



DME NO AUTHORIZATION REQUIRED LIST
January 15th, 2012 Revision

*For members who have **Medicare Part B fee-for-service**, no authorization is needed for any Part B covered service! Contracted vendors must be used for equipment and supplies. Only when a contracted vendor does not have the equipment or supply OR there isn't a contracted vendor within a "reasonable" distance from the member, then a non-contracted vendor will be allowed.*

*For **Advantage Plus/Star** members – vendor **MUST** be contracted with CareOregon Advantage, if you are not, then **ALL** services require a prior authorization!*

*For **CareOregon OHP/Standard** members – vendor must be in our system and have had a claim paid by CareOregon, if you have not, then **ALL** services require a prior authorization.*

*For equipment that **qualifies** (Medicare) for "maintenance and service", an authorization is **NOT** required based on the coverage rules! When submitting your claim, make sure and provide **ALL** the necessary information! Quantity limits must be within CMS or DMAP benefit limits. Quantities exceeding the limits require an authorization for payment.*

ALL PROVIDERS (Vendors, Home Health, Offices)							
CareOregon Advantage Plus & OHP Plus				COA Star		OHP Standard	
Range Start	Range End	Description	Range Start	Range End	Range Start	Range End	
A4206	A4209	Syringes – other than insulin	A4206	A4209			
A4213		Syringe – other than insulin	A4213				
A4215	A4217	Sterile water	A4215	A4217	A4215	A4217	
A4220	A4222	Infusion supplies	A4220	A4222	A4221	A4222	
A4244	A4247	Alcohol & Betadine	A4244	A4247	A4244	A4245	
A4305	A4306	Drug delivery system	A4305	A4306	A4305	A4306	
A4361	A4367	Ostomy supplies	A4361	A4367	A4361	A4367	
A4369	A4399	Ostomy supplies	A4369	A4399	A4369	A4399	

ALL PROVIDERS (Vendors, Home Health, Offices)							
CareOregon Advantage Plus & OHP Plus				COA Star		OHP Standard	
Range Start	Range End	Description		Range Start	Range End	Range Start	Range End
A4402	A4434	Ostomy supplies		A4402		A4434	A4402
A4450	A4456	Tape & adhesive remover		A4450 & A4456		A4455	A4456
A4465		Non-elastic binder		A4465			
A4481	A4483	Miscellaneous supplies		A4481	A4483	A4481	A4483
A4605	A4608	Miscellaneous supplies		A4605	A4608	A4605 & A4608	
A4611	A4618	Respiratory equipment		A4611	A4618	A4611	A4618
A4623	A4629	Respiratory supplies A4627 Non-covered by Medicare BUT is covered by CareOregon Advantage!		A4623	A4623	A4623	A4629
				A4628	A4629		
A4635	A4637	Replacement misc supplies		A4635	A4637		
A4640		Replacement pad		A4640			
A5051	A5093	Ostomy supplies		A5051	A5093	A5051	A5093
A5113	A5114	Urological supplies		A5113	A5114	A5113	A5114
A5120	A5200	Urological supplies		A5120	A5200	A5120	A5200
A6010	A6224	Dressings		A6010	A6224		
A6231	A6248	Dressings		A6231	A6248	A6231	A6248
A6251	A6259	Dressings		A6251	A6259	A6251	A6259
A6261	A6449	Dressings A6413 Non-covered by Medicare		A6261	A6412	A6261	A6404
				A6441	A6449		
A6453	A6513	Dressings		A6453	A6513		
A7000	A7006	Miscellaneous & nebulizer supplies		A7000	A7006	A7000	A7002
A7010	A7018	Nebulizer & supplies		A7010	A7018		
A7044	A7046	Medical & surgical supplies		A7044	A7046	A7044	A7046
A7501	A7527	Tracheostoma equipment		A7501	A7527	A7501	A7527
E0100	E0117	Canes & crutches		E0100	E0117		

ALL PROVIDERS (Vendors, Home Health, Offices)							
CareOregon Advantage Plus & OHP Plus				COA Star		OHP Standard	
Range Start	Range End	Description		Range Start	Range End	Range Start	Range End
E0130	E0149	Walkers		E0130	E0149		
E0153	E0159	Walker attachments		E0153	E0159		
E0188	E0190	Decubitus care equipment		E0188	E0190		E0190
E0275	E0276	Bed pan		E0275	E0276		
E0325	E0326	Urinals		E0325	E0326		
E0450 & E0461		Ventilators		E0450 & E0461		E0450 & E0461	
E0463	E0464	Ventilators		E0463	E0464	E0463	E0464
E0570	E0571	Nebulizer		E0570	E0571		
E0600		Respiratory suction pump		E0600		E0600	
E0602	E0603	Breast pump rental for not more than 60 days		E0602	E0603		
E0618		Apnea monitor for not more than 90 days		E0618			
Apnea monitor supplies: A4556, A4557 & A4558, A4649, E1399 (infant belt)				A4556,A4557,A4558,A4649, E1399			
E0776	E0780	Infusion supplies		E0776	E0780	E0776	E0780
K0001		Standard Wheelchair		K0001			
Wheelchair parts: K0042, K0045 & K0051				K0042, K0045, K0051			
CareOregon OHP Plus						OHP Standard	
S8189		Tracheostomy supplies				S8189	
S8265		Haberman feeder					
T4521	T4535	Category 1 incontinent supplies					
T4537 & T4540		Category 2 incontinent supplies					
T4541	T4542	Category 2 incontinent supplies					

ALL PROVIDERS (Vendors, Home Health, Offices)				
CareOregon OHP Plus			COA Star	OHP Standard
Codes	Description			Codes
T4536	Category 3 incontinent supplies			
A4927 (gloves)	Category 4 miscellaneous			

See next page for diabetic supply grid!

DIABETIC SUPPLIES GRID:

For CareOregon Oregon Health Plan (OHP) members – the following supplies do NOT require an authorization when used in combination with the correct diagnosis code(s) and are within the OHP benefit quantity limits:

SUPPLY	ORAL THERAPY	INSULIN THERAPY	GESTATIONAL DIABETES
	ICD9 codes: 249.00 – 250.93	ICD9 codes: 249.00 – 250.93 PLUS ICD9 code = V58.67	ICD9 codes: 648.00 - 648.04; 648.80 – 648.84
Lancets (A4259) 1 unit = 100 lancets	1 unit / 3 months	1 unit / 1 month	1 unit / 1 month
Spring-Powered Device for Lancet (A4258)	1 unit / 6 months	1 unit / 6 months	1 unit / 6 months
Test Strips (A4253) 1 unit = 50 strips	2 units / 3 months	2 units / 1 month	2 units / 1 month
Glucose Monitor (E0607)	1 unit / 2 years	1 unit / 2 years	1 unit / 2 years
Glucose Control Solution (A4256) 1 unit = 1 box	1 unit / 3 months	1 unit / 3 months	1 unit / 3 months
Glucose Monitor – Replacement Battery (A4233 - A4236)	1 every 2 years	1 every 10 months	1 every 10 months
Alcohol wipes (A4244) 1 unit =1 box	Not applicable	1 unit / 1 month	1 unit / 1 month
Insulin Syringes (S8490) 1 unit = 100 syringes	Not applicable	5 units / 3 months	5 units / 3 months

DIABETIC SUPPLIES GRID:

For CareOregon Advantage members – the following supplies do NOT require an authorization when used in combination with the correct diagnosis code(s) and are within the **Medicare** benefit quantity limits:

SUPPLY	ORAL THERAPY	INSULIN THERAPY
	<p>ICD9 codes: 249.00 – 250.93</p>	<p>ICD9 codes: 249.00 – 250.93 PLUS ICD9 code = V58.67</p>
<p>Lancets (A4259) 1 unit = 100 lancets</p>	1 unit / 3 months	1 unit / 1 month
<p>Spring-Powered Device for Lancet (A4258)</p>	1 unit / 6 months	1 unit / 6 months
<p>Test Strips (A4253) 1 unit = 50 strips</p>	2 units / 3 months	2 units / 1 month
<p>Glucose Monitor (E0607)</p>	1 unit / 2 years	1 unit / 2 years
<p>Glucose Control Solution (A4256) 1 unit = 1 box</p>	1 unit / 3 months	1 unit / 3 months
<p>Glucose Monitor – Replacement Battery (A4233 - A4236)</p>	1 every 2 years	1 every 10 months
<p>Alcohol wipes (A4244) 1 unit =1 box</p>	Not applicable	1 unit / 1 month
<p>Insulin Syringes (S8490) 1 unit = 100 syringes</p>	Excluded from Medicare coverage	

OFFICES – Place of Service (POS) 11, 20, 50, 71, 72 ONLY

- *For surgical procedures, Medicare and OHP bundles reimbursement for office equipment/supplies in the reimbursement of the surgical procedure.*
- *Use HCPCS codes to bill all supplies and DME.*
- *All A and E codes listed below are covered within an office setting. Codes not listed must be referred to a DME provider.*
- *All K codes must be referred to a DME provider.*
- *Orthotics (L codes) is a global package which includes measurements, moldings, orthotic item, adjustments, fittings, casting and impression materials.*

CareOregon Advantage Plus & OHP Plus				COA Star		OHP Standard	
Range Start	Range End	Description		Range Start	Range End	Range Start	Range End
A4206	A4209	Syringe with needle		A4206	A4209		
A4213	A4215	Syringe or needle		A4213	A4215		
A4220	A4221	Infusion pump kit/supplies		A4220	A4221		
A4261		Cervical Cap – OHP Members ONLY! Not covered by Medicare				A4261	
A4262	A4263	Lacrimal duct implant		A4262	A4263		
A4266	A4269	Contraceptives – OHP Members ONLY! Not covered by Medicare				A4266	A4269
A4300	A4306	Vascular catheters		A4300	A4306	A4300	A4306

OFFICES – POS 11, 20, 50, 71, 72 ONLY

CareOregon Advantage Plus & OHP Plus			COA Star	OHP Standard		
Range Start	Range End	Description	Range Start	Range End	Range Start	Range End
A4310	A4360	Urinary appliances and supplies	A4310	A4360	A4310	A4358
A4361	A4421	Ostomy supplies	A4361	A4421	A4361	A4421
A4465		Nonelastic binder	A4465			
A4550		Surgical trays	A4550		A4550	
A4561	A4565	Miscellaneous supplies	A4562	A4565		
A4649		Miscellaneous supplies	A4649		A4649	
A4653	A4657	Dialysis supplies	A4653	A4657	A4653	A4657
A5051	A5093	Ostomy supplies	A5051	A5093	A5051	A5093
A5102	A5114	Urological supplies	A5102	A5114	A5102	A5114
A6010	A6412	Dressings	A6010	A6412		
B4081	B4083	Nasogastric tube	B4081	B4083	B4081	B4083
E0100	E0116	Canes / crutches	E0100	E0116		
E0191		Heel / elbow protector	E0191			
L0120		Cervical collar	L0120			
L1810	L1832	Knee Orthotic	L1810	L1832		
L1845		Knee Orthotic	L1845			
L1902, L1906, L2112		Ankle-foot orthotic	L1902, L1906, L2112			
L3260 & L3265		Surgical boot / shoe / sandal	L3260 & L3265			
L3650	L3670	Shoulder orthotic	L3650	L3670		
L3807, L3908		Orthotics	L3807, L3908			
L3923, L3982, L3984			L3923, L3982, L3984			
L4350, L4360, L4386, L4396		Orthotics / walking boot	L4350, L4360, L4386, L4396			