



CareOregon

Advantage **Plus** and OHP **Plus** Members Only

DME No Authorization Required List - Updated May 18, 2009

Applies to CareOregon Advantage Plus Contracted Providers

Applies to all vendors, regardless of contract status, for CareOregon OHP Members

Payment is subject to coverage guidelines (DMAP or CMS) and member eligibility!

Range Start	Range End	Description	Restriction
A4206	A4218	Miscellaneous Supplies	
A4220	A4223	Infusion Pump supplies	
A4244	A4250	Miscellaneous Supplies	
A4361	A4534	Ostomy Supplies	
A4450	A4510	Miscellaneous Supplies	
A4605	A4608	Trach supplies	
A4611	A4613	Vent Batteries	
A4614		Peak Flow meter	
A4818		Breathing Circuits	
A4623	A4629	Tracheostomy supplies	
A4635	A4640	Other DME	
A4651	A4657	Dialysis Supplies	
A4671	A4918	Dialysis Supplies	
A4928	A4929	Surgical Mask, Tourniquet	
A5051	A5093	Ostomy Supplies	
A5119	A5200	Ostomy Supplies	
A6000	A6457	Dressings	
A7000	A7002	Suction supplies	
A7041	A7046	Tracheostoma equipment	
A7501	A7527	Tracheostomy supplies	
E0100	E0159	canes, crutches and walkers	
E0190		Positioning cushion or wedge	
E0275	E0276	Bed Pans	
E0325	E0326	Urinal	
E0450		Volume Control Vent	
E0461		Volume Control Vent	
E0463	E0464	Pressure Control Vent	
E0602	E0604	Breast Pumps	Rental for not more than 60 days
E1500	E1699	Dialysis Supplies	
S8189		Tracheostomy supplies NEC	
S8265		Haberman Feeder	
S8490		Insulin Syringes	Limit to 100 syringes per month
T4521	T4535	Category I Incontinent Supplies	Limit to 220 per month
T4541 and	T4542	Category II Incontinent Supplies	Limit to 100 per month and not payable if T4537 and T4540 are provided for the same dates of service
T4537 and	T4540	Category II Incontinent Supplies	Limit to 8 in 12 month period
T4536		Category III Incontinent Supplies	Limit for 12 units in a 12 month period. Not eligible for Category I supplies for the same dates of service or anticipated coverage period
A4927		Gloves per 100 (50 pairs)	Limit 4 units per month