

DME No Authorization Required List

Revised February 1, 2024

- Quantity limits must be within CMS or DMAP benefit limits.
- When able, CareOregon provides quantity limits for reference. These quantity limits are subject to change by CMS/DMAP at any time.
- Quantities exceeding the limits require an authorization for payment, except quantity limits listed for diabetic supplies (see separate grid for diabetic supplies, pg. 6).
- For OHP members, diagnosis MUST be above the line (ATL) in order to be covered without authorization.
- Provider contracts may have different requirements than below.

| Procedure Code | Code Description | Quantity |
|--------------------|---------------------------------------|---|
| A2001-A2010 | Skin Substitutes | |
| A2022 | Skin Substitutes | |
| A4206-A4209 | Syringes | |
| A4213-A4215 | Syringes | |
| A4216-A4218 | Sterile Water | A4218 does not require a prior authorization for COA members. This code is not covered for OHP. |
| A4220-A4222 | Infusion Pump Kits/Supplies | |
| A4224-A4225 | Maintenance Insulin Infusion Catheter | |
| A4232 | Insulin Syringes with needle 3 ml | No prior authorization is required for OHP when quantity is 180 units/month. This code is not covered for COA. |
| A4233-A4236 | Glucose Monitor- Repl. Battery | No prior authorization is required for OHP when quantity is 1 unit/10 months. |
| A4244-A4247 | Alcohol and Betadine | No prior authorization is required for OHP when quantity is 1 unit/month. |
| A4253 | Test Strips | No prior authorization is required when quantity is 3 units/month. (1 unit = 50 strips) |
| A4256 | Glucose Control Solution | No prior authorization is required when quantity is 1 unit/every 3 months. (1 unit = 1 box) |
| A4258 | Spring-Powered Device for Lancet | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A4259 | Lancets | No prior authorization is required when quantity is 2 units/month. (1 unit = 100 lancets) |
| A4261 | Cervical Cap | A4261 does not require a prior authorization for OHP members. This code is not covered for COA. |
| A4262-A4263 | Lacrimal Duct Implant | |
| A4264-A4269 | Contraceptives | These codes do not require a prior authorization for OHP members. This code is not covered for COA. A4264 does not require a prior authorization, however a sterilization consent form is required with claim submission. |
| A4300-A4306 | Vascular Catheters | A4301 does not require a prior authorization for COA members. This code is not covered for OHP. |
| A4307-A4309 | Urinary supplies | |
| A4310-A4316 | Indwelling Catheters | No prior authorization is required when quantity is 1 unit/month. |
| A4317-A4331 | Misc Supplies | |
| A4332 | Lubricant | No prior authorization is required when quantity is 200 units/month. |
| A4333 | Adhesive Catheter Anchoring Device | No prior authorization is required when quantity is 20 units/month. |

| Procedure Code | Code Description | Quantity |
|----------------|------------------------------------|--|
| A4334 | Catheter Leg Straps | No prior authorization is required when quantity is 1 unit/month. |
| A4335-A4337 | Incontinence Supplies | |
| A4338 | Indwelling Catheter | No prior authorization is required when quantity is 1 unit/month. |
| A4339-A4350 | Misc Supplies | |
| A4351 | Straight-Tip Urine Catheter | No prior authorization is required when quantity is 1 unit/month. |
| A4352-A4353 | Urinary Catheter Supplies | |
| A4354-A4355 | Catheter /Bladder Insertion Tray | No prior authorization is required when quantity is 1 unit/month. |
| A4356 | External Urethral Clamp/Device | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A4357-A4358 | Bedside Drainage Bag/Vinyl Bag | No prior authorization is required when quantity is 2 units/month. |
| A4359 | Urinary Suspensory without Leg Bag | |
| A4360 | Clamp | No prior authorization is required for COA members. This code is not covered for OHP. |
| A4361-A4435 | Ostomy Supplies | A4368 and A4400 do not require a prior authorization for COA members. These codes are not covered for OHP. |
| A4436-A4449 | Misc Supplies | |
| A4450-A4456 | Tape and Adhesive Remover | |
| A4457-A4464 | | |
| A4465 | Non-Elastic Binder | |
| A4470-A4550 | Misc Supplies | |
| A4555-A4559 | Misc Supplies | A4556 and A4557 are not covered for COA. A4559 is no auth for COA members only, it is not covered for OHP. |
| A4561-A4565 | Misc Supplies | |
| A4595 | TENS Supplies | No prior authorization is required when quantity is 2 units/month. |
| A4602-A4620 | | For code A4604, no prior authorization is required when quantity is 1 unit/every 3 months. |
| A4623-A4626 | | |
| A4627 | | No prior authorization is required for OHP members. This code is not covered for COA. |
| A4628-A4629 | | |
| A4630 | | No prior authorization is required for COA members. This code is not covered for OHP. |

| Procedure Code | Code Description | Quantity |
|--------------------|--------------------------------------|---|
| A4635-A4638 | | No prior authorization is required for A4638 for COA members only. This code is not covered for OHP. |
| A4640-A4649 | | No prior authorization is required for A4641, A4644, and A4645 for COA members only. These codes are not covered for OHP. |
| A4653-A4670 | | No prior authorization is required for A4656 for COA members only. This code is not covered for OHP. |
| A4714-A4918 | | |
| A4927 | | Gloves are only covered under OHP. No prior authorization is required when quantity is 200 units/month. This code is excluded for COA. |
| A4928 | | |
| A5051-A5093 | Ostomy Supplies | |
| A5102-A5200 | | |
| A5500 | Diabetic Shoes | These codes must be billed with a diagnosis of diabetes and within quantity limits. |
| A5512-A5513 | Diabetic Shoes | These codes must be billed with a diagnosis of diabetes and within quantity limits. |
| A6010-A6513 | Dressings | No prior authorization is required for A6228-A6230, A6250, A6260, A6450, and A6451 for COA members only. These codes are not covered for OHP. No prior authorization is required for A6413 for OHP members only. This code is not covered for COA. |
| A6590-A6591 | | |
| A7000-A7006 | Misc/Nebulizer Supplies | |
| A7010-A7018 | Nebulizers & Supplies | |
| A7027 | Combo Oral/Nasal Mask | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A7028-A7029 | Repl. Oral Cushion/Nasal Pillow Mask | No prior authorization is required when quantity is 2 units/month. |
| A7030 | CPAP Full Face Mask | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A7031 | Repl. Face Mask | No prior authorization is required when quantity is 1 unit/month. |
| A7032-A7033 | Repl. Nasal Cushion/Pillows | No prior authorization is required when quantity is 2 units/month. |
| A7034 | Nasal Application Device | No prior authorization is required when quantity is 1 unit/every 3 months. |

| Procedure Code | Code Description | Quantity |
|--------------------|---------------------------------|--|
| A7035-A7036 | PAP Headgear and Chinstrap | No prior authorization is required when quantity is 1 unit/every 6 months. |
| A7037 | PAP Tubing | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A7038 | PAP Filter | No prior authorization is required when quantity is 2 units/month. |
| A7039 | Filter, Non-Disposable with PAP | No prior authorization is required when quantity is 1 unit/every 6 months. |
| A7044-A7045 | Misc. Respiratory Supplies | |
| A7046 | Repl. Water Chamber, PAP | No prior authorization is required when quantity is 1 unit/every 6 months. |
| A7047-A7527 | | |
| A9155 | | |
| A9500-A9512 | | |
| A9515-A9573 | | |
| A9575-A9591 | | |
| A9595 | | |
| A9597-A9600 | | |
| A9602-A9607 | | |
| A9697-A9698 | | |
| A9700 | | |
| A9800 | | |
| B4081-B4083 | Nasogastric Tube | |
| E0100-E0117 | Canes and Crutches | |
| E0130-E0149 | Walkers | |
| E0153-E0159 | Walker Attachments | |
| E0160-E0162 | Sitz Type Bath Equipment | |
| E0163-E0168 | Commode Chairs | |
| E0188-E0190 | Decubitus Care Equipment | No prior authorization is required for E0190 for OHP members only. This code is not covered for COA. |
| E0191 | Heel/Elbow Protector | No prior authorization is required for OHP members. This code is not covered for COA. |
| E0202 | Phototherapy (Bilirubin) Light | |
| E0205-E0215 | Heating/Cooling Accessories | |
| E0240-E0248 | Bath Supplies | No prior authorization is required for OHP members. These codes are not covered for COA. |
| E2601 | Wheelchair Seat Cushion | |
| E0275-E0276 | Bed Pan | |
| E0325-E0326 | Urinals | |
| E0370 | Air Pressure Elevator for Heel | |
| E0465-E0467 | Ventilators | |

| Procedure Code | Code Description | Quantity |
|----------------|--|---|
| E0562 | Humidifier | |
| E0570-E0571 | Nebulizers & Supplies | |
| E0600 | Respiratory Suction Pump | |
| E0601 | CPAP Device | |
| E0602-E0603 | Breast Pump | |
| E0605 | Vaporizer | No prior authorization is required for OHP members. This code is not covered for COA. |
| E0607 | Glucose Monitor | No prior authorization is required when quantity is 1 unit/2 years. |
| E0618 | Apnea Monitor | This is covered for no more than 90 days for OHP members. |
| E0705 | Transfer Device | No prior authorization is required for OHP members. This code is not covered for COA. |
| E0776-E0780 | Infusion Supplies | |
| E0961 | Wheelchair Accessory, brake extension | |
| E0971 | Wheelchair Accessory, anti-tipping | |
| E0973 | Wheelchair Accessory, detachable armrest | |
| E0978 | Wheelchair Accessory, pelvic strap/belt | |
| G0008-G0148 | | |
| G0162 | | |
| G0166-G0206 | | |
| G0237-G0248 | | |
| G0250-G0255 | | |
| G0258-G0423 | | |
| G0425-G0451 | | |
| G0460-G0476 | | |
| G0480 | | |
| G0481-G0483 | | |
| G0490-G0514 | | |
| G0516-G0659 | | |
| G0913-G2066 | | |
| G2067-G2075 | | |
| G2076-G2081 | | |
| G2086-G2101 | | |
| G2105-G2167 | | |
| G2169 | | |
| G2172-G2216 | | |

| Procedure Code | Code Description | Quantity |
|--------------------|-------------------------------------|---|
| G2250-G2252 | | No prior authorization is required for OHP only. COA members require PA for these services. |
| G3002-G3003 | | No prior authorization is required for OHP only. COA members require PA for these services. |
| G4000-G4038 | | |
| G6001-G8698 | | |
| G8708-G9005 | | |
| G9006 | | |
| G9007-G9893 | | |
| G9895-G9999 | | |
| K0001 | Standard Wheelchair | |
| K0042 | Wheelchair Parts | |
| K0045 | Wheelchair Parts | |
| K0051 | Wheelchair Parts | |
| K0195 | Wheelchair Leg Rest | |
| K1005 | Collection/storage bag, breast milk | |
| L0120 | Cervical Collar | |
| L0130 | Cervical Collar | |
| L0140 | Cervical Collar | |
| L0150 | Cervical Collar | |
| L0160 | Cervical Collar | |
| L0170 | Cervical Collar | |
| L0172 | Cervical Collar | |
| L0174 | Cervical Collar | |
| L1810-L1833 | Knee Orthotic | No prior authorization is required for L1815 for OHP members only. This code is not covered for COA. |
| L1845 | Knee Orthotic | |
| L1902 | Ankle-Foot Orthotic | |
| L1906 | Ankle-Foot Orthotic | |
| L2112 | Ankle-Foot Orthotic | |
| L3260-L3265 | Surgical Boot/Shoe/Sandal | |
| L3650-L3670 | Shoulder Orthotic | No prior authorization is required for L3651 and L3652 for OHP members only. These codes are not covered for COA. No prior authorization is required for L3660 for COA members only. This code is not covered for OHP. |
| L3807 | Orthotic | |
| L3809 | Orthotic | |
| L3908 | Orthotic | |

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

Changes summary

| Month/Year | Code | Changes |
|---------------|---------------------|---|
| December 2023 | All code update | No Authorization Lists have been updated in full with improved search/formatting. |
| January 2024 | Corrections to rows | No significant coverage changes, minor edits for numerical order. |
| February 2024 | A4555-A4559 | Clarified comment around A4556 and A4557 coverage. |

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