



Prior Authorization Code List	
Department: Utilization Management	Original Issue Date: 12.2.2021
Approver: UM Committee Date Approved: 12.2.2021	<input type="checkbox"/> Date Last Reviewed / Revised _____ OR <input type="checkbox"/> Date Last Reviewed / No Revisions _____ OR <input checked="" type="checkbox"/> New Requirements
Dependencies: • <i>Claims</i>	Effective Date: 1.1.2022

I. GENERAL INFORMATION

This list provides prior authorization guidance for providers who participate in the Mass Advantage Medicare PPO, HMO Basic, and HMO Plus plans.

- To request prior authorization, please complete and submit the [Prior Authorization Request Form](#) online or call 888-656-7783
- Member eligibility and benefit coverage can be verified by contacting Provider Services or electronically on secure Provider website.
- Note that Prior Authorization is *not required* for emergency or urgent care.
- Obtaining a prior authorization is not a guarantee of payment. In addition, while some providers may not be directly responsible for obtaining prior authorization, in some instances as a condition for payment, you may need to make sure that prior authorization has been obtained.
- As a Medicare Advantage plan, Mass Advantage is required to make coverage determinations for services through the Centers for Medicare and Medicaid Services (CMS) [National Coverage Determination \(NCD\) policies](#) and Massachusetts Medicare Administrative Contractors [Local Coverage Determination \(LCD\) policies](#). When cited by CMS, NCDs, LCDs, and Original Medicare guidance in Medicare manuals are provided for each indication listed below. When CMS citations are not available, we follow a Hierarchy of Evidence for Medical Necessity Decisions.

II. THE INDICATIONS AND SERVICES LISTED BELOW REQUIRE PRIOR AUTHORIZATION REVIEW.

1. Scheduled Inpatient Hospitalizations for Acute, Psychiatric stays; Skilled Nursing Facility stays
2. Hospital Outpatient Services: Observation, Outpatient Surgery
3. Home Health and Home Infusion
4. Rehabilitation: Cardiac/Pulmonary, Occupational Therapy
5. Medicare Part B Prescription Drugs
6. Outpatient Diagnostic Procedures and Tests: Advanced Imaging, Molecular Pathology Procedures (Genetic Testing)
7. Ambulance Services: Land, Air, Water
8. Prosthetics
9. DME: Wheelchairs, Scooters

**1. Scheduled Inpatient Hospitalizations for Acute, Psychiatric stays;
Skilled Nursing Facility stays**

Services	CPT and HCPCS Codes
<p><i>Inpatient Acute Hospitalization and Acute Psychiatric Hospitalization</i> Medicare Reference:; NCD 150.10 Lumbar Artificial Disc Replacement (LADR) NCD 150.11 Thermal Intradiscal Procedures (TIPs) NCD 150.13 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis LCD L36406 Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint LCD L33569 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) LCD L35936 Facet Joint Interventions for Pain Management: Psychiatric Inpatient Hospitalization: Medicare Benefit Policy Manual Chapter 1 – Inpatient Hospital Services;</p>	<p>23472-23474,27125,27130,27132,27134,27137,27138,27437,27438,27440-27447,27486,27487</p> <p>21685,41512,41530,41599,42145</p> <p>15820-15823,67900-67904,67906,67908,67909,67911,67914-67917,67921-67924,67950</p> <p>15830,15847</p> <p>33875,33877,33880,33881,33883,33886,34701-34706,34830-34832,34841-34843,34845-34848</p> <p>26535,26536,28110,28240,28285,28289,28291,28292,28295-28299,28306,28308,28310,28740,28750, L8641</p> <p>30400,30410,30420,30430,30435,30450,30460,30462,30468</p> <p>20999,22100-22103,22116,22206-22208,22210,22212,22214,22216,22222,22226,22510-22515,22526,22527,22532-22534,22548,22551,22552,22554,22556,22558,22585,22586,22590,22595,22600,22610,22612,22614,22630,22632-22634,22800,22802,22804,22808,22810,22812,22818,22819,22830,22840-22849,22853,22854,22856-22859,22861,22862,22867-22870,22899,27279,27280,62287,62380,63001,63003,63005,63011,63012,63015-63017,63020,63030,63035,63040,63042-63048,63050,63051,63055-63057,63064,63066,63075-63078,63081,63082,63085,63086, 63087,63088,63090,63091,63101,63102,63103,63170,63172,63173,63185,63190,63191,63194-63200,63250-63252,63265-63268,63270-63273,63275-63278,63280-63283,63285-63287,63290,63295,63300-63308,0095T,0098T,0163T,0164T,0165T,0202T,0219T,0220T,0221T,0222T,0274T,0275T,0656T,0657T,C1821,C2614,C9757,S2348, S2350,S2351</p> <p>36465,36466,36468,36470,36471,36473-36476,36478,36479,36482,36483,37500,37700,37718,37722,37735,37760,37761,37765,37766,37780,37785,</p> <p>0524T, S2202</p> <p>LTAC Level – 120 Rehab Level 1 – 120 Rehab Level 2 – 129</p>
<p><i>Skilled Nursing Facility (SNF)</i> Medicare References NCD 70.2 Consultation Services Rendered by a Podiatrist in a Nursing Facility : Medicare Benefit Policy Manual Chapter 8 – Coverage of Extended Care (SNF) Services</p>	<p>SNF admissions require prior authorization and facility and professional claims payment require a prior authorization for a facility stay.</p>
<p><i>Transplants</i></p> <p>Bone Marrow – Peripheral Stem Cell Medicare Reference NCD 110.23</p> <p>Heart/Lung Medicare Reference NCD 260.9 v.3</p>	<p>38230, 38240, 38241, 38242</p> <p>33930 and 33935</p>

Heart Medicare Reference NCD 260.9 v.3	33940, 33945, 0051T, 0052T, 0053T
Lung Medicare Reference: None	32850, 32851, 32852, 32853, 32854
Kidney Medicare Reference: None	50300, 50320, 50340, 50360, 50365, 50370, 50380, 50547
Pancreas Medicare Reference NCD 260.3 v.3	48160, 48550, 48554, 48556
Liver Medicare Reference: NCD 260.1 v.3	47135 and 47136
Intestine Medicare Reference: 260.5 v.2	44132 ,44133, 44135 ,44136
2. Hospital Outpatient Services: Observation, Outpatient Surgery	
Observation Medicare Reference: None	G0378, G0379 Revenue code 0762 for the observation charge
Outpatient Surgery and Procedures Blepharoplasty Medicare Reference: None	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67930, 67935, 67938, 67950, 37961, 37966, 37971, 37973, 37974, 37975, 60799
Abdominoplasty Medicare Reference: None	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999
Aortic, Implants, etc Medicare References: None	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34845, 34846, 34847, 34848
Bunionectomy/Hammertoe Medicare Reference: None	28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641, 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295
Rhinoplasty Medicare Reference: None	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468
Spinal Fusion, Kyphoplasty, Decompression, Vertebroplasty Medicare References: NCD 150.10 Lumbar Artificial Disc Replacement (LADR) NCD 150.11 Thermal Intradiscal Procedures (TIPs) NCD 150.13 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis LCD L36406 Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint LCD L33569 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) LCD L35936 Facet Joint Interventions for Pain Management; NCD Vertebral Axial Decompression (VAX-D) (160.16) Version 1	20999, 22100, 22101, 22102, 22103, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, C1821, C2614, C9757, S2348, S2350, S2351

<p>Varicose Veins Medicare References: LCD L33575 Varicose Veins of the Lower Extremity, Treatment of</p> <p>Attended Sleep Testing Procedures Medicare References: NCD 240.4.1 Sleep Testing for Obstructive Sleep Apnea (OSA)</p>	<p>36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T, S2202</p> <p>95806, 95807, 95808, 95810, 95811, 0466T, 0467T, 0468T, 64568</p>
<p>3. Home Health and Home Infusion</p>	
<p>Medicare Reference: NCD 290.1 Version 2 Home Health Visits to a Blind Diabetic; NCD 290.2 Home Health Nurses' Visits to Patients Requiring Heparin Injection; Medicare Benefit Policy Manual, Chapter 7- Home Health Services</p>	<p>G0068, G0069, G0070, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G2168, G2169, G0299, G0300, G0333, G0490, G0493, G0494, G0495, G0496, G0498, G9147</p>
<p>4. Rehabilitation: Cardiac/Pulmonary, Occupational Therapy</p>	
<p><i>Cardiac / Pulmonary</i> Medicare Reference: NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs; NCD 20.31.1 The Pritikin Program; NCD 20.31.2 Ornish Program for Reversing Heart Disease; NCD 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure; NCD 20.31.3 Benson-Henry Institute Cardiac Wellness Program; NCD 240.8 Pulmonary Rehabilitation Services; NCD 20.35 Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)</p> <p><i>Occupational Therapy</i> LCD L33631 Outpatient Physical and Occupational Therapy Services</p>	<p>G0422, G0423, G0424, 93668 (SET)</p> <p>Prior Authorization will begin after 30 visits regardless of level of service</p>
<p>5. Medicare Part B Prescription Drugs</p>	
<p>Medicare References: NCD 110.17 Version 1 Anti-Cancer Chemotherapy for Colorectal Cancer; NCD 110.21 Version 1 Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions; NCD 250.3 Version 1 Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases; LCD L33394 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses; LCD L33646 Botulinum Toxins</p>	<p>J0897, J0885, J9271, J0881, J9312, J0178, J2469, J2505, J0585, J9299, J1745, Q5106, J0897, J9035, J2778, J9355, J1569, J9264, J9305, J7323, J7325, J7326, J9145, J3380, J2350, J9022, J9041, J9173, J3489, J1602, J2357, J1459, J9217, J3489, J9306, J1561, J7321, Q5107, Q5111, J2353, J9034, J7324, J7325, J7321, J3262, J9228, J7327, Q5115, J7328, Q5103</p>
<p>6. Outpatient Diagnostic Procedures and Tests: Advanced Imaging, Molecular Pathology Procedures (Genetic Testing)</p>	
<p><i>Advanced Imaging</i></p> <p>Abdomen, Brain, Pelvis CT</p>	<p>74150, 74160, 74170, 70450, 70460, 70470, 72192, 72193, 72194,</p>

<p>PET Scan Medicare References: NCD 220.6.16 FDG PET for Infection and Inflammation Version 2</p>	78811, 78812, 78813, 78814, 78815, 78816
<p>Radiopharmaceutical Tumor Localization Medicare References: NCD 220.6.17 Positron Emission Tomography (FDG) for Oncologic Conditions</p>	52341, 52342, 52343
<p>Brain, Orbits, Face, Neck MRI Medicare References: NCD Magnetic Resonance Imaging (220.2) Version 6</p>	70540, 70460, 70470
<p>Brain PET Scan Medicare References: NCD220.6.19 Positron Emission Tomography (NAF-18) To Identify Bone Metastasis Of Cancer: NCD FDG PET for Dementia and Neurodegenerative Diseases (220.6.13) Version 3; NCD FDG PET for Refractory Seizures (220.6.9) Version 1</p>	78608, 78609
<p>Unlisted MRI Medicare References: NCD Magnetic Resonance Imaging (220.2) Version 6</p>	76498
<p>Functional MRI Brain Medicare References: NCD 220.6.20 Beta-Amyloid Positron-Tomography in Dementia and Neurodegenerative Disease</p>	70551, 70552, 70553
<p>Transthoracic Echocardiogram Medicare References: NCD 220.5 Version 3 Ultrasound Diagnostic Procedures; LCD L33577 Revision 15 Transthoracic Echocardiography (TTE); LCD L33579 Revision 11 Transesophageal Echocardiography (TEE)</p>	93303, 93304, 93305, 93307,93308, 93320, 93321, 93322
<p>Heart Catheterization Medicare References: NCD 220.2 Version 6 Magnetic Resonance Imaging; LCD L33557 Revision 14 Cardiac Catheterization and Coronary Angiography</p>	93452, 93454, 93455, 93456,93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93465, 93466, 93467, 93468
<p>Stress Echocardiogram Medicare References: NCD 220.5 Version 3 Ultrasound Diagnostic Procedures; LCD L33577 Revision 15 Transthoracic Echocardiography (TTE)</p>	93350, 93351, 93320, 93321, 93325, 93352
<p>CTA Coronary Arteries Medicare References: LCD L33559 Revision 5 Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)</p>	75574

<p>Cardiac Resynchronization Therapy Medicare References: NCD 20.4 Version 4 Implantable Automatic Defibrillators</p> <p><i>Genetic Testing</i> Medicare Reference: NCD 90.2 Version 2 Next Generation Sequencing; NCD 190.7 Human Tumor Stem Cell Drug Sensitivity Assays; LCD L38371 Multimarker Serum Tests Related to Ovarian Cancer Testing; LCD L35000 Molecular Pathology Procedures</p>	<p>33221, 33224, 33225, 33231</p> <p>81105-81112, 81120, 81121, 81161,81162, 81163, 81164, 81165, 81166, 81167, 81170-81190, ,81200- 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227-81270, 81235, 81236, 81237, 81245, 81246, 81256, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81272, 81273, 81275, 81276,81287, 81301, 81305, 81307, 81308, 81309, 81310, 81311, 81313, 81314, 81315, 81316, 81332, 81334, 81335, 81340, 81341, 81342, 81345, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81518, 81519, 81520, 81595, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81233, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81306, 81312, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81333, 81343, 81344, 81599, 81105–81112, 81161, 81171, 81172, 81173, 81174, 81200, 81201, 81202, 81203, 81204, 81205, 81227, 81228, 81229, 81230, 81231, 81232, 81234, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81269, 81271, 81274, 81277, 81283, 81284, 81285, 81286, 81289, 81290, 81291, 81302, 81303, 81304, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81336, 81337, 81346, 81350, 81355, 81361–81364, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81448, 81455, 81460, 81465, 81470, 81471, 81493, 81500, 81503, 81504, 81507, 81521, 81522, 81525, 81535, 81536, 81538, 81540, 81541, 81542, 81545, 81551, 81552</p>
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7. Ambulance Services: Land, Air, Water

Medicare References: Medicare Benefit Policy Manual Chapter 10 – Ambulance Services	No Prior Authorization is required for emergency or urgent care.
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8. Prosthetics

Medicare References: NCD 230.10 Version 1 Incontinence Control Devices ; NCD 50.3 Version 2 Cochlear Implantation ; NCD 230.15 Version 1 Electrical Continence Aid ; NCD 50.2 Electronic Speech Aids ; NCD 230.17 Urinary Drainage Bags ; LCD L33787 Revision 7 Lower Limb Prostheses ; LCD L34824 Revision 8 Vacuum Erection Devices (VED) ; LCD L33317 Revision 8 External Breast Prostheses ; LCD L33738 Revision 5 Facial Prostheses ; Medicare Benefit Policy Manual Chapter 15, Section 120 Prosthetic Devices .	<p>Note: The below codes exceed \$1,000 and require Prior Authorization review</p> <table border="1"> <tr><td>L5010</td><td>L5020</td><td>L5050</td><td>L5060</td><td>L5100</td><td>L5105</td></tr> <tr><td>L5510</td><td>L5520</td><td>L5530</td><td>L5535</td><td>L5540</td><td>L5560</td></tr> <tr><td>L5700</td><td>L5701</td><td>L5702</td><td>L5703</td><td>L5704</td><td>L5705</td></tr> <tr><td>L5856</td><td>L5857</td><td>L5858</td><td>L5859</td><td>L5930</td><td>L5960</td></tr> <tr><td>L6250</td><td>L6300</td><td>L6310</td><td>L6320</td><td>L6350</td><td>L6360</td></tr> <tr><td>L6590</td><td>L6621</td><td>L6624</td><td>L6638</td><td>L6646</td><td>L6648</td></tr> <tr><td>L6883</td><td>L6884</td><td>L6885</td><td>L6900</td><td>L6905</td><td>L6910</td></tr> <tr><td>L7181</td><td>L7185</td><td>L7186</td><td>L7190</td><td>L7191</td><td>L7259</td></tr> <tr><td>L8044</td><td>L8044</td><td>L8045</td><td>L8046</td><td>L8047</td><td>L8609</td></tr> <tr><td>L5150</td><td>L5160</td><td>L5200</td><td>L5210</td><td>L5220</td><td>L5230</td></tr> <tr><td>L5570</td><td>L5580</td><td>L5585</td><td>L5590</td><td>L5595</td><td>L5600</td></tr> <tr><td>L5706</td><td>L5707</td><td>L5718</td><td>L5724</td><td>L5726</td><td>L5728</td></tr> <tr><td>L5961</td><td>L5964</td><td>L5966</td><td>L5968</td><td>L5973</td><td>L5979</td></tr> <tr><td>L6370</td><td>L6380</td><td>L6382</td><td>L6384</td><td>L6400</td><td>L6450</td></tr> <tr><td>L6693</td><td>L6696</td><td>L6697</td><td>L6707</td><td>L6709</td><td>L6712</td></tr> <tr><td>L6920</td><td>L6925</td><td>L6930</td><td>L6935</td><td>L6940</td><td>L6945</td></tr> <tr><td>L8035</td><td>L8040</td><td>L8041</td><td>L8042</td><td>L8043</td><td>L8044</td></tr> <tr><td>L8614</td><td>L8619</td><td>L8627</td><td>L8628</td><td>L8631</td><td>L8659</td></tr> <tr><td>L5250</td><td>L5270</td><td>L5280</td><td>L5301</td><td>L5312</td><td>L5321</td></tr> <tr><td>L5610</td><td>L5611</td><td>L5613</td><td>L5614</td><td>L5616</td><td>L5639</td></tr> </table>	L5010	L5020	L5050	L5060	L5100	L5105	L5510	L5520	L5530	L5535	L5540	L5560	L5700	L5701	L5702	L5703	L5704	L5705	L5856	L5857	L5858	L5859	L5930	L5960	L6250	L6300	L6310	L6320	L6350	L6360	L6590	L6621	L6624	L6638	L6646	L6648	L6883	L6884	L6885	L6900	L6905	L6910	L7181	L7185	L7186	L7190	L7191	L7259	L8044	L8044	L8045	L8046	L8047	L8609	L5150	L5160	L5200	L5210	L5220	L5230	L5570	L5580	L5585	L5590	L5595	L5600	L5706	L5707	L5718	L5724	L5726	L5728	L5961	L5964	L5966	L5968	L5973	L5979	L6370	L6380	L6382	L6384	L6400	L6450	L6693	L6696	L6697	L6707	L6709	L6712	L6920	L6925	L6930	L6935	L6940	L6945	L8035	L8040	L8041	L8042	L8043	L8044	L8614	L8619	L8627	L8628	L8631	L8659	L5250	L5270	L5280	L5301	L5312	L5321	L5610	L5611	L5613	L5614	L5616	L5639
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L5706	L5707	L5718	L5724	L5726	L5728																																																																																																																				
L5961	L5964	L5966	L5968	L5973	L5979																																																																																																																				
L6370	L6380	L6382	L6384	L6400	L6450																																																																																																																				
L6693	L6696	L6697	L6707	L6709	L6712																																																																																																																				
L6920	L6925	L6930	L6935	L6940	L6945																																																																																																																				
L8035	L8040	L8041	L8042	L8043	L8044																																																																																																																				
L8614	L8619	L8627	L8628	L8631	L8659																																																																																																																				
L5250	L5270	L5280	L5301	L5312	L5321																																																																																																																				
L5610	L5611	L5613	L5614	L5616	L5639																																																																																																																				

L5780	L5781	L5782	L5795	L5814	L5818
L5980	L5981	L5987	L5988	L5990	L6000
L6500	L6550	L6570	L6580	L6582	L6584
L6713	L6714	L6715	L6721	L6722	L6880
L6950	L6955	L6960	L6965	L6970	L6975
K1007	K1014	K1015			
L8681	L8682	L8683	L8689	L8690	L8691
L5331	L5341	L5400	L5420	L5500	L5505
L5643	L5647	L5649	L5651	L5681	L5683
L5822	L5824	L5826	L5828	L5830	L5840
L6010	L6020	L6026	L6050	L6055	L6100
L6586	L6588	L6110	L6120	L6130	L6200
L6881	L6882	L5845	L5848	L6205	L7180
L7007	L7008	L7009	L7040	L7045	L7170
L8693					

The below codes are less than \$1,000 and do not require Prior Authorization. However, medical record documentation must be provided upon request.

L5000	L5410	L5430	L5450	L5460	L5617
L5632	L5634	L5636	L5637	L5638	L5640
L5655	L5656	L5658	L5661	L5665	L5666
L5679	L5680	L5682	L5684	L5685	L5686
L5710	L5711	L5712	L5714	L5716	L5722
L5920	L5925	L5940	L5950	L5962	L5970
L5986	L6386	L6388	L6600	L6605	L6610
L6632	L6635	L6637	L6640	L6641	L6642
L6676	L6677	L6680	L6682	L6684	L6686
L6703	L6704	L6706	L6708	L6711	L6805
L7368	L7400	L7401	L7402	L7403	L7404
L8032	L8047	L8400	L8410	L8415	L8417
L8500	L8501	L8507	L8509	L8510	L8511
L8607	L8610	L8612	L8613	L8615	L8616
L8641	L8642	L8658	L8670	L8684	L8694
L5618	L5620	L5622	L5624	L5626	L5628
L5642	L5644	L5645	L5646	L5648	L5650
L5668	L5670	L5671	L5672	L5673	L5676
L5688	L5690	L5692	L5694	L5695	L5696
L5785	L5790	L5810	L5811	L5812	L5816
L5971	L5972	L5974	L5975	L5976	L5978
L6611	L6615	L6616	L6620	L6623	L6625
L6645	L6647	L6650	L6655	L6660	L6665
L6687	L6688	L6689	L6690	L6691	L6692
L6810	L6890	L6895	L6915	L7360	L7362
L7405	L7700	L8000	L8001	L8002	L8015
L8420	L8430	L8435	L8440	L8460	L8465
L8512	L8513	L8514	L8515	L8600	
L8617	L8618	L8621	L8622	L8623	
L8695	L8696	L8630			
L5629	L5630	L5631			
L5652	L5653	L5654			
L5677	L5678	L5679			
L5697	L5698	L5699			
L5850	L5855	L5910			
L5982	L5984	L5985			
L6628	L6629	L6630			
L6670	L6672	L6675			
L6694	L6695	L6698			
L7364	L7366	L7367			
L8020	L8030	L8031			
L8470	L8480	L8485			

	L8605 L8625	L8606 L8629	L8624 L8603			
9. DME: Wheelchairs, Scooters						
Medicare references: NCD 280.1 Version 2 Durable Medical Equipment Reference List NCD 280.3 Version 2 Mobility Assistive Equipment (MAE) NCD 280.15 Version 1 INDEPENDENCE iBOT 4000 Mobility System LCD L33788 Revision 4 Manual Wheelchair Bases LCD L33789 Revision 7 Power Mobility Devices LCD L33792 Wheelchair Options/Accessories LCD L33312 Wheelchair Seating	Note: A Wheelchair and Power Operated Vehicle Medical Necessity and Home Environment Evaluation Form must be completed and submitted prior to purchase					
	K0880 K0868 K0858 K0851 K0840 K0830 K0823 K0813 K0800 K0009 E2351 E1226 E1005 E0986	K0884 K0869 K0859 K0852 K0841 K0831 K0824 K0814 K0801 K0010 E2626 E1230 E1006	K0885 K0870 K0860 K0853 K0842 K0835 K0825 K0815 K0802 K0011 E2627 E1296 E1007	K0886 K0871 K0861 K0854 K0843 K0836 K0826 K0816 K0806 K0012 E2628 E2204 E1008	K0898 K0877 K0862 K0855 K0848 K0837 K0827 K0820 K0807 K0013 E2629 E2341 E1035	K0899 K0878 K0863 K0856 K0849 K0838 K0828 K0821 K0808 K0014 E2630 E2342 E1036
	Note: The below codes do NOT require Prior Authorization, however, claims for these items will not be paid unless a Medical Necessity and Home Environment Evaluation Form is completed.					
	K0072 K0052 K0043 K0020 K0004 E2625 E2616 E2607 E2397 E2389 E2382 E2373 E2366 E2359 E2325 E2311 E2224 E2216 E2209 E2201 E1238 E1231 E1222 E1171 E1093 E1060 E1050 E1028 E1012	K0073 K0053 K0044 K0037 K0006 E2631 E2619 E2608 E2601 E2390 E2383 E2374 E2367 E2360 E2326 E2312 E2225 E2217 E2210 E2202 E1240 E1232 E1223 E1172 E1100 E1070 E1060 E1029 E1014	K0077 K0056 K0045 K0038 K0007 E2632 E2620 E2611 E2602 E2391 E2384 E2375 E2368 E2361 E2327 E2313 E2226 E2218 E2211 E2203 E1270 E1233 E1224 E1180 E1110 E1083 E1070 E1030 E1015	K0098 K0065 K0046 K0039 K0015 E2633 E2621 E2612 E2603 E2392 E2385 E2376 E2369 E2362 E2328 E2321 E2227 E2219 E2212 E2205 E1280 E1234 E1225 E1190 E1150 E1084 E1083 E1031 E1016	K0105 K0069 K0047 K0040 K0017 K0001 E2622 E2613 E2604 E2394 E2386 E2377 E2370 E2361 E2329 E2322 E2228 E2220 E2213 E2206 E1295 E1235 E1226 E1195 E1160 E1087 E1084 E1037 E1017	K0195 K0070 K0050 K0041 K0018 K0002 E2623 E2614 E2605 E2395 E2387 E2378 E2371 E2362 E2330 E2323 E2221 E2214 E2207 E1297 E1236 E1227 E1200 E1161 E1088 E1087 E1038 E1018
	K0733 K0071 K0051 K0042 K0019 K0003 E2624 E2615 E2606 E2396 E2388 E2381 E2372 E2363 E2340 E2324 E2310 E2222 E2215 E2208 E1298 E1237 E1228 E1221 E1170 E1092 E1088 E1039 E1020					

	E0995	E1002	E1003	E1004	E1009	E1010	E1011
	E0983	E0984	E0985	E0988	E0990	E0992	E0994
	E0971	E0973	E0974	E0978	E0980	E0981	E0982
	E0959	E0960	E0961	E0966	E0967	E0968	E0969
	E0952	E0953	E0954	E0955	E0956	E0957	E0958
	E0705	E0950	E0951				