



DME NO AUTHORIZATION REQUIRED LIST
February 15, 2018 Revision

- 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. 4)**
- For OHP members, diagnosis must be above the line

Range Start	Range End	Description	Quantity
A4206	A4209	Syringes	
A4213	A4215	Syringes	
A4216	A4218	Sterile water- A4218 COA only, not covered by OHP	
A4220	A4222	Infusion pump kits/supplies	
A4224		Maintenance Insulin Infusion Cath	
A4244	A4247	Alcohol and betadine	
A4261		Cervical cap- OHP members only, not covered by Medicare	
A4262	A4263	Lacrimal duct implant	
A4266	A4269	Contraceptives- OHP members only, not covered by Medicare	
A4300	A4306	Vascular catheters- A4301 COA only, not covered by OHP	
A4310	A4316	Indwelling catheter	1 per month
A4332		lubricant	200 units per month
A4333		Adhesive catheter anchoring device	3 per week
A4334		Catheter leg straps	1 per month
A4338		Indwelling catheter	1 per month
A4351		Straight tip urine catheter	200 units per month
A4354	A4355	Catheter/ bladder insertion tray	1 unit per month
A4356		External urethral clamp or compression device	1 unit every 3 months
A4357		Bedside drainage bag	2 units per month
A4358		Vinyl leg bag	2 units per month
A4360		Clamp- COA only, not covered by OHP	
A4361	A4435	Ostomy supplies- A4368 and A4400 COA only, not covered by OHP	
A4450	A4456	Tape & adhesive remover	
A4465		Non-elastic binder	
A4481	A4483	Misc. supplies	
A4550		Surgical trays	

A4555	A4565	Misc. supplies- A4559 COA only, not covered by OHP	
	A4595	TENS Supplies	2 units per month
	A4602	Battery for infusion pump	
	A4604		1 per 3 months
A4605	A4608	Misc. supplies	
A4611	A4620	Respiratory equipment	
A4623	A4630	Respiratory equipment- A4627 OHP only, not covered by Medicare; A4630 COA only, not covered by OHP	
	A4633	Replacement misc supplies	
A4635	A4638	Replacement misc supplies- A4638 COA only, not covered by OHP	
A4640	A4649	Misc. supplies- A4641, A4644, A4645 COA only, not covered by OHP	
A4653	A4657	Dialysis supplies- A4656 COA only, not covered by OHP	
A4660	A4670	BP cuff/monitor	
	A4927	Gloves (limit per OAR 410-122-0560 for OHP) for urologic needs only- Excluded by Medicare	200 pair per month
A5051	A5093	Ostomy supplies	
A5102	A5200	Urologic supplies	
	A5500, A5512, A5513, L1902	Diabetic shoes- codes must be billed with diagnosis of diabetes and within quantity limits	
A6010	A6513	Dressings- A6228, A6229, A6230, A6250, A6260, A6450, A6451 COA only, not covered by OHP ; A6413 OHP only NOT covered by Medicare	
A7000	A7006	Misc. & nebulizer supplies	
A7010	A7018	Nebulizers and supplies	
	A7027	Comb oral/nasal mask	1 per 3 months
	A7028	Repl oral cushion combo mask	2 per 1 month
	A7029	Repl nasal pillow comb mask	2 per 1 month
	A7030	CPAP full face mask	1 per 3 months
	A7031	Repl facemask	1 per 1 month
	A7032	Repl nasal cushion	2 per 1 month
	A7033	Repl nasal pillows	2 per 1 month
	A7034	Nasal application device	1 per 3 months
	A7035	Pos airway press headgear	1 per 6 months
	A7036	Pos airway press chinstrap	1 per 6 months
	A7037	Pos airway pressure tubing	1 per 3 months
	A7038	Pos airway pressure filter	2 per 1 month
	A7039	Filter, non-disposable w PAP	1 per 6 months
A7044	A7047	Misc resp supplies	
	A7046	Repl water chamber, PAP dev	1 per 6 months
A7501	A7527	Tracheostoma equipment	
B4081	B4083	Nasogastric tube	
E0100	E0116	Canes & crutches	

E0130	E0149	Walkers	
E0153	E0159	Walker attachments	
E0160	E0162	Sitz type bath equipment	
E0163	E0168	Commode chairs	
E0188	E0190	Decubitus care equipment- E0190 OHP only, Not covered by Medicare	
E0191		Heel/elbow protector- E0191 OHP only, Not covered by Medicare	
E0202		Phototherapy (bilirubin) Light	
E0205	E0215	Heating/ cooling accessories	
E0240	E0248	Bath supplies- OHP only range NOT covered by Medicare	
E0275	E0276	Bedpan	
E0325	E0326	Urinals	
E0370		Air pressure elevator for heel	
E0465	E0466	Ventilators	
E0562		Humidifier	
E0570		Nebulizers and supplies	
E0571		Nebulizers and supplies	
E0600		Respiratory suction pump	
E0601		CPAP device	
E0602	E0603	Breast pump	
E0605		Vaporizer OHP only NOT covered by Medicare	
E0618		Apnea monitor (no more than 90 days)	
E0705		Transfer device OHP only NOT covered by Medicare	
E0776	E0780	Infusion supplies	
K0001		Standard wheelchair	
K0042		Wheelchair parts	
K0045		Wheelchair parts	
K0051		Wheelchair parts	
L0120, L0130, L0140, L0150, L0160, L0170, L0172, L0174		Cervical collars	
L1810	L1832	Knee orthotic- L1815 OHP only, Not covered by Medicare	
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- L3651, L3652 OHP only, Not covered by Medicare; L3660 COA only, Not covered by OHP	
L3807		Orthotics	
L3908		Orthotics	

L3923		Orthotics	
L3981	L3984	Orthotics OHP only, Not covered by Medicare	
L4350	L4361	Orthotics/ walking boot	
L4386		Orthotics/ walking boot	
L4396		Orthotics	
L8000-L8002		Breast prosthesis; mastectomy bra	
L8420-L8435		Prosthetic sock	
L8470-L8485		Prosthetic sock	
L8501		Tracheostomy speaking valve	
S8189		Tracheostomy supplies- OHP only, Not covered by Medicare	
S8265		Haberman feeder OHP only, Not covered by Medicare	
T4521	T4542	Incontinence supplies- OHP only, NOT covered by Medicare (Limit per OAR 410-122-0630); T4539 Not covered by OHP or Medicare	
V5266		Hearing aid batteries-up to 60 per year OHP members only	

(Added L4631 to range)

DIABETIC SUPPLIES GRID:

SUPPLY	Limits
Lancets (A4259) 1 unit = 100 lancets	2 units / 1 month
Spring-Powered Device for Lancet (A4258)	1 unit / 3 months
Test Strips (A4253) 1 unit = 50 strips	3 units / 1 month
Glucose Monitor (E0607)	1 unit / 2 years
Glucose Control Solution (A4256) 1 unit = 1 box	1 unit / 3 months
Glucose Monitor – Replacement Battery (A4233 - A4236)	1 every 10 months
Alcohol (A4244-A4245)	1 unit / 1 month
Insulin Syringes (S8490)- OHP only; Excluded for Medicare 1 unit= 100 syringes	5 units / 3 months

Updated 2/15/18- to add A4245