable oxygen concentrator, rental	Covered	Covered	Covered	M	1	N
E1399	Durable medical equipment, miscellaneous Hand Held Shower Head	Covered	Covered	Non-covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1399	Durable medical equipment, miscellaneous Reacher	Covered	Covered	Non-covered	5	1	Y
E1405	Oxygen and water vapor enriching system with heated delivery	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1406	Oxygen and water vapor enriching system without heated delivery	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E1700	Jaw motion rehabilitation system	Covered	Covered	Covered	5	1	N
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	Covered	Covered	Covered	B	1	N
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	Covered	Covered	Covered	B	2	N
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	5	1	N
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Covered	Covered	Covered	3	1	N
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	Covered	Covered	Covered	5	1	N
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	5	1	N
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	5	1	N
E1812	Dynamic knee, extension/flexion device with active resistance control	Covered	Covered	Covered	3	1	N
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Covered	Covered	Covered	3	1	N
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	5	1	N
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Covered	Covered	Covered	5	1	N
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Covered	Covered	Covered	Y	1	N
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Covered	Covered	Covered	3	1	N
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	Covered	Covered	Covered	3	1	N
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	3	1	N
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Covered	Covered	Covered	5	1	N
E1902	Communication board, non-electronic augmentative or alternative communication device	Covered	Covered	Covered	Y	5	Y
E2000	Gastric suction pump, home model, portable or stationary, electric	Covered	Covered	Covered	5	1	N
E2100	Blood glucose monitor with integrated voice synthesizer	Covered	Covered	Covered	5	1	Y
E2101	Blood glucose monitor with integrated lancing/blood sample	Covered	Covered	Covered	5	1	Y
E2102	Adjunctive continuous glucose monitor or receiver	Covered	Covered	Covered	5	1	N
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Covered	Covered	Covered	5	1	N
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Covered	Covered	Covered	5	1	N
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Covered	Covered	Covered	5	1	N
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Covered	Covered	Covered	5	1	N
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	Covered	Covered	Covered	5	2	N
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Covered	Covered	Covered	3	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2207	Wheelchair accessory, crutch and cane holder, each	Covered	Covered	Covered	5	1	N
E2208	Wheelchair accessory, cylinder tank carrier, each	Covered	Covered	Covered	5	1	N
E2209	Accessory, arm trough, with or without hand support, each	Covered	Covered	Covered	5	2	N
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Covered	Covered	Covered	Y	8	N
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Covered	Covered	Covered	Y	4	N
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Covered	Covered	Covered	Y	4	N
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Covered	Covered	Covered	Y	4	N
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Covered	Covered	Covered	Y	4	N
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Covered	Covered	Covered	Y	4	N
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Covered	Covered	Covered	Y	4	N
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Covered	Covered	Covered	Y	4	N
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Covered	Covered	Covered	Y	4	N
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	Covered	Covered	Covered	3	2	N
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Covered	Covered	Covered	3	2	N
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Covered	Covered	Covered	3	2	N
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Covered	Covered	Covered	3	2	N
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Covered	Covered	Covered	3	2	N
E2230	Manual wheelchair accessory, manual standing system	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Covered	Covered	Covered	Y	1	N
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Covered	Covered	Covered	5	1	N
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Covered	Covered	Covered	5	1	N
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Covered	Covered	Covered	5	1	N
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Covered	Covered	Covered	5	1	N
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2300	Wheelchair accessory, power seat elevation system, any type	Covered	Covered	Covered	5	1	Y
E2301	Wheelchair accessory, power standing system, any type	Covered	Covered	Covered	5	1	Y
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Covered	Covered	Covered	5	1	Y
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Covered	Covered	Covered	5	1	N
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Covered	Covered	Covered	5	1	N
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Covered	Covered	Covered	5	1	N
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Covered	Covered	Covered	5	1	N
E2324	Power wheelchair accessory, chin cup for chin control interface	Covered	Covered	Covered	5	1	N
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Covered	Covered	Covered	5	1	N
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Covered	Covered	Covered	5	1	N
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Covered	Covered	Covered	5	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Covered	Covered	Covered	5	1	N
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Covered	Covered	Covered	5	1	Y
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Covered	Covered	Covered	5	1	N
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Covered	Covered	Covered	5	1	N
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Covered	Covered	Covered	5	1	N
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Covered	Covered	Covered	5	1	N
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Covered	Covered	Covered	5	1	N
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Covered	Covered	Covered	Y	2	N
E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)	Covered	Covered	Covered	Y	2	N
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Covered	Covered	Covered	Y	2	N
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Covered	Covered	Covered	Y	2	N
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	Covered	Covered	Covered	5	1	N
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Covered	Covered	Covered	5	1	N
E2368	Power wheelchair component, drive wheel motor, replacement only	Covered	Covered	Covered	5	1	N
E2369	Power wheelchair component, drive wheel gear box, replacement only	Covered	Covered	Covered	5	1	N
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	Covered	Covered	Covered	Y	2	N
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Covered	Covered	Covered	5	1	N
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Covered	Covered	Covered	5	1	N
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Covered	Covered	Covered	5	1	N
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Covered	Covered	Covered	5	1	N
E2378	Power wheelchair component, actuator, replacement only	Covered	Covered	Covered	Y	1	N
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Covered	Covered	Covered	Y	4	N
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Covered	Covered	Covered	5	2	N
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Covered	Covered	Covered	5	2	N
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Covered	Covered	Covered	5	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Covered	Covered	Covered	5	2	N
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Covered	Covered	Covered	3	2	N
E2397	Power wheelchair accessory, lithium-based battery, each	Covered	Covered	Covered	3	2	N
E2398	Wheelchair accessory, dynamic positioning hardware for back	Covered	Covered	Covered	5	2	N
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Covered	Covered	Covered	5	1	Y
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Covered	Covered	Covered	5	1	Y
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Covered	Covered	Covered	5	1	Y
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Covered	Covered	Covered	5	1	Y
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Covered	Covered	Covered	5	1	Y
E2511	Speech generating software program, for personal computer or personal digital assistant	Covered	Covered	Covered	5	1	Y
E2512	Accessory for speech generating device, mounting system	Covered	Covered	Covered	5	1	Y
E2599	Accessory for speech generating device, not otherwise classified	Covered	Covered	Covered	Y	20	Y
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Covered	Covered	Covered	Y	1	N
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Covered	Covered	Covered	Y	1	N
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Covered	Covered	Covered	2	1	N
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Covered	Covered	Covered	2	1	N
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Covered	Covered	Covered	2	1	N
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Covered	Covered	Covered	2	1	N
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Covered	Covered	Covered	2	1	N
E2609	Custom fabricated wheelchair seat cushion, any size	Covered	Covered	Covered	2	1	Y
E2610	Wheelchair seat cushion, powered	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Covered	Covered	Covered	Y	1	N
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Covered	Covered	Covered	Y	1	N
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Covered	Covered	Covered	2	1	N
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Covered	Covered	Covered	2	1	N
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Covered	Covered	Covered	2	1	N
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Covered	Covered	Covered	3	1	Y
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Covered	Covered	Covered	Y	1	N
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Covered	Covered	Covered	3	1	N
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Covered	Covered	Covered	2	1	N
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Covered	Covered	Covered	2	1	N
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Covered	Covered	Covered	2	1	N
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Covered	Covered	Covered	2	1	N
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Covered	Covered	Covered	5	1	N
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Covered	Covered	Covered	5	1	N
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Covered	Covered	Covered	5	1	N
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Covered	Covered	Covered	5	1	N
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Covered	Covered	Covered	5	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Covered	Covered	Covered	5	1	N
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Covered	Covered	Covered	5	1	N
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Covered	Covered	Covered	2	1	Y
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Covered	Covered	Covered	2	1	Y
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Covered	Covered	Covered	2	1	Y
K0001	Standard wheelchair	Covered	Covered	Covered	5	1	N
K0002	Standard hemi (low seat) wheelchair	Covered	Covered	Covered	5	1	N
K0003	Lightweight wheelchair	Covered	Covered	Covered	5	1	N
K0004	High strength, lightweight wheelchair	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0005	Ultralightweight wheelchair	Covered	Covered	Covered	5	1	Y
K0006	Heavy duty wheelchair	Covered	Covered	Covered	5	1	N
K0007	Extra heavy duty wheelchair	Covered	Covered	Covered	5	1	N
K0008	Custom manual wheelchair/base	Covered	Covered	Covered	5	1	Y
K0009	Other manual wheelchair/base	Covered	Covered	Covered	5	1	Y
K0013	Custom motorized/power wheelchair base	Covered	Covered	Covered	5	1	Y
K0015	Detachable, non-adjustable height armrest, each	Covered	Covered	Covered	5	2	N
K0017	Detachable, adjustable height armrest, base, replacement only, each	Covered	Covered	Covered	5	2	N
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Covered	Covered	Covered	5	2	N
K0019	Arm pad, each	Covered	Covered	Covered	5	2	N
K0020	Fixed, adjustable height armrest, pair	Covered	Covered	Covered	3	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0037	High mount flip-up footrest, replacement only, each	Covered	Covered	Covered	3	2	N
K0038	Leg strap, each	Covered	Covered	Covered	3	2	N
K0039	Leg strap, h style, each	Covered	Covered	Covered	3	2	N
K0040	Adjustable angle footplate, each	Covered	Covered	Covered	3	2	N
K0041	Large size footplate, each	Covered	Covered	Covered	3	2	N
K0042	Standard size footplate, replacement only, each	Covered	Covered	Covered	3	2	N
K0043	Footrest, lower extension tube, replacement only, each	Covered	Covered	Covered	3	2	N
K0044	Footrest, upper hanger bracket, replacement only, each	Covered	Covered	Covered	3	2	N
K0045	Footrest, complete assembly, replacement only, each	Covered	Covered	Covered	3	2	N
K0046	Elevating legrest, lower extension tube, replacement only, each	Covered	Covered	Covered	3	2	N
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Covered	Covered	Covered	3	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0050	Ratchet assembly, replacement only	Covered	Covered	Covered	3	1	N
K0051	Cam release assembly, footrest or legrest, replacement only, each	Covered	Covered	Covered	3	2	N
K0052	Swingaway, detachable footrests, replacement only, each	Covered	Covered	Covered	3	2	N
K0053	Elevating footrests, articulating (telescoping), each	Covered	Covered	Covered	3	2	N
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	Covered	Covered	Covered	3	1	N
K0065	Spoke protectors, each	Covered	Covered	Covered	3	1	N
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Covered	Covered	Covered	3	2	N
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	Covered	Covered	Covered	3	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Covered	Covered	Covered	3	2	N
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Covered	Covered	Covered	3	2	N
K0073	Caster pin lock,each	Covered	Covered	Covered	3	2	N
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Covered	Covered	Covered	3	2	N
K0098	Drive belt for power wheelchair, replacement only	Covered	Covered	Covered	3	1	N
K0105	Iv hanger, each	Covered	Covered	Covered	3	1	N
K0108	Wheelchair component or accessory, not otherwise specified	Covered	Covered	Covered	Y	20	Y
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Covered	Covered	Covered	5	1	N
K0462	Temporary replacement for patient owned equipment being repaired, any type	Covered	Covered	Covered	3	1	N
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	Covered	Covered	Covered	M	1	N
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Covered	Covered	Covered	Y	1	N
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Covered	Covered	Covered	B	18	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Covered	Covered	Covered	B	18	N
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Covered	Covered	Covered	B	18	N
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Covered	Covered	Covered	B	18	N
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Covered	Covered	Covered	B	18	N
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Covered	Covered	Covered	5	1	Y
K0607	Replacement battery for automated external defibrillator, garment type only, each	Covered	Covered	Covered	5	1	Y
K0608	Replacement garment for use with automated external defibrillator, each	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Covered	Covered	Covered	5	1	Y
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	Covered	Covered	Covered	5	1	Y
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Covered	Covered	Covered	Y	2	N
K0730	Controlled dose inhalation drug delivery system	Covered	Covered	Covered	5	1	N
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Covered	Covered	Covered	5	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Covered	Covered	Covered	M	1	N
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Covered	Covered	Covered	M	10	Y
K0743	Suction pump, home model, portable, for use on wounds	Covered	Covered	Covered	5	1	N
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Covered	Covered	Covered	M	15	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	Covered	Covered	Covered	M	15	N
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	Covered	Covered	Covered	M	15	N
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0812	Power operated vehicle, not otherwise classified	Covered	Covered	Covered	5	1	Y
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Covered	Covered	Covered	5	1	Y
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Covered	Covered	Covered	5	1	Y
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Covered	Covered	Covered	5	1	Y
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Covered	Covered	Covered	5	1	Y
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Covered	Covered	Covered	5	1	Y
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Covered	Covered	Covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Covered	Covered	Covered	5	1	Y
K0898	Power wheelchair, not otherwise classified	Covered	Covered	Covered	5	1	Y
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	Covered	Covered	Covered	5	1	Y
K0900	Customized durable medical equipment, other than wheelchair	Covered	Covered	Covered	5	1	Y
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K1007	Bilateral hip, knee, ankle, foot (HKAFO) 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	Non-covered	Non-covered	Non-covered	N/A	N/A	N
K1009	Speech volume modulation system, any type, including all components and accessories	Non-covered	Non-covered	Non-covered	N/A	N/A	N
K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
K1011	Activation device for intraurethral drainage device with valve, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
K1012	Charger and base station for intraurethral activation device, replacement only	Non-covered	Non-covered	Non-covered	N/A	N/A	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Covered	Covered	Covered	N/A	N/A	N
K1015	Foot, adductus positioning device, adjustable	Covered	Covered	Covered	N/A	N/A	N
K1031	Nonpneumatic compression controller without calibrated gradient pressure	Covered	Covered	Covered	5	1	N
K1032	Nonpneumatic compression controller without calibrated gradient pressure	Covered	Covered	Covered	N/A	N/A	N
K1033	Nonpneumatic compression controller without calibrated gradient pressure	Covered	Covered	Covered	N/A	N/A	N
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)	Covered	Covered	Covered	Y	1	N
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Covered	Covered	Covered	Y	1	N
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Covered	Covered	Covered	Y	1	N
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Covered	Covered	Covered	Y	1	N
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L0170	Cervical, collar, molded to patient model	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	Covered	Covered	Covered	Y	1	N
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)	Covered	Covered	Covered	Y	1	N
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	Covered	Covered	Covered	Y	1	N
L0220	Thoracic, rib belt, custom fabricated	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	Covered	Covered	Covered	2	1	N
L0450	Tlso, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L0452	Tlso, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0454	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 to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0455	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, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0458	<p>Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0460	<p>Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise</p>	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0462	<p>Tlso, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0466	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N
L0467	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0468	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0469	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0470	Tlso, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0480	Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0488	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0490	Tlso, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0491	Tlso, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L0700	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, molded to patient model, (minerva type)	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0710	Ct Iso, anterior-posterior-lateral-control, molded to patient model, with interface material, (minerva type)	Covered	Covered	Covered	2	1	N
L0810	Halo procedure, cervical halo incorporated into jacket vest	Covered	Covered	Covered	2	1	N
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Covered	Covered	Covered	2	1	N
L0830	Halo procedure, cervical halo incorporated into milwaukee type orthosis	Covered	Covered	Covered	2	1	N
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Covered	Covered	Covered	2	1	N
L0861	Addition to halo procedure, replacement liner/interface material	Covered	Covered	Covered	2	1	N
L0970	T Iso, corset front	Covered	Covered	Covered	Y	4	N
L0972	L so, corset front	Covered	Covered	Covered	Y	2	N
L0974	T Iso, full corset	Covered	Covered	Covered	Y	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L0976	Lso, full corset	Covered	Covered	Covered	Y	1	N
L0978	Axillary crutch extension	Covered	Covered	Covered	Y	1	N
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	Covered	Covered	Covered	Y	1	N
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	Covered	Covered	Covered	Y	2	N
L0984	Protective body sock, prefabricated, off-the-shelf, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L0999	Addition to spinal orthosis, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L1000	Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee), inclusive of furnishing initial orthosis, including model	Covered	Covered	Covered	Y	2	N
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L1005	Tension based scoliosis orthosis and accessory	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	pads, includes fitting and adjustment						
<b>L1010</b>	Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, axilla sling	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N
<b>L1020</b>	Addition to ctlso or scoliosis orthosis, kyphosis pad	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N
<b>L1025</b>	Addition to ctlso or scoliosis orthosis, kyphosis pad, floating	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N
<b>L1030</b>	Addition to ctlso or scoliosis orthosis, lumbar bolster pad	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N
<b>L1040</b>	Addition to ctlso or scoliosis orthosis, lumbar or lumbar rib pad	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N
<b>L1050</b>	Addition to ctlso or scoliosis orthosis, sternal pad	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N
<b>L1060</b>	Addition to ctlso or scoliosis orthosis, thoracic pad	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1070	Addition to ctlso or scoliosis orthosis, trapezius sling	Covered	Covered	Covered	Y	2	N
L1080	Addition to ctlso or scoliosis orthosis, outrigger	Covered	Covered	Covered	Y	2	N
L1085	Addition to ctlso or scoliosis orthosis, outrigger, bilateral with vertical extensions	Covered	Covered	Covered	Y	2	N
L1090	Addition to ctlso or scoliosis orthosis, lumbar sling	Covered	Covered	Covered	Y	2	N
L1100	Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather	Covered	Covered	Covered	Y	2	N
L1110	Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	Covered	Covered	Covered	Y	2	N
L1120	Addition to ctlso, scoliosis orthosis, cover for upright, each	Covered	Covered	Covered	Y	2	N
L1200	Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1210	Addition to tloso, (low profile), lateral thoracic extension	Covered	Covered	Covered	Y	2	N
L1220	Addition to tloso, (low profile), anterior thoracic extension	Covered	Covered	Covered	Y	2	N
L1230	Addition to tloso, (low profile), milwaukee type superstructure	Covered	Covered	Covered	Y	2	N
L1240	Addition to tloso, (low profile), lumbar derotation pad	Covered	Covered	Covered	Y	2	N
L1250	Addition to tloso, (low profile), anterior asis pad	Covered	Covered	Covered	Y	2	N
L1260	Addition to tloso, (low profile), anterior thoracic derotation pad	Covered	Covered	Covered	Y	2	N
L1270	Addition to tloso, (low profile), abdominal pad	Covered	Covered	Covered	Y	2	N
L1280	Addition to tloso, (low profile), rib gusset (elastic), each	Covered	Covered	Covered	Y	2	N
L1290	Addition to tloso, (low profile), lateral trochanteric pad	Covered	Covered	Covered	Y	2	N
L1300	Other scoliosis procedure, body jacket molded to patient model	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1310	Other scoliosis procedure, post-operative body jacket	Covered	Covered	Covered	Y	2	N
L1499	Spinal orthosis, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L1600	Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	4	N
L1610	Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1620	Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	2	N
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom-fabricated	Covered	Covered	Covered	Y	2	N
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom-fabricated	Covered	Covered	Covered	Y	2	N
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (ilfed type), prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	Covered	Covered	Covered	Y	2	N
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	Covered	Covered	Covered	Y	2	N
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	Covered	Covered	Covered	Y	2	N
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L1700	Legg perthes orthosis, (toronto type), custom-fabricated	Covered	Covered	Covered	B	1	N
L1710	Legg perthes orthosis, (newington type), custom fabricated	Covered	Covered	Covered	B	1	N
L1720	Legg perthes orthosis, trilateral, (tachdijan type), custom-fabricated	Covered	Covered	Covered	B	1	N
L1730	Legg perthes orthosis, (scottish rite type), custom-fabricated	Covered	Covered	Covered	B	1	N
L1755	Legg perthes orthosis, (patten bottom type), custom-fabricated	Covered	Covered	Covered	B	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Covered	Covered	Covered	2	1	N
L1834	Knee orthosis, without knee joint, rigid, custom-fabricated	Covered	Covered	Covered	2	1	N
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	Covered	Covered	Covered	3	1	N
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	3	1	N
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	3	1	N
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Covered	Covered	Covered	3	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	2	1	N
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1851	Knee Orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus/adjustment, prefabricated, off-the-shelfK	Covered	Covered	Covered	2	1	N
L1852	Knee Orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/varus/vagus adjustment, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (sk)	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom-fabricated	Covered	Covered	Covered	2	1	N
L1902	Ankle foot orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom-fabricated	Covered	Covered	Covered	2	1	N
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	Covered	Covered	Covered	2	1	N
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	Covered	Covered	Covered	2	1	N
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom-fabricated	Covered	Covered	Covered	2	1	N
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L1932	Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L1940	Ankle foot orthosis, plastic or other material, custom-fabricated	Covered	Covered	Covered	2	1	N
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom-fabricated	Covered	Covered	Covered	2	1	N
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom-fabricated	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated	Covered	Covered	Covered	2	1	N
L1970	Ankle foot orthosis, plastic with ankle joint, custom-fabricated	Covered	Covered	Covered	2	1	N
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom-fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom-fabricated	Covered	Covered	Covered	2	1	N
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom-fabricated	Covered	Covered	Covered	2	1	N
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Covered	Covered	Covered	2	1	N
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom-fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom-fabricated	Covered	Covered	Covered	2	1	N
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'ak' orthosis), without knee joint, custom fabricated	Covered	Covered	Covered	2	1	N
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	Covered	Covered	Covered	Y	1	N
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Covered	Covered	Covered	2	1	N
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Covered	Covered	Covered	2	1	N
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Covered	Covered	Covered	2	1	N
L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Covered	Covered	Covered	2	1	N
L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom-fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated	Covered	Covered	Covered	2	1	N
L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Covered	Covered	Covered	2	1	N
L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom-fabricated	Covered	Covered	Covered	2	1	N
L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom-fabricated	Covered	Covered	Covered	2	1	N
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom-fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom-fabricated	Covered	Covered	Covered	2	1	N
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom-fabricated	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom-fabricated	Covered	Covered	Covered	2	1	N
L2132	Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L2134	Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	Covered	Covered	Covered	Y	2	N
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	Covered	Covered	Covered	Y	4	N
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	Covered	Covered	Covered	Y	4	N
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	Covered	Covered	Covered	Y	4	N
L2190	Addition to lower extremity fracture orthosis, waist belt	Covered	Covered	Covered	Y	4	N
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	Covered	Covered	Covered	Y	6	N
L2200	Addition to lower extremity, limited ankle motion, each joint	Covered	Covered	Covered	Y	6	N
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Covered	Covered	Covered	Y	6	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Covered	Covered	Covered	Y	6	N
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	Covered	Covered	Covered	Y	6	N
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	Covered	Covered	Covered	Y	6	N
L2240	Addition to lower extremity, round caliper and plate attachment	Covered	Covered	Covered	Y	6	N
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Covered	Covered	Covered	Y	6	N
L2260	Addition to lower extremity, reinforced solid stirrup (scott-craig type)	Covered	Covered	Covered	Y	6	N
L2265	Addition to lower extremity, long tongue stirrup	Covered	Covered	Covered	Y	6	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2270	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Covered	Covered	Covered	Y	6	N
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Covered	Covered	Covered	Y	6	N
L2280	Addition to lower extremity, molded inner boot	Covered	Covered	Covered	Y	2	N
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	Covered	Covered	Covered	Y	2	N
L2310	Addition to lower extremity, abduction bar-straight	Covered	Covered	Covered	Y	2	N
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2335	Addition to lower extremity, anterior swing band	Covered	Covered	Covered	Y	2	N
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	Covered	Covered	Covered	Y	2	N
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)	Covered	Covered	Covered	Y	2	N
L2360	Addition to lower extremity, extended steel shank	Covered	Covered	Covered	Y	6	N
L2370	Addition to lower extremity, patten bottom	Covered	Covered	Covered	Y	2	N
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	Covered	Covered	Covered	Y	4	N
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	Covered	Covered	Covered	Y	4	N
L2385	Addition to lower extremity, straight knee	Covered	Covered	Covered	Y	6	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	joint, heavy duty, each joint						
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	Covered	Covered	Covered	Y	6	N
L2390	Addition to lower extremity, offset knee joint, each joint	Covered	Covered	Covered	Y	6	N
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	Covered	Covered	Covered	Y	4	N
L2397	Addition to lower extremity orthosis, suspension sleeve	Covered	Covered	Covered	Y	4	N
L2405	Addition to knee joint, drop lock, each	Covered	Covered	Covered	Y	6	N
L2415	Addition to knee lock with integrated release mechanism ( bail, cable, or equal), any material, each joint	Covered	Covered	Covered	Y	6	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Covered	Covered	Covered	Y	6	N
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Covered	Covered	Covered	Y	4	N
L2492	Addition to knee joint, lift loop for drop lock ring	Covered	Covered	Covered	Y	6	N
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring	Covered	Covered	Covered	Y	6	N
L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model	Covered	Covered	Covered	Y	2	N
L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted	Covered	Covered	Covered	Y	2	N
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	brim molded to patient model						
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted	Covered	Covered	Covered	Y	6	N
L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded	Covered	Covered	Covered	Y	6	N
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Covered	Covered	Covered	Y	6	N
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	Covered	Covered	Covered	Y	2	N
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each	Covered	Covered	Covered	Y	2	N
L2580	Addition to lower extremity, pelvic control, pelvic sling	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each	Covered	Covered	Covered	Y	2	N
L2610	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each	Covered	Covered	Covered	Y	2	N
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	Covered	Covered	Covered	Y	2	N
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	Covered	Covered	Covered	Y	2	N
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Covered	Covered	Covered	Y	2	N
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Covered	Covered	Covered	Y	6	N
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	Covered	Covered	Covered	Y	2	N
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	Covered	Covered	Covered	Y	2	N
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Covered	Covered	Covered	Y	2	N
L2660	Addition to lower extremity, thoracic control, thoracic band	Covered	Covered	Covered	Y	6	N
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	Covered	Covered	Covered	Y	2	N
L2680	Addition to lower extremity, thoracic control, lateral support uprights	Covered	Covered	Covered	Y	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	Covered	Covered	Covered	Y	4	N
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	Covered	Covered	Covered	Y	10	N
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	Covered	Covered	Covered	Y	10	N
L2768	Orthotic side bar disconnect device, per bar	Covered	Covered	Covered	Y	6	N
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	Covered	Covered	Covered	Y	10	N
L2785	Addition to lower extremity orthosis, drop lock retainer, each	Covered	Covered	Covered	Y	6	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Covered	Covered	Covered	Y	2	N
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N
L2810	Addition to lower extremity orthosis, knee control, condylar pad	Covered	Covered	Covered	Y	6	N
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	Covered	Covered	Covered	Y	6	N
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Covered	Covered	Covered	Y	6	N
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabrication orthotics only, each	Covered	Covered	Covered	N/A	N/A	N
L2999	Lower extremity orthoses, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L3000	Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each	Covered	Covered	Covered	Y	2	N
L3001	Foot, insert, removable, molded to patient model, spenco, each	Covered	Covered	Covered	Y	2	N
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	Covered	Covered	Covered	Y	2	N
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	Covered	Covered	Covered	Y	2	N
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	Covered	Covered	Covered	Y	2	N
L3030	Foot, insert, removable, formed to patient foot, each	Covered	Covered	Covered	Y	2	N
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Covered	Covered	Covered	Y	2	N
L3040	Foot, arch support, removable, premolded, longitudinal, each	Covered	Covered	Covered	Y	2	N
L3050	Foot, arch support, removable, premolded, metatarsal, each	Covered	Covered	Covered	Y	2	N
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	Covered	Covered	Covered	Y	2	N
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	Covered	Covered	Covered	Y	2	N
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	Covered	Covered	Covered	Y	2	N
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	3	N
L3140	Foot, abduction rotation bar, including shoes	Covered	Covered	Covered	Y	3	N
L3150	Foot, abduction rotation bar, without shoes	Covered	Covered	Covered	Y	3	N
L3160	Foot, adjustable shoe-styled positioning device	Covered	Covered	Covered	Y	3	N
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	Covered	Covered	Covered	Y	3	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	Covered	Covered	Covered	Y	3	N
L3202	Orthopedic shoe, oxford with supinator or pronator, child	Covered	Covered	Covered	Y	3	N
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	Covered	Covered	Covered	Y	3	N
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	Covered	Covered	Covered	Y	3	N
L3206	Orthopedic shoe, hightop with supinator or pronator, child	Covered	Covered	Covered	Y	3	N
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	Covered	Covered	Covered	Y	3	N
L3208	Surgical boot, each, infant	Covered	Covered	Covered	Y	3	N
L3209	Surgical boot, each, child	Covered	Covered	Covered	Y	3	N
L3211	Surgical boot, each, junior	Covered	Covered	Covered	Y	3	N
L3212	Benesch boot, pair, infant	Covered	Covered	Covered	Y	3	N
L3213	Benesch boot, pair, child	Covered	Covered	Covered	Y	3	N
L3214	Benesch boot, pair, junior	Covered	Covered	Covered	Y	3	N
L3215	Orthopedic footwear, ladies shoe, oxford, each	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Covered	Covered	Covered	Y	2	N
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Covered	Covered	Covered	Y	2	N
L3219	Orthopedic footwear, mens shoe, oxford, each	Covered	Covered	Covered	Y	2	N
L3221	Orthopedic footwear, mens shoe, depth inlay, each	Covered	Covered	Covered	Y	2	N
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	Covered	Covered	Covered	Y	2	N
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	Covered	Covered	Covered	Y	2	N
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	Covered	Covered	Covered	Y	2	N
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Covered	Covered	Covered	Y	2	N
L3250	Orthopedic footwear, custom molded shoe,	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	removable inner mold, prosthetic shoe, each						
L3251	Foot, shoe molded to patient model, silicone shoe, each	Covered	Covered	Covered	B	1	N
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	Covered	Covered	Covered	B	1	N
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	Covered	Covered	Covered	B	2	N
L3254	Non-standard size or width	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L3255	Non-standard size or length	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L3257	Orthopedic footwear, additional charge for split size	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L3260	Surgical boot/shoe, each	Covered	Covered	Covered	B	2	N
L3265	Plastazote sandal, each	Covered	Covered	Covered	B	2	N
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Covered	Covered	Covered	Y	4	N
L3310	Lift, elevation, heel and sole, neoprene, per inch	Covered	Covered	Covered	Y	4	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3320	Lift, elevation, heel and sole, cork, per inch	Covered	Covered	Covered	Y	4	N
L3330	Lift, elevation, metal extension (skate)	Covered	Covered	Covered	Y	4	N
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Covered	Covered	Covered	Y	4	N
L3334	Lift, elevation, heel, per inch	Covered	Covered	Covered	Y	4	N
L3340	Heel wedge, sach	Covered	Covered	Covered	Y	4	N
L3350	Heel wedge	Covered	Covered	Covered	Y	4	N
L3360	Sole wedge, outside sole	Covered	Covered	Covered	Y	4	N
L3370	Sole wedge, between sole	Covered	Covered	Covered	Y	4	N
L3380	Clubfoot wedge	Covered	Covered	Covered	Y	4	N
L3390	Outflare wedge	Covered	Covered	Covered	Y	4	N
L3400	Metatarsal bar wedge, rocker	Covered	Covered	Covered	Y	4	N
L3410	Metatarsal bar wedge, between sole	Covered	Covered	Covered	Y	4	N
L3420	Full sole and heel wedge, between sole	Covered	Covered	Covered	Y	4	N
L3430	Heel, counter, plastic reinforced	Covered	Covered	Covered	Y	4	N
L3440	Heel, counter, leather reinforced	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3450	Heel, sach cushion type	Covered	Covered	Covered	Y	4	N
L3455	Heel, new leather, standard	Covered	Covered	Covered	Y	4	N
L3460	Heel, new rubber, standard	Covered	Covered	Covered	Y	4	N
L3465	Heel, thomas with wedge	Covered	Covered	Covered	Y	4	N
L3470	Heel, thomas extended to ball	Covered	Covered	Covered	Y	4	N
L3480	Heel, pad and depression for spur	Covered	Covered	Covered	Y	4	N
L3485	Heel, pad, removable for spur	Covered	Covered	Covered	Y	4	N
L3500	Orthopedic shoe addition, insole, leather	Covered	Covered	Covered	Y	4	N
L3510	Orthopedic shoe addition, insole, rubber	Covered	Covered	Covered	Y	4	N
L3520	Orthopedic shoe addition, insole, felt covered with leather	Covered	Covered	Covered	Y	4	N
L3530	Orthopedic shoe addition, sole, half	Covered	Covered	Covered	Y	4	N
L3540	Orthopedic shoe addition, sole, full	Covered	Covered	Covered	Y	4	N
L3550	Orthopedic shoe addition, toe tap standard	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3560	Orthopedic shoe addition, toe tap, horseshoe	Covered	Covered	Covered	Y	4	N
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Covered	Covered	Covered	Y	4	N
L3580	Orthopedic shoe addition, convert instep to velcro closure	Covered	Covered	Covered	Y	4	N
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Covered	Covered	Covered	Y	4	N
L3595	Orthopedic shoe addition, march bar	Covered	Covered	Covered	Y	4	N
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Covered	Covered	Covered	Y	4	N
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Covered	Covered	Covered	Y	4	N
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Covered	Covered	Covered	Y	4	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Covered	Covered	Covered	Y	4	N
L3640	Transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes	Covered	Covered	Covered	Y	4	N
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom-fabricated	Covered	Covered	Covered	Y	1	N
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom-fabricated	Covered	Covered	Covered	Y	1	N
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom-fabricated	Covered	Covered	Covered	Y	1	N
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	Covered	Covered	Covered	Y	1	N
L3761	Elbow orthosis, with adjustable position locking joint(s), prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Covered	Covered	Covered	Y	1	N
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Covered	Covered	Covered	N/A	N/A	Y
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom-fabricated	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom-fabricated	Covered	Covered	Covered	Y	1	N
L3904	Wrist hand finger orthosis, external powered, electric, custom-fabricated	Covered	Covered	Covered	Y	1	N
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3912	Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	1	N
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L3927	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	1	N
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3956	Addition of joint to upper extremity orthosis, any material; per joint	Covered	Covered	Covered	Y	6	N
L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated,	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	includes fitting and adjustment						
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3962	Shoulder elbow wrist hand orthosis, abduction positioning, erbs palsey design, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3964	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3965	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3966	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3968	Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3969	Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3970	Seo, addition to mobile arm support, elevating proximal arm	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3972	Seo, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Covered	Covered	Covered	Y	2	N
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3974	Seo, addition to mobile arm support, supinator	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Covered	Covered	Covered	Y	2	N
L3999	Upper limb orthosis, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L4000	Replace girdle for spinal orthosis (ctlso or so)	Covered	Covered	Covered	Y	2	N
L4002	Replacement strap, any orthosis, includes all components, any length, any type	Covered	Covered	Covered	Y	2	N
L4010	Replace trilateral socket brim	Covered	Covered	Covered	Y	2	N
L4020	Replace quadrilateral socket brim, molded to patient model	Covered	Covered	Covered	Y	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L4030	Replace quadrilateral socket brim, custom fitted	Covered	Covered	Covered	Y	2	N
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	Covered	Covered	Covered	Y	2	N
L4060	Replace high roll cuff	Covered	Covered	Covered	Y	2	N
L4070	Replace proximal and distal upright for kafo	Covered	Covered	Covered	Y	2	N
L4080	Replace metal bands kafo, proximal thigh	Covered	Covered	Covered	Y	2	N
L4090	Replace metal bands kafo-afo, calf or distal thigh	Covered	Covered	Covered	Y	2	N
L4100	Replace leather cuff kafo, proximal thigh	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L4110	Replace leather cuff kafo-afu, calf or distal thigh	Covered	Covered	Covered	Y	2	N
L4130	Replace pretibial shell	Covered	Covered	Covered	Y	2	N
L4205	Repair of orthotic device, labor component, per 15 minutes	Covered	Covered	Covered	Y	8	Y
L4210	Repair of orthotic device, repair or replace minor parts	Covered	Covered	Covered	Y	10	Y
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	Covered	Covered	Covered	Y	2	N
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	2	N
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	Y	2	N
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	Y	2	N
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L4392	Replacement, soft interface material, static afo	Covered	Covered	Covered	Y	4	N
L4394	Replace soft interface material, foot drop splint	Covered	Covered	Covered	Y	4	N
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Covered	Covered	B	1	N
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	Covered	Covered	Covered	B	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	Covered	Covered	Covered	Y	1	N
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Covered	Covered	Covered	2	1	N
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Covered	Covered	Covered	2	1	Y
L5010	Partial foot, molded socket, ankle height, with toe filler	Covered	Covered	Covered	2	1	Y
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Covered	Covered	Covered	2	1	Y
L5050	Ankle, symes, molded socket, each foot	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot	Covered	Covered	Covered	2	1	Y
L5100	Below knee, molded socket, shin, sach foot	Covered	Covered	Covered	2	1	Y
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	Covered	Covered	Covered	2	1	Y
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	Covered	Covered	Covered	2	1	Y
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	Covered	Covered	Covered	2	1	Y
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Covered	Covered	Covered	2	1	Y
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	Covered	Covered	Covered	2	1	Y
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, each foot	Covered	Covered	Covered	2	1	Y
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, each foot	Covered	Covered	Covered	2	1	Y
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, each foot	Covered	Covered	Covered	2	1	Y
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, each foot	Covered	Covered	Covered	2	1	Y
L5301	Below knee, molded socket, shin, each foot, endoskeletal system	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Covered	Covered	Covered	2	1	Y
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Covered	Covered	Covered	2	1	Y
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Covered	Covered	Covered	2	1	Y
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Covered	Covered	Covered	2	1	Y
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Covered	Covered	Covered	2	1	Y



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	Covered	Covered	Covered	2	1	Y
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation	Covered	Covered	Covered	2	1	Y
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment	Covered	Covered	Covered	2	1	Y
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	Covered	Covered	Covered	2	1	Y
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Covered	Covered	Covered	2	1	Y
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Covered	Covered	Covered	2	1	Y
L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	Covered	Covered	Covered	2	1	Y
L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Covered	Covered	Covered	2	1	Y
L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket	Covered	Covered	Covered	2	1	Y
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Covered	Covered	Covered	2	1	Y
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Covered	Covered	Covered	2	1	Y
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Covered	Covered	Covered	2	1	Y
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Covered	Covered	Covered	2	1	Y
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	Covered	Covered	Covered	2	1	Y
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Covered	Covered	Covered	2	1	Y
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Covered	Covered	Covered	2	1	N
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	Covered	Covered	Covered	2	1	N
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Covered	Covered	Covered	2	1	N
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Covered	Covered	Covered	2	1	N
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5618	Addition to lower extremity, test socket, symes	Covered	Covered	Covered	2	2	N
L5620	Addition to lower extremity, test socket, below knee	Covered	Covered	Covered	2	2	N
L5622	Addition to lower extremity, test socket, knee disarticulation	Covered	Covered	Covered	2	2	N
L5624	Addition to lower extremity, test socket, above knee	Covered	Covered	Covered	2	2	N
L5626	Addition to lower extremity, test socket, hip disarticulation	Covered	Covered	Covered	2	2	N
L5628	Addition to lower extremity, test socket, hemipelvectomy	Covered	Covered	Covered	2	2	N
L5629	Addition to lower extremity, below knee, acrylic socket	Covered	Covered	Covered	2	1	N
L5630	Addition to lower extremity, symes type, expandable wall socket	Covered	Covered	Covered	2	1	N
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5632	Addition to lower extremity, symes type, 'ptb' brim design socket	Covered	Covered	Covered	2	1	N
L5634	Addition to lower extremity, symes type, posterior opening (canadian) socket	Covered	Covered	Covered	2	1	N
L5636	Addition to lower extremity, symes type, medial opening socket	Covered	Covered	Covered	2	1	N
L5637	Addition to lower extremity, below knee, total contact	Covered	Covered	Covered	2	1	N
L5638	Addition to lower extremity, below knee, leather socket	Covered	Covered	Covered	2	1	N
L5639	Addition to lower extremity, below knee, wood socket	Covered	Covered	Covered	2	1	N
L5640	Addition to lower extremity, knee disarticulation, leather socket	Covered	Covered	Covered	2	1	N
L5642	Addition to lower extremity, above knee, leather socket	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Covered	Covered	Covered	2	1	N
L5644	Addition to lower extremity, above knee, wood socket	Covered	Covered	Covered	2	1	N
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Covered	Covered	Covered	2	1	N
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	Covered	Covered	Covered	2	1	N
L5647	Addition to lower extremity, below knee suction socket	Covered	Covered	Covered	2	1	N
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	Covered	Covered	Covered	2	1	N
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket	Covered	Covered	Covered	2	1	N
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Covered	Covered	Covered	2	1	N
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	Covered	Covered	Covered	2	1	N
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	Covered	Covered	Covered	2	1	N
L5654	Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)	Covered	Covered	Covered	2	2	N
L5655	Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal)	Covered	Covered	Covered	2	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5656	Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)	Covered	Covered	Covered	2	1	N
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)	Covered	Covered	Covered	2	1	N
L5661	Addition to lower extremity, socket insert, multi-durometer symes	Covered	Covered	Covered	2	1	N
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	Covered	Covered	Covered	2	1	N
L5666	Addition to lower extremity, below knee, cuff suspension	Covered	Covered	Covered	2	1	N
L5668	Addition to lower extremity, below knee, molded distal cushion	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar)	Covered	Covered	Covered	2	1	N
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	Covered	Covered	Covered	2	2	N
L5672	Addition to lower extremity, below knee, removable medial brim suspension	Covered	Covered	Covered	2	1	N
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Covered	Covered	Covered	2	2	N
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	Covered	Covered	Covered	2	1	N
L5678	Additions to lower extremity, below knee, joint covers, pair	Covered	Covered	Covered	2	1	N
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Covered	Covered	Covered	Y	2	N
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I5673 or I5679)	Covered	Covered	Covered	2	2	N
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	Covered	Covered	Covered	2	1	N
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I5673 or I5679)	Covered	Covered	Covered	2	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5684	Addition to lower extremity, below knee, fork strap	Covered	Covered	Covered	2	1	N
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	Covered	Covered	Covered	2	1	N
L5686	Addition to lower extremity, below knee, back check (extension control)	Covered	Covered	Covered	2	1	N
L5688	Addition to lower extremity, below knee, waist belt, webbing	Covered	Covered	Covered	2	1	N
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	Covered	Covered	Covered	2	1	N
L5692	Addition to lower extremity, above knee, pelvic control belt, light	Covered	Covered	Covered	2	1	N
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	Covered	Covered	Covered	2	1	N
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	Covered	Covered	Covered	2	1	N
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	Covered	Covered	Covered	2	1	N
L5698	Addition to lower extremity, above knee or knee disarticulation, silesian bandage	Covered	Covered	Covered	2	1	N
L5699	All lower extremity prostheses, shoulder harness	Covered	Covered	Covered	2	1	N
L5700	Replacement, socket, below knee, molded to patient model	Covered	Covered	Covered	3	1	Y
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Covered	Covered	Covered	3	1	Y



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Covered	Covered	Covered	3	1	Y
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	Covered	Covered	Covered	2	1	Y
L5704	Custom shaped protective cover, below knee	Covered	Covered	Covered	2	1	N
L5705	Custom shaped protective cover, above knee	Covered	Covered	Covered	2	1	N
L5706	Custom shaped protective cover, knee disarticulation	Covered	Covered	Covered	2	1	N
L5707	Custom shaped protective cover, hip disarticulation	Covered	Covered	Covered	2	1	N
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	Covered	Covered	Covered	2	1	N
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Covered	Covered	Covered	2	1	N
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	Covered	Covered	Covered	2	1	N
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	Covered	Covered	Covered	2	1	N
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	Covered	Covered	Covered	2	1	N
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Covered	Covered	Covered	2	1	N
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	Covered	Covered	Covered	2	1	N
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	Covered	Covered	Covered	2	1	N
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Covered	Covered	Covered	2	1	N
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Covered	Covered	Covered	2	1	N
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	Covered	Covered	Covered	2	1	N
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	Covered	Covered	Covered	2	1	N
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Covered	Covered	Covered	2	1	N
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	Covered	Covered	Covered	2	1	N
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	Covered	Covered	Covered	2	1	N
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Covered	Covered	Covered	2	1	N
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	Covered	Covered	Covered	2	1	N
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Covered	Covered	Covered	2	1	N
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control	Covered	Covered	Covered	2	1	N
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Covered	Covered	Covered	2	1	N
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Covered	Covered	Covered	2	1	N
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Covered	Covered	Covered	2	1	N
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	Covered	Covered	Covered	2	1	N
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Covered	Covered	Covered	2	1	Y
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Covered	Covered	Covered	2	1	Y
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Covered	Covered	Covered	2	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Covered	Covered	Covered	2	1	N
L5910	Addition, endoskeletal system, below knee, alignable system	Covered	Covered	Covered	2	1	N
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Covered	Covered	Covered	2	1	N
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	Covered	Covered	Covered	2	1	N
L5930	Addition, endoskeletal system, high activity knee control frame	Covered	Covered	Covered	2	1	N
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Covered	Covered	Covered	2	1	N
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Covered	Covered	Covered	2	1	N
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Covered	Covered	Covered	2	1	N
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Covered	Covered	Covered	2	1	N
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Non-covered	Non-covered	Non-covered	2	1	N
L5970	All lower extremity prostheses, foot, external keel, sach foot	Covered	Covered	Covered	2	1	N
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	Covered	Covered	Covered	2	1	N
L5972	All lower extremity prostheses, foot, flexible keel	Covered	Covered	Covered	2	1	N
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Covered	Covered	Covered	2	1	N
L5974	All lower extremity prostheses, foot, single axis ankle/foot	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	Covered	Covered	Covered	2	1	N
L5976	All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)	Covered	Covered	Covered	2	1	N
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	Covered	Covered	Covered	2	1	N
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Covered	Covered	Covered	2	1	N
L5980	All lower extremity prostheses, flex foot system	Covered	Covered	Covered	2	1	N
L5981	All lower extremity prostheses, flex-walk system or equal	Covered	Covered	Covered	2	1	N
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	Covered	Covered	Covered	2	1	N
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Covered	Covered	Covered	2	1	N
L5986	All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)	Covered	Covered	Covered	2	1	N
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	Covered	Covered	Covered	2	1	N
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Covered	Covered	Covered	2	1	N
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Covered	Covered	Covered	2	1	N
L5999	Lower extremity prosthesis, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L6000	Partial hand, thumb remaining	Covered	Covered	Covered	2	1	N
L6010	Partial hand, little and/or ring finger remaining	Covered	Covered	Covered	2	1	N
L6020	Partial hand, no finger remaining	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Covered	Covered	Covered	2	1	N
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Covered	Covered	Covered	2	1	N
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Covered	Covered	Covered	2	1	N
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Covered	Covered	Covered	2	1	N
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Covered	Covered	Covered	2	1	N
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Covered	Covered	Covered	2	1	N
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Covered	Covered	Covered	2	1	N
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Covered	Covered	Covered	2	1	N
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Covered	Covered	Covered	2	1	N
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Covered	Covered	Covered	2	1	N
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Covered	Covered	Covered	2	1	N
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Covered	Covered	Covered	2	1	N
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Covered	Covered	Covered	2	1	N
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Covered	Covered	Covered	2	1	N
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Covered	Covered	Covered	2	1	N
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Covered	Covered	Covered	2	1	N
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	Covered	Covered	Covered	2	1	N
L6388	Immediate post surgical or early fitting, application of rigid dressing only	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Covered	Covered	Covered	2	1	N
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Covered	Covered	Covered	2	1	N
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Covered	Covered	Covered	2	1	N
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Covered	Covered	Covered	2	1	N
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, molded to patient model	Covered	Covered	Covered	2	1	N
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, direct formed	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Covered	Covered	Covered	2	1	N
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, direct formed	Covered	Covered	Covered	2	1	N
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed	Covered	Covered	Covered	2	1	N
L6600	Upper extremity additions, polycentric hinge, pair	Covered	Covered	Covered	2	1	N
L6605	Upper extremity additions, single pivot hinge, pair	Covered	Covered	Covered	2	1	N
L6610	Upper extremity additions, flexible metal hinge, pair	Covered	Covered	Covered	2	1	N
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Covered	Covered	Covered	2	1	N
L6615	Upper extremity addition, disconnect locking wrist unit	Covered	Covered	Covered	2	1	N
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	Covered	Covered	Covered	2	1	N
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Covered	Covered	Covered	2	1	N
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	Covered	Covered	Covered	2	1	N
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Covered	Covered	Covered	2	1	N
L6625	Upper extremity addition, rotation wrist unit with cable lock	Covered	Covered	Covered	2	1	N
L6628	Upper extremity addition, quick disconnect hook adapter, otto bock or equal	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal	Covered	Covered	Covered	2	1	N
L6630	Upper extremity addition, stainless steel, any wrist	Covered	Covered	Covered	2	1	N
L6632	Upper extremity addition, latex suspension sleeve, each	Covered	Covered	Covered	Y	6	N
L6635	Upper extremity addition, lift assist for elbow	Covered	Covered	Covered	2	1	N
L6637	Upper extremity addition, nudge control elbow lock	Covered	Covered	Covered	2	1	N
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Covered	Covered	Covered	2	1	N
L6640	Upper extremity additions, shoulder abduction joint, pair	Covered	Covered	Covered	2	1	N
L6641	Upper extremity addition, excursion amplifier, pulley type	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6642	Upper extremity addition, excursion amplifier, lever type	Covered	Covered	Covered	2	1	N
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	Covered	Covered	Covered	2	1	N
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Covered	Covered	Covered	2	1	N
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Covered	Covered	Covered	2	1	N
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Covered	Covered	Covered	2	1	N
L6650	Upper extremity addition, shoulder universal joint, each	Covered	Covered	Covered	2	1	N
L6655	Upper extremity addition, standard control cable, extra	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6660	Upper extremity addition, heavy duty control cable	Covered	Covered	Covered	2	1	N
L6665	Upper extremity addition, teflon, or equal, cable lining	Covered	Covered	Covered	2	1	N
L6670	Upper extremity addition, hook to hand, cable adapter	Covered	Covered	Covered	2	1	N
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	Covered	Covered	Covered	2	1	N
L6675	Upper extremity addition, harness, (e.g. figure of eight type), single cable design	Covered	Covered	Covered	2	1	N
L6676	Upper extremity addition, harness, (e.g. figure of eight type), dual cable design	Covered	Covered	Covered	2	1	N
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Covered	Covered	Covered	2	1	N
L6680	Upper extremity addition, test socket, wrist	Covered	Covered	Covered	2	2	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
	disarticulation or below elbow						
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	Covered	Covered	Covered	2	2	N
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Covered	Covered	Covered	2	1	N
L6686	Upper extremity addition, suction socket	Covered	Covered	Covered	2	1	N
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	Covered	Covered	Covered	2	2	N
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	Covered	Covered	Covered	2	1	N
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	Covered	Covered	Covered	2	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	Covered	Covered	Covered	2	2	N
L6691	Upper extremity addition, removable insert, each	Covered	Covered	Covered	2	2	N
L6692	Upper extremity addition, silicone gel insert or equal, each	Covered	Covered	Covered	2	2	N
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Covered	Covered	Covered	2	1	N
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Covered	Covered	Covered	2	2	N
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l6694 or l6695)	Covered	Covered	Covered	2	2	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l6694 or l6695)	Covered	Covered	Covered	2	2	N
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Covered	Covered	Covered	2	2	N
L6703	Terminal device, passive hand/mitt, any material, any size	Covered	Covered	Covered	2	1	N
L6704	Terminal device, sport/recreational/work attachment, any material, any size	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	Covered	Covered	Covered	2	2	N
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Covered	Covered	Covered	2	1	N
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	Covered	Covered	Covered	2	1	N
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Covered	Covered	Covered	2	1	N
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	Covered	Covered	Covered	2	1	N
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Covered	Covered	Covered	2	1	N
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Covered	Covered	Covered	2	1	N
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Covered	Covered	Covered	2	1	N
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Covered	Covered	Covered	2	1	N
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	Covered	Covered	Covered	2	1	N
L6805	Addition to terminal device, modifier wrist unit	Covered	Covered	Covered	2	1	N
L6810	Addition to terminal device, precision pinch device	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Covered	Covered	Covered	2	1	N
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Covered	Covered	Covered	2	1	N
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Covered	Covered	Covered	2	1	N
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Covered	Covered	Covered	2	1	N
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Covered	Covered	Covered	2	1	N
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Covered	Covered	Covered	2	1	N
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Covered	Covered	Covered	2	1	N
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Covered	Covered	Covered	2	1	N
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Covered	Covered	Covered	2	1	N
L6915	Hand restoration (shading, and measurements included), replacement glove for above	Covered	Covered	Covered	2	1	N
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	Covered	Covered	Covered	2	1	N
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Covered	Covered	Covered	2	1	N
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Covered	Covered	Covered	2	1	N
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Covered	Covered	Covered	2	1	N
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Covered	Covered	Covered	2	1	N
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Covered	Covered	Covered	2	1	N
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Covered	Covered	Covered	2	1	N
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Covered	Covered	Covered	2	1	N
L7007	Electric hand, switch or myoelectric controlled, adult	Covered	Covered	Covered	2	1	N
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L7009	Electric hook, switch or myoelectric controlled, adult	Covered	Covered	Covered	2	1	N
L7040	Prehensile actuator, switch controlled	Covered	Covered	Covered	2	1	N
L7045	Electric hook, switch or myoelectric controlled, pediatric	Covered	Covered	Covered	2	1	N
L7170	Electronic elbow, hosmer or equal, switch controlled	Covered	Covered	Covered	2	1	N
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Covered	Covered	Covered	2	1	N
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Covered	Covered	Covered	2	1	N
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Covered	Covered	Covered	2	1	N
L7186	Electronic elbow, child, variety village or equal, switch controlled	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	Covered	Covered	Covered	2	1	N
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	Covered	Covered	Covered	2	1	N
L7259	Electronic wrist rotator, any type	Covered	Covered	Covered	2	1	N
L7360	Six volt battery, each	Covered	Covered	Covered	2	1	N
L7362	Battery charger, six volt, each	Covered	Covered	Covered	2	1	N
L7364	Twelve volt battery, each	Covered	Covered	Covered	2	1	N
L7366	Battery charger, twelve volt, each	Covered	Covered	Covered	2	1	N
L7367	Lithium ion battery, rechargeable, replacement	Covered	Covered	Covered	2	1	N
L7368	Lithium ion battery charger, replacement only	Covered	Covered	Covered	2	1	N
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	Covered	Covered	Covered	2	1	N
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	Covered	Covered	Covered	2	1	N
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Covered	Covered	Covered	2	1	N
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Covered	Covered	Covered	2	1	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L7499	Upper extremity prosthesis, not otherwise specified	Covered	Covered	Covered	Y	10	Y
L7510	Repair of prosthetic device, repair or replace minor parts	Covered	Covered	Covered	Y	10	Y
L7520	Repair prosthetic device, labor component, per 15 minutes	Covered	Covered	Covered	Y	10	Y
L7600	Prosthetic donning sleeve, any material, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L7700	Gasket or seal, for use with prosthetic socket insert	Covered	Covered	Covered	3	1	N
L7900	Male vacuum erection system	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	Covered	Covered	Covered	Y	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	Covered	Covered	Covered	B	1	N
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	Covered	Covered	Covered	B	1	N
L8010	Breast prosthesis, mastectomy sleeve	Covered	Covered	Covered	Y	4	N
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	Covered	Covered	Covered	B	1	N
L8020	Breast prosthesis, mastectomy form	Covered	Covered	Covered	B	1	N
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Covered	Covered	Covered	2	1	N
L8031	Breast prosthesis, silicone or equal, with integral adhesive	Covered	Covered	Covered	2	1	N
L8032	Nipple prosthesis, reusable, any type, each	Covered	Covered	Covered	Q	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	Covered	Covered	Covered	2	1	N
L8039	Breast prosthesis, not otherwise specified	Covered	Covered	Covered	2	1	Y
L8040	Nasal prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8041	Midfacial prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8042	Orbital prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8043	Upper facial prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8044	Hemi-facial prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8045	Auricular prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8046	Partial facial prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8047	Nasal septal prosthesis, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Covered	Covered	Covered	2	1	N
L8300	Truss, single with standard pad	Covered	Covered	Covered	2	1	N
L8310	Truss, double with standard pads	Covered	Covered	Covered	2	1	N
L8320	Truss, addition to standard pad, water pad	Covered	Covered	Covered	2	2	N
L8330	Truss, addition to standard pad, scrotal pad	Covered	Covered	Covered	2	2	N
L8400	Prosthetic sheath, below knee, each	Covered	Covered	Covered	Y	12	N
L8410	Prosthetic sheath, above knee, each	Covered	Covered	Covered	Y	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8415	Prosthetic sheath, upper limb, each	Covered	Covered	Covered	Y	12	N
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	Covered	Covered	Covered	Y	12	N
L8420	Prosthetic sock, multiple ply, below knee, each	Covered	Covered	Covered	Y	12	N
L8430	Prosthetic sock, multiple ply, above knee, each	Covered	Covered	Covered	Y	12	N
L8435	Prosthetic sock, multiple ply, upper limb, each	Covered	Covered	Covered	Y	12	N
L8440	Prosthetic shrinker, below knee, each	Covered	Covered	Covered	Y	2	N
L8460	Prosthetic shrinker, above knee, each	Covered	Covered	Covered	Y	2	N
L8465	Prosthetic shrinker, upper limb, each	Covered	Covered	Covered	Y	2	N
L8470	Prosthetic sock, single ply, fitting, below knee, each	Covered	Covered	Covered	Y	12	N
L8480	Prosthetic sock, single ply, fitting, above knee, each	Covered	Covered	Covered	Y	12	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8485	Prosthetic sock, single ply, fitting, upper limb, each	Covered	Covered	Covered	Y	12	N
L8499	Unlisted procedure for miscellaneous prosthetic services	Covered	Covered	Covered	Y	10	Y
L8500	Artificial larynx, any type	Covered	Covered	Covered	5	1	N
L8501	Tracheostomy speaking valve	Covered	Covered	Covered	M	2	N
L8505	Artificial larynx replacement battery / accessory, any type	Covered	Covered	Covered	M	1	N
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Covered	Covered	Covered	M	1	N
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Covered	Covered	Covered	M	1	N
L8510	Voice amplifier	Covered	Covered	Covered	M	1	N
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	Covered	Covered	Covered	B	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	Covered	Covered	Covered	M	9	N
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	Covered	Covered	Covered	M	2	N
L8514	Tracheoesophageal puncture dilator, replacement only, each	Covered	Covered	Covered	B	1	N
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	Covered	Covered	Covered	M	1	N
L8615	Headset/headpiece for use with cochlear implant device, replacement	Covered	Covered	Covered	Y	1	N
L8616	Microphone for use with cochlear implant device, replacement	Covered	Covered	Covered	Y	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8617	Transmitting coil for use with cochlear implant device, replacement	Covered	Covered	Covered	Y	1	N
L8618	Transmitter cable for use with cochlear implant device, replacement	Covered	Covered	Covered	B	4	N
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Covered	Covered	Covered	5	1	N
L8621	Zinc air battery for use with cochlear implant device, replacement, each	Covered	Covered	Covered	B	72	N
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Covered	Covered	Covered	B	72	N
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	Covered	Covered	Covered	B	4	N



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	Covered	Covered	Covered	Y	4	N
L8625	External recharging system for batter for use with cochlear implant or auditory osseointegrated device, replacement onlyl	Covered	Covered	Covered	5	1	N
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Covered	Covered	Covered	5	1	N
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "l" code	Covered	Covered	Covered	M	10	Y
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	Covered	Covered	Covered	5	1	Y
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	Covered	Covered	Covered	Y	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	Covered	Covered	Covered	5	1	Y
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Covered	Covered	Covered	N/A	N/A	N
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Covered	Covered	Covered	N/A	N/A	N
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Covered	Covered	Covered	N/A	N/A	N
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Covered	Covered	Covered	Y	1	N
S5160	Emergency response system; installation and testing	Non-covered	Covered	Non-covered	N/A	N/A	N
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Non-covered	Covered	Non-covered	M	1	N
S5162	Emergency response system; purchase only	Non-covered	Non-covered	Non-covered	3	1	N
S5165	Home modifications; per service	Non-covered	Covered	Non-covered	Y	1	Y
S5199	Personal care item, nos, each	Non-covered	Covered	Non-covered	Y	20	Y
S8130	Interferential current stimulator, 2 channel	Non-covered	Non-covered	Non-covered	N/A	N/A	N
S8131	Interferential current stimulator, 4 channel	Non-covered	Non-covered	Non-covered	N/A	N/A	N
S9434	Modified solid food supplements for inborn errors of metabolism	Covered	Covered	Covered	N/A	N/A	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
S9435	Medical food for inborn errors of metabolism	Covered	Covered	Covered	N/A	N/A	N
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Covered	Covered	Non-covered	Y	5	Y
T2028	Specialized supply, not otherwise specified, waiver Leg lifter, x-long sponge, Bed Assist Rail	Covered	Covered	Non-covered	N/A	N/A	N
T2028	Specialized supply, not otherwise specified, waiver Hip Kit	Covered	Covered	Non-covered	5	1	Y
T2028	Specialized supply, not otherwise specified, waiver Sock Aid	Covered	Covered	Non-covered	Y	2	Y
T2028	Specialized supply, not otherwise specified, waiver Shoe Horn	Covered	Covered	Non-covered	Y	2	Y
T2028	Specialized supply, not otherwise specified, waiver Toilet Tissue Aid	Covered	Covered	Non-covered	5	1	Y

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
T2028	Specialized supply, not otherwise specified, waiver Handrail	Covered	Covered	Non-covered	5	1	Y
T2028	Specialized supply, not otherwise specified, waiver Utensils	Covered	Covered	Non-covered	5	1	Y
T2028	Specialized supply, not otherwise specified, waiver Shoe Lace	Covered	Covered	Non-covered	Y	2	Y
T2029	Specialized medical equipment, not otherwise specified, waiver	Covered	Covered	Non-covered	Y	5	Y
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	Covered	Covered	Non-covered	M	1	Y
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4533	Youth sized disposable incontinence product, brief/diaper, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	Non-covered	Non-covered	Non-covered	M	192	N
T4537	Incontinence product, protective underpad, reusable, bed size, each	Non-covered	Non-covered	Non-covered	M	150	N
T4538	Diaper service, reusable diaper, each diaper	Non-covered	Non-covered	Non-covered	M	192	N
T4539	Incontinence product, diaper/brief, reusable, any size, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
T4540	Incontinence product, protective underpad, reusable, chair size, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
T4541	Incontinence product, disposable underpad, large, each	Covered	Covered	Non-covered	M	150	Y <i>for more than 150 per month</i>
T4542	Incontinence product, disposable underpad, small size, each	Covered	Covered	Non-covered	M	150	Y <i>for more than 150 per month</i>



HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above x large, each	Covered	Covered	Non-covered	M	192	Y <i>for more than 192 per month</i>
T4545	Incontinence product, disposable, penile wrap, each	Non-covered	Non-covered	Non-covered	N/A	N/A	N
T5001	Positioning seat for persons with special orthopedic needs	Covered	Covered	Non-covered	Y	1	Y
T5999	Supply, not otherwise specified	Non-covered	Non-covered	Non-covered	N/A	N/A	N
V2623	Prosthetic eye, plastic, custom	Covered	Covered	Covered	5	1	N
V2624	Polishing/resurfacing of ocular prosthesis	Covered	Covered	Covered	Y	2	N
V2625	Enlargement of ocular prosthesis	Covered	Covered	Covered	5	1	N
V2626	Reduction of ocular prosthesis	Covered	Covered	Covered	5	1	N
V2627	Scleral cover shell	Covered	Covered	Covered	5	1	N

HCPCS	Description	Medicaid	Integrity	Commercial	Frequency M: Monthly Q: Quarterly B: Bi-annual Y: Annual 2-5: Years	Quantity	Prior Authorization Requirement
V2628	Fabrication and fitting of ocular conformer	Covered	Covered	Covered	5	1	N
V2629	Prosthetic eye, other type	Covered	Covered	Covered	5	1	N
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Covered	Covered	Covered	N/A	N/A	Y

### Disclaimer

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