



AllWays Health Partners Prior Authorization Required for DME, Medical Supplies, Oxygen Related Equipment, Orthotics, Prosthetics and Hearing Aids

The DME, Medical Supplies, Oxygen Supplies, Orthotics, Prosthetics and Hearing Aid services listed below require a prior authorization (PA) and need to be obtained from an AllWays Health Partners contracted provider or vendor. This table is not intended to be a statement on benefit coverage for all AllWays products offered under a plan type. Some Products in a plan type may not cover a service included in this chart or may have restricted coverage. Prior to providing services, providers and vendors should check Member eligibility, and evidence of coverage for the Member's product/plan. (Revised 6/23/2020)		
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
A4335	Incontinence supply, miscellaneous	<i>These incontinence supplies are covered only for MassHealth benefit plans, when medically necessary. PA is required. These supplies are not covered on any AllWays Health Partners commercial product or plan. See also: codes T4521 - T4544</i>
A4421	Ostomy supply; miscellaneous	
A4575	Topical hyperbaric oxygen chamber, disposable	
A4604	<i>Tubing with integrated heating element for use with positive airway pressure device</i>	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A4649	Surgical supply; miscellaneous	
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	
A6502	Compression burn garment, chin strap, custom fabricated	
A6503	Compression burn garment, facial hood, custom fabricated	
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	
A6549	Gradient compression stocking/sleeve, not otherwise specified	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7030	Full face mask used with positive airway pressure device, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7031	Face mask interface, replacement for full face mask, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7032	Cushion for use on nasal mask interface, replacement only, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>



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A7035	Headgear used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7036	Chinstrap used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7037	Tubing used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7044	Oral interface used with positive airway pressure device, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
A7038	Filter, disposable, used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7039	Filter, non-disposable, used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7044	Oral interface used with positive airway pressure device, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	<i>Sleep Management Solutions, LLC ONLY (a.k.a. CareCentrix)</i>
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1-day supply	PA is required for this service on/after 07/01/15: There is no Member cost sharing for this diabetes care item for MassHealth benefit plans, commercial HMO plans and PPO plans (if in-network provider). HSA plans and PPO plans may have Member cost sharing (if out-of-network provider).
A9277	Transmitter; external, for use with interstitial continuous glucose (CGM) monitoring system, each	PA is required for this service on/after 07/01/15: There is no Member cost sharing for this diabetes care item for MassHealth benefit plans, commercial HMO plans and PPO plans (if in-network provider). HSA plans and PPO plans may have Member cost sharing (if out-of-network provider).
A9278	Receiver (monitor); external, for use with interstitial continuous glucose (CGM) monitoring system, each	PA is required for this service on/after 07/01/15: There is no Member cost sharing for this diabetes care item for MassHealth benefit plans, commercial HMO plans and PPO plans (if in-network provider). HSA plans and PPO plans may have Member cost sharing (if out-of-network provider).
A9280	Alert or alarm device, not otherwise classified	Enuresis alarm
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.



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B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4104	Additive for enteral formula (e.g. fiber)	<i>1 UNIT = 1 product unit</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>



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B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>



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B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<i>UNIT specified to be used by DME Providers only. Home Infusion Providers: use 1 UNIT = 1 product unit.</i>
<i>B4164</i>	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	<i>Home Infusion Providers ONLY</i>
<i>B4168</i>	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) – home mix	<i>Home Infusion Providers ONLY</i>
<i>B4172</i>	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – home mix	<i>Home Infusion Providers ONLY</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
<i>B4176</i>	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – home mix	<i>Home Infusion Providers ONLY</i>
<i>B4178</i>	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit)- home mix	<i>Home Infusion Providers ONLY</i>
<i>B4180</i>	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 unit) – home mix	<i>Home Infusion Providers ONLY</i>
<i>B4185</i>	Parenteral nutrition solution, per 10 grams lipids	<i>Home Infusion Providers ONLY</i>
<i>B4187</i>	Omegaven, 10 g lipids	
<i>B4189</i>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	<i>Home Infusion Providers ONLY</i>
<i>B4193</i>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	<i>Home Infusion Providers ONLY</i>
<i>B4197</i>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	<i>Home Infusion Providers ONLY</i>
<i>B4199</i>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	<i>Home Infusion Providers ONLY</i>



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B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) home mix per day	Home Infusion Providers ONLY
B4220	Parenteral nutrition supply kit; premix, per day	Home Infusion Providers ONLY
B4222	Parenteral nutrition supply kit; home mix, per day	Home Infusion Providers ONLY
B4224	Parenteral nutrition administration kit, per day	Home Infusion Providers ONLY
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn rf, nephramine, renamine - premix	Home Infusion Providers ONLY
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine hbc, hepatamine - premix	Home Infusion Providers ONLY
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
B5200	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Home Infusion Providers ONLY
B9004	Parenteral nutrition infusion pump, portable	
B9006	Parenteral nutrition infusion pump, stationary	
B9998	Miscellaneous enteral feeding supply	
E0118	Crutch substitute, lower leg platform, with or without wheels, each	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	
E0172	Seat lift mechanism placed over or on top of toilet, any type	
E0193	Powered air flotation bed (low air loss therapy)	Rent to purchase fee
E0194	Air fluidized bed	Rent to purchase fee
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	Not Payable per MassHealth
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	



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E0277	Powered pressure-reducing air mattress	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	
E0296	Hospital bed, total electric (head, foot and height adjustments). without side rails, with mattress	
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
E0328	Hospital bed, pediatric, manual, 360-degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	
E0329	Hospital bed, pediatric, electric or semi-electric, 360-degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	
E0372	Powered air overlay for mattress, standard mattress length and width	
E0373	Nonpowered advanced pressure reducing mattress	
E0462	Rocking bed with or without side rails	



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E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) [new code, effective: 01/01/2016]	PA is required for home ventilators as of 01/01/2016. Note: codes E0450, E0460, E0461, E0463 and E0464 were deleted 12/31/2015
E0466	Home ventilator, any type, used with invasive non-interface, (e.g., mask, chest shell) [new code, effective: 01/01/2016]	PA is required for home ventilators as of 01/01/2016. Note: codes E0450, E0460, E0461, E0463 and E0464 were deleted 12/31/2015
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	<i>Sleep Management Solutions, LLC ONLY (a.k.a. Care Centrix)</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	<i>Sleep Management Solutions, LLC ONLY (a.k.a. Care Centrix)</i>
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	
E0481	Intrapulmonary percussive ventilation system and related accessories	
E0482	Cough stimulating device, alternating positive and negative airway pressure	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Not Payable per MassHealth
E0561	Humidifier, non-heated, used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. Care Centrix)</i>
E0562	Humidifier, heated, used with positive airway pressure device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. Care Centrix)</i>
E0565	Compressor, air power source for equipment which is not self-contained, or cylinder driven	
E0601	Continuous positive airway pressure (cpap) device	<i>Sleep Management Solutions, LLC ONLY (a.k.a. Care Centrix)</i>
E0617	External defibrillator with integrated electrocardiogram analysis	
E0635	Patient lift, electric with seat or sling	



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E0636	Multipositional patient support system, with integrated lift, patient accessible controls	
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	
E0640	Patient lift, fixed system, includes all components/accessories	
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	
E0700	Safety equipment, device or accessory, any type	
E0710	Restraints, any type (body, chest, wrist or ankle)	
E0745	Neuromuscular stimulator, electronic shock unit	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	



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E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0791	Parenteral infusion pump, stationary, single or multi-channel	
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	
E0986	Manual wheelchair accessory, push activated power assist, each	
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	
E1002	Wheelchair accessory, power seating system, tilt only	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	
E1012	Trapeze Equipment, Fracture Frame & Other Orthopdic Devices	
E1030	Wheelchair accessory, ventilator tray, gimbaled	
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	



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E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating leg rests	
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	
E1161	Manual adult size wheelchair, includes tilt in space	
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating leg rests	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	
E1229	Wheelchair, pediatric size, not otherwise specified	
E1230	Power operated vehicle (three or four-wheel nonhighway) specify brand name and model number	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1399	Durable medical equipment, miscellaneous	



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E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	
E2230	Manual wheelchair accessory, manual standing system	
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E2300	Wheelchair accessory, power seat elevation system, any type	
E2301	Wheelchair accessory, power standing system, any type	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	



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E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	



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E2402	Negative pressure wound therapy electrical pump, stationary or portable	
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	
E2511	Speech generating software program, for personal computer or personal digital assistant	
E2512	Accessory for speech generating device, mounting system	
E2599	Accessory for speech generating device, not otherwise classified	
E2609	Custom fabricated wheelchair seat cushion, any size	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
E2610	Wheelchair seat cushion, powered	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	



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G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face to face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	PA required DME cost sharing <u>does not</u> apply
G0249	Provision of test materials and equipment for home INR monitoring of patients with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to the physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four (4) tests	PA required DME cost sharing <u>does not</u> apply
K0009	Other manual wheelchair/base	
K0010	Standard - weight frame motorized/power wheelchair	
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0013	Custom motorized/power wheelchair base	
K0014	Other motorized/power wheelchair base	
K0108	Wheelchair component or accessory, not otherwise specified	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	
K0730	Controlled dose inhalation drug delivery system	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	



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K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	



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K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	



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K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	



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K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0900	Customized durable medical equipment, other than wheelchair	



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L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	<i>TLSO = Thoracic-Lumbar-Spinal Orthotic</i>
L0464	TLSO, triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	<i>TLSO = Thoracic-Lumbar-Spinal Orthotic</i>
L0480	TLSO, triplanar control, 1-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	<i>TLSO = Thoracic-Lumbar-Spinal Orthotic</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L0482	TLSO, triplanar control, 1- piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	<i>TLSO = Thoracic-Lumbar-Spinal Orthotic</i>
L0484	TLSO, triplanar control, 2- piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	<i>TLSO = Thoracic-Lumbar-Spinal Orthotic</i>

L0486	TLSO, triplanar control, 2-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	<i>TLSO = Thoracic-Lumbar-Spinal Orthotic</i>
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	
L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	<i>LSO = Lumbar-Spinal Orthotic</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L0634	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	<i>LSO = Lumbar-Spinal Orthotic</i>
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0700	CTLTO, anterior-posterior-lateral control, molded to patient model, (Minerva type)	<i>CTLTO = Cervical-Thoracic-Lumbar-Spinal Orthotic</i>
L0710	CTLTO, anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	<i>CTLTO = Cervical-Thoracic-Lumbar-Spinal Orthotic</i>
L0810	Halo procedure, cervical halo incorporated into jacket vest	



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L0820	Halo procedure, cervical halo incorporated into plaster body jacket	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	
L0999	Addition to spinal orthosis, not otherwise specified	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	
L1300	Other scoliosis procedure, body jacket molded to patient model	
L1310	Other scoliosis procedure, post-operative body jacket	
L1499	Spinal orthosis, not otherwise specified	
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
L1700	Legg Perthes orthosis, (Toronto type), custom-fabricated	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom-fabricated	
L1730	Legg Perthes orthosis, (Scottish rite type), custom-fabricated	
L1755	Legg Perthes orthosis, (Patten bottom type), custom-fabricated	
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (uni-centric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	



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L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom- fabricated	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L2999	Lower extremity orthoses, not otherwise specified	
L3212	Benesch boot, pair, infant	
L3213	Benesch boot, pair, child	
L3214	Benesch boot, pair, junior	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	
L3251	Foot, shoe molded to patient model, silicone shoe, each	
L3254	Non-standard size or width	
L3255	Non-standard size or length	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom-fabricated	
L3904	Wrist hand finger orthosis, external powered, electric, custom-fabricated	



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L3961	SEWHO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3967	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3971	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3973	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3975	SEWHO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L3976	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3977	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3978	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	<i>SEWHO = Shoulder-Elbow-Wrist-Hand Orthotic</i>
L3999	Upper limb orthosis, not otherwise specified	
L4000	Replace girdle for spinal orthosis (CTLSS or so)	
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	
L5010	Partial foot, molded socket, ankle height, with toe filler	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, symes, molded socket, sach foot	



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L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot	
L5100	Below knee, molded socket, shin, sach foot	
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	



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L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	
L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	
L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	
L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open-end socket	
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open-end socket	
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	



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L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	
L5639	Addition to lower extremity, below knee, wood socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	
L5700	Replacement, socket, below knee, molded to patient model	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	
L5707	Custom shaped protective cover, hip disarticulation	



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L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control	
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	



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L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor	
L5930	Addition, endoskeletal system, high activity knee control frame	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	
L5980	All lower extremity prostheses, flex foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5999	Lower extremity prosthesis, not otherwise specified	
L6000	Partial hand, thumb remaining	
L6010	Partial hand, little and/or ring finger remaining	
L6020	Partial hand, no finger remaining	



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L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	
L6380	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	
L6382	Immediate post-surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	
L6384	Immediate post-surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	



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L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, molded to patient model	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, direct formed	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, direct formed	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	



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L6624	Upper extremity addition, flexion/extension and rotation wrist unit	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
L6646	Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	



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L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	



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L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	
L7007	Electric hand, switch or myoelectric controlled, adult	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	
L7009	Electric hook, switch or myoelectric controlled, adult	
L7040	Prehensile actuator, switch controlled	
L7045	Electric hook, switch or myoelectric controlled, pediatric	
L7170	Electronic elbow, hosmer or equal, switch controlled	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	



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L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	
L7186	Electronic elbow, child, variety village or equal, switch controlled	
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	
L7259	Electronic wrist rotator, any type	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
L7499	Upper extremity prosthesis, not otherwise specified	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	
L8039	Breast prosthesis, not otherwise specified	
L8499	Unlisted procedure for miscellaneous prosthetic services	
L8614	Cochlear device, includes all internal and external components	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	
L8621	Zinc air battery for use with cochlear implant device, replacement, each	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	
L8627	Cochlear implant, external speech processor, component, replacement	
L8628	Cochlear implant, external controller component, replacement	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	



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L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, replacement	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	
L8693	Auditory osseointegrated device abutment, any length, replacement only	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "I" code	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
S0515	Scleral lens, liquid bandage device, per lens	
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	
S1036	Transmitter; external, for use with artificial pancreas device system	
S1037	Receiver (monitor); external, for use with artificial pancreas device system	
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	
S9341	Home therapy; enteral nutrition <i>via gravity</i> ; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>enteral formula and nursing visits coded separately</i>), per diem	<i>This code is for home infusion provider use only. This code is not reimbursable to DME Providers.</i>
S9342	Home therapy; enteral nutrition <i>via pump</i> ; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>enteral formula and nursing visits coded separately</i>), per diem	<i>This code is for home infusion provider use only. This code is not reimbursable to DME Providers.</i>



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S9343	Home therapy; enteral nutrition via bolus ; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>enteral formula and nursing visits coded separately</i>), per diem	<i>This code is for home infusion provider use only. This code is not reimbursable to DME Providers.</i>
S9434	Modified solid food supplements for inborn errors of metabolism	
S9435	Medical foods for inborn errors of metabolism	
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>), per diem	
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>), per diem	
T1999	Miscellaneous therapeutic items and supplies, not otherwise classified	
T5001	Positioning seat for persons with special orthopedic needs	
PLEASE NOTE:	<i>THE INCONTINENCE SUPPLIES LISTED BELOW ARE COVERED ONLY ON MASSHEALTH PROGRAM BENEFIT PLANS AND ARE NOT COVERED ON ANY ALLWAYS HEALTH PARTNERS COMMERCIAL PRODUCT OR PLAN.</i>	<i>NO PA IS REQUIRED FOR CODES T4521 - T4544 FOR THE PLAN TYPES WITH THIS BENEFIT.</i>
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>



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T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4533	Youth sized disposable incontinence product, brief/diaper, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4537	Incontinence product, protective under pad, reusable, bed size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4539	Incontinence product, diaper/brief, reusable, any size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4540	Incontinence product, protective under pad, reusable, chair size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
T4541	Incontinence product, disposable under pad, large, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4542	Incontinence product, disposable under pad, small size, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>



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T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each	<i>Not Covered for Commercial plans. No PA for MH plans when coverage is within the benefit limit.</i>
PLEASE NOTE:	<i>THE INCONTINENCE SUPPLIES LISTED ABOVE ARE COVERED ONLY ON MASSHEALTH BENEFIT PLANS AND ARE NOT COVERED ON ANY ALLWAYS HEALTH PARTNERS COMMERCIAL PRODUCT OR PLAN.</i>	<i>NO PA IS REQUIRED FOR CODES T4521 - T4544 within quantity limits FOR PLAN TYPES WITH THIS BENEFIT.</i>
V2020	Frames, purchases	
V2100- V2121	Spectacle Lenses	
V2200- V2221	Bifocal, Glass or Plastic	
V2300- V2321	Trifocal, Glass or Plastic	
V2500- V2523	Contact Lenses Code Range	
V2530	Contact lens, scleral, gas impermeable, per lens	
V2531	Contact lens, scleral, gas permeable, per lens	
V2623	Prosthetic eye, plastic, custom	
V2624	Polishing/resurfacing of ocular prosthesis	
V2625	Enlargement of ocular prosthesis	
V2626	Reduction of ocular prosthesis	
V2627	Scleral cover shell	
V2628	Fabrication and fitting of ocular conformer	
V2629	Prosthetic eye, other type	
V5014	Repair/modification of a hearing aid	
V5030	Hearing aid, monaural, body worn, air conduction, each	
V5040	Hearing aid, monaural, body worn, bone conduction, each	Monaural hearing aids (HAs) must be billed with modifiers LT (left) or RT (right) to denote which ear was serviced
V5050	Hearing aid, monaural, in the ear, each	Monaural HAs must be billed with modifiers LT (left) or RT (right)
V5060	Hearing aid, monaural, behind the ear, each	Monaural HAs must be billed with modifiers LT (left) or RT (right)
V5070	Glasses, air conduction, each	
V5080	Glasses, bone conduction, each	
V5095	Semi-implantable middle ear hearing prosthesis, each	
V5100	Hearing aid, bilateral, body worn	Binaural hearing aids (HAs) must be billed with a unit of one (1).
V5120	Binaural, body	Binaural HAs must be billed with a unit of one (1).
V5130	Binaural, in the ear	Binaural HAs must be billed with a unit of one (1).



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HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
V5140	Binaural, behind the ear	Binaural HAs must be billed with a unit of one (1).
V5150	Binaural, glasses	Binaural HAs must be billed with a unit of one (1).
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	
V5190	Hearing aid, cros, glasses, each	
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	
V5230	Hearing aid, bicros, glasses, each	
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal), each	<i>CIC = COMPLETELY IN CANAL; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5243	Hearing aid, analog, monaural, ITC (in the canal), each	<i>ITC = IN THE CANAL; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5244	Hearing aid, digitally programmable analog, monaural, CIC, each	<i>CIC = COMPLETELY IN CANAL; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5245	Hearing aid, digitally programmable analog, monaural, ITC, each	<i>ITC = IN THE CANAL; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5246	Hearing aid, digitally programmable analog, monaural, ITC (in the ear), each	<i>ITE = IN THE EAR; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear), each	<i>BTE = BEHIND THE EAR; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5248	Hearing aid, analog, binaural, CIC, each	<i>CIC = COMPLETELY IN CANAL; Binaural HAs must be billed with a unit of one (1).</i>
V5249	Hearing aid, analog, binaural, ITC, each	<i>ITC = IN THE CANAL; Binaural HAs must be billed with a unit of one (1).</i>
V5250	Hearing aid, digitally programmable analog, binaural, CIC, each	<i>CIC = COMPLETELY IN CANAL; Binaural HAs must be billed with a unit of one (1).</i>
V5251	Hearing aid, digitally programmable analog, binaural, ITC each	<i>ITC = IN THE CANAL; Binaural HAs must be billed with a unit of one (1).</i>
V5252	Hearing aid, digitally programmable, binaural, ITE, each	<i>ITE = IN THE EAR; Binaural HAs must be billed with a unit of one (1).</i>



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V5253	Hearing aid, digitally programmable, binaural, BTE, each	<i>BTE = BEHIND THE EAR; Binaural HAs must be billed with a unit of one (1).</i>
V5254	Hearing aid, digital, monaural, CIC, each	<i>CIC = COMPLETELY IN CANAL; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
V5255	Hearing aid, digital, monaural, ITC, each	<i>ITC = IN THE CANAL; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5256	Hearing aid, digital, monaural, ITE, each	<i>ITE = IN THE EAR; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5257	Hearing aid, digital, monaural, BTE, each	<i>BTE = BEHIND THE EAR; Monaural HAs must be billed with modifiers LT (left) or RT (right)</i>
V5258	Hearing aid, digital, binaural, CIC, each	<i>CIC = COMPLETELY IN CANAL; Binaural HAs must be billed with a unit of one (1).</i>
V5259	Hearing aid, digital, binaural, ITC, each	<i>ITC = IN THE CANAL; Binaural HAs must be billed with a unit of one (1).</i>
V5260	Hearing aid, digital, binaural, ITE, each	<i>ITE = IN THE EAR; Binaural HAs must be billed with a unit of one (1).</i>
V5261	Hearing aid, digital, binaural, BTE, each	<i>BTE = BEHIND THE EAR; Binaural HAs must be billed with a unit of one (1).</i>
V5262	Hearing aid, disposable, any type, monaural, each	Monaural HAs must be billed with modifiers LT (left) or RT (right)
V5263	Hearing aid, disposable, any type, binaural	Binaural HAs must be billed with a unit of one (1).
V5264	Ear mold/insert, not disposable, any type, each	
V5265	Ear mold/insert, disposable, any type, each	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5268	Assistive listening device, telephone amplifier, any type, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5269	Assistive listening device, alerting, any type, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5270	Assistive listening device, television amplifier, any type, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5271	Assistive listening device, television caption decoder, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5272	Assistive listening device, tdd, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5273	Assistive listening device, for use with cochlear implant, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>



**AllWays Health Partners Prior Authorization Required for DME, Medical Supplies,
Oxygen Related Equipment, Orthotics, Prosthetics and Hearing Aids**

V5274	Assistive listening device, not otherwise specified, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5275	Ear impression, each	
HCPCS CODE	SERVICE—LONG DESCRIPTION	COMMENT
V5290	Assistive listening device, transmitter microphone, any type, each	<i>Assisted listening device/supplies/accessories are not covered for Commercial plans.</i>
V5298	Hearing aid, not otherwise classified, each	
V5299	Hearing service, miscellaneous, each	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	

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