



Prior Authorization Code List:	
Department: Utilization Management	Original Issue Date: 12.2.2021
Approver: UM Committee Date Approved:	Date Last Reviewed: 06/02/2023 <input checked="" type="checkbox"/> Revised <input type="checkbox"/> No Revisions <input type="checkbox"/> New Requirements
Dependencies: <i>Claims</i>	Effective Date: 1.1.2023

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](#) via fax 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 prior authorization review.

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
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: Specific High-Dollar Equipment

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></p> <ul style="list-style-type: none"> No Prior Authorization required on admission. (5 days authorized on admission), Notice of Admission required Continued stay review required Retrospective admission requires review <p>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, 15821, 15822, 15823, 15877, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950</p> <p>15830, 15847</p> <p>33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 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</p> <p>22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632-22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830</p> <p>22840-22849, 22853, 22854, 22856-22859, 22861, 22862, 22867-22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015-63017</p> <p>63020, 63030, 63035, 63040, 63042-63048, 63050, 63051, 63054, 63055-63057, 63064, 63066, 63075-63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103</p> <p>63170, 63172, 63173, 63185, 63190, 63191, 63194-63200, 63250-63252, 63265-63268, 63270-63273, 63275-63278, 63280-63283, 63285-63287, 63290</p> <p>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 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. Both facility and professional claim 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>Heart Medicare Reference NCD 260.9 v.3</p> <p>Lung Medicare Reference: None</p> <p>Kidney Medicare Reference: None</p> <p>Pancreas Medicare Reference NCD 260.3 v.3</p> <p>Liver Medicare Reference: NCD 260.1 v.3</p> <p>Intestine Medicare Reference: 260.5 v.2</p>	<p>38230, 38240, 38241, 38242</p> <p>33930 and 33935</p> <p>33940, 33945, 0051T, 0052T, 0053T</p> <p>32850, 32851, 32852, 32853, 32854</p> <p>50300, 50320, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>48160, 48550, 48554, 48556</p> <p>47135 and 47136</p> <p>44132, 44133, 44135, 44136</p>
<p>2. Hospital Outpatient Services: Observation, Outpatient Surgery</p>	
<p><i>Observation</i> Medicare Reference: None</p>	<p>99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99234, 99235, 99236, G0378, G0379</p> <p>Revenue Code 0760, 0761, 0762 for the Observation Charge</p> <p><i>Observation services generally do not exceed 24 hours. It should be very rare that observation services should exceed 48 hours; usually they will be less than 24 hours in duration.</i></p>
<p><i>Outpatient Surgery and Procedures</i></p> <p>Blepharoplasty Medicare Reference: None</p> <p>Abdominoplasty Medicare Reference: None</p> <p>Aortic, Implants, etc Medicare References: None</p> <p>Bunionectomy/Hammertoe Medicare Reference: None</p> <p>Rhinoplasty Medicare Reference: None</p>	<p>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</p> <p>15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999</p> <p>33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34845, 34846, 34847, 34848</p> <p>28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641, 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295</p> <p>20912, 21210, 30465, 30520, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468</p>

<p>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</p> <p>Varicose Veins Medicare References: LCD L33575, Treatment of</p> <p>Attended Sleep Testing Procedures Medicare References: NCD 240.4.1 Sleep Testing for Obstructive Sleep Apnea (OSA)</p>	<p>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> <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</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>G0422, G0423, G0424, 93668, 93737 and 93798</p>

5. Medicare Part B Prescription Drugs	
<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, 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, J3590, J7320, J7322, J7325, Q5118</p>
6. Outpatient Diagnostic Procedures and Tests: Advanced Imaging, Molecular Pathology Procedures (Genetic Testing)	
<i>Advanced Imaging</i>	
<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>	<p>78811, 78812, 78813, 78814, 78815, 78816</p>
<p>Radiopharmaceutical Tumor Localization Medicare References: NCD 220.6.17 Positron Emission Tomography (FDG) for Oncologic Conditions</p>	<p>52341, 52342, 52343</p>
<p>Brain, Orbits, Face, Neck MRI Medicare References: NCD Magnetic Resonance Imaging (220.2) Version 6</p>	<p>70540, 70460, 70470</p>
<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>	<p>78608, 78609</p>
<p>Unlisted MRI Medicare References: NCD Magnetic Resonance Imaging (220.2) Version 6</p>	<p>76498</p>
<p>Functional MRI Brain Medicare References: NCD 220.6.20 Beta-Amyloid Positron-Tomography in Dementia and Neurodegenerative Disease</p>	<p>70551, 70552, 70553</p>

<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>	33221, 33224, 33225, 33321
<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>	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81113, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81200, 81201, 81202, 81203, 81204, 81205, 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, 81278, 81287, 81301, 81305, 81307, 81308, 81309, 81310, 81311, 81313, 81314, 81315, 81316, 81332, 81334, 81335, 81338, 81340, 81341, 81342, 81345, 81347, 81365, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81384, 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,, 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, 81384, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81420, 81422, 81425, 81426, 81427, 81428, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81448, 81455, 81460, 81465, 81470, 81471, 81493, 81500, 81503, 81504, 81507, 81521, 81522, 81523, 81525, 81535, 81536, 81538, 81540, 81541, 81542, 81543, 81545, 81551, 81552

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. No Prior Authorization is required for facility-to-facility transport. Ambulance transport greater than 50 miles requires medical necessity review.								
8. Prosthetics									
	Note: The below codes exceed \$1,000 and require Prior Authorization review								
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 .	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	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	L5969	L5999	L7499	L7510	L7520	L7600
	L7902	L8010	L8033	L8039	L8048	L8049	L8499	L8505	L8604
	L8608	L8679	L8680	L8685	L8686	L8687	L8688	L8692	L8693
	L8698	L8699	L8701	L8702					
	Note: 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 L8606 L8624 L8625 L8629 L8603
9. Durable Medical Equipment (DME)	
DME: Specific High-Dollar Equipment 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. The below codes require Prior Authorization. E0277, E0350, E0352, E0370, E0425, E0430, E0435, E0440, E0466, E0482, E0483, E0485, E0486, E0500, E0610, E0615, E0616, E0617, E0620, E0625, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0656, E0657, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0694, E0744, E0745, E0746, E0747, E0748, E0749, E0755, E0760, E0761, E0762, E0764, E0765, E0766, E0769, E0770, E0782, E0783, E0784, E0785, E0786, E0787, E0791, E0830, E0936, E0941, E0986, E1005, E1006, E1007, E1008, E1035, E1036, E1220, E1226, E1229, E1230, E1239, E1296, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1570, E1575, E1580, E1590, E1592, E1594, E1600, E1610, E1615, E1620, E1625, E1629, E1630, E1632, E1635, E1699, E1902, E2204, E2331, E2341, E2342, E2343, E2351, E2358, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2626, E2627, E2628, E2629, E2630, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0455, K0606, K0730, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0884, K0885, K0886, K0890, K0891, K0898, K0899, K0900, K1001, K1002, K1003, K1004, K1006, K1016, K1018, K1020, K1023, K1024, K1025, K1027, K1028, K1029, K1031, K1032, K1033, Q0479, Q0480, Q0481, Q0482, Q0483, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, T2029
	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 K0073 K0077 K0098 K0105 K0195 K0733 K0052 K0053 K0056 K0065 K0069 K0070 K0071 K0043 K0044 K0045 K0046 K0047 K0050 K0051 K0020 K0037 K0038 K0039 K0040 K0041 K0042 K0004 K0006 K0007 K0015 K0017 K0018 K0019 E2625 E2631 E2632 E2633 K0001 K0002 K0003 E2616 E2619 E2620 E2621 E2622 E2623 E2624 E2607 E2608 E2611 E2612 E2613 E2614 E2615 E2397 E2601 E2602 E2603 E2604 E2605 E2606 E2389 E2390 E2391 E2392 E2394 E2395 E2396 E2382 E2383 E2384 E2385 E2386 E2387 E2388 E2373 E2374 E2375 E2376 E2377 E2378 E2381 E2366 E2367 E2368 E2369 E2370 E2371 E2372 E2359 E2360 E2361 E2362 E2361 E2362 E2363 E2325 E2326 E2327 E2328 E2329 E2330 E2340 E2311 E2312 E2313 E2321 E2322 E2323 E2324 E2224 E2225 E2226 E2227 E2228 E2231 E2310 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2209 E2210 E2211 E2212 E2213 E2214 E2215 E2201 E2202 E2203 E2205 E2206 E2207 E2208 E1238 E1240 E1270 E1280 E1295 E1297 E1298 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1222 E1223 E1224 E1225 E1226 E1227 E1228 E1171 E1172 E1180 E1190 E1195 E1200 E1221 E1093 E1100 E1110 E1150 E1160 E1161 E1170 E1060 E1070 E1083 E1084 E1087 E1088 E1092 E1050 E1060 E1070 E1083 E1084 E1087 E1088 E1028 E1029 E1030 E1031 E1037 E1038 E1039 E1012 E1014 E1015 E1016 E1017 E1018 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