The Health Plan (THP) Durable Medical Equipment (DME) Prior Authorization Requirements

Prosthetics, Orthotics, and Supplies

Effective August 1, 2026

Disclaimer: *Inclusion or exclusion from this schedule for an item or service does not imply coverage. It is the sole responsibility of the Rendering Provider to verify each plan's benefits, member eligibility, prior authorization requirements, including but not limited to cost and out of network rules, etc... prior to dispensing DME to THP members. Failure to comply may result in non-payment of items or services and the member may not be held responsible for services considered otherwise covered. Appropriate waivers should be on file for any non-covered items/services and may be requested by THP at any time. All appropriate documentation (CMN, Physician Order, etc.) must be on file and supplied, upon demand, to THP. Providers directly contracted with THP can refer to their contracts for pricing determination, least costly medically appropriate alternative, etc.*

General Information

As of 2/1/2026, Durable Medical Equipment (DME) requests will be reviewed by THP Clinical staff.

This document is not applicable to Medicare wrap plans, such as Medicare Select as reimbursement would be based on Medicare EOB.

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) items, services that are covered benefits under Medicare. Changes may occur before this list is updated. If the coverage criteria in the below list conflicts with any NCDs or relevant LCD, the relevant document will control the application of services.

Codes should have the appropriate Pricing, Data Analysis and Coding (PDAC) verification.
https://www.dmepdac.com/

For WV Medicaid/Mountain Health Trust plans any code denoted as not covered or not found on the BMS Fee Schedule an authorization would be required. Note: Changes may occur to coverage of WV Medicaid/Mountain Health Trust plans before this list is updated. If the coverage criteria in the below list conflicts with the relevant WV Medicaid/Mountain Health Trust document, that document will control the application of services.

If a code exists that includes multiple products, that code should be used in lieu of the individual codes.

The Special Instructions is not intended to provide all edits, links, or information that may be applicable to a specific code across all lines of business.
Providers should bill with modifiers appropriate for the members Line of Business.

The codes listed on this document are in reference to the DME benefit.
Select codes may be covered under a different benefit. HCPCS and/or CPT codes found in this document is not a guarantee of payment. Please refer to plan documents or contract.

The following list is not all inclusive. Additional services may require prior authorization. Services at out of network practices or facilities will follow prior authorization requirements set forth in the plan design.
Self-Funded/ASO groups may not follow THP prior authorization requirements. ASO plan document prior authorization requirements may supersede this list

Reasonable Useful Lifetime (RUL) is generally accepted as 5 years, is the period of time, after which Medicare payment can be made for replacement of DME that is lost, stolen, or irreparably damaged. For select codes, RUL is 2-3 years. Replacement Equipment is not covered due to wear and tear during the Reasonable Useful Lifetime (RUL) of the item or in cases of abuse or neglect. Minimum Lifetime Requirement (MLR) is generally accepted as 3 years, minimum threshold for a determination of durability for DME. DME may not be replaced inside the RUL or MLR periods due to circumstances of abuse or neglect.

Schedule Key

CR = Capped rental item	OTS = Off the shelf
DX = Diagnosis dependent	PBM = Submit to Pharmacy Benefits Manager
Invoice Required = Manufacturer's invoice and description	RD = Required Documentation
MLR= Minimum Lifetime Requirement	RUL = Reasonable Useful Lifetime
N/C = Non/covered	RZ = Not separately billable, IR referral type only
NEC, NOC, NOS = Miscellaneous, not specific	IR = Informational referral
NSB = Not separately billable	MHT/BMS= Mountain Health Trust/ West Virginia Medicaid
FS= Fee Schedule	LOB= Line of Business
OTC = Over the counter	

Modifiers

AU = Urological, ostomy or trach item	KS = Non-insulin dependent diabetic
AV = Prosthetics or orthotics	KX = Insulin dependent diabetic. Do not use for a beneficiary who is exclusively treated with
AW = Item with a surgical dressing	KX = Requirement specified in the medical policy has been met. Cannot use for O2 after April
AX = Item furnished in conjunction w/dialysis	LC= Lymphedema Compression
AY = Item or service furnished to ERSD patient that is not for the treatment of ERSD	MS = 6 month maintenance & service
BA = Item in Parental/Enteral category	NB = Nebulizer system, any type, FDA-cleared for use with a specific drug
CC = when the procedure code submitted was changed either for administrative reasons or because an incorrect code was	NU = Purchase
CR = Capped Rental item,	OS = Ostomy, tracheostomy, urological supply
CS = Item or service related, in whole or in part, to illness, injury or condition caused by or exacerbated by the effects,	OX = Oxygen
FS = Frequent/substantial servicing	PE = Parental & Enteral
GA = Waiver or liability statement issued as required by payer policy, individual case	PO = Prosthesis/Orthosis
GK= Reasonable and necessary item, service associated	RA = Replacement of DME item
GL= Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no	RB = Replacement part of DME furnished as part of repair
GU = Waiver of liability statement issued as required by payer policy, routine notice	RR = Rental
GW = Service not related to hospice patient's terminal condition	SC = Medically necessary service or supply
GX = Notice of liability issued, voluntary under payer policy	SD = Surgical dressing
IN = Inexpensive/routinely purchased	SU = Supplies
JW = Drug amount discarded/not administered to any patient	TE = TENS
KC = Replacement of special power wheelchair interface	TS = Therapeutic shoes
KF = Class III device	**Note: Q modifiers** for oxygen are not added to this guide as does not pertain to a category but

A1 = Dressing one wound
A2 = Dressing two wounds
A3 = Dressing for three wounds

A4 = Dressing four wounds
A5 = Dressing for five wounds
A6 – Dressing for six wounds

A7 = Dressing for seven wounds
A8 = Dressing for eight wounds
A9 –=Dressing for nine or more wounds

HCPCS/CPT	MODIFIER	CATG	DESCRIPTION	SELF-FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	SERVICE LIMITS	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP) LIMITS	INVOICE INFORMATION	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
A2001	-	-	Innovamatrix ac, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2002	-	-	Mirragen advanced wound matrix, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2004	-	-	Xcellistem, 1 mg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	-
A2005	-	-	Microlyte matrix, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2006	-	-	Novosorb synpath dermal matrix, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2007	-	-	Restrata, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-

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A2008	-	-	Theragenesis, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2009	-	-	Symphony, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2010	-	-	Apis, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2011	-	-	Supra sdrm, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2012	-	-	Suprathel, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2013	-	-	Innovamatrix fs, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2014	-	-	Omeza collagen matrix, per 100 mg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2015	-	-	Phoenix wound matrix, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2016	-	-	Permeaderm b, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2017	-	-	Permeaderm glove, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2018	-	-	Permeaderm c, per square centimeter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2019	-	-	Kerecis omega3 marigen shield, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	-
A2020	-	-	Ac5 advanced wound system (ac5)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	-
A2021	-	-	Neomatrix, per square centimeter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	-	-	-
A2022	-	-	Innovabrn/innovamatx xl sq cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2023	-	-	Innovamatrix pd, 1 mg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2024	-	-	Resolve matrix per sq cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2025	-	-	Miro3d per cubic cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2026	-	-	Restrata minimatrix, 5 mg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		-	-	-
A2027	-	-	MatriDerm, per sq cm	N/C	N/C	N/C	N/C	N/C	-	-	-	-
A2028	-	-	MicroMatrix Flex, per mg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2029	-	-	MiroTract Wound Matrix sheet, per cc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2036	-	-	cohealyx col dml mx pr sq cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2037	-	-	g4derm plus per ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2038	-	-	marigen pacto per sq cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2039	-	-	innovamatrix fd per sq cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2040	-	-	Microlyte PainGuard, per sq c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2041	-	-	Foundation DRS+ Duo, per sq	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2042	-	-	Foundation DRS+ Solo, per sq	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2043	-	-	BIOBRANE, per sq cm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2044	-	-	BIOBRANE Glove, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A2045	-	-	NovaShield or NovoGen Wou	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	-	-	-
A4206	-	-	Syringe w/ needle sterile, 1cc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	100/rolling month	-	**Covered MHT as a home health supply.** If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
A4207	-	-	Syringe w/ needle sterile, 2cc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	100/rolling month	-	**Covered MHT as a home health supply.** If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.

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A4208	-	-	Syringe w/ needle, sterile, 3cc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	100/rolling month	-	**Covered MHT as a home health supply.** If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
A4209	-	-	Syringe w/ needle, sterile, 5cc or >	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	100/rolling month	-	**Covered MHT as a home health supply.** If not incidental to physician service, can be reviewed for separate payment. Bundled or excluded by PEIA.
A4210	-	-	Needle free injection device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered by Medicare See 2026 HCPCS. Excluded by PEIA.
A4211	-	-	Supplies for self administering injections	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Incidental Physician Service. Can be reviewed if not incidental to a physician's service. Bundled or excluded by PEIA.
A4212	-	-	Noncoring needle or stylet w/ or w/o catheter	RZ	RZ	RZ	RZ	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Incidental Physician Service. Bundled or excluded by PEIA.
A4213	-	-	Syringe 20 cc or >	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	60/rolling month	-	**Covered MHT as a home health supply.** If not incidental to physician service, can be reviewed for separate payment.
A4215	-	-	Needle sterile, any size	RZ	RZ	RZ	RZ	No prior authorization required	-	100/rolling month	-	Incidental Physician Service.
A4216	-	OS	Sterile water/saline, 10 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	56 units/ month for nebulizer use	-	-	Not billable w/A4221. To clear suction catheter after trach suctioning. Or for use with nebulizer. **Modifiers dependent on use. Do not bill AU modifiers for MHT/WV Medicaid plans.**
A4217	AU	SU OS	Sterile water/saline, 500 ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Per Episode	For Trach Suction Only. Dx specific	-	Non-routine irrigation of catheter. **MHT covers for Tracheal Suctioning Only. Do not use AU modifier for MHT/WV Medicaid.** MHT for Tracheal Suctioning Only. ICD-10-CM DIAGNOSIS CODE: A15.0-A15.5, E84.0, J47.0-J47.9, Q33.4, Z93.0, Z43.0, OR J98.01 To clear suction catheter after trach sx. Not covered for IV care. **Modifier and or category used will be dependent on use and LOB.**
A4218	-	OS	Sterile water/saline, metered dose disp,10ml	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	56 units/ month	Not on WV Medicaid/MHT 2026 DME FS	-	Medicaid RBRVS Physician FS has X in status.
A4220	-	SU	Refill kit implantable infusion pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	NC/RZ	-	Not on WV Medicaid/MHT 2026 DME FS	-	Commercial /Medicare plans. Not on PEIA DME FS. Separately billable for in home use with 5-FU/FUDR/opioid drug therapy, intractable CA pain. Not covered for heparin therapy. Not separately billable Office/outpt/hospital service i.e. refill implantable intrathecal pumps. Report drugs separately. **WV Medicaid/PEIA this is either not covered or bundled as a physician/outpt, or hospital servic**e. NSB with A4212.
A4221	-	SU	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/month	4/rolling month	-	Not billable w/A4230, A4231, billable 1/fill when receiving therapy. Includes swabs, all dressing for the catheter site, and flush solutions not related to the actual infusion, cannula's, needles, infusion supplies/sets (excluding the insulin reservoir).
A4222	-	SU	Infusion supplies with pump, per cassette or bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Per Cassette or Bag	Per Cassette or Bag	-	Authorized per number of bags or cassettes, not billable w/A4230, A4231. Not payable without a pump in use.
A4223	-	IN	Infusion supplies with pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Per Cassette or Bag	Per Cassette or Bag	-	Not billable w/A4230, A4231. If allowed for PEIA as not on PEIA FS, Invoice will be required or contract specific.
A4224	-	SU	Supply insulin inf cath/wk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Supplies for the entire week included as needed per individual member. Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784).
A4225	-	SU	Sup/ext insulin inf pump syr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Code A4225 describes a syringe-type reservoir that is used with the external insulin infusion pump (E0784). Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784). Allowance is based on the number of syringes (A4225) used.
A4226	-	-	Weekly supply maint cgs pump	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784).
A4230	-	IN	Infusion set ext insulin pump, cannula type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Up to 20 units per months. More than 20 units will require precert. This equals 60 in 90 days	12/rolling month	Contract Specific	**Contract Specific. Not covered by Medicare for use w/external insulin infusion pump**. For MHT requires ICD-10 E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 If allowed PEIA, as not on PEIA DME FS invoice required or contract specific.
A4231	-	IN	Infusion set ext insulin pump, needle type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Up to 20 units per months. More than 20 units will require precert. This equals 60 per 90 days	12/rolling month	Contract Specific	Contract Specific. Not covered by Medicare for use w/external insulin infusion pump. As included in code A4224. For MHT requires ICD-10 E08.00 – E09.9,E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815. If allowed PEIA, as not on PEIA DME FS invoice required or contract specific.

HCPCS/CPT	MODIFIER	CATG	DESCRIPTION	SELF-FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	SERVICE LIMITS	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP) LIMITS	INVOICE INFORMATION	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
A4232	-	IN	Syrnge w/needle ext insulin pump, sterl 3cc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Up to 60 units per 90 days. More than 60 units will require precert	12/rolling month	Contract Specific	**Contract Specific. N/C by Medicare w/external insulin infusion pump**, **included in A4221**. Article A52507. Code. ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9,E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815. PEIA covered under immunization FS. Invoice required.
A4233	-	IN	Alkalin batt for glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling 2 years	-	ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9,E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815
A4234	-	IN	J-cell batt for glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/2 rolling years	-	ICD-10's above
A4235	-	IN	Lithium batt for glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/2 rolling years	-	ICD-10's above Code A4235 describes a lithium battery, not a lithium-ion battery. This code is used to bill lithium batteries for glucose monitors, regardless of the voltage.
A4236	-	IN	Silvr oxide batt glucose mon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/2 rolling years	-	ICD-10's above
A4238	KF	-	Adju cgm supply allowance	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	This code includes CGM sensors and supplies. This code does not include home BGM or BGM supplies. Those codes may be billed separately.
A4239	KF	-	Non-adju cgm supply allow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Includes all CGM sensors and supplies and also includes a home BGM and all related supplies. Supplies or accessories billed separately should be denied as unbundling.
A4244	-	IN	Alcohol or peroxide, per pint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	7/rolling month	Invoice Required Contract specific	**MHT covers as a home health supply.** Not billable w/ A4245, A4239, or E2103. Not covered for use w/ glucose monitors. Article A52464. Alcohol or peroxide (codes A4244, A4245), are non-covered since these items are not required for the proper functioning of the device. May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies. Not on PEIA DME FS.
A4245	-	IN	Alcohol wipes, 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	**1/box 50/ 90 days w/ insulin or infusion pumps**	4/rolling month	Invoice Required. Contract specific	**MHT Covers as a home health supply.** Not billable w/ A4244, A4239, or E2103. Not covered for use w/glucose monitors. **Allowed with insulin/infusion pumps if in contracts**. Medicare does not cover for use with Blood glucose monitor. Not on PEIA DME FS.
A4246	-	IN	Betadine or phisohex sol, per pint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	6/rolling month	Invoice Required. Contract specific	**MHT Covers as a home health supply.** Not billable w/ A4247, A4239, or E2103. Not covered for use w/blood glucose monitors. May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies. Not on PEIA DME FS.
A4247	-	IN	Betadine or iodine swabs/wipes per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	**1 box 50/90 days w/insulin or infusion pumps**	4/ rolling month	Invoice Required. Contract specific	Not billable w/ A4246, A4239, or E2103. not covered for use w/ glucose monitors. MHT Covers as a home health supply Medicare does not cover for BGM. **Allowed with insulin/ infusion pumps if in contracts**. May be covered in ESRD dialysis supply or surgical dressing, home infusion. Not separately billable if S code used for supplies. Not on PEIA DME FS.
A4248	AX	-	Chlorhexidine containing antiseptic	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Used with dialysis. Denial D311 00 = Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.) 9 = Not applicable as HCPCS not priced separately by part B (pricing indicator is 00) or value is not established(pricing indicator is '99')
A4250	NU	IN	Urine test or reagent strips or tabs, per 100	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered by Medicare. May be part of physician service. Not covered for Home DME.
A4252	NU	IN	Blood ketone test or reagent strip, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Non-covered by Medicare statute. May be part of physician service. Not covered for Home DME.
A4253	KS	IN	Blood glucose/reagent strips, per 50 strips	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2 boxes (100) per **3 months** could also be 4 boxes of 50 or 8 boxes of 25.	Not on WV Medicaid/MHT 2026 DME FS	Contract specific	Noninsulin Dependent. Usually through the Pharmacy Benefits Manager. **No precert within allowable limits. Please note- boxes can come in 25, 50, 70, 100 count**. NSB w/ A4239 or E2103.

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A4253	KX	IN	Blood glucose/reagent strips, per 50 strips	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	200 **per 1 month**= 4 boxes of 50 or 2 boxes 100	Not on WV Medicaid/MHT 2026 DME FS	Contract specific	Insulin Dependent. Usually through the Pharmacy Benefits Manager. **No precert within allowable limits. Please note- boxes can come in 25, 50, 70, 100 count**. **Not reimbursable w/ A4239 or E2103.**
A4255	-	SU	Glucose monitor platforms, 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Special criteria. Not billable with A4239, E2100, E2101, E2103.
A4256	-	SU	Calibrator solution/chips	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 months	Not on WV Medicaid/MHT 2026 DME FS	-	ICD-10-CM DIAGNOSIS CODES: Not all inclusive: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815. **NON-REIMBURSABLE WITH A4239, E2100, E0607 E2101**, **E2103**.
A4257	-	SU	Replace Lens shield Cartridge for E0620	N/C	N/C	N/C	N/C	N/C	-	-	-	Not covered as laser skin piercing device not covered.
A4258	-	SU	Lancet device each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/6 months	Not on WV Medicaid/MHT 2026 DME FS	-	ICD-10-CM DIAGNOSIS CODES: Not all inclusive: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815. **NON-REIMBURSABLE WITH E2100**
A4259	KX	SU	Lancets per box, 100	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 box per month	2 boxes per rolling month	Contract specific	Insulin Dependent. Please check benefit plan may be covered under pharmacy benefit and not medical/DME
A4259	KS	SU	Lancets per box, 100	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 box per 3 months	1 box per month	Contract specific	Noninsulin Dependent. Please check benefit plan may be covered under pharmacy benefit and not medical/DME
A4261	-	-	Cervical cap for contraception	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Non-covered by Medicare statute May be covered under another benefit. I.E pharmacy.
A4262	-	-	Temp lacrimal duct implant, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Part of procedure (Bundled). Would not be part of DME benefit/copay.
A4263	-	-	Perm lacrimal duct implant, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Part of procedure (Bundled). Would not be part of DME benefit/copay.
A4265	-	SU	Paraffin, per lb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	12/90 days	Not on WV Medicaid/MHT 2026 DME FS	-	If incidental to physician service NSB/RZ. IF the portable unit covered for home use the initial paraffin is NSB.
A4266	-	-	Diaphragm contraceptive use	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not a Home DME benefit. Non-covered by Medicare statute. OTC item. Non-grandfathered plans refer to ACA for possible pharmacy benefit.

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A4267	-	-	Contraceptive, condom, male	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not a Home DME benefit. Non-covered by Medicare statute. OTC item. Non-grandfathered plans refer to ACA for possible pharmacy benefit.
A4268	-	-	Contraceptive, condom, female	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not a Home DME benefit. Non-covered by Medicare statute. OTC item . Non-grandfathered plans refer to ACA for possible pharmacy benefit.
A4269	-	-	Contraceptive, spermicide	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not a Home DME benefit. Non-covered by Medicare statute. OTC item . Non-grandfathered plans refer to ACA for possible pharmacy benefit.
A4270	-	-	Disposable endoscope sheath, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Supply used during procedure. Not covered under home DME benefit. May be bundled under another benefit.
A4271	KX KS	-	Home lancing/test cartridges	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1unit=100 test strips and 100 lancets/month	Not on WV Medicaid/MHT 2026 DME FS	-	The "per month" HCPCS descriptor represents one (1) unit of service (UOS) of code A4271 and is equivalent to 100 test strips and 100 lancets." NSB w/ A4239. Separately billable w/ A4238. Under some plans may be covered under pharmacy benefit. Status X on WV Medicaid RBRVS.
A4280	-	PO	Brst prsths adhsv attchmnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Status X WV Medicaid RBRVS.
A4281	-	-	Replacement tubing breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Invoice required	Not on PEIA DME FS Status X WV Medicaid RBRVS. Breast pumps and accessories usually not covered for Medicare beneficiaries. Would need reviewed case by case with claim information.
A4282	-	-	Replace adapter breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Invoice required	Not on PEIA DME FS Status X WV Medicaid RBRVS. Breast pumps and accessories usually not covered for Medicare beneficiaries. Would need reviewed case by case with claim information.
A4283	-	-	Replace cap breast pump bottle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Invoice required	Not on PEIA DME FS Status X WV Medicaid RBRVS. Breast pumps and accessories usually not covered for Medicare beneficiaries. Would need reviewed case by case with claim information.
A4284	-	-	Replace shield & splash protect breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Invoice required	Not on PEIA DME FS Status X WV Medicaid RBRVS. Breast pumps and accessories usually not covered for Medicare beneficiaries. Would need reviewed case by case with claim information.
A4285	-	-	Polycarbonate replacement bottle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on PEIA DME FS Status X WV Medicaid RBRVS. Breast pumps and accessories usually not covered for Medicare beneficiaries. Would need reviewed case by case with claim information.
A4286	-	-	Locking ring for breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on PEIA DME FS Status X WV Medicaid RBRVS. Breast pumps and accessories usually not covered for Medicare beneficiaries. Would need reviewed case by case with claim information.
A4287	-	-	Disp collection and storage bag for breast milk, any size, any type, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1005. May not to be covered depending on line of business. Status X WV Medicaid RBRVS.
A4288	-	-	Valve for breast pump, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	May not be covered for all plans. Please check benefits and appropriate fee schedules.
A4290	-	-	Sacral nerve stimulation test lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Supply used during procedure. 64561, 64681, etc. Not covered under home DME benefit.
A4295	-	-	Interm urinary cath; strght tip, hydrophilic coat,ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	200/month	Not on WV Medicaid/MHT 2026 DME FS	-	New 1/1/2026 A hydrophilic catheter self-lubricates when activated with water or 0.9% sterile saline without the use of a separate lubricating gel.
A4296	-	-	Interm urinary cath; Coude (curved tip), hydrophilic coat ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or 200/M depending on need	Not on WV Medicaid/MHT 2026 DME FS	-	New 1/1/2026 A hydrophilic catheter self-lubricates when activated with water or 0.9% sterile saline without the use of a separate lubricating gel. There must be documentation in the medical record of the medical necessity.
A4297	-	-	Interm urinary cath; hydrophilic coat, w/ insert supplies	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	200/month	Not on WV Medicaid/MHT 2026 DME FS	-	New 1/1/2026 A hydrophilic catheter self-lubricates when activated with water or 0.9% sterile saline without the use of a separate lubricating gel.
A4300	-	-	Implantable access catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Supply used during procedure. Not covered under home DME benefit.
A4301	-	-	Implantable access total cath, port	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Supply used during procedure. Not covered under home DME benefit.

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A4305	-	-	Disposable drug delivery system	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Item or Service Statutorily Excluded, non-covered devices because they do not meet the Medicare definition of durable medical equipment. Drugs and supplies used with disposable drug delivery systems are also non-covered items. A52507
A4306	-	-	Disposable drug delivery system	RZ/NC	RZ/NC	RZ/NC	RZ/NC	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Item Or Service Statutorily Excluded, non-covered devices because they do not meet the Medicare definition of durable medical equipment. Drugs and supplies used with disposable drug delivery systems are also non-covered items. A52507

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A4310	-	OS	Insert tray w/o bag/cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4332.
A4311	-	OS	Catheter w/o bag 2-way latex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4310, A4332, A4338.
A4312	-	OS	Cath w/o bag 2-way silicone	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	2/rolling month	-	Not billable w/A4310, A4332, A4344.
A4313	-	OS	Catheter w/bag 3-way	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode indwell cath insert	1/day x 14 days	-	Not billable w/A4310, A4332, A4346.
A4314	-	OS	Cath w/drainage 2-way latex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Not billable w/A4310, A4311, A4331, A4332, A4338, A4354, A4357.
A4315	-	OS	Cath w/drainage 2-way silcne	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Not billable w/A4310, A4312, A4331, A4332, A4344, A4354, A4354, A4357.
A4316	-	OS	Cath w/drainage 3-way	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month, 1/day x 14 days cont irrigation	1/day x 14 days cont irrigation	-	Not billable w/A4310, A4313, A4331, A4332, A4346, A4354, A4357.
A4318	-	OS	Fem external urinary collection cup, per day	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS		May not be covered for all plans.
A4320	-	OS	Irrigation tray	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 per episode of cath care	2/rolling month	-	For non-routine irrigation of a catheter, bill w/tray A4320 or syringe A4322 and sterile water A4217.
A4321	-	OS	Cath therapeutic irrig agent	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Used for the treatment or prevention of urinary obstruction, should be denied not medically necessary. L33803
A4322	-	OS	Irrigation syringe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A4320.
A4326	-	OS	Male external catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Does not require additional leg bag / document medical need.
A4327	-	OS	Fem urinary collect dev cup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	1/week	-	-
A4328	-	OS	Fem urinary collect pouch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	-
A4330	-	OS	Stool collection pouch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	-
A4331	-	OS	Extension drainage tubing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	5/rolling month	-	Bill only w/A5112, not billable w/A4314, A4315, A4316, A4354, A4357, A4358, A5108.
A4332	-	OS	Lube sterile packet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Per episode of up to 200/month	31/rolling month	-	Not billable for clean, nonsterile intermittent cath.
A4333	-	OS	Urinary cath anchor device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	12/rolling month	-	-
A4334	-	OS	Urinary cath leg strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	-
A4335	-	-	Incontinence supply, misc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice may be required	Requires description & invoice for pricing. An external catheter that contains a barrier for attachment. MHT: Covered at Invoice Cost. Disposable Sheets and bags - Deny Non-Reusable disposable supplies A54516.
A4336	-	-	Incontinence supply, urethral insert, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**Covered for code N39.3 only.**
A4337	-	OS	Incontinence supply, rectal insert, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Rectal inserts and related accessories (A4337) will be denied as not reasonable and necessary because they do not meet the medical evidence requirements outlined in the Centers for Medicare & Medicaid Services (CMS) Program Integrity Manual (Internet-only Manual 100-08), Chapter 13, §13.7.1.
A4338	-	OS	Indwelling catheter latex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Cannot be billed w/ like item.
A4340	-	OS	Indwelling catheter special	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/ rolling month	-	-
A4341		OS	Iduc valve pat inst repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/29 days	Not on WV Medicaid/MHT 2026 DME FS	-	inFlow Intraurethral Valve-Pump system (Vesiflo, Inc.) Activator and charging base are provided at the time of initial issue in the treating practitioner's office. The inFlow device (A4341) is considered to be reasonable and necessary as an alternative to intermittent catheterization for beneficiaries with Permanent Urinary Retention (PUR) due to Impaired Detrusor Contractility (IDC). One (1) inFlow device may be covered no more than once every 29 days. Claims for the inFlow device billed more than once every 29 days will be denied. L33803
A4342		OS	Duc valve sply repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/29 days	Not on WV Medicaid/MHT 2026 DME FS	-	-

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A4344	-	OS	Cath indw foley 2 way , all silicone or polyurethane, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	-
A4346	-	OS	Cath indw foley 3 way	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/day x 14 days	-	Covered if continuous irrigation medically necessary.
A4349	-	OS	Disposable male external cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Not exceed 35/month	31/rolling month	-	Not billable w/adhesive strips or tape.
A4351	-	OS	Straight tip urine catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or 200/M depending on need	200/month	-	Not billable w/A4353.
A4352	-	OS	Coude tip urinary catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or 200/M depending on need	200/month	-	Not billable w/A4353.
A4353	-	OS	Intermittent urinary cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/episode strl intermit cath or 200/M depending on need	200/ month	-	Not billable w/A4310, A4332, A4351, A4352.
A4354	-	OS	Cath insertion tray w/bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	Not billable w/A4310, A4332, A4357, A4331.
A4355	-	OS	Bladder irrigation tubing set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day x 14 days	1/day x 14 days	-	For continuous irrigation or history of catheter obstruction.
A4356	-	OS	Ext ureth clmp or compr dvc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/3 rolling months	-	-
A4357	-	OS	Bedside drainage bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A4331.
A4358	-	OS	Urinary leg or abdomen bag/with straps	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A4331, A5113, A5114, A4335.
A4360	-	OS	Disposable ext urethral dev	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Listed as non covered in CMS Urological Supplies - Policy Article
A4361	-	OS	Ostomy face plate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/6 month	3/6 rolling months	-	Not billable w/A4375-A4383.
A4362	-	OS	Solid skin barrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	See codes A4461, A4463.
A4363	-	OS	Ostomy clamp, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	20/rolling month	-	Not billable w/ostomy pouch, only as replacement.
A4364	-	OS	Adhesive, liquid or equal, any type, per oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	-
A4366	-	OS	Ostomy vent	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Not billable w/A4416-A4419, A4423-A4425, A4427.
A4367	-	OS	Ostomy belt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/6 rolling months	-	-
A4368	-	OS	Ostomy filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	-
A4369	-	OS	Skin barrier liquid per oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2oz/month	2oz/rolling month	-	Not billable w/A5119.
A4371	-	OS	Skin barrier powder per oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10oz/6 month	10oz/6 rolling months	-	-
A4372	-	OS	Skin barrier solid 4x4 equiv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	-
A4373	-	OS	Skin barrier with flange	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	-
A4375	-	OS	Drainable plastic pch w fcpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Not billable w/A4361, A4377, A4379. Reusable.
A4376	-	OS	Drainable rubber pch w fcplt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Not billable w/A4361, A4378, A4381, A4382.Reusable.
A4377	-	OS	Drainable plstic pch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4375. Comes in package of 5.
A4378	-	OS	Drainable rubber pch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4376.
A4379	-	OS	Urinary plastic pouch w fcpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4381, A4382.
A4380	-	OS	Urinary rubber pouch w fcplt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4383.
A4381	-	OS	Urinary plastic pouch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4379, A4382.
A4382	-	OS	Urinary hvy plstc pch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4379, A4381.
A4383	-	OS	Urinary rubber pouch w/o fp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	Not billable w/A4361, A4380.
A4384	-	OS	Ostomy faceplt/silicone ring	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	-

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A4385	-	OS	Ost skn barrier sld ext wear	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	MHT dx: Z93.2-Z93.6, Z43.2-Z43.6, Sold in box of 10.
A4387	-	OS	Ost clsd pouch w att st barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
A4388	-	OS	Drainable pch w ex wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
A4389	-	OS	Drainable pch w st wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
A4390	-	OS	Drainable pch ex wear convex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	-
A4391	-	OS	Urinary pouch w ex wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	Sold in box of 10.
A4392	-	OS	Urinary pouch w st wear barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	Sold in box of 10.
A4393	-	OS	Urine pch w ex wear bar conv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	-
A4394	-	OS	Ostomy pouch liq deodorant	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	16oz/month	16oz/rolling month	-	Comes in 8 ounce bottles.
A4395	-	OS	Ostomy pouch solid deodorant	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	30/rolling month	-	-
A4396	-	OS	Peristomal hernia supprt blt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/year	2/rolling year	-	-
A4398	-	OS	Ostomy irrigation bag	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	-
A4399	-	OS	Ostomy irrigation supply; cone/catheter, with or w/o brush	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	-
A4400	-	OS	Ostomy irrigation set	N/C	N/C	No prior authorization required	N/C	No prior authorization required	-	1/rolling year	-	Only valid for MHT and possibly PEIA. ASO/Commercial/Medicare: Code A4400 (Ostomy irrigation set) is not valid for claim submission. If an irrigation kit is supplied, the individual components should be billed using individual codes, A4398 and A4399. ARTICLE A52487.
A4402	-	OS	Lubricant per ounce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	For use with clean, non-sterile catheterization techniques.
A4404	-	OS	Ostomy ring each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	-
A4405	-	OS	Nonpectin based ostomy paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	-
A4406	-	OS	Pectin based ostomy paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4oz/month	4oz/rolling month	-	-
A4407	-	OS	Ext wear ost skn barr <=4sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4408	-	OS	Ext wear ost skn barr >4sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4409	-	OS	Ost skn barr convex <=4 sq "	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4410	-	OS	Ost skn barr extnd >4 sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4411	-	OS	Ost skn barr extnd =4sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4412	-	OS	Ost pouch drain high output	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4413	-	OS	2 pc drainable ost pouch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4414	-	OS	Ost sknbar w/o conv<=4 sq "	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4415	-	OS	Ost skn barr w/o conv >4 sq"	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4416	-	OS	Ost pch clsd w barrier/filtr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
A4417	-	OS	Ost pch w bar/bltinconv/fltr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
A4418	-	OS	Ost pch clsd w/o bar w filtr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
A4419	-	OS	Ost pch for bar w flange/flt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
A4420	-	OS	Ost pch clsd for bar w lk fl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	For WV Medicaid requires ICD-10 Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6.
A4421	-	OS	Ostomy supply, miscellaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice may be required	-

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A4422	-	OS	Ost pouch absorbent material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	1/day	-	-
A4423	-	OS	Ost pch for bar w lk fl/fltr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	Not billable w/A4366.
A4424	-	OS	Ost pch drain w bar & filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A4366.
A4425	-	OS	Ost pch drain for barrier fl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A4366.
A4426	-	OS	Ost pch drain 2 piece system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4427	-	OS	Ost pch drain/barr lk flng/f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A4366.
A4428	-	OS	Urine ost pouch w faucet/tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	15/rolling month	-	Come in boxes of 10.
A4429	-	OS	Urine ost pouch w bltinconv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4430	-	OS	Ost urine pch w b/bltin conv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	Comes in box of 5.
A4431	-	OS	Ost pch urine w barrier/tapv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4432	-	OS	Os pch urine w bar/flange/tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4433	-	OS	Urine ost pch bar w lock fln	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4434	-	OS	Ost pch urine w lock flng/ft	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	-
A4435	-	OS	1pc ost pch drain hgh output	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Comes in box of 10.
A4436	-	-	Irrigation supply; sleeve, reusable, per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/month	-	-	Code represents a month's irrigation sleeve supply allowance. **One unit of service would be billed regardless of how many sleeves are required.** If the beneficiary requires more than the monthly limit of four sleeves, the supplier must deliver the additional sleeves to the beneficiary. MM12521 - Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule. Article A52487.
A4437	-	-	Irrigation supply; sleeve, disposable, per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/month	-	-	As above. MM12521 - Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule. Article A52487.
A4450	AU AV AW	OS	Non-waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	40/rolling month	-	**Providers are reminded to use the appropriate modifier for the services and line of business.** Urinary incontinence & ostomy, tracheostomy. Billing should be based on dressing size for wound surgical site.
A4452	AU AV AW	OS	Waterproof tape per 18 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	40/month	40/rolling month	-	**Providers are reminded to use the appropriate modifier for the services and line of business.** Urinary incontinence & ostomy, tracheostomy. Billing should be based on dressing size for wound surgical site.
A4455	-	OS	Adhesive remover/oz (Ostomy only)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	16oz/6 months	16oz/rolling month	-	Not separately billable w/TENS E0720 or E0730. **Medicaid quantity limit per Medicaid Internet manual**
A4456	-	OS	Adhesive remover, wipes, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1(50)/M	1(50)/rolling M	-	Replaces Code A4365. ostomy only.
A4457	-	OS	Enema tube, with or without adapter, any type, replacement only, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1013. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&ver=36. Listed as Noncovered on PEIA RBRVS FS. Not On PEIA DME FS.
A4458	-	OS	Enema bag w/tubing, reusable	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not On PEIA DME FS. Status X on PEIA RBRVS. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&ver=36
A4459	-	OS	Transanal irrigation, any	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Peristeen® Transanal Irrigation System. For refilling items for the Peristeen providers are to use A9270-noncovered item. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36267&ver=36 Not On PEIA DME FS. Status X on PEIA RBRVS. Shown on MHT non-covered code list.
A4461		SD	Surgical dress hold non-reuse	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ rolling year	-	-
A4463		SD	Surgical dress holder reuse	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/year	1/rolling year	-	-
A4465		SD	Non-elastic binder for extremity	N/C	N/C	N/C	N/C	N/C	-	-	-	Not on PEIA DME FS. Status code P on RBRVS.

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A4467		SD	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Elastic support garments are not covered because they are not rigid or semi-rigid devices. They are neoprene or spandex w/no hard joints or stays. https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/correct-coding-and-coverage-braces-constructed-primarily-of-elastic-or-other-fabric-materials-revised.
A4468	-	-	Exsufflation belt, incl all supplies and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1021 https://www.hcpcsdata.com/Codes/A/A4468 A4648 is bundled into the MS-DRG payment if provided in a facility. Not covered as DME.
A4470	-	SD	Gravlee jet washer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on PEIA DME FS. Status code P on PEIA RBRVS. https://www.hcpcsdata.com/Codes/A/A4470 May be bundled for some LOB.
A4479	-	SD	Electronic transanal irrigation system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS		May not be covered for all plans.
A4480	-	SD	VABRA aspirator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on PEIA DME FS. Status code P on PEIA RBRVS. https://www.hcpcsdata.com/Codes/A/A4480 May be bundled for some LOB.
A4481	-	OS	Tracheostoma filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Status code P on PEIA RBRVS
A4483	-	OS	Moisture exchanger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Invoice may be required	A4483 is a moisture exchanger that is used only with an invasive mechanical ventilator and should not be billed as an HME (Home Medical Equipment) over a tracheostoma.
A4490	-	-	Surgical stockings, AK length	N/C	N/C	N/C	N/C	No prior authorization required	-	4/6 rolling months	-	-
A4495	-	-	Surgical stockings, thigh length, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/6 rolling months	-	-
A4500	-	-	Surgical stocking, BK length, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/6 rolling months	-	-
A4510	-	-	Surgical stocking, full length, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	2/6 rolling months	-	-
A4520	-	-	Incontinence garment, any type	N/C	N/C	N/C	N/C	No prior authorization required	-	200/rolling month	-	For MHT members 3 yrs. or older. If billed as single item or combination of A4520 & A4554, T4535 total units allowed is 250. No authorization over allowable permitted per WV Medicaid. Claims analysts and customer service reps may refer to BMS.
A4540	-	-	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1023 Not on PEIA DME FS and N on PEIA RBRVS. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf
A4541	-	-	Monthly supplies for use of device coded at E0733 (Trigeminal nerve stimulator).	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1017 Base code E0733 currently insufficient peer review literature for coverage.
A4542	-	-	Supp ext up limb tremor stim	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	every ninety (90) days	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1019. **Only covered if code E0734 is covered**. Can be billed w/ issue of E0734. Incl wrist band, electrodes and all supplies needed for E0734 performance. https://www.cms.gov/medicare-coverage-database/view/articles.asp?articleId=59680
A4543	-	-	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The P-Stim and E-Pulse devices (not all inclusive list) for auricular electrostimulation are non-covered item or service. Medicare does not cover auricular peripheral nerve stimulation because acupuncture for auricular stimulation is not considered reasonable and necessary.
A4544	-	-	Electro nerve stimulator rls	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Noctrix Health's NidraTM Tonic Motor Activation (TOMAC) therapy (E0743). Not covered, therefore supplies and accessories are not covered.
A4545	-	-	Suppl accessor tibial stim	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4550	-	-	Surgical tray	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	15/rolling month	-	WV MHT covers as Home Health supply. For all other LOB's not covered as HME. (Home Medical Equipment). The payment for the surgical tray is not separate and is included in the reimbursement for the procedure/ physician's service, as indicated by its "B" status code in the Medicare Physician Fee Schedule. Not on PEIA DME FS.
A4553	-	-	Non-disposable underpads	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4554	-	-	Disposable underpads, all sizes	N/C	N/C	N/C	N/C	No prior authorization required	-	150/rolling month	-	For members 3 yrs. or older. If billed as a single item or combination of A4520 & A4554, T4535 total units allowed is 250. No authorization over allowable permitted per WV Medicaid. Claims analysts and customer service reps may refer to BMS.

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A4555	-	-	Ca tx e-stim electr/transduc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	Cost invoice may be required	NSB with code E0766. E0766 is a continual rental for Medicare and PEIA so supplies will never be separately billable. Medicaid E0766 is a capped rental.
A4556	-	SU	Electrodes (E.G. Apnea Monitor) per pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15/month	15/rolling month	-	NSB w/ apnea monitor (E0618, E0619) or TENS Unit (E0720, E0730). Apnea monitor WV MHT max age 12 months.
A4557	-	SU	Lead wires (e.g. apnea monitor, TENS unit) per pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 / 12 months	2/rolling month	-	MHT Max age 12 months for an Apnea Monitor. Not separately billable w/ apnea monitor. Not covered if TENS unit not covered.
A4558	-	SU	Conductive gel or paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 per 12 months		-	-
A4559	-	SU	Coupling gel or paste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	For use w/ultrasonic device, covered if device covered.
A4560	-	-	Neuromusc electrical stim (NMES), disposable, repl only	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Describes geko™ T-3 and geko™ W-3 devices. extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cms.gov/files/document/2022-hcpcs-application-summary-biannual-2-2022-non-drug-and-non-biological-items-and-services.pdf
A4561	-	PO	Pessary rubber, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/per Lifetime.	-	-
A4562	-	PO	Pessary, non rubber, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/per Lifetime.	-	-
A4563	-	PO	Vag inser rectal control sys	N/C	N/C	N/C	N/C	N/C	Not covered under the DME MAC	Not on WV Medicaid/MHT 2026 DME FS	-	Medicare status X. On Policy Stats policy experimental and investigational list. https://the healthplan.policystat.com/policy/14533046/latest (Eclipse Vaginal Insert system - Pelvalon, Inc)
A4564			Pessary, disposable, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS		Check coverage per line of business
A4565	-	SC	Sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per lifetime	-	May be reimbursed under physician's schedule, not under the durable medical equipment benefit. Possibly bundled if post surgical. In some circumstances may need to bill appropriate Q code instead.
A4566	-	SO	Shoulder sling or vest design, abduction restrainer, prefabr, incl fit and adjust	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Medicare: Noncovered: no benefit category.
A4570	-	-	Splint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/6 rolling months	-	May be considered incidental to physician service. Provider to bill using correct V&Q codes where applicable. Not on PEIA DME FS.
A4575	-	-	Disposable hyperbaric oxygen chamber	N/C	N/C	N/C	N/C	N/C	-	-	-	This is not on Medicaid 2026 fee schedule or internet manual. It is not covered by Medicare. LCD L33797 2023 revision NOT Covered. Not on PEIA DME FS
A4580	-	-	Cast supplies, plaster	N/C	N/C	N/C	N/C	N/C	-	-	-	Bill Q4001 - Q4051 for cast supplies. Not on PEIA DME FS
A4590	-	-	Casting material, fiberglass	N/C	N/C	N/C	N/C	N/C	-	-	-	Bill Q4001 - Q4051 for cast supplies.
A4593	-	-	Neuromodulation Stimulator sys, adjunct to rehab therapy regime, controller	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	New Code 2024. No NCD or LCD. PoNS® by Helios Medical Technologies **Usually considered I&E. Limited peer review literature.** Not on PEIA DME FS.
A4594	-	-	Neuromodulation stim sys, adjunct to reh therapy regime, mouth piece, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	New Code 2024. No NCD or LCD. PoNS® by Helios Medical Technologies **Usually considered I&E. Limited peer review literature.**
A4595	-	SU	Tens suppl 2 lead per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/month w/E0720	-	Not billable w/A4556, A4558, A4630. Not covered if TENS not covered. Not covered for treatment for scoliosis.
A4595	-	SU	Tens suppl 4 lead per month	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/month w/E0730	-	Not billable w/A4556, A4558, A4630. Not covered if TENS not covered. Not covered for treatment for scoliosis.
A4596	-	SU	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**CES systems are not covered as they are considered experimental and investigational.** Code E0732(CES) not covered, therefore supplies will not be covered.
A4600	-	-	Sleeve for intermit limb compress device, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	It is not reimbursable for LOB where E0676 is not covered. Not to be provided at initial issue. This is replacement only code.
A4601	-	IN	Lithium ion battery , rechargeable, nonprosthetic use, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime	4/rolling year	-	Not covered for use w/ E0676. Covered for use w/ covered SGD- speech generating devices. Article A52469
A4602	-	IN	Replacement battery for external infusion pump owned by patient, lithium 1.5 volt ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime	Not on WV Medicaid/MHT 2026 DME FS	-	-

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A4604	NU	IN	Tubing with heating element	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/rolling month	-	Not billable w/A7037, E0471, E0472.
A4605	NU	IN	Trach suction cath close sys	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Connected to ventilator. Left in place for SX.
A4606	NU	IN	Oxygen probe (replacement)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2-3/month	2/rolling month	-	Not separately reimbursable w/E0445 w/unit under cap rental. Not separately reimbursable during rental period of oxygen.
A4608	-	OX	Transtracheal oxygen cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during 36 m rental period of O2. Not covered w/ member owned oxygen. NSB w/ vents.
A4611	-	OX	Battery, heavy duty, replacement, pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4612	-	OX	Battery cables, replacement, pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4613	-	OX	Battery charger, replacement for pt owned vent	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4614	-	IN	Hand-held PEFR meter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime	1 per lifetime	-	-
A4615	-	SU	Cannula nasal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB with O2/vent rental. Not covered w/ member owned equipment.
A4616	-	SU	Tubing (oxygen) per foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB with O2/vent rental. Not covered w/ member owned equipment.
A4617	-	SU	Mouth piece	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB with O2/vent rental. Not covered w/ member owned equipment.
A4618	NU	IN	Breathing circuits	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	4/month	Not on WV Medicaid/MHT 2026 DME FS	-	NSB O2 equipment or vent rental
A4619	-	IN	Face tent	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	MHT/billable only w/E0570. **Other Lines of business: Accessories, including but not limited to, trans-tracheal catheters (A4608), cannulas (A4615), tubing (A4616), mouthpieces (A4617), face tent (A4619), masks (A4620, A7525), oxygen conserving devices (A9900), oxygen tent (E0455), humidifiers (E0555), nebulizer for humidification (E0580), regulators (E1353), and stand/rack (E1355) are included in the allowance for rented oxygen equipment. The supplier must provide any accessory ordered by the treating practitioner. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered.**
A4620	-	SU	Variable concentration mask	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.). Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered.
A4623	-	OS	Tracheostomy inner cannula	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling month	-	Tracheal suctioning Per CMS, this code may be used for several different applications. Service Limits and Reimbursement is based on individual patients needs.
A4624	NU	IN	Tracheal suction tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day 3/ week	90/rolling month	-	Tracheal suctioning. Medicare/Comm/PEIA/ASO More than three A4624 catheters per day will be denied as not reasonable and necessary for tracheostomy suctioning. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered.
A4625	-	OS	Trach care kit for new trach	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day first 14 days	1/day first 14 days per lifetime	-	Not billable w/A4626 or A4629.
A4626	-	OS	Tracheostomy cleaning brush	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Included in A4625 & A4629 / tracheostomy care kits. Bundling rules may apply.
A4627	-	-	Spacer bag or reservoir, use w/MDI	N/C	N/C	N/C	N/C	No prior authorization required	-	1 per Lifetime	-	-
A4628	NU	IN	Oropharyngeal suction cath	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3xw or 12/month	90/rolling month	-	More than 3xw requires precert. A4628 is covered and is separately payable when they are medically necessary and used with a medically necessary E0600 pump. L33612 coverage article.
A4629	-	OS	Tracheostomy care kit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Start 14 days post op, All LOB not billable w/A4625, A4626.
A4630	NU	IN	Replace bat t.e.n.s. own by pt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/ 6 months	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if A4595 also billed same day/month. NC if TENS not covered. I.e. lower back pain.
A4633	NU	IN	Uvl replacement bulb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/5 years	Not on WV Medicaid/MHT 2026 DME FS	-	For pt owned E0691-E0694. Philips UVB-Narrowband bulbs have RUL 5-10 years. The Health Plan will not replace bulbs more often than once every 5 years, unless there is medical documentation supporting replacement or notice of loss d/t theft, natural disaster....
A4634	-	-	Replacement bulb, light box	N/C	N/C	N/C	N/C	N/C	-	2/2 rolling years	-	E0203 Light box table top model N/C.
A4635	NU	IN	Underarm crutch pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/2years	-	-	Not billable w/E0110 - E0114, E0116.

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A4636	NU	IN	Handgrip for cane etc...replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/2years	2/2 rolling years	-	Not billable w/E0100, E0105, E0110-E0114, E0130, E0135, E0140, E0141, E0143, E0147-E0149.
A4637	NU	IN	Replace tip cane/crutch/walker	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/year	4/rolling year	-	Not billable w/E0100, E0105, E0110-E0114, E0130, E0135, E0140, E0141, E0143, E0147-E0149.
A4638	NU	IN	Replace batt pulse gen sys	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4639	RR NU	CR	Infrared ht sys replacement pad	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A4640	NU RR	IN	Alternating pressure pad, replacement for patient owned equipment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/12months	-	-	Not billable w/ E0181, E0182. **Medicaid not reimbursable with E0181**
A4649	-	-	Surgical supply, Miscel	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Should only be used if a more specific code is unavailable. **Covered as a Home DME supply for Medicaid LOB only.**
A4653	-	-	Peritoneal dialysis cath anchor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Dialysis supply. Not separately billable as DME. May be covered under IPPS, OPS or ASC Schedules. Bundling rules may apply.
A4660	-	-	Sphygmomanometer w/cuff, steth	see comment	see comment	see comment	see comment	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	In Home Dialysis Supply. NSB DME Providers. NSB professional services.
A4663	-	-	Blood pressure, cuff only	see comment	see comment	see comment	see comment	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Dialysis Supply. In home dialysis only. NSB to DME suppliers. NSB w/ professional service.
A4670	-	-	Automatic blood pressure monitor	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	May be provided as part of incentive or wellness program or HSA benefit etc..
A4927	-	-	Gloves, nonsterile, per 100	See comment	See comment	See comment	See comment	See comment	In home dialysis supply	1 box of (100) per rolling month	Contract Specific. Invoice Required.	Medicare Members Dialysis Supply. NSB to DME suppliers. NSB w/ professional service. **Medicaid covered for HH ICD10 dx code B20 or N181.1-N181.5 Only.**
A4928	-	-	Surgical mask, per 20	See comment	See comment	See comment	See comment	See comment	In home dialysis supply	1 box 20. supplies may be limited by supplier	Contract Specific	Medicare Members Dialysis Supply. NSB to DME suppliers. **Medicaid was allowing d/t covid only.**
A4930	-	-	Gloves, sterile, per pair	See comment	See comment	See comment	See comment	See Comment	In home dialysis supply	-	Contract Specific	Dialysis Supply Medicare Members Only. NSB to DME suppliers. NSB w/ professional service.
A5051	-	OS	Pouch clsd w barr attached	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5052	-	OS	Clsd ostomy pouch w/o barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5053	-	OS	Clsd ostomy pouch faceplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5054	-	OS	Clsd ostomy pouch w/flange	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month	60/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5055	-	OS	Stoma cap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5056	-	OS	1 pc ost pouch w filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5057	-	OS	1 pc ost pou w built-in conv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	40/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5061	-	OS	Pouch drainable w barrier at	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	Not billable w/A5081, A6246. MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5062	-	OS	Drnble ostomy pouch w/o barr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5063	-	OS	Drain ostomy pouch w/flange	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5071	-	OS	Urinary pouch w/barrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
A5072	-	OS	Urinary pouch w/o barrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
A5073	-	OS	Urinary pouch on barr w/flng	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
A5081	-	OS	Stoma plug or seal, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	31/rolling month	-	Not billable w/A5055, A6216. MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.6 or Z43.6
A5082	-	OS	Continent stoma catheter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, or Z43.6
A5083	-	OS	Stoma absorptive cover	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	150/month	31/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, or Z43.6
A5093	-	OS	Ostomy accessory convex inse	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month	10/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, or Z43.6
A5102	-	OS	Bedside drain btl w/wo tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	Not billable w/A4357.

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A5105	-	OS	Urinary suspensory w/leg bag, w/or w/o tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	Not billable w/A4331, A4358, A5112-A5114.
A5112	-	OS	Urinary drainage bag, leg or abdomen	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	Not billable w/A5113, A5114.
A5113	-	OS	Latex leg strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A5112, A5114
A5114	-	OS	Foam/fabric leg strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not billable w/A5112, A5113.
A5120	AU AV	OS PO	Skin barrier, wipes or swabs 50 per box	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 (150) per 6 months	3 (150) per rolling month	-	**West Virginia Medicaid /MHT does not accept AU modifier.** Providers are reminded to use appropriate modifiers required per LOB. Also allowed with surgical dressings if medically necessary depending on LOB/contract. Ostomy/Prosthetics / Orthotics.
A5121	-	OS	Solid skin barrier 6x6	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5122	-	OS	Solid skin barrier 8x8	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5126	-	OS	Disk/foam pad w/wo adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	20/month	20/rolling month	-	MHT REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3
A5131	-	OS	Appliance cleaner per 16 oz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	For urology supplies used w/A5102, A5105, & A5112 only.
A5200	-	OS	Percutaneous catheter anchor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	12/month	Not on WV Medicaid/MHT 2026 DME FS	-	For suprapubic tube or nephrostomy tube, only. It is covered and separately payable when it is used to anchor a covered suprapubic tube or nephrostomy tube. If code A5200 is used to anchor an indwelling urethral catheter, the claim will be denied as not reasonable and necessary.
A5500	-	TS	Diab shoe for depth inlay, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	-
A5501	-	TS	Diabetic custom molded shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	Includes 1st pair inserts.
A5503	-	TS	Diabetic shoe w/roller/rockr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
A5504	-	TS	Diabetic shoe depth inlay w/wedge, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
A5505	-	TS	Diab shoe w/metatarsal bar, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
A5506	-	TS	Diabetic she w/off-set heel, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts.
A5507	-	TS	NOS modifications depth inlay shoe, per shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 pr/cal year	1 pr/cal year	-	May substitute for inserts . Description & Invoice Required.
A5508	-	TS	Deluxe feature, diabetic shoe, pr shoe	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Medicare(Local coverage Article A52501) not covered.
A5510	-	TS	Diabetic shoe, prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Need documentation why A5500, A5501 not appropriate. Invoice Required.
A5512	-	TS	Multi density insert, direct mold, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 pr/cal year 2 pr/cal year	3 pr/cal year	-	For Medicare ASO and plans that follow Medicare quantity limits: One pair of custom molded shoes (A5501, which includes initial inserts) and 2 additional pairs of inserts (A5512, A5513, or A5514); or One pair of depth shoes (A5500) and 3 pairs of inserts (A5512, A5513, or A5514). PDAC verification required.
A5513	-	TS	Multi density insert, custom mold, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 pr/cal year 2 pr/cal year	3 pr/cal year	-	For Medicare ASO and plans that follow Medicare quantity limits: One pair of custom molded shoes (A5501) and 2 additional pairs of inserts (A5512, A5513, or A5514); or One pair of depth shoes (A5500) and 3 pairs of inserts (A5512, A5513, or A5514) (not including the non-customized removable inserts provided with such shoes). PDAC verification required.
A5514	-	TS	Mult den insert dir carv/cam	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	See comment	3 pr/cal year	-	One pair of custom molded shoes (A5501) and 2 additional pairs of inserts (A5512, A5513, or A5514); or One pair of depth shoes (A5500) and 3 pairs of inserts (A5512, A5513, or A5514) (not including the non-customized removable inserts provided with such shoes). PDAC verification required.
A6000	-	-	Wound warming cover	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Used with the non contact wound-warming device and warming card. On both Medicare and Medicaid list of noncovered items. See also NCD Noncontact Normothermic Wound Therapy (NNWT) 270.2
A6010	-	SD	Collagen based wound filler	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	1 month supply at a time unless more is authorized. Can stay in place up to 7 days. On Medicaid list of noncovered items.

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A6011	-	SD	Collagen based wound filler, gel/paste, per gram of collagen	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 10 grams per month	Not on WV Medicaid/MHT 2026 DME FS	-	1 month supply at a time unless more is authorized. Can stay in place up to 7 days. On Medicaid list of noncovered items.
A6021	-	SD	Collagen dressing, sterile <=16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 30/month. Usual change is 1/ week	Not on WV Medicaid/MHT 2026 DME FS	-	1 month supply at a time unless more is authorized. **PDAC verification required.** Can stay in place up to 7 days. On Medicaid list of noncovered items.
A6022	-	SD	Collagen drsg, sterile>6<=48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 30/month. Usual change is 1/week	Not on WV Medicaid/MHT 2026 DME FS	-	1 month supply at a time unless more is authorized. **PDAC verification required.** Can stay in place up to 7 days. On Medicaid list of noncovered items.
A6023	-	SD	Collagen dressing, sterile >48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Up to 30/month. Usual change is 1/week	Not on WV Medicaid/MHT 2026 DME FS	-	1 month supply at a time unless more is authorized. **PDAC verification required.** Can stay in place up to 7 days. On Medicaid list of noncovered items.
A6024	-	SD	Collagen dsg, sterile wound filler per 6 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	10 (6 in) units/month	Not on WV Medicaid/MHT 2026 DME FS	-	1 month supply at a time unless more is authorized. **PDAC verification required.** Can stay in place up to 7 days. On Medicaid list of noncovered items.
A6025	-	SD	Gel sheet for dermal/epidermal application, (e.g., silicone, hydrogel, other) ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Most wounds 1 gel sheet/week. Total 5/month	Not on WV Medicaid/MHT 2026 DME FS	-	Code A6025 should only be used for gel sheets used for the treatment of keloids or other scars. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54563. On Medicaid list of noncovered items. Monitor for cosmetic/exclusions
A6154	-	SD	Wound pouch each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week/wound up to a box of 10 to 15/ month	31/rolling month	-	1 month supply at a time unless more is authorized. Most wounds can be served with 1 pouch per week per wound. If a greater quantity is required the provider is to submit medical necessity with claim.
A6196	-	SD	Alginate drsng < = 16 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. 1 unit =6 in.
A6197	-	SD	Alginate drsng >16 < = 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III IV pressure ulcers.
A6198	-	SD	Alginate drsg > 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6199	-	SD	Alginate drsg wound filler, sterile, per 6 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 units or 12"/day (change)	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6203	-	SD	Composite dressing < = 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.
A6204	-	SD	Composite dressing > 16 < = 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.
A6205	-	SD	Composite dressing > 48 sqs in, w/any size adhsv border, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized.
A6206	-	SD	Contact layer < = 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	5/rolling month	-	1 month supply at a time unless more is authorized.
A6207	-	SD	Contact layer > 16 < = 48 sq in, to line the wound	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	5/rolling month	-	1 month supply at a time unless more is authorized.
A6208	-	SD	Contact layer > 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	5/rolling month	-	1 month supply at a time unless more is authorized.
A6209	-	SD	Foam drsg < = 16 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
A6210	-	SD	Foam drsg < 16 < = 48 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcer. Must have moderate to heavy exudate.
A6211	-	SD	Foam drsg > 48 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
A6212	-	SD	Foam drsg < = 16 sq in w/borders, stage III & IV pressure ulcers	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
A6213	-	SD	Foam drsg, wnd cvr > 16 sq in < = 48 sq in w/adhsv border, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III / IV Pressure Ulcers. Must have moderate to heavy exudate.
A6214	-	SD	Foam drsg > 48 sq in w/borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.
A6215	-	SD	Foam drsg, wound filler, per gram,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers. Must have moderate to heavy exudate.

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A6216	-	SD OS	Non-sterile gauze < + 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/month Ostomy	90/rolling month	-	N/C for urological use. 1 month supply at a time unless authorized. MHT not reimbursable with A5055 and A5081. Medicare L33828: Continent stomas may use the following means to prevent/manage drainage: stoma cap (A5055), stoma plug (A5081), stoma absorptive cover (A5083) or gauze pads (A6216). No more than one of these types of supply would be reasonable and necessary on a given day.
A6216	-	SD	Non-sterile gauze < = 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-2/wound up to 3xd Surgical dressing	90/rolling month, surgical dressings	-	Usually for dressings without borders. See surgical dressing tab. 1xd for dressing with border. Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407) Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each other in any one area.
A6217	-	SD	Non-sterile gauze > 16 < = 48 sq	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
A6218	-	SD	Non-sterile gauze > 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized. Status code P on PEIA RBRVS.
A6219	-	SD	Gauze < = 16 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
A6220	-	SD	Gauze > 16 < = 48 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
A6221	-	SD	Gauze > 48 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	60/rolling month	-	1 month supply at a time unless more is authorized.
A6222	-	SD	Gauze < = 16 in no w/sal w/o b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
A6223	-	SD	Gauze > 16 < = 48 no w/sal w/o b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
A6224	-	SD	Gauze > 48 in no w/sal w/o b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
A6228	-	SD	Gauze > = 16 sq in water/saline impregnated	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No medical necessity for these dressings per Medicare and BMS
A6229	-	SD	Gauze > 16 < = 48 sq in watr/sal Impregnated	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No medical necessity for these dressings per Medicare and BMS.
A6230	-	SD	Gauze > 48 sq in water/saline impregnated	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No medical necessity for these dressings per Medicare and BMS. Is on PEIA RBRVS status code P.
A6231	-	SD	Hydrogel drsg < = 16 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week adhe border 1 xd w/o adh border	12/rolling month	-	Minimal to no exudate wounds. 3xw for dressing w/ adhesive border. Stage III & IV pressure ulcers only
A6232	-	SD	Hydrogel drsg > 16 < 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week adhe border 1 xd w/o adh border	12/rolling month	-	Minimal to no exudate wounds. 3xw for dressing w/ adhesive border. I x d w/o adhesive border. Stage III & IV pressure ulcers.
A6233	-	SD	Hydrogel drsg > 48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week adhe border 1 xd w/o adh border	12/rolling month	-	Minimal to no exudate wounds. 3xw for dressing w/ adhesive border. Stage III & IV pressure ulcers.
A6234	-	SD	Hydrocolloid drsg < = 16 w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6235	-	SD	Hydrocolloid drsg > 16 < = 48 w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6236	-	SD	Hydrocolloid drsg > 48 sq in , w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6237	-	SD	Hydrocolloid drsg > 16 sq in, with borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6238	-	SD	Hydrocolloid drsg >16<=48 sq in, w/brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6239	-	SD	Hydrocolloid drsg >48 sq in,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6240	-	SD	Hydrocolloid filler paste,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6241	-	SD	Hydrocolloid drsg filler, dry,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6242	-	SD	Hydrogel drsg<16 sq in w/o border,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers.
A6243	-	SD	Hydrogel drsg >16<=48 sq in, w/o border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.

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A6244	-	SD	Hydrogel drsg >48 sq in, w/o border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
A6245	-	SD	Hydrogel drsg <= 16 sq in, w/ border,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
A6246	-	SD	Hydrogel drsg >16<=48 sq in, w/border,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
A6247	-	SD	Hydrogel drsg >48 sq in w/borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	1 month supply at a time unless more is authorized. Stage III & IV pressure ulcers only.
A6248	-	SD	Hydrogel dressing, wound filler, gel, per fluid ounce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 units (fluid ounces)/wound in 30 days	15/rolling month	-	Stage III/IV pressure ulcers only. Medical necessity for use w/ noncovered dx. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
A6250	-	SD	Skin sealant, protectant, ointment	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling month	-	Medicare does not cover per Medicare Policy Article A54563 and is on the Medicare noncovered code list.
A6251	-	SD	Absorptive drsg, wnd cover <16 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
A6252	-	SD	Absorptive drsg>16<=48 sq in w/o borders,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
A6253	-	SD	Absorptive drsg wnd cover >48 sq in w/o brds,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	Stage III & IV pressure ulcers only
A6254	-	SD	Absorptive drsg wnd cover<=16 sq in w/brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only
A6255	-	SD	Absorptive drsg > 16 < 48 sq in w/brdrs,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only
A6256	-	SD	Absorptive drsg >48 sq in w/border	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Every Other Day	31/rolling month	-	Stage III & IV pressure ulcers only.
A6257	-	SD	Transparent film <= 16 sq in, tegaderm, tegaderm hp, polyskin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	-
A6258	-	SD	Transparent film >16<=48 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	-
A6259	-	SD	Transparent film > 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/week	15/rolling month	-	-
A6260	-	SD	Wound cleanser, any type/size	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling month	-	Only covered for MHT /WV Medicaid programs. Not on PEIA DME FS.
A6261	-	SD	Wound filler gel/paste per fluid oz, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/day	31/rolling month	-	Miscellaneous code. Will need description and reason specific HCPCS code not appropriate. May not be covered.
A6262	-	SD	Wound filer. Dry form, per gram, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	per auth	per auth	-	Miscellaneous code. Will need description and reason specific HCPCS code not appropriate. May not be covered.
A6266	-	SD	Impreg gauze no h20/sal/yard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	31/rolling month	-	1 month supply at a time unless more is authorized.
A6402	-	SD	Sterile gauze <= 16 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
A6403	-	SD	Sterile gauze>16 <= 48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
A6404	-	SD	Sterile gauze>48 sq in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
A6407	-	SD	Packing strips, non-impreg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3/day	90/rolling month	-	1 month supply at a time unless more is authorized.
A6410	-	SD	Sterile eye pad	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	If part of a physician service NSB.
A6411	-	SD	Non-sterile eye pad	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Included in service fee.
A6412	-	SD	Eye pad, occlusive, ea	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Included in service fee. PEIA RBRVS status code X.
A6413	-	SD	Adhesive band, first-aid type, any size, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A6441	-	SD	Pad band w > = 3" < 5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6442	-	SD	Conform band n/s w<3"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6443	-	SD	Conform band n/s w>=3"<5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.

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A6444	-	SD	Conform band n/s w>=5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6445	-	SD	Conform band s w <3"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6446	-	SD	Conform band s w>=3" <5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6447	-	SD	Conform band s w >=5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6448	-	SD	Lt compress band <3"/yrd,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6449	-	SD	Lt compress band >=3" <5"/yrd,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6450	-	SD	Lt compress band >= 5"/yrd,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6451	-	SD	Mod compress band wdth >=3"<5"/yrd,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change.
A6452	-	SD	Hi compress band wdth >=3"<5"/yrd,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
A6453	-	SD	Self-adher band w <3"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
A6454	-	SD	Self-adher band w>=3" <5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
A6455	-	SD	Self-adher band >=5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week or per dress chg	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
A6456	-	SD	Zinc paste band w >=3"<5"/yd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/week	4/rolling month	-	1 month supply at a time unless more is authorized. 1x week unless part of a multi layer dressing change. Only covered for wound care.
A6457	-	SD	Tubular dressing w/ or w/o elastic, any width, per linear yrd	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 unit /week	Not on WV Medicaid/MHT 2026 DME FS	-	On Non covered list for WV Medicaid. For other LOB covered for members that require a tubular dressing to secure a dressing.
A6460	-	SD	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, w/o adhesive border, ea dressing	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	Per physician order up to 1/day	Not on WV Medicaid/MHT 2026 DME FS	Manufacture invoice if allowed	Facilitates primary wound closure. Covered for moderate to heavily draining full thickness wounds. May not be separately billable from physician/surgical charge. May not be covered for dental surgery. Please review members coverage. Falls under bandages. Not on PEIA DME FS.
A6461	-	SD	Synthetic resorbable wound dressing, sterile, pad size > 16 sq in but < = 48 sq in., w/o adhesive border, ea dressing	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	RZ/No prior authorization required	N/C	Per physician order up to 1/day	Not on WV Medicaid/MHT 2026 DME FS	Manufacture invoice if allowed	Facilitates primary wound closure. Covered for moderate to heavily draining full thickness wounds. May not be separately billable from physician/surgical charge. May not be covered for dental surgery. Please review members coverage. Falls under bandages. Not on PEIA DME FS.
A6501	-	SD	Compression burn garment, bodysuit (head to foot) custom fab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6502	-	SD	Compression burn garment, chin strap (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6503	-	SD	Compression burn garment, facial hood (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6504	-	SD	Compression burn garment, glove to wrist (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6505	-	SD	Compression burn garment, glove to elbow (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.

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A6506	-	SD	Compression burn garment, glove to axilla (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6507	-	SD	Compression burn garment, foot to knee length (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6508	-	SD	Compression burn garment, foot to thigh length (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6509	-	SD	Compres burn garment jacket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6510	-	SD	Compres burn garment leotard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6511	-	SD	Compres burn garment panty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6512	-	SD	Compress burn garment NOC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6513	-	SD	Compression burn mask, face and/or neck plastic or equal (custom fabricated)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 /3 months	-	-	Covered as surgical dressing when used to reduce hypertrophic scarring & contracture. Most members can be served with 2 per 3 months.
A6515	-	-	Gradient compression wrap with adjustable straps, full leg, each, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6516	-	-	Gradient compression wrap with adjustable straps, foot, each, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6517	-	-	Gradient compression wrap with adjustable straps, below knee, each, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6518	-	-	Gradient compression wrap with adjustable straps, arm, each, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6519	-	-	Gradient compression garment, nos, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6520	-	LC	Gradient compression garment, glove, padded, for nighttime use, ea sleeve, nos	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6521	-	LC	Gradient compression garment, glove, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6522	-	LC	Gradient compression garment, arm, padded, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html

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A6523	-	LC	Gradient compression garment, arm, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6524	-	LC	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6525	-	LC	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6526	-	LC	Gradient compression garment, full leg and foot, padded, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6527	-	LC	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6528	-	LC	Gradient compression garment, bra, for nighttime use, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6529	-	LC	Gradient compression garment, bra, for nighttime use, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6530	-	LC	Gradient compression stocking, below knee, 18-30 mmHg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD modifier.** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6531	AW	SD	Grad compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 units /6 months/limb	4 units /6 months	-	**Medicare, commercial ASO**: Only covered for the treatment of an open venous stasis ulcer that meets coverage guidelines.
A6532	AW	SD	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 units /6 months/limb	4 units /6 months	-	**Medicare, commercial ASO**: Only covered for the treatment of an open venous stasis ulcer that meets coverage guidelines.
A6533	-	LC	Grad compress stocking, thigh 18-30mmHg,ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6534	-	LC	Grad compress stocking, thigh 30-40mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6535	-	LC	Grad compression stocking, thigh length, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html

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A6536	-	LC	Grad compress stocking, full length/ chap style, 18-30mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6537	-	LC	Grad compress stocking, full length/ chap style, 30-40 mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6538	-	LC	Grad compression stocking, full length/chap style, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	4 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6539	-	LC	Grad compress stocking, waist length, 18-30 mmHg, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	2 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6540	-	LC	Grad compress stocking, waist length, 30-40mmHg,ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	2 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6541	-	LC	Grad compression stocking, waist length, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	2 units /6 months	-	**Not covered under surgical dressings Providers should not use SD .** Replacement once every six (6) months for daytime and once every two years for nighttime. Covered dx: I89.0, I97.2, I97.89, and Q82.0. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6544	-	SD	Garter belt for compression stocking	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	Only covered WV Medicaid.
A6545	AW	SD	Grad compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/ 6 month/ leg	Not on WV Medicaid/MHT 2026 DME FS	-	Covered when it is used as a primary or secondary in the treatment of an open venous stasis ulcer and cannot be treated by A6531 or A6532. Must be listed on PDAC.
A6548	-	-	Acces cust grad silic band	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS		May not be covered for all plans
A6549	-	SD	Gradient compression garment, not otherwise specified, for daytime use, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 daytime/6 months 2 nighttime/2 yrs	-	Manufacturer Invoice and description of item required	May be covered when cannot use other covered compression stocking. Physician attestation alone insufficient. Will cover as gauntlet for lymphedema when s/p mastectomy. https://www.cms.gov/files/document/mm13286-lymphedema-compression-treatment-items-implementation.pdf
A6550	-	SU	Wound care set for NPWT elec pump, all	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	15 kits per month/ per wound	15 kits per rolling month/ per wound	Contract Specific	Contract Specific as to whether or not payment is included in perdiem or monthly rental.
A6552	-	LC	Gradient compression stocking, below knee, 30-40 mmhg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years.
A6553	-	LC	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6554	-	LC	Gradient compression stocking, below knee, 40 mmhg or greater, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0

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A6555	-	LC	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6556	-	LC	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6557	-	LC	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6558	-	LC	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6559	-	-	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6560	-	-	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6561	-	-	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6562	-	LC	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6563	-	LC	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6564	-	LC	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6565	-	LC	Gradient compression gauntlet, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6566	-	LC	Gradient compression garment, neck/head, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0

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A6567	-	LC	Gradient compression garment, neck/head, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6568	-	LC	Gradient compression garment, torso and shoulder, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6569	-	LC	Gradient compression garment, torso/shoulder, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6570	-	LC	Gradient compression garment, genital region, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6571	-	LC	Gradient compression garment, genital region, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6572	-	LC	Gradient compression garment, toe caps, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6573	-	LC	Gradient compression garment, toe caps, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6574	-	LC	Gradient compression arm sleeve and glove combination, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6575	-	LC	Gradient compression arm sleeve and glove combination, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6576	-	LC	Gradient compression arm sleeve, custom, medium weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6577	-	LC	Gradient compression arm sleeve, custom, heavy weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6578	-	LC	Gradient compression arm sleeve, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0

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A6579	-	LC	Gradient compression glove, custom, medium weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6580	-	LC	Gradient compression glove, custom, heavy weight, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6581	-	LC	Gradient compression glove, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6582	-	LC	Gradient compression gauntlet, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6583	-	LC	Gradient compression wrap with adjustable straps, below knee, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6584	-	-	Gradient compression wrap with adjustable straps, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	Manufacture Invoice and description of item required	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6585	-	LC	Gradient compression wrap with adjustable straps, above knee, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6586	-	LC	Gradient pressure wrap with adjustable straps, full leg, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6587	-	LC	Gradient pressure wrap with adjustable straps, foot, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6588	-	LC	Gradient pressure wrap with adjustable straps, arm, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6589	-	LC	Gradient pressure wrap with adjustable straps, bra, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6590	-	SU	urinary cath disp suc pump	N/C	N/C	N/C	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Purwick accessory covered for Medicare plans only. The suction pump will require precertification.
A6591	-	SU	Urinary cath suc pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-

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A6593	-	LC	Accessory for gradient compression garment or wrap with adjustable straps,nos	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Manufacture Invoice and description of item required	Medicare will consider payment for donning and doffing aids, coded as A6593. claim must be specific Dx only is insufficient for coverage. https://cgsmedicare.com/jb/pubs/news/2023/12/coe147943.html
A6594	-	LC	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6595	-	LC	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6596	-	LC	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6597	-	LC	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6598	-	LC	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6599	-	LC	Gradient compression bandage roll, elastic short stretch, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6600	-	LC	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6601	-	LC	Gradient compression bandaging supply, high density foam pad, any size or shape, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6602	-	LC	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6603	-	LC	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6604	-	LC	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0

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A6605	-	LC	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6606	-	LC	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6607	-	LC	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6608	-	LC	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6609	-	-	Gradient compression bandaging supply, not otherwise specified	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	Manufacture Invoice and description of item required	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6610	-	LC	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A6611	-	-	Gradient compression wrap with adjustable straps, above knee, each, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 daytime/6 months 2 nighttime/2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	PEIA Allows 3 pr/benefit yr of covered compression garments. Medicare: Daytime: 3 garments per affected body part every 6 months. Nighttime: 2 garments per affected body part every 2 years. The 4 covered Dx are I89.0, I97.2, I97.89, Q82.0
A7000	NU	IN	Cannister, disposable, used w/ SX pump, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	10/month per wound	10/month	Contract Specific	**If used w/ Ox or vent it is RZ during Oxygen or ventilator rental.** Should not be billed w/ Purewick system. It is separately billable w/ suction for wounds.
A7001	NU	IN	Cannister, nondisposable, used w/ sx pump, ea.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/month	Not on WV Medicaid/MHT 2026 DME FS	-	N/C if used with a PUREWICK SYSTEM
A7002	NU	IN	Tubing used w suction pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	NSB w/ E0600. N/C if billed w/ E2001 Purewick system for Commercial/PEIA/Medicaid and Self Funded lines of business
A7003	NU	IN	Nebulizer administration set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	NSB w/A7004, A7005, A7006.
A7004	NU	IN	Disposable nebulizer sml vol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	NSB w/ A7003, 7005, A7006.
A7005	NU	IN	Nondisposable nebulizer set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	1/3 months w/K0730. NSB w/A7003, A7004, A7006.
A7006	NU	IN	Filtered nebulizer admin set	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/rolling month	-	Not billable w/A7003, A7004, A7005.
A7007	NU	IN	Lg vol nebulizer disposable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/month	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered if used primarily to provide room humidification.
A7008	NU	IN	Disposable nebulizer prefill	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Considered a convenience item for all LOB.
A7009	NU	IN	Nebulizer reservoir bottle	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A large volume ultrasonic nebulizer (E0575) is not covered.
A7010	NU	IN	Disposable corrugated tubing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 (100 ft) per 2 months	-	-	Nebulizer - not oxygen
A7012	NU	IN	Nebulizer water collec devic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	-
A7013	NU	IN	Disposable compressor filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	1/rolling month	-	-
A7014	NU	IN	Compressor nondispos filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 months	Not on WV Medicaid/MHT 2026 DME FS	-	-
A7015	NU	IN	Aerosol mask used w nebulize	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	2/rolling month	-	-

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A7016	NU	IN	Nebulizer dome & mouthpiece	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/year	Not on WV Medicaid/MHT 2026 DME FS	-	Used w/E0574, covered if the E0574 is authorized.
A7017	NU RR	IN	Nebulizer not used w oxygen	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 years	Not on WV Medicaid/MHT 2026 DME FS	-	-
A7018	-	SU	Water distilled w/large volume nebulizer,1000ml.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered when used to dilute concentrated drugs for a nebulizer. Only covered if used for Surgical wound.
A7020	NU	-	Interface, cough stim device, replce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Under some conditions may not be separately billable as for institutional use. NSB w/ initial device.
A7021	-	-	Suppl and access lung expan	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Possibly experimental and Investigational. Percussionaire® family of devices and the Volara™ System. Also billed in conjunction w/ E0469
A7023	-	-	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1026
A7025	NU	CR	Replace chest compress vest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable lifetime	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement for pt owned equipment. This item is found on WV Medicaid Non-Covered items list on the internet but may be covered under WV Medicaid EPSDT benefit for children.
A7026	NU	IN	Replace chst cmprss sys hose	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement for pt owned equipment. This item is found on WV Medicaid Non-Covered items list on the internet but may be covered under WV Medicaid EPSDT benefit for children.
A7027	NU	IN	Combine oral/nasal mask, CPAP device, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/3 months	Not on WV Medicaid/MHT 2026 DME FS	-	
A7028	NU	IN	Oral cushion for comb oral/nasal mask, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/month	Not on WV Medicaid/MHT 2026 DME FS	-	
A7029	NU	In	Nasal pillow for comb oral/nasal mask, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/month	Not on WV Medicaid/MHT 2026 DME FS	-	
A7030	NU	IN	CPAP full face mask	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/6 rolling months	-	-
A7031	NU	IN	Replacement facemask interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	1/3 rolling months	-	Not given w/ initial placement.
A7032	NU	IN	Replacement nasal cushion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not given w/ initial placement.
A7033	NU	IN	Replacement nasal pillows	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	Not given w/ initial placement.
A7034	NU	IN	Nasal application device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/3 rolling months	-	-
A7035	NU	IN	Pos airway press headgear	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	-
A7036	NU	IN	Pos airway press chinstrap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	-
A7037	NU	IN	Pos airway pressure tubing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	1/rolling month	-	-
A7038	NU	IN	Pos airway pressure filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/month	2/rolling month	-	-
A7039	NU	IN	Filter, non disposable w pap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	1/6 rolling months	-	-
A7040	-	PO	One way chest drain valve	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not Home DME. Depending on Place of service, may be bundled into professional or facility fee. Other LOB may require a different code.
A7041	-	PO	Water seal drain container	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not Home DME. Depending on Place of service, may be bundled into professional or facility fee. Other LOB may require a different code.
A7044	NU	IN	PAP oral interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Per Medicare is included in the functionality of code E0467. Claims for any related HCPCS codes submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.
A7045	NU RR	IN	Repl exhalation port for PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/2 years	-	Purchase only for WV Medicaid. Most members need no more than 1 per year.
A7046	NU	IN	Repl water chamber, PAP dev	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/6 months	2/2 years	-	-
A7047	NU	IN	Oral interface used with respiratory suction pump, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Will follow same rules as w/ any accessory w/ suction pumps.
A7048	-	PO	Vacuum drain bottle/ tube kit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PLEURX catheter. Not separately billable with initial implantation. Should be included in the kit. Follow up supplies require precert. For WV Medicaid bill A4649 with kit. Pleurx- dressings changed 1 x week. Reorder supplies when there are three drainage kits remaining.

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A7049	-	-	Exp positive airway pressure intranasal resistance valve	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A7501	-	OS	Tracheostoma valve w diaphra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/month	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
A7502	-	OS	Replacement diaphragm/fplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/month	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
A7503	-	OS	HMES filter holder or cap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/6 months	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
A7504	-	OS	Tracheostoma HMES filter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	62/month	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
A7505	-	OS	HMES or trach valve housing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/3 months	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
A7506	-	OS	HMES/trach valve adhesive disk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	62/month	Not on WV Medicaid/MHT 2026 DME FS	-	NSB if billing A4625- tracheostomy care or cleaning starter kit.
A7507	-	OS	Integrated filter & holder	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	62/month	31/rolling month	-	-
A7508	-	OS	Housing & Integrated Adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	62/month	31/rolling month	-	-
A7509	-	OS	Heat & moisture exchange sys	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	62/month	31/rolling month	-	-
A7520	-	OS	Trach/laryn tube non-cuffed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	4/rolling month	-	-
A7521	-	OS	Trach/laryn tube cuffed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	4/rolling month	-	-
A7522	-	OS	Trach/laryn tube stainless	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	4/rolling month	-	-
A7523	-	OS	Tracheostomy shower protect, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	-	Manufacture Invoice and description of item required	Considered a convenience item for ASO, commercial, and Medicare plans.
A7524	-	OS	Trach stint/stud/button, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	-	-	-
A7525	-	OS	Trach mask w/Nebulizer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	1/month w/ Nebulizer
A7526	-	OS	Trach tube collar/holder, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	31/month	4/rolling month	-	-
A7527	-	OS	Trach laryngectomy tube plug/stop, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/ 3 months	2/rolling month	-	-
A8000	RR NU	IN	Soft protect helmet prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	-	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
A8001	RR NU	IN	Hard protect helmet prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	-	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
A8002	NU RR	IN	Soft protect helmet custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	-	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item.
A8003	NU RR	IN	Hard protect helmet custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/year	1/year	-	Covered for seizure disorder, post cranial surgery. WV Medicaid purchase item. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.
A8004	NU RR	IN	Repl soft interface, helmet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A8005	NU		Grip glove w/ microprocessor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS		-
A8006	NU		Grip glove replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS		-
A9270	-	-	Non-covered item(s)	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code to be used when billing for items not covered per the LCD. Please refer to Comfort and Convenience policy in Policy Stat also for those devices not contained in an LCD/NCD.
A9272	-	-	Wound suction, disposable, includes all dressings, all accessories and components, any type, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Noncovered item or service.
A9273	-	-	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces codes E0220,E0230,E0238. Cold therapy devices do not meet the definition of DME under Medicare and therefore, are not covered. Is also on list of noncovered codes.
A9274	-	-	Ext ambul insulin del sys, disposable, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract specific	Not covered when used with or as a CGM or an elastomeric pump. Omnipod may use this code for supplies.
A9275	-	-	Home glucose monitor, disposable	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered as it does not meet the definition of DME.

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A9276	-	-	Sensor, invasive disposable, glucose month, per day	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	1 box of 10/month	**Contract specific. This pays as a daily perdiem regardless of quantity authorized**	Contract specific. This pays as a daily perdiem regardless of quantity authorized	Not an approved Medicare code. Not on PEIA FS. Follow quantity limits for contracts/networks allowed. Medicaid LOB needs to reach out to their PBM unless otherwise indicated in THP contracts. ASO LOB to use appropriate Medicare code.
A9277	-	-	Transmitter, ext, interstitial sys, glucose	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	Every 6 months to 1 yr	**Contract specific.**	Contract specific.	Not an approved Medicare code. Not on PEIA FS. Follow quantity limits for contracts/networks allowed. Medicaid LOB needs to reach out to their PBM unless otherwise indicated in THP contracts. ASO LOB to use appropriate Medicare code.
A9278	-	-	Receiver, ext, interstitial sys, glucose	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	PBM	1/yr	Not on WV Medicaid/MHT 2026 DME FS	Contract specific.	Not an approved Medicare code. Not on PEIA FS. Follow quantity limits for contracts/networks allowed. Medicaid LOB needs to reach out to their PBM unless otherwise indicated in THP contracts. ASO LOB to use appropriate Medicare code.
A9279	-	-	Monitoring feature/device, stand-alone or integrated, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A9280	-	-	Alert or alarm device, NOC	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A9281	-	-	Reaching, grabbing device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A9282	-	-	Wig, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for fully funded or employer funded plans that follow ACA (affordable care act) and member's benefit as applicable. Coverage is limited to those diagnoses indicated in ACA or plan document. Not covered for any other diagnoses as remains noncovered on WV Medicaid's 506C, Medicare's non-covered lists, and PEIA RBRVS.
A9283	-	-	Foot press off load/support device, any	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
A9284	-	-	Spirometer, nonelectronic, includes all accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No benefit category. Listed in Comfort and Convenience policy.
A9285	-	-	Inversion/eversion correction device	R/Z or N/C	R/Z or N/C	RZ or N/C	R/Z or N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No reimbursement of Medicare Schedule. Not applicable as HCPCS. Not priced separately by part B or value not established. Physician Schedule And Non-Physician Practitioners - Service not separately priced by part B (e.g., services not covered, bundled, used by Part A only, etc... Listed in Comfort and Convenience policy.
A9286	-	-	Hygienic item or device, disposable or non-disposable, any type, each	R/Z or N/C	R/Z or N/C	R/Z or N/C	R/Z or N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No reimbursement of Medicare Schedule. Not applicable as HCPCS. Not priced separately by part B or value not established. Physician Schedule And Non-Physician Practitioners - Service not separately priced by part B (e.g., services not covered, bundled, used by Part A only, etc... Listed in Comfort and Convenience policy. Not currently on Medicaid Internet Manual as covered or non-covered. Will be considered non covered unless an item is otherwise listed as covered by Medicaid. Listed in Comfort and Convenience Items.
A9294			Biofeed dig cog behav tx fda	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS		
A9300	-	-	Exercise equipment	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Profhand 3 wheeled wheelchair is an example. See Comfort and Convenience items policy for more complete listing.
A9900	-	-	Misc DME supply, accessory, and or service component of another HCPCS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Should use appropriate HCPCS. Usually not covered.
B4034	-	-	Enter feed supkit syr by day	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Only covered if plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 month supply at a time unless more is authorized. **NSB w/ perdiem (S code).**
B4035	-	-	Enteral feed supp pump per d	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Only covered if plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 month supply at a time unless more is authorized. **NSB w/ perdiem (S code).**
B4036	-	-	Enteral feed sup kit grav by	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Only covered if plan covers enterals. Includes all supplies except tube required for admin of nutrients, 1 month supply at a time unless more is authorized. **NSB w/ perdiem (S code).**
B4081	-	-	Nasogastric tube w/stylet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-
B4082	-	-	Nasogastric tube w/o stylet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-
B4083	-	-	Stomach tube-Lvine type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/month	4/rolling month	-	-

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B4087	-	-	Gastrostomy/jejunostomy tube, stndrd , any	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	2/6 rolling months	-	-
B4088	-	-	Gastrostomy/jejunostomy tube, low-pro, any	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 months	2/6 rolling months	-	-
B4100	-	-	Food thickener, adm orally, per oz	See comments	See comments	See comments	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	Contract specific	**See WV Medicaid age guidelines. May be covered for children under EPSDT.** Medicare article A58833: *"Food thickeners (B4100), baby food, and other regular grocery products that can be blenderized and used with the enteral system will be denied as non-covered."* Other Lines of Business (LOB): Usually not covered, but may be covered if in the infusion contract for that LOB and not specifically listed as an exclusion in plan document.
B4102	-	-	Ent formula, adlt, to replc fluids and elec	See comments	See comments	See comments	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	Contract specific	**See WV Medicaid age guidelines. May be covered for children under EPSDT.** Medicare Article A58833: "*Electrolyte-containing fluids (B4102 and B4103) are not indicated for the maintenance of weight and strength and are therefore non-covered, no benefit."* Other Lines of business (LOB): Generally not covered. Maybe covered if in the infusion contract for that LOB and not specifically listed as an exclusion in plan document.
B4103	-	-	Ent form, peds, to replc fluids and elcetroly	See comments	See comments	See comments	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	Contract specific	**See WV Medicaid age guidelines. May be covered for children under EPSDT.** Medicare Article A58833: "Electrolyte-containing fluids (B4102 and B4103) are not indicated for the maintenance of weight and strength and are therefore non-covered, no benefit." Other Lines of business (LOB): May be covered only if in the infusion contract for that LOB and is not listed as an exclusion in the plan document.
B4104	-	-	Additive for enteral formula (e.g. fiber)	NSB	NSB	NSB	NSB	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	-	**See WV Medicaid age guidelines. May be covered for children under EPSDT.** Denial D311. Bundled. **Other Lines of business:** Code B4104 is an enteral formula additive. The enteral formula codes include all nutrient components, including vitamins, mineral, and fiber. Therefore, code B4104 will be denied as not separately payable.
B4105	-	-	In-line cartridge containing digestive enzymes for enteral feeding, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Device is eligible for separate payment from enteral kits if not using S code per diems.
B4148	-	-	Enteral feed elastomer daily	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1 unit/day if allowed. Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB Contract specific.	The unit of service (UOS) for the supply allowance is one (1) UOS per day.
B4149	-	-	Ent form, mfg, blnd nat food 100 cal=1 unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 month supply at time unless more is authorized. Approved products only. **See WV Medicaid age guidelines.**
B4150	-	-	Ent form, nutr cmplt w/intact nutr 100 cal =1ut	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 month supply at time unless more is authorized. Approved products only. **See WV Medicaid age guidelines.**
B4152	-	-	Ent form, nutr cmplt, cal dense 100 cal =1unit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 month supply at time unless more is authorized. Approved products only. **See WV Medicaid age guidelines.**
B4153	-	-	Ent form, nutr cmplt, hydrolyzed 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 month supply at time unless more is authorized. Approved products only. **See WV Medicaid age guidelines.**
B4154	-	-	Ent form, spec metabolic need 100 cal=1 un	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 month supply at time unless more is authorized. Approved products only. **See WV Medicaid age guidelines.**
B4155	-	-	Ent form, nutr incmplt, mod nutr 100 cal=1 un	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	Must be sole source nutrition. Not used for foods blenderized by patient or caregiver, 1 month supply at time unless more is authorized. Approved products only. **See WV Medicaid age guidelines.**
B4157	-	-	Ent form, nutr cmplt, spec need 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. **PDAC verification required. See WV Medicaid age guidelines.** PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.

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B4158	-	-	Ent form, peds nutr cmplt w/intct 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. **See WV Medicaid age guidelines.** PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B4159	-	-	Ent form, peds nutr cmplt w/intct 100 cal=1un	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. **See WV Medicaid age guidelines.** PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B4160	-	-	Ent form, peds, nutr cmplt cal dns 100=1 unit	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source of nutrition. Approved products only. PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B4161	-	-	Ent form, peds, hydrolyzed 100 cal = 1 unit	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. **PDAC verification required. See WV Medicaid age guidelines.** PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B4162	-	-	Ent form, peds, spec metab 100 cal=1 unit	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	Covered Under UCR Fee Schedule	-	As above- Must be sole source nutrition. Approved products only. **PDAC verification required. See WV Medicaid age guidelines.** PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B4164	-	-	Prntl nutr carbs 50% or less, 500ml=1 unit, home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition. Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**. Provider must document the medical necessity for dextrose concentration less than 10%.
B4168	-	-	Prntl nutr amino acids 3.5%, 500ml=1 unit, home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**. Document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
B4172	-	-	Prntl nurt amino acids 5.5%thru 7% 500ml=1 unit, home mix	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**. Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day. PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B4176	-	-	Prntl nurt amino acids 7% thru 8.5% 500ml=1 unit, home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**. Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day .
B4178	-	-	Prntl nutr amino acid >8.5% 500ml=1 unit, home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**. Must document the medical necessity for protein orders outside of the range of 0.8-2.0 gm/kg/day.
B4180	-	-	Prntl nutr carbs >50% 500ml=1 unit, home mix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition. Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**. Provider must document the medical necessity for dextrose concentration less than 10%.
B4185	-	-	Prntl nutr solution, nos, 10 grams lipids	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	As above- Must be sole source of nutrition. Approved products only. Must document the medical necessity for lipid use per month in excess of the product-specific, FDA-approved dosing recommendations.
B4187	-	-	PRNTL nutr Omegaven, 10 grams lipids	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Must document the medical necessity for lipid use per month in excess of the product-specific, FDA-approved dosing recommendations.
B4189	-	-	Prntl nutr amino acid+carbs, w/ electro, trace ele, vit, inc prep, any strength, 10-51gm protein/premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B4193	-	-	Prntl nutr amino acid+carbs, w/ electro, trace ele, vit, inc prep, any strength, 52-73gm protein /premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.

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B4197	-	-	Prntl nutr amino acid+carbs, w/ electro, trace ele, vit, inc prep, any strength, 74-100gm protein/premx	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B4199	-	-	Prntl nutr amino acid+carbs over 100gm/pre	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B4216	-	-	Prntl nutr + additives/home mix, per day	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B4220	-	-	Prntl nutr supply kit/premix, per day		Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B4222	-	-	Prntl nutr supply kit/home mix, per day	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B4224	-	-	Prntl nutr administration kit, per day	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/day	1/day	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B5000	-	-	Prntl nutr renal-Amirosyn RF.... RF, etc./premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B5100	-	-	Prntl nutr hepatic-Heptazine premix	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used**.
B5200	-	-	Prntl nutr brnch chain amino ,acids/Freeminer HBC premix	Yes, prior authorization required	Yes, prior authorization required	Not on WV PEIA 2026 PEN FS	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Parenteral Nutrition As above- Must be sole source of nutrition. Approved products only. T**his code is separately billable** when **home mix parenteral nutrition solutions are used.** PEIA: Code is not Listed on WV PEIA 2026 Fee schedule. May be covered if included in enteral contract for LOB with authorization review.
B9002	NU RR	-	Entrl nutr infusion pump any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RUL is 8 yrs/repair replacement policy	-	-	**MHT 10 month capped rental item.** All Lines of business: NSB w/ perdiem (S code). Will pay rental up to purchase price. NSB w/perdiem (S code).
B9004	RR	-	Prntl nutr infusion pump, portable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RUL is 8 yrs/as above	-	-	MHT 10 month cap rental. May be covered for those on parental nutrition only - **not enteral.** Not separately billable if S code for supplies are billed.
B9006	RR	-	Prntl nutr infusion pump, stationary	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RUL is 8 yrs/as above	-	-	MHT 10 month cap rental. May be covered for parental nutrition only- **not enteral.** Not separately billable if S code for supplies are billed.
B9998	-	-	NOC (miscellaneous) for enteral supplies	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Providers must submit correct HCPCS codes. Possible separate supplies are part of kit. **Mickey buttons will be reviewed on a case-by-case basis.**
B9999	-	-	NOC (misc) for parenteral supplies	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Invoice Required	Need to use correct B code or dressing code.
D5911	-	-	Facial moulage (sectional)	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5912	-	-	Facial moulage (complete)	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5913	-	-	Nasal prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5914	-	-	Auricular prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	1/5 years	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5915	-	-	Orbital prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5916	-	-	Ocular prosthesis - Prosthetic eye, plastic, custom Prosthetic eye, other type	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5919	-	-	Facial prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5924	-	-	Cranial prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5925	-	-	Facial augmentation implant prosthesis	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5931	-	-	Obturator prosthesis, surgical	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5932	-	-	Obturator prosthesis, definitive	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.

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D5933	-	-	Obturator prosthesis, modification	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5934	-	-	Mandibular resection pros-thesis with guide flange	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5935	-	-	Mandibular resection prosthesis without guide flange	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
D5999	-	-	Unspecified maxillofacial prosthesis, by report	N/C	N/C	N/C	N/C	Dental Benefit	-	-	-	WV Medicaid uses these codes in place of L8040-L8048. WV Medicaid age limitations may apply.
E0100	NU RR	IN	Canes, all mat, adjustable or fixed w/tip	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4636, A4637 or E0105. MHT purchase item.
E0105	NU RR	IN	Cane adjust/fixed quad/3 pro	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4636, A4637 or E0100. MHT purchase item.
E0110	NU RR	IN	Crutch forearm pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0111-E0114, E0116. MHT Purchase Item.
E0111	NU RR	IN	Crutch forearm each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110, E0112-E0114, E0116. MHT Purchase Item.
E0112	NU RR	IN	Crutch underarm pair wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A463, E0110-E0111, E0113-E0116. MHT Purchase Item.
E0113	NU RR	IN	Crutch underarm each wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0112, E0114, E0116. MHT Purchase Item.
E0114	NU RR	IN	Crutch underarm pair no wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0113, E0116. MHT Purchase Item.
E0116	NU RR	IN	Crutch underarm each no wood	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	2/2 rolling years	-	Not billable w/A4635-A4637, E0110-E0114. MHT Purchase Item.
E0117	NU RR	CR	Underarm spring assist crutch	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Per LCD L33733.The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established; therefore, if an E0117 is ordered, it will be denied as not reasonable and necessary.
E0118	NU RR	IN	Crutch substitute(walker), low leg platform w/or w/o wheels, ea	No prior authorization required	No prior authorization required	Not on WV PEIA 2026 DME FS.	N/C	N/C	RUL 5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0130	NU RR	IN	Walker rigid adjust/fixed ht	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637. MHT Purchase Item.
E0135	NU RR	IN	Walker folding adjust/fixed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637. MHT Purchase Item.
E0140	NU	CR	Walker w trunk support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w.A4636, A4637, E0155, E0159. MHT Purchase Item.
E0141	NU RR	IN	Rigid wheeled walker adj/fix	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159. MHT Purchase Item.
E0143	NU RR	IN	Walker folding wheeled w/o s	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159. MHT Purchase Item.
E0144	NU RR	CR	Enclosed walker w rear seat	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Per Medicare LCD L33791:"*The medical necessity for a walker with an enclosed frame (E0144) has not been established. Therefore, if an enclosed frame walker is provided, it will be denied as not reasonable and necessary.*" Listed on the Medicaid non-covered code list.
E0147	NU RR	IN	Heavy duty, multiple braking system, variable wheel resistance walker	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	**MHT Purchase Item.** Covered in cases where the member meets for a standard walker and has a " *severe neurologic disorder or restricted use of hand. Obesity, by itself, is not a sufficient reason for an E0147 walker*" . L33791. Not billable w/A4636, E0155, E0159. PDAC verification required.
E0148	NU RR	IN	Heavy-duty walker no wheels >300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637. MHT Purchase Item.
E0149	NU RR	CR	Heavy duty wheeled walker >300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 5 yrs	1/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159. MHT Purchase Item.
E0150	-	-	Walker, wheeled, w/ seat and transport chair, adj or fixed height	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	May not be covered for WV Medicaid plans as not on Current Fee schedules. Not covered for Medicare plans See Walkers Article A52503
E0152	-	-	Walker, battery powered, wheeled, folded, adj or fixed height	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A powered walker (E0152) is noncovered as it does not meet the definition of DME."
E0153	NU RR	IN	Forearm crutch platform atta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	Not billable w/A4636, A4637, E0155, E0159. MHT Purchase Item.
E0154	NU RR	IN	Walker platform attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	LCA Article A52503 for codes allowed for separate billing. MHT Purchase Item.

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E0155	NU RR	IN	Walker wheel attachment, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	LCA Article A52503 for codes allowed for separate billing. MHT Purchase Item.
E0156	NU RR	IN	Walker seat attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 rolling years	-	Not billable w/E0144 since E0144 not covered. MHT Purchase Item.
E0157	NU RR	IN	Walker crutch attachment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	MHT Purchase Item.
E0158	NU RR	IN	Walker leg extenders set of4	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/3 rolling years	-	Not billable w/E0414, E0143, E0147, E0149. Only covered for beneficiaries 6 ft tall or more. MHT Purchase Item.
E0159	NU RR	IN	Brake for wheeled walker/replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ rolling year	-	Member owned walkers. MHT Purchase Item.
E0160	NU	IN	Sitz type bath or equipment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	Not separately billable in institutional use. **Covered for perineal surgery or trauma/infection perineum**
E0161	NU	IN	Sitz bath/equipment w/faucet	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	Not billable w/E0167. Not separately billable in institutional use. **Covered for perineal surgery or trauma/infection perineum**
E0162	NU RR	IN	Sitz bath chair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	Not billable w/E0167. **Only covered for perineal surgery or trauma/infection perineum**. Not separately billable for institutional use. MHT Purchase Item.
E0163	NU RR	IN	Commode chair with fixed arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/5 rolling years	-	Not billable w/E0165, E0167, E0168. **Covered for perineal surgery or trauma/infection perineum** MHT Purchase Item.
E0165	RR	CR	Commode chair with detach arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/5 rolling years	-	Not billable w/E0163,E0167, E0168 MHT purchase x 10.
E0167	NU	IN	Commode chair pail or pan. Replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling year	-	Not billable w/E0163-E0165, E0168.
E0168	NU RR	IN	Heavy duty, extra wide commode chair for patient weight > 300 lbs	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/5 rolling years	-	Not billable w/E0163, E0165, E0167. MHT Purchase Item.
E0170	RR	CR	Commode chair electric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Commode w/ seat lift mechanism. Electric. Must meet seat lift policy/subset, but not covered if member is ambulatory as would not meet for a commode.
E0171	RR	CR	Commode chair non-electric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Commode w/ seat lift mechanism non-electric. Must meet for a seat lift policy/subset, but not covered if member is ambulatory after standing as would not meet for a commode.
E0172	-	-	Seat lift mechanism for toilet	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Toilet seat lift mechanisms (E0172) are not primarily medical in nature; therefore do not meet the statutory definition of durable medical equipment. They are non-covered. Commodes A52461
E0175	NU RR	IN	Commode chair foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A footrest (E0175) is non-covered because it is not medical in nature. Article A52461
E0181	RR	CR	Press pad alternating w/ pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Not billable w/A4640, E0182. MHT Purchase Item x10.
E0182	RR	CR	Replace pump, alt press pad	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Not billable w/A4640, E0180, E0181. MHT Purchase Item x10.
E0183	RR	CR	Pressure red underlay/pad, alter,w/pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	THP will use group 1 support surfaces criteria.
E0184	NU RR	IN	Dry pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/rolling year	-	MHT purchase item. If this item is being rented and a hospital bed w/ mattress being requested hospital bed should be denied as a like/similar item. Requires face to face
E0185	NU RR	IN	Gel pressure mattress pad	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2rolling years	-	MHT purchase x 10
E0186	RR	CR	Air pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2 rolling years	-	MHT- Purchase x 10. If this item is being rented and a hospital bed w/ mattress being requested hospital bed should be denied as a like/similar item. Requires face to face.
E0187	RR	CR	Water pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2 rolling years	-	Not billable w/A4640, E0180, E0181, E0250, E0255, E0260,E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0290. MHT Purchase X10 Item.
E0188	NU	IN	Synthetic sheepskin pad	RZ	RZ	RZ	RZ	No prior authorization required	-	2/6 rolling months	-	MHT Purchase Item. Lambs wool/Sheepskin pad for CPM machines is considered a supply integral to the CPM device; therefore, not separately reimbursable.
E0189	NU	IN	Lambswool sheepskin pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/2 rolling yrs	-	MHT Purchase Item. Lambswool/sheepskin pad for CPM machines is considered a supply integral to the CPM device; therefore, not separately reimbursable. May be separately reimbursable if patient has, or is highly susceptible to, decubitus ulcers and patient's physician has specified that there will be supervision its use in connection with the course of treatment.

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E0190	-	IN	Positioning cushion / pillow / wedge	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling year	-	MHT Purchase Item. Only covered for MHT
E0191	NU RR	IN	Protector heel or elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/6 months	4/6 rolling months	-	MHT Purchase Item. All LOB: Not covered for prevention. Must have diagnosis of active decubiti or wound & item is required for treatment. THP reserves right to request records. NSB if in part A inpatient facility.
E0193	RR	CR	Powered air flotation bed	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A total or semi-electric bed w/fully integrated powered pressure reducing mattress.
E0194	RR	CR	Air fluidized bed	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Bed uses warm air pressure to set beads in motion to simulate water movement. Stage III or IV decubiti.
E0196	RR NU	CR	Gel pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	MHT purchase X10 Not billable w/A4640, E0180, E0181, E0250, E0255, E0260,E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329
E0197	RR NU	CR	Air pressure pad for mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Requires face to face. In process of being moved to a capped rental item by 1/1/16. PEIA has a rental rate on their DME FS. MHT Purchase X10 Item.
E0198	RR NU	CR	Water pressure pad for mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/4 rolling years	-	Designed to be placed on top of standard home/hospital mattress. Requires face to face. MHT Purchase X10 Item.
E0199	RR NU	IN	Dry pressure pad for mattress	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years	-	Requires face to face MHT purchase item
E0200	NU RR	IN	Heat lamp without stand	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	LCD L33784 . The safety and effectiveness of using a heat lamp (E0200, E0205) in the home setting is not established. Claims for these items will be denied as not reasonable and necessary.
E0201		-	Penile contracture device, manual, greater than 3 lbs. traction force	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	THP considers penile traction therapy (e.g., RestoreX) experimental, investigational, or unproven for the management of Peyronie's disease, and all other indications, because of insufficient evidence in randomized controlled studies to support use for this indication.
E0202	RR	CR	Phototherapy light w/ photom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 days/ lifetime	5 days/ lifetime	-	Limited from birth to 30 days old. Dx: P57.8-P57.9, P58.0-P58.9, P59.9. Precert required if use will be > 5 days. PEIA has a purchase rate but since this is just used for more than 5-7 days will not purchase.
E0203	RR	-	Therapeutic light box	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf https://med.noridianmedicare.com/web/jddme/topics/noncovered-items Last Updated Dec 08 , 2022. https://dhhr.wv.gov/bms/FEES/Pages/Durable-Medical-Equipment-(DME)-Fee-Schedule.aspx. https://dhhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appendicies/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf
E0205	NU RR	IN	Heat lamp with stand	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The safety and effectiveness of using a heat lamp (E0200, E0205) in the home setting is not established. Claims for these items will be denied as not reasonable and necessary.
E0210	NU	IN	Electric heat pad standard	N/C	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not separately billable in institutional use. https://dhhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/Appendicies/Appendix_506C_Non-Covered_DMEPOS_Supplies2.pdf
E0215	NU	IN	Electric heat pad moist	N/C	N/C	N/C	N/C	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	It has not been established that a moist electric heating pad (E0215) or water circulating heat pad with pump (E0217) is reasonable and necessary compared to a standard electric heating pad (E0210); therefore, if code E0215 or E0217 is provided it will be denied as not reasonable and necessary. LCD L33784
E0217	NU RR	IN	Water circ heat pad w pump	N/C	N/C	N/C	N/C	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	It has not been established that a moist electric heating pad (E0215) or water circulating heat pad with pump (E0217) is reasonable and necessary compared to a standard electric heating pad (E0210); therefore, if code E0215 or E0217 is provided it will be denied as not reasonable and necessary. LCD L33784
E0218	NU	IN	fluid circulating cold pad with pump, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A fluid circulating cold pad with pump (E0218) will be denied as not reasonable and necessary. LCD L33735 Also on BMS Not covered list.
E0221	NU	IN	Infrared heating pad system	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On BMS Not covered List.
E0225	NU RR	IN	Hydrocollator unit, inc pads	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Hydrocollator units (E0225, E0239) are considered institutional equipment and will be denied for home use. On BMS Not covered List.
E0231	NU	IN	Non-contact wound warming device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On WV Medicaid's not covered list. On Medicare's not covered list. See also NCD Noncontact Normothermic Wound Therapy (NNWT) 270.2
E0232	NU	In	Warming card for non contact wound warming device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Not covered List. On Medicare's not covered list. See also NCD Noncontact Normothermic Wound Therapy (NNWT) 270.2

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E0235	RR	CR	Paraffin bath unit portable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On WV Medicaid's Not Covered List. The Health Plan considers portable paraffin baths (E0235) medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by the long-term use of this modality.
E0236	RR	CR	Pump for water circulating pad	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Because a water circulating heating pad system is not medically necessary, a replacement pump (E0236) or pad (E0249, A9999) will be denied as not reasonable and necessary.
E0239	NU RR	IN	Hydrocollator unit portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Hydrocollator units (E0225, E0239) are considered institutional equipment and will be denied for home use. On BMS Not covered List.
E0240	NU	IN	Bath/shower chair	N/C	N/C	N/C	N/C	No prior authorization required	-	**1/5 rolling yrs**	May require Invoice for some LOB	Non -billable non-reimbursable with E0247 OR E0248. On Medicare's Non-covered list
E0241	NU	IN	Bathtub wall rail, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	1/2 rolling years	-	On Medicare's Non-covered list. Only covered for Medicaid.
E0242	NU	IN	Bathtub rail, floor base	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare's and Medicaid's Non-covered list.
E0243	NU	IN	Toilet rail, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	2/2 rolling years	-	On Medicare's Non-covered list.
E0244	NU	IN	Raised toilet seat	N/C	N/C	N/C	N/C	No prior authorization required	-	1/2 rolling years	-	A raised toilet seat (E0244) is noncovered; therefore, a commode chair that is used as a raised toilet seat by positioning it over the toilet is also noncovered. LCA (Local coverage article) A52461
E0245	NU	IN	Tub stool or bench	N/C	N/C	N/C	N/C	No prior authorization required	-	1/2 rolling years	-	To be covered for Medicaid must have weakness or deformity that requires use of a bench. i.e. unsafe transfers, inability to stand for extended periods, etc.… On Medicare's Non-covered list.
E0246	NU	IN	Transfer tub rail/attachment	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare's and Medicaid's Non-covered list.
E0247	NU	IN	Transfer bench tub/toilet	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling 5 years	May require Invoice for some LOB	On Medicare's Non-covered list. Not reimbursable with E0240 or E0248
E0248	NU	IN	Transfer bench, heavy duty, for tub or toilet, w/ or w/o commode opening	N/C	N/C	N/C	N/C	No prior authorization required	-	1/rolling 5 years	May require Invoice for some LOB	On Medicare's Non-covered list. Not reimbursable with E0240 or E0247
E0249	NU RR	IN	Pad for water circulating heat unit, for replacement only	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Because a water circulating heating pad system is not medically necessary, a replacement pump (E0236) or pad (E0249, A9999) will be denied as not reasonable and necessary. LCD L33784.
E0250	RR	CR	Hosp bed fixed ht w/ mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per Lifetime	-	Not billable w/E0255, E0260, E0271, E0272, E0277, E0303-E0305, E0310.
E0251	RR	CR	Hosp bed fixd ht w/o mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0255	RR	CR	Hospital bed var ht w/ mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per Lifetime	-	Not billable w/E0255, E0260, E0271, E0272, E0277, E0303-E0305, E0310.
E0256	RR	CR	Hospital bed var ht w/o matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Side rails included No separate payment.
E0260	RR	CR	Hosp bed semi-electr w/ matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per lifetime.	-	Not billable w/E0250, E0255, E0271, E0272, E0277, E0303-E0305, E0310.
E0261	RR	CR	Hosp bed semi-electr w/o mat	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit per Lifetime	-	Side rails included. No separate payment.
E0265	RR	CR	Hosp bed total electr w/ mat	N/C	N/C	N/C	N/C	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary. Medicare LCD L33820
E0266	RR	CR	Hosp bed total elec w/o matt	N/C	N/C	N/C	N/C	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary. Medicare LCD L33820
E0270	RR	CR	Hospital bed, institutional	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Includes oscillating, circulating & Stryker frame w/mattress. On Medicare's Non-covered list.
E0271	NU RR	IN	Mattress innerspring, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime MLR is 3 yrs	-	-	Not billable w/E0250, E0255, E0260, E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329. For a member owned hospital bed. If the member is getting both a bed and a mattress another code should be used. https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html MHT Purchase Item.

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E0272	NU RR	IN	Mattress foam rubber	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime MLR is 3 years	-	-	Not billable w/E0250, E0255, E0260, E0265, E0290, E0292, E0294, E0296, E0303, E0304, E0328, E0329. For a member owned hospital bed. If the member is getting both a bed and a mattress another code should be used. https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html MHT Purchase Item.
E0273	-	IN	Bed board	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare's Non-covered list.
E0274	-	IN	Over-bed table	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare's Non-covered list.
E0275	-	IN	Bed pan standard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime MLR is 3 yrs	1/2 rolling years	-	Autoclavable/bed confined.
E0276	-	IN	Bed pan fracture	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime MLR is 3 yrs	1/2 rolling years	-	Autoclavable/bed confined.
E0277	RR	CR	Powered pres-redu air mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime MLR 3 yrs	1 unit per lifetime	-	-
E0280	NU RR	IN	Bed cradle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime MLR 3 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Only covered as an accessory with a covered hospital bed. CMS/may be medically necessary to prevent covers from touching areas w/diabetic ulcers. NSB by institutions.
E0290	RR	CR	Hosp bed fx ht w/o rails w/m	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0291	RR	CR	Hosp bed fx ht w/o rail w/o	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0292	RR	CR	Hosp bed var ht no sr w/matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	No separate payment for mattress
E0293	RR	CR	Hosp bed var ht no sr no mat	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0294	RR	CR	Hosp bed semi-elect w/ mattr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	No separate payment for mattress
E0295	RR	CR	Hosp bed semi-elect w/o matt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0296	RR	CR	Hosp bed total elect w/ matt	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary. Medicare LCD L33820
E0297	RR	CR	Hosp bed total elect w/o mat	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary. Medicare LCD L33820
E0300	NU RR	CR	Enclosed ped crib hosp grade	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	5 yr RUL	1 per lifetime	-	MHT 10 month cap rental. Covered for Birth to age 21 yrs, not billable w/E0250, E0255, E0260. Is above standard equipment in most ASO plan language.
E0301	RR	CR	HD hosp bed, 350-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Side rails included No separate payment.
E0302	RR	CR	Ex hd hosp bed > 600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Side rails included No separate payment.
E0303	RR	CR	Hosp bed hvy dty xtra wide	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 per lifetime	-	MHT 10 month cap rental. Not billable w/E0271, E0272, E0277, E0305, E0310.
E0304	RR	CR	Hosp bed xtra hvy dty x wide	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 per lifetime	-	MHT 10 month cap rental. Not billable w/E0250, E0256, E0260, E0261, E0271, E0272, E0303-E0305, E0310.
E0305	RR	CR	Rails bed side half length	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	2 per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
E0310	NU RR	IN	Rails bed side full length	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	2 (pair) per lifetime	-	Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304.
E0315	NU	IN	Bed accessory, board/table	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A bed board (E0273, E0315) is noncovered since it is not primarily medical in nature. An over bed table (E0274, E0315) is noncovered because it is not primarily medical in nature. Policy Article A52508.
E0316	RR	CR	Bed safety enclosure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Safety enclosures (E0316) are covered when they are required by the beneficiary's condition and they are an integral part of, or an accessory to, a covered hospital bed. Not covered for non-hospital beds. Member must meet requirements for hospital bed.
E0325	NU	IN	Urinal male jug-type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	Must be bed confined. Not a urological or incontinence supply.
E0326	NU	IN	Urinal female jug-type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/6 months	2/6 rolling months	-	Must be bed confined. Not a urological or incontinence supply.

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E0328	RR	CR	Hospital bed, pediatric, man, include mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	-
E0329	RR	CR	Hospital bed, pediatric, electric or semi-elc, include mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Not billable with E0184, E0186, E0187, E0196, E0277, E0373. **Total electric not covered**. Provider must indicate if electric or semi electric on manufacturer's invoice
E0350	NU	IN	Control unit electronic bowel irrigation	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Pulsed irrigation and evacuation systems (E0350, E0352) will be denied as statutorily non-covered (no benefit – see related Policy Article A54516). Considered institutional equipment
E0352	NU	IN	Dispos pack electronic bowel irrigation	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Pulsed irrigation and evacuation systems (E0350, E0352) will be denied as statutorily non-covered (no benefit – see related Policy Article A54516). Considered institutional equipment.
E0370	NU	IN	Air pressure elevator for heel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Can follow E0191 for heel or elbow protector which is as follows: Not covered for prevention. Must have diagnosis of active decubiti or wound & item is required for treatment. THP reserves the right to request records. NSB if in part A inpatient facility.
E0371	RR	CR	Nonpower mattress overlay	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Reasonable Lifetime.	1 unit per lifetime	-	Not billable w/E0250, E0255, E0260, E0303, E0304. MHT 10 month capped rental item.
E0372	RR	CR	Powered air mattress overlay	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0373	RR	CR	Nonpowered pressure mattress	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0424	RR	OX	Stationary compressed gas 02	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/month	1unit /rolling month	-	Use for Medicare Advantage plan members with diagnosis cluster headaches enrolled in the clinical trial.
E0431	RR	OX	Portable gaseous 02	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1unit /rolling month	-	-
E0433	RR	OX	Portable liquid oxygen system, rental	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0434	RR	OX	Portable liquid 02	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1unit /rolling month	-	-
E0439	RR	OX	Stationary liquid 02, rental	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1unit /rolling month	-	-
E0441	-	OX	Stationary oxygen contents, gaseous, 1 month supply = 1 unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1unit /rolling month	-	Precert required for use with patient owned system, or if no stationary equipment involved. Payment for oxygen contents (stationary and/or portable) are included in the allowance for stationary equipment (E0424, E0439, E1390, E1391) during the rental CR period. Payment for stationary contents (E0441 or E0442) begins when the rental period for the stationary equipment ends.
E0442	-	OX	Stationary oxygen contents, liquid, 1 month supply = 1 unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Precert required for use with patient owned system, or if no stationary equipment involved. Payment for oxygen contents (stationary and/or portable) are included in the allowance for stationary equipment (E0424, E0439, E1390, E1391) during the rental CR period. Payment for stationary contents (E0441 or E0442) begins when the rental period for the stationary equipment ends.
E0443	-	OX	Portable oxygen contents, gaseous, 1 month supply = 1 unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1unit /rolling month	-	Precertification required when no stationary system is being used/precertified. As above
E0444	-	OX	Portable 02 contents, liquid, 1 month supply	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Precert required when no stationary system is being used/ Precertification . As Above
E0445	RR	OX	Oximeter device-non invasive	See comments	See comments	See comments	N/C	No prior authorization required	-	1 unit per lifetime	May require Invoice for some LOB	A4606 not billable w/ E0445 during cap rental period (10 month). Medicare Oximeters (E0445) and replacement probes (A4606) will be denied as non-covered because they are monitoring devices that provide information to the treating practitioner to assist in managing the beneficiary's treatment.
E0446	RR	OX	Topical oxygen delivery system, nos, includes all supplies and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Per CMS there shall be no coverage for any separate or additional payment for any physician's professional services related to this procedure." The two HCPCS codes for topical oxygen therapy (E0446 and A4575) are designated as DME jurisdiction and since CMS has instructed the local MACs to not allow a physician service with topical oxygen, THP does not expect to see any claims for this service in either Part A or Part B.
E0447	RR	OX	Port o2 cont, liq over 4 lpm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Please follow reimbursement rules for contents during capped rental periods of stationary or base equipment as indicated above info on contents.
E0455	RR	OX	Oxygen tent, excluding croup/pediatric	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for member owned oxygen equipment. No rate in RBRVS in DMEPOS. Denial D311 bundled.

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E0457	-	-	Chest shell (culrass)	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0459	-	-	Chest wrap	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	-
E0462	RR	CR	Rocking bed w/ or w/o side rails	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A rocking bed is a device intended for temporary use to help patient ventilation (breathing) by repeatedly tilting the patient, thereby using the weight of the abdominal contents to move the diaphragm. Electric beds designed to periodically tilt patients a small angle (e.g., 15 degrees) from the horizontal plane, placing them alternately in the Trendelenburg and reverse Trendelenburg positions following a rocking motion. These beds may include controls for adjustment of the speed and/or degree of tilting. Rocking electric beds are intended mainly to help patient breathing by using the weight of the abdominal contents to move the diaphragm; they are also used in occlusive arterial diseases to improve circulation. Institutional equipment - Usually considered inappropriate for the home setting.
E0465	RR	FS	Home ventilator , ANY type , used with invasive interface(i.e. tracheostomy tube)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Is not meant to be used in place of a BIPAP or CPAP machine. Please review with ordering physician if member needs long term or short term and if member could use a BIPAP/auto pap.
E0466	RR	FS	Home ventilator, ANY type, used with non-invasive interface(i.e. mask. Chest cell)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Is not meant to be used in place of a BIPAP or CPAP machine. Please review with ordering physician if member needs long term or short term and if member could use a BIPAP/auto pap.
E0467	RR	FS	Home vent multi-function	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	When billing, a home ventilator with multi function respiratory device, E0467- there will be no additional payment for the following equipment and accessories: Oxygen, nebulizer, aspirator, cough stimulation devices such as Mechanical In-Exsufflation devices and related accessories, HFCWO, Oscillatory positive expiratory devices, PAP, RAD, and oral speech devices are included in the functionality of code E0467. Must be on PDAC list to be allowed.
E0468	-	FS	home vent dual	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	When billing, a home ventilator with multi function respiratory device, E0468, there will be no additional payment for the following equipment and accessories: Ventilators (HCPCS codes E0465, E0466) Cough Stimulators i.e. . Mechanical In-Exsufflation devices and related accessories (HCPCS codes E0482 and A7020) PAP devices, respiratory assist devices (RADs), and related accessories (HCPCS codes E0470, E0471, E0472, E0601, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562). Oral Appliances (HCPCS code E0486). Must be on PDAC list.
E0469	-	-	Lung expans high oscil neb	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	See Multi-Function Oscillation Lung Expansion Therapy policy. Not usually covered in the home setting. Volara System
E0470	RR	CR	RAD w/o backup non-inv intfc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 Yr RUL	10 units /lifetime	-	Initial trial 3 months. For Medicare members E0470, E0471, E0472, E0601, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562. are included in the functionality of code E0467. Claims for any of the HCPCS codes listed if submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.
E0471	RR	CR	Rad w/backup non inv intrfc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit/rolling month	-	Included in functionality of or considered same/similar to E0467 and E0468.
E0472	RR	CR	Rad w backup invasive intrfc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	Included in functionality of or considered same/similar to E0467 and E0468.
E0480	RR	CR	Percussor elect/pneum home m	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 years	-	Mechanical percussors (e.g., Fluid Flo and Frequencer) are considered medically necessary for cystic fibrosis, chronic bronchitis, bronchiectasis, immotile cilia syndrome, and asthma.
E0481	-	-	Intrapulmonary percussive vent system	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Example LCD L33786 An intrapulmonary percussive ventilator (IPV) (E0481) has not been demonstrated to be reasonable and necessary in the home setting. It will be denied as not medically necessary.
E0482	RR	CR	Cough stimulating device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	Mechanical In-exsufflation device LCD L33795. HCPCS codes E0482 and A7020 are included in the functionality of code E0467. THP will look at extenuating circumstances
E0483	RR	CR	Hi freq chest wall oscil sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	-
E0484	NU RR	IN	Non-elec oscillatory pep dvc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	3 yr MLR	1/rolling year	-	-

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E0485	NU RR	IN	Oral device/appliance prefab	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	L33611 A prefabricated oral appliance (E0485) will be denied as not reasonable and necessary. There is insufficient evidence to show that these items are effective therapy for OSA.
E0486	NU RR	IN	Oral device/appliance cust fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Oral appliances made by a dentist to treat sleep apnea. Follow appropriate SCA/LOA process if required. **PDAC verification required.** **This item is a purchase item by THP.**
E0487	NU	OX	Spirometer, electronic , includes all accessories	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Covered for post lung or heart transplant members, or post-operative use for members with neuromuscular or chest wall diseases. Considered investigational experimental for all other indications. Follow appropriate SCA/LOA process if required.
E0490	RR	CR	Control unit nm hw remote	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The effectiveness of the following therapies has not been established in the treatment of OSA; these therapies, eg,. Controlled by Hardware Remote(eXciteOSA®). Please refer to the Experimental and Investigational Policy.
E0491	-	SU	Oral dv nm mouthpc hw remote	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The effectiveness of the following therapies has not been established in the treatment of OSA; these therapies, eg,. Controlled by Hardware Remote(eXciteOSA®). Please refer to the Experimental and Investigational Policy.
E0492	-	-	Control unit nm stim w phone	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1028 HCPCS codes E0492 and E0493 are new codes as of January 1, 2024 and are used to report the eXciteOSA device (Signifier Medical Technologies) (HCPCS codes K1028 and K1029 were used between April 1, 2022 and December 31, 2023).
E0493	-	-	Oral dv/app neuromus mouthpi	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1029 HCPCS codes E0492 and E0493 are new codes as of January 1, 2024 and are used to report the eXciteOSA device (Signifier Medical Technologies) (HCPCS codes K1028 and K1029 were used between April 1, 2022 and December 31, 2023).
E0500	RR	FS	Ippb all types	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Intermittent positive pressure breathing (IPPB) machines as DME for members with asthma, chronic obstructive pulmonary disease (COPD) and other respiratory diseases.
E0530	RR	CR	Electronic posa treatment	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaced K1001 Positional therapy is considered experimental, investigational, or unproven for the treatment of OSA because its effectiveness has not been established: Lunoa System (Philips Respironics) • NightBalance (Respironics Inc.)
E0550	RR	CR	Humidifier extens supple w ippb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monthly rental	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0555	NU	-	Humidifier glass/plastic bottle for regulator	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Included in rental fee for O2. Not covered for patient owned O2 equipment. Denial= D311 bundled
E0560	NU RR	IN	Humidifier durable supplemental	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	For ASO covered w/o auth if has a PAP or Vent/oxygen authorization. Included in the rental of oxygen and or ventilator. Ventilator accessories are covered and separately payable if the patient has a purchased ventilator which is medically necessary. Not covered for member owned oxygen equipment.
E0561	NU RR	IN	Humidifier nonheated w PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Either a heated or non-heated humidifier may be covered w/CPAP or RAD. MHT Purchase Item.
E0562	NU RR	IN	Humidifier heated used w PAP	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Either a heated or non-heated humidifier may be covered if member has w/CPAP or RAD. MHT Purchase Item.
E0565	NU RR	CR	Compressor air power source	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 rolling years	-	MHT 10 month CR Item. For other LOB : Purchase dependent on DX of chronic respiratory conditions.
E0570	NU RR	CR	Nebulizer with compression	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 3-5 years	1/3 years	-	MHT Purchase X10 Item. For other LOB: DX driven for short term use. Pneumonia, wheezing, acute respiratory infection. Allow up to 3 months. Purchase dependent on DX of chronic conditions. Requires a physician face-to face per ACA 6407.
E0572	RR	CR	Aerosol compressor adjust pr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for administration of Pentamidine for pts w/HIV, pneumocystosis, or organ transplant.
E0574	RR	CR	Ultrasonic generator w svneb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV Medicaid/MHT 2026 DME FS	-	Optineb-ir Model On-100/7 (NebuTec,GmbH). To administer Treprostinil only. PDAC verification required

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E0575	RR	FS	Nebulizer ultrasonic	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	LCD L33370 Updated 2023. A large volume ultrasonic nebulizer (E0575) offers no proven clinical advantage over a pneumatic compressor and nebulizer and will be denied as not reasonable and necessary.
E0580	NU RR	IN	Nebulizer for use w/ regulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime 3-5 years	Not on WV Medicaid/MHT 2026 DME FS	-	Purchase dependent on DX of chronic respiratory conditions. Code E0580 describes the same piece of equipment as A7017, but should only be billed when this type of nebulizer is used with a beneficiary-owned oxygen system. NSB with rented home oxygen equipment.
E0585	NU RR	CR	Nebulizer w/compressor & heater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable Lifetime 3-5 years	Not on WV Medicaid/MHT 2026 DME FS	-	Purchase dependent on DX of chronic respiratory conditions. Following codes not NSB w E0585: A4619, A7006, A7010, A7012, A7013, A7014, A7015, A7525
E0600	RR	CR	Suction pump portab hom modl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years	-	MHT Purchase Item. Not billable w/ A7002
E0601	RR	CR	Cont positive airway pressure (CPAP) device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	10 units per lifetime	-	Use this code for an auto-titration CPAP device also. ResMed Air mini is coded E1399. Most groups do not cover two CPAP's. Air mini is for travel- please refer to group plan benefit.
E0602	NU RR	IN	Manual breast pump	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 unit/5 rolling years	-	MHT Purchase Item. Breast pumps remain noncovered for Medicare recipients per CMS 1/4/13
E0603	RR	IN	Breast pump, electric	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 every rolling year	Contract and plan specific	Should be obtained in first 60 days of delivery. THP will review for extenuating circumstances outside the 60 day window, either prior to after delivery. Invoice Required. MHT Purchase Item. Allowed as a purchase item for Commercial include PEIA. Not on a PEIA DME FS.
E0604	RR	IN	Breast pump, HD hospital grade	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Rental only	Not on WV Medicaid/MHT 2026 DME FS	Contract and plan specific	Covered for commercia/PEIA/self-funded plans only, in situations where infant must remain in acute facility and mother has been discharged and mother cannot pump at hospital facility. Not on PEIA Fee Schedule will require invoice if allowed.
E0605	NU	IN	Vaporizer room type	N/C	N/C	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	For Medicare and Medicaid respiratory dx required. Considered Comfort and Convenience item for some plans.
E0606	RR	CR	Drainage board postural	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1 per Lifetime	-	MHT Purchase X10 Item. Must have severe chronic respiratory/pulmonary disease and percussion or vibration alone is ineffective.
E0607	NU	IN	Blood glucose monitor home	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Per HP PBM	1/3 years	-	Approved diabetes ICD--10 codes only. Self funded per group benefit.
E0610	NU RR	IN	Pacemaker monitr audible/vis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on WV Medicaid 2024 FS. Is on WV Medicaid's the list of non-covered DME. If covered by LOB /Plan document THP considers self-contained pacemaker monitors medically necessary for members with cardiac pacemakers.
E0615	NU RR	IN	Pacemaker monitr digital/vis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Is on WV Medicaid's the list of non-covered DME. If covered by LOB /Plan document THP considers self-contained pacemaker monitors medically necessary for members with cardiac pacemakers.
E0616	-	IN	Implant cardiac event monitor w/memory	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**Not covered as DME.** OPPS status indicator N- Items Services packaged into APC rates. Follow precertification requirements for procedure, CPT C1764
E0617	RR KF	CR	Automatic ext defibrillator	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Class III Device
E0618	RR	CR	Apnea monitor	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on Medicaid Fee schedule 2024 and is on noncovered list on Internet manual
E0619	RR	CR	Apnea monitor w/ recorder	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/lifetime	Manufacture's Invoice required	Covered for infants less than 12 months of age with documented apnea who have known risk factors.
E0620	RR	CR	Cap bld skin piercing laser	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on Medicaid Fee schedule 2026 and is on noncovered list on internet manual. Medicare: The medical necessity for a laser skin piercing device (code E0620) and related lens shield cartridge (code A4257) has not been established; therefore, claims for code E0620 and/or code A4257 will be denied as not reasonable and necessary. LCD L33822
E0621	NU RR	IN	Patient lift sling or seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/2 rolling years	-	MHT purchase item. May not be billed w/E0625, E0630, E0635, E0636, E0639, E0640 / it is included in the allowance for these codes. Covered as an accessory when ordered as a replacement for a covered patient lift.
E0625	RR	IN	Patient lift, bathroom or toilet NOC	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare's Non-covered list.

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E0627	NU RR	IN	Seat lift mechanism , electric, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not billable w/E0170 or E0171. Regular armchair or any chair in their home. Chair is billed A9270. Commodes Article A52461
E0629	NU RR	IN	Seat lift mechanism, non-electric, any type	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not billable w/E0170 or E0171. Commodes A52461.
E0630	RR	CR	Pt lift hydraul/mech, incld set, sling, strap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1 unit/lifetime	-	Not billable w/E0621.
E0635	RR	CR	Patient lift electric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Cannot be used for lifts that require home modifications. Van, car, or stair lifts are also not covered.
E0636	RR	CR	PT support & positioning sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PDAC verification required. See Patient Lift subset
E0637	-	-	Patient lift : Combination sit to stand, any size, w/or w/o wheels	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for ASO and Commercial plans. On Medicare's Non-covered list. Not on PEIA Fee Schedule, will need invoice or contract specific if allowed.
E0638	RR	CR	Standing frame sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for ASO and Commercial plans. On Medicare's Non-covered list. Not on PEIA Fee Schedule, will need invoice or contract specific if allowed.
E0639	RR	CR	Pt lift, moveable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS		When a device is only used in a bathroom, it is coded E0625 and is not covered. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. ASO review plan document for exclusions (Van lifts, WC lifts or ramps, platform lifts, stairway elevators etc...)
E0640	RR	CR	Pt lift, fixed system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	When a device is only used in a bathroom, it is coded E0625 and is not covered. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. ASO review plan document for exclusions (Van lifts, WC lifts or ramps, platform lifts, stairway elevators etc...)
E0641	RR	CR	Standing frame/table system, multi-position	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Manufacture's Invoice required	On Medicare's Non-covered list. Not on PEIA DME FS. Will need invoice or contract specific if allowed.
E0642	-	-	Standing frame/table system, mobile (dynamic stander) ,any size incl pediatric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Manufacture's Invoice required	On Medicare's Non-covered list. The Matia Tek RMD (Robotic Mobilization Device) coded E0642, is NOT covered by all lines of business. Not on PEIA DME FS. Will need invoice or contract specific if allowed.
E0650	NU RR	IN	Pneuma compressor non-segment	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	MHT 10 month cap rental.
E0651	NU RR	IN	Pneum compressor segmental	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	MHT 10 month cap rental.
E0652	NU RR	IN	Pneum compres w/cal pressure	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/lifetime	-	MHT 10 month cap rental. Had to tried and failed E0650/E0651 or E0650/E0651 is contraindicated. If meets, auth 2-3 month trial.
E0655	NU RR	IN	Pneumatic appliance half arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Use w/non-segmented compressor E0650. MHT Purchase Item.
E0656	NU RR	CR	Segmental pneumatic trunk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Purchase or capped rental. Separately payable w/ base code.
E0657	RR	CR	Segmental pneumatic chest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Separately payable w/ base code.
E0658	-	-	Seg pneum comp 2 arm chest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	May not be covered for all plans as may not be currently on all fee schedules.
E0659	-	-	Seg pneum comp head neck che	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	May not be covered for all plans as may not be currently on all fee schedules.
E0660	NU RR	IN	Pneumatic appliance full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/non-segmented compressor E0650. Separately payable w/ base code.
E0665	NU RR	IN	Pneumatic appliance full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/non-segmented compressor E0650. Separately payable w/ base code.
E0666	NU RR	IN	Pneumatic appliance half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.
E0667	NU RR	IN	Seg pneumatic appl full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.
E0668	NU RR	IN	Seg pneumatic appl full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/segmented pneumatic compressor E0651 or E0652. Separately payable w/ base code.

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E0669	NU RR	IN	Seg pneumatic appli half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/non-segmented pneumatic compressor E0652. Separately payable w/ base code.
E0670	NU RR	IN	Seg pneumatic appli, 2 full legs and trunk	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/limb/yr	Not on WV Medicaid/MHT 2026 DME FS	-	Would need to know why E0657 or E0656 not appropriate as well as the other criteria. Separately payable w/ base code.
E0671	NU RR	IN	Pressure pneum appl full leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
E0672	NU RR	IN	Pressure pneum appl full arm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
E0673	NU RR	IN	Pressure pneum appl half leg	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Use w/non-segmented pneumatic compressor E0650. Separately payable w/ base code.
E0675	RR	CR	Pneumatic compression device	N/C	N/C	N/C	N/C	N/C	5 year RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Used for TX of PAD. All inclusive. Appliance codes used with E0675 are E0667, E0668, E0669 only. A PCD coded as E0675 to treat PAD is not eligible for reimbursement. There is insufficient evidence to demonstrate that reimbursement is justified. Claims for E0675 will be denied as not reasonable and necessary.
E0676	RR	CR	Intermittent limb compression NOS	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for prevention of illness or disease-i.e. DVT. A PCD coded as E0676 is used only for prevention of venous thrombosis. A PCD that provides intermittent limb compression for the purpose of prevention of venous thromboembolism (E0676) is a preventive service. Items that are used for a preventative service or function are excluded from coverage under the Medicare DME benefit. Article A52488.
E0677	RR	CR	Non- pneumatic sequential compression garment, trunk	N/C	N/C	N/C	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1032. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication for ASO and commercial plans. For Medicare and Medicaid only covered if THP approved E0680.
E0678	-	-	Non-pneumatic sequential compression garment, full leg	N/C	N/C	N/C	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1032. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication for ASO and commercial plans. For Medicare and Medicaid only covered if THP approved E0680.
E0679	-	-	Non-pneumatic sequential compression garment, half leg	N/C	N/C	N/C	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1032. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication for ASO and commercial plans. For Medicare and Medicaid only covered if THP approved E0680.
E0680	-	-	Non-pneumatic compression controller with sequential calibrated gradient pressure	N/C	N/C	N/C	Yes, prior authorization required	Yes, prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1024. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication for ASO and commercial plans. Medicare and Medicaid will look at on a case by case basis. Complete documentation as to why standard PND cannot be used.
E0681	-	-	Non-pneumatic compression controller without calibrated gradient pressure	N/C	N/C	N/C	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1024. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication for Self-funded, and Commercial plans. Medicare and Medicaid will look at on a case by case basis. Complete documentation as to why standard PND cannot be used.
E0682	-	-	Non-pneumatic sequential compression garment, full arm	N/C	N/C	N/C	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1025. Non-pneumatic compression controllers and garments (e.g., Dayspring®, Koya Medical, Inc.) (HCPCS codes E0677-E0682) are considered experimental, investigational or unproven for any indication for Self-funded, and Commercial plans. Medicare and Medicaid will look at on a case by case basis. Complete documentation as to why standard PND cannot be used.
E0683	-	-	Non pneu peristalic comp pmp	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The Venowave VW5 by Therma Bright. Medicare will not cover for prevention of disease/DVT.
E0691	NU RR	IN		Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Generalized psoriasis, alternative to OP treatment. Item should be found on PDAC or info submitted showing unit prescription strength and unavailable OTC. NCD 250.1

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E0692	NU RR	IN	Uvl sys panel 4 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Generalized psoriasis, alternative to OP treatment. Item should be found on PDAC or info submitted showing unit prescription strength and unavailable OTC. NCD 250.1
E0693	NU RR	IN	Uvl sys panel 6 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Generalized psoriasis, alternative to OP treatment. Panel must show medical necessity. BSA affected. Item should be found on PDAC or info submitted showing unit prescription strength and unavailable OTC
E0694	NU RR	IN	Uvl md cabinet sys 6 ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Generalized psoriasis, alternative to OP treatment. Panel must show medical necessity. BSA affected. Item should be found on PDAC or info submitted showing unit prescription strength and unavailable OTC
E0700	RR	IN	Safety equipment device or accessory, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare Non covered list and on Medicaid Non covered List . On THP Policy Stat Comfort and Convenience Items.
E0705	NU RR	IN	Transfer device, any type, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Authorized required for PARA Ladder or electrical equipment.
E0710	NU	IN	Restraint, any type (body, chest, wrist, ankle)	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Items or services described by HCPCS code E0710 and A9300 are not covered under Medicare Part B. Common Procedure Coding System (HCPCS) Public Meeting Agenda . Also listed on Medicare Noncovered List.
E0711	-	-	Upper extremity support system, includes all components and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0715	-	-	Intravaginal pelvic floor muscle training device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0716	-	-	Supplies and accessories for intravaginal device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0720	NU RR	TE	Tens two lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years	-	**ALERT DIAGNOSIS SPECIFIC**. **Cefaly not covered**. Not billable w/A4556, A4557,A0730. After trial and medical necessity established it is a Purchase Item for All Lines of Business.
E0721	-	-	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Currently, the evidence is insufficient to determine that the technology results in an improvement in the net health outcome for Tx for obesity, chronic or acute pain, and /or opioid withdrawal.
E0730	NU RR	TE	Tens four lead	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/4 rolling years.	-	**ALERT Diagnosis specific.** Cefaly is not covered. Not billable w/A4556, A4557, A0720. After trial and medical necessity established it is a purchase Item for All Lines of Business. Clinical documentation required w/ claim to show why 2 lead insufficient
E0731	NU	IN	Conductive garment for tens	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Special coverage instructions.
E0732	RR	CR	Cranial electrotherapy stimulation (ces) system, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1002 Medicare coverage guidance not available. Supplies A4596
E0733	-	-	Trans elec nerv for trigemin	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1016
E0734	-	-	Ext up limb tremor stim wris	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1018. Accessories are coded A4542. Not covered if the device is for the non-dominant upper limb. LCD: External Upper Limb Tremor Stimulator Therapy https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39591. Article A59680. Only one dx covered G25.0. Then need to meet criteria.
E0735	-	-	Non-invasive vagus nerve stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1020
E0736	-	-	Transcutaneous tibial nerve stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	ZIDA Wearable neuromodulation system
E0737	-	-	Transcutaneous tibial nerve stimulator, controlled by phone application	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0738	-	-	Upper extremity rehab	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0739	-	-	Rehab sys active assist rt	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-

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E0740	RR	CR	Non-implanted pelvic floor electrical stimulator, complete system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	THP POSITION on Pelvic Muscle Trainers: THP does NOT cover the Athena pelvic muscle trainer, Kegelmaster, Gyneflex or similar devices for the treatment of UI because these devices are considered exercise machines, and most lines of business exclude coverage of exercise devices. In addition, such exercise devices do not meet THP'S definition of covered DME because they are not primarily medical in nature and/or are normally of use to persons who do not have an illness or injury.
E0743	-	-	Ext low ext nerve stimu rls	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Noctrix Health's NidraTM Tonic Motor Activation (TOMAC) therapy. Insufficient evidence at this time.
E0744	RR	CR	Neuromuscular stim for scoliosis	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Neuromuscular stimulation is not covered for scoliosis treatment. Policy stat policy Neuromuscular Stimulation for scoliosis
E0745	RR	CR	Neuromuscular stim for shock	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	10 month capped rental. Devices coded E1399 for coverage are not covered.
E0746	-	-	EMG, biofeedback device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Reimburse per individual provider contracts for provider service	Group or Home biofeedback not covered. Not reimbursed under DME. Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions. NCD 30.1.
E0747	NU KF	IN	Elec osteogen stim not spine	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	Class III Device. **Purchase Only**. Contract Specific. The PRECICE limb lengthening system is not covered. May see codes E0760 and G0283 for the PRECICE device.
E0748	NU KF	IN	Elec osteogen stim spinal	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	Class III Device. **Purchase Only**. Contract Specific. ActiStim-S Spine Fusion Stimulator check coverage by PDAC or Medicare information.
E0749	NU KF	CR	Elec osteogen stim implanted	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Class III Device. **Purchase Only**. Contract Specific.
E0755	RR	-	Elec salivary reflex stimulator	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0760	KF	IN	Osteogen ultrasound stimulator	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	Class III Device. **Purchase Only.** Contract Specific. THE PRECICE limb is not covered. May see codes E0747 and G0283 for the PRECICE device
E0761	RR	-	Nonthermal pulsed hi freq radio wave, dev	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as incidental to physician service. Denial = D311 bundled
E0762	NU RR	CR	Trans elec jt stim dev sys	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**PDAC review required.** N/C as separate DME item. N/C for home use. Investigational. Not covered code for MENS. Denial =D311 bundled.
E0764	KF	CR	Functional neuromuscular stim. FES complete system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Class III Device. Includes the entire system. Individual components /supplies must not be billed separately. May be a purchase upon review. Code E0764 does not require code verification by the PDAC; however, currently the only product that is coded E0764 is the Parastep I (Sigmedics).
E0765	NU RR	IN	Nerve stimulator for tx n&v (TEAS)	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**Prescription versions are covered.** **OTC devices such as the Reliefband® are not covered**. Requires face to face. Not covered for motion sickness. Must meet all DME requirements.
E0766	RR	FS	Elec stim cancer treatment	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Medicaid capped rental NOVOTTF -100A Tumor treatment field therapy
E0767	-	-	Intrabuc am rf emf cancer tx	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0769	RR	-	Elect stim/eletromag wound treat, NEC	NSB/NC	NSB/NC	NSB/NC	NSB/NC	NSB/NC	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered as home DME. Medicare NCD 270.1 ES and electromagnetic therapy services can only be covered when performed by a physician, physical therapist, or incident to a physician service. Unsupervised use of ES or electromagnetic therapy for wound therapy will not be covered. Denial D311 bundled.
E0770	RR	IN	Transcutaneous funct elec stim of nerve/muscle groups, any type, complt sys, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	PDAC review required. E0770 represents the "entire system" for the FES devices. Therefore, individual components such as walkers, crutches, or other supplies must not be billed separately.

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E0776	NU RR	IN BA	IV pole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C/RZ	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not billed separately from IV, enteral, or parenteral per diem. (S code) Enteral or parental nutrition administered via pump or gravity. Bill BA modifier when used for enteral nutrition administered by pump or gravity. Rental paid up to purchase price.
E0779	RR	IN	Amb infusion pump mechanical	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0780	NU	IN	Mech amb infusion pump <8hrs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E0781	RR	CR	External ambulatory infus pu	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
E0782	NU KF	IN	Non-programmable infusion pump, implantable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Class III Device, purchase only. Includes all components i.e. pump, catheter, connectors… When used for implantable intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME.
E0783	NU KF	IN	Programmable infusion pump, implantable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Class III Device, purchase only. When used for implantable intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME.
E0784	RR	CR	Ext amb infusn pump insulin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime/ Warranty	-	Contract Specific	Coverage criteria should be indicated on claim. WV Medcaid 10 month cap rental.
E0785	KF	IN	Replacement impl pump cathet	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Class III Device. Purchase Only. When used for implantable epidural/intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME.
E0786	NU KF	IN	Implantable pump replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Class III Device, purchase only. When used for implantable intrathecal delivery it falls under the Inpatient / Outpatient Service Contracts, not DME. Excludes implantable intraspinal catheter.
E0787	-	-	Cgs dose adj insulin inf pmp	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	External ambulatory infusion pump, insulin. Is an active 2024 HCPCS code- however it is not valid for claim submission to Medicare or WV Medicaid. THP does not accept code for reimbursement.
E0791	RR	CR	Parenteral infusion pump sta	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	See Plan Document.
E0830	NU	-	Ambulatory traction device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Lumbar traction device-dynasplint.
E0840	NU RR	IN	Tract frame attach headboard, cervical traction	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**Medicare and Medicaid do not cover.** Cervical traction applied via attachment to a headboard (E0840) or a free-standing frame (E0850) has no proven clinical advantage compared to cervical traction applied via an over-the-door mechanism (E0860). If an E0840 or E0850 is ordered, it will be denied as not reasonable and necessary. LCD L33823
E0849	NU RR	CR	Traction equip, cervical, free-standing, Stand/Frame, pneumatic,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Specific coverage instructions
E0850	NU RR	IN	Traction stand free standing, cervical	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**Medicare and Medicaid do not cover.** Cervical traction applied via attachment to a headboard (E0840) or a free-standing frame (E0850) has no proven clinical advantage compared to cervical traction applied via an over-the-door mechanism (E0860). If an E0840 or E0850 is ordered, it will be denied as not reasonable and necessary. LCD L33823
E0855	NU RR	CR	Cervical traction equipment, not requiring stand or frame	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Specific Coverage In instructions.
E0856	NU RR	CR	Cervical tract device, w/ inflatable air bladder(s)	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	E0856 describes a cervical traction device that can be used with ambulation. Therefore, it will be denied as not reasonable and necessary. Not covered for TMJ.
E0860	NU RR	IN	Tract equip cervical tract	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/lifetime	-	This is a purchase for Medicaid. WV Medicaid requires precert and has specific criteria. Medicare does allow rental. Rental will stop when purchase price is met.
E0870	NU RR	IN	Tract frame attach footboard	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for in home lumbar traction.
E0880	NU RR	IN	Trac stand free stand extrem	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for in home lumbar traction.
E0890	NU RR	IN	Traction frame attach pelvic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for in home lumbar traction.
E0900	NU RR	IN	Trac stand free stand pelvic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for in home lumbar traction.

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E0910	RR	CR	Trapeze bar attached to bed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/ lifetime	-	MHT Purchase Item X10. Not billable w/E0940. Trapeze bars attached to a bed (E0910, E0911) are noncovered when used on an ordinary bed. CMS article A52508.
E0911	RR	CR	HD trapeze bar attach to bed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/lifetime	-	MHT Purchase Item X10. Not billable w/E0910, E0912, E0940. Trapeze bars attached to a bed (E0910, E0911) are noncovered when used on an ordinary bed. CMS article A52508.
E0912	RR	CR	HD trapeze bar free standing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1 /lifetime	-	MHT Purchase Item X10. Not billable w/E0910, E0911, E0940.
E0920	RR	CR	Fracture frame attached to bed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Dx Fracture
E0930	RR	CR	Fracture frame free standing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Dx Fracture
E0935	RR	FS	Cont pas motion exercise dev knee only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	7 to 21 days.	1/day up to 30 days	-	To start no later than 2 days post op/review for additional days. Medicare covers for total knee replacement only. Approved for maximum 21 days.
E0936	RR	FS	CPM used for other than knee	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	Up to 21 days	Not on WV Medicaid/MHT 2026 DME FS	-	Requests are to be sent for secondary review. If authorized by Medical Director for use, the approval is only for up to 21 days. This item is not covered by Medicare or Medicaid. It was never covered for use as lumbar traction for any line of business. Lumbar traction is on Policy Stat as a comfort convenience item.
E0940	RR	CR	Trapeze bar free standing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/lifetime	-	MHT Purchase Item X10. Covered if the beneficiary needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed. Not billable w/E0250, E0255, E0260, E0277, E0300, E0303, E0304, E0910. Not covered for lumbar traction.
E0941	RR	CR	Gravity assisted traction device, any type	N/C	N/C	N/C	N/C	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for lumbar traction. The Health Plan considers autotraction devices, home pneumatic lumbar traction devices, gravity-traction dependent devices as experimental and investigational because there is insufficient evidence to support their value and effectiveness in treating low back pain in the clinical or home setting. Examples of these devices: •Autotraction devices: Spinalator Spinalign massage intersegmental traction table, the Arthrotonic stabilizer, the Quantum 400 intersegmental traction table and the Anatomotor. •Home pneumatic lumbar traction devices: Saunders Lumbar HomeTrac, Saunders STx, Orthotrac Pneumatic Vest •Axial spinal unloading (gravity-dependent traction) devices: LTX 3000 •Lo-Bak TRAX™ Device
E0942	NU RR	IN	Cervical head harness/halter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/rolling year	-	MHT Purchase Item. Not billable w/E0860. Covered for members requiring a harness for rehabilitative therapy and will be using in the home.
E0944	NU RR	IN	Pelvic belt/harness/boot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A supportive device used to immobilize and stabilize the pelvis and lower spine. It is designed to reduce movement and provide support during the healing process of pelvic fractures, injuries, or post-surgical recovery.
E0945	NU RR	IN	Belt/harness extremity	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for members requiring traction of the extremities d/t fracture, injury or post surgical recovery. If not purchased, will be covered as a rental per medical event not to exceed purchase price.
E0946	RR	CR	Fracture frame dual w cross	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for members requiring traction due to fracture where hospital bed is contraindicated.
E0947	NU RR	IN	Fracture frame attachments pe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for members requiring traction due to pelvic fracture or Dx requiring pelvic traction. If not purchased, will be covered as a rental per medical event not to exceed purchase price.
E0948	NU RR	IN	Fracture frame attachments ce	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	RUL 3-5 years	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for members requiring traction due to cervical fracture or Dx requiring cervical traction . If not purchased, will be covered as a rental per medical event. Not to exceed purchase price.
E0950	NU RR	IN	Tray for wheelchair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. Not covered as a convenience item- May be covered if used as positioning device in place of or in addition to an orthotic.
E0951	NU RR	IN	Loop heel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 Years	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item.
E0952	NU RR	IN	Toe loop/holder, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 Years	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depending if replacement or initial item.

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E0953	NU RR	IN	W/C lateral trunk/hip support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	MHT purchase item Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list.
E0954	NU RR	IN	Foot box, any type, ea foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	MHT purchase item
E0955	NU RR	CR	Cushioned headrest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list. E0955 also covered for a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.
E0956	NU RR	IN	W/C lateral trunk/hip support	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1-3 yrs	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list.
E0957	NU	IN	W/C medial thigh support	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1-3 yrs	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered with a manual or power wheelchair w/ a sling/solid seat back and has significant postural asymmetries d/t specified diagnoses in group II or III ICD-10 code list.
E0958	RR	CR	Whlchr att- conv 1 arm drive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered for members who use a manual wheelchair and are unable to use both arms or one leg to propel the wheelchair but are able to self-propel using the one-arm drive attachment.
E0959	NU RR	IN	Amputee adapter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered for members who use a manual wheelchair require an amputee adapter.
E0960	NU RR	IN	W/C shoulder harness/straps	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1-3 yrs	-	-	MHT Purchase Item. THP required may reimburse as a capped rental-depends if replacement or initial item. Covered for members who use wheelchairs and require straps for positioning or safety.
E0961	NU RR	IN	Wheelchair brake extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered for members who use a manual wheelchair and require a brake lock extension for safety.
E0966	NU RR	IN	Wheelchair head rest extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered for members who use a manual wheelchair and require a headrest extension for proper positioning.
E0967	NU RR	IN	Man wc rim/projection rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	Not billable with initial manual wheelchair. E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009.
E0968	RR	CR	Wheelchair commode seat	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. Medicare- Not valid for claim submission. Article A52504. Can be considered a self help or convenience item in ASO and Commercial plans.
E0969	NU RR	IN	Wheelchair narrowing device	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	5 yr RUL	-	-	**Medicare- Not valid for claim submission.** Article A52504. **MHT Purchase Item.** **If covered,** covered for members who require wheelchairs but need to access spaces with narrow doors, halls, etc...
E0970	NU	-	No. 2 Footplates	N/C	N/C	N/C	N/C	No prior authorization required		-	-	Use K0037, K0042 for Medicare, ASO & Commercial LOB.
E0971	NU RR	IN	Wheelchair anti-tipping devi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Not billable w/K0813-K0843, K0848-K0891.
E0973	NU RR	IN	W/Ch access det adj armrest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. No billable w/E1002- E1008, K0017 - K0019.
E0974	NU RR	IN	W/Ch access anti-rollback	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Covered if the beneficiary self-propels and needs the device because of ramps.
E0978	NU RR	IN	W/C acc, saf belt pelv strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 Yrs	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Not Billable w/ K0813-K0843, K0848-K0891.

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E0980	NU RR	IN	Wheelchair safety vest	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. Not covered by Medicare plans as not primarily medical in nature, not medically necessary. Article A52504. For Commercial and ASO plans, safety and convenience items are usually not covered per plan documents.
E0981	NU RR	IN	Seat upholstery, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Not billable with codes (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, 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, K0880, K0884, K0885, K0886, K0890, K0891.
E0982	NU RR	IN	Back upholstery, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10) THP may reimburse as a capped rental-depends if replacement or initial item. Not billable with codes (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, 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, K0880, K0884, K0885, K0886, K0890, K0891.
E0983	RR	CR	Add pwr joystick	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	-	**MHT Purchase(x 10)** For other LOB: Add on to convert manual wheelchair to power tiller and joystick not covered. L33789.
E0984	NU RR	CR	Add pwr tiller	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	-	**MHT Purchase(x 10)** Other LOB's: An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller-controlled power mobility device (E0984) will be denied as not reasonable and necessary. L33789
E0985	NU RR	CR	W/C seat lift mechanism	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	According to the DMEMAC, Noridian, coverage criteria for a seat lift mechanism are in conflict with the coverage criteria for a wheelchair. Therefore, an individual cannot qualify for both items simultaneously. In order to qualify for a seat lift mechanism, the patient must be able to ambulate once they have established a standing position, even if a cane or walker is needed to ambulate. In contrast, criteria for a wheelchair "require that the patient be functionally non- ambulatory (unable to walk) within the home." Note that other types of power standing features (E2301) are also not covered wheelchair accessories. Policy Article (A52504). https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/can-a-beneficiary-simultaneously-qualify-for-a-wheelchair-and-a-seat-lift-mechanism.
E0986	NU	CR	Manual w/c access, pow assist system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	E0986 includes the two drive wheels/motors, batteries and battery charger. It is all inclusive. All components, e.g., drive wheels, batteries, chargers, controls, mounting hardware, etc., for a manual wheel chair conversion are considered as included in 1 UOS of the code. Only one unit of service should be billed per manual wheelchair.
E0988	RR NU	CR	Lever-activated wheel drive	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	**MHT purchase item.**
E0990	NU RR	IN	Wheelchair elevating leg res	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	MHT Purchase Item. THP may reimburse as a capped rental-depends if replacement or initial item. Not billable w/E0995, E1009, E1010, E1012, K0042-K0047, K0053. Elevating legrests for a member owned wheelchair are coded E0990. This code is per legrest. Do not bill K0195 for member owned wheelchairs.
E0992	NU RR	IN	Manual w/c access, solid seat insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	MHT Purchase(x 10) THP may reimburse as a capped rental-depends if replacement or initial item.
E0994	NU RR	IN	Wheelchair arm rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not valid for claim submission for Medicare and Medicaid LOB because other more specific codes are available - E0973, K0015-K0020. ASO requires that if a more specific code is available that is what providers are to use.
E0995	NU RR	IN	Wheelchair calf rest/pad, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1-3 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	-

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E1002	RR	CR	Pwr seat tilt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
E1003	RR	CR	Pwr seat recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
E1004	RR	CR	Pwr seat recline mech	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
E1005	RR	CR	Pwr seat recline pwr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
E1006	RR	CR	Pwr seat combo w/o shear	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
E1007	RR	CR	Pwr seat combo w/ shear	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052.
E1008	RR	CR	Pwr seat combo pwr shear	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) All Inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed. Not billable w/E0973, K0015, K0017-K0020, K0042-K0047, K0050-K0052. E1008 must not be used to describe a power tilt seating system or a power tilt and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees. These seating systems must be coded as A9900 and are not separately payable.
E1009	NU RR	IN	Add mech leg elevation	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Purchase Item. THP may reimburse as a capped rental. Not billable w/E0990, E0995, K0042-K0047, K0052, K0053, K0195.
E1010	NU RR	CR	Add pwr leg elevation, pair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) Not billable w/E0990, E0995, K0042-K0047, K0052, K0053, K0195. The unit of service of code E1010 is a pair.
E1011	NU RR	IN	Ped wc modify width adjustm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Purchase Item. THP may reimburse as a capped rental. Not dispensed with initial chair.
E1012	RR	CR	Ctr mount pwr elev leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase(x 10) The unit of service for code E1012 is each. HCPCS code E1012 includes all components of the leg rest, including fixed angle footplates and foot platforms. Not billable with E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195.
E1014	RR	CR	Reclining back add ped w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10)
E1015	NU RR	IN	Shock absorber for man w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental.
E1016	NU RR	IN	Shock absorber for power w/c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. THP may reimburse as a capped rental.
E1017	NU RR	IN	HD shck absrbr for hd man wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	-
E1018	NU RR	IN	HD shck absrber for hd pow wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	-
E1020	NU RR	CR	Residual limb support system, any type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Medicaid purchase (x 10). Not billable with E1028. Do not use E1028 in addition to E1020 (Residual limb support system) as it includes swingaway hardware.
E1022		-	Wheelchair transportation securement system, any type incl all components and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A wheelchair transportation securement system (E1022) and a wheelchair transit securement system (E1023) are non-covered as they do not meet the definition of DME. Medicare A52504. THP considers Safety and Convenience item.
E1023		-	Wheelchair transit securement system, incl all components and accessories	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A wheelchair transportation securement system (E1022) and a wheelchair transit securement system (E1023) are non-covered as they do not meet the definition of DME. Medicare A52504. THP considers Safety and Convenience item.

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E1028	NU RR	CR	W/C manual swingaway	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10) May be billed in addition to codes E0955-E0957. It must not be billed in addition to code E0950, E0954, E0960, E1020, E2325, . It must not be used for mounting hardware r/t a wc seat cushion or back cushion code. Not covered if primary use is to allow member to move closer to a desk, table, etc.
E1029	NU RR	CR	W/C vent tray fixed	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10)
E1030	NU RR	CR	W/C vent tray gimbaled	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10).
E1031	RR	CR	Rollabout chair with casters	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase(x 10). All options and accessories are included. Only chairs with 5" diameter casters. Ok for use outside of home. A replacement accessory for a rollabout or transport chair is billed using code E1399.
E1032	NU RR	-	Wheelchair joystick drive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10). Swingaway, retractable, or removable hardware (E1028, E1032) is non-covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces.
E1033	NU RR	-	Wheelchair hardware headrest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase(x 10). Code E1033 is used for manual swingaway, retractable, or removable mounting hardware for wheelchair accessories described by headrests. Code E1033 may be billed in addition to code E0955. CMS A52505
E1034	NU RR	-	Wheelchair trunk hip support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Code E1034 is used for manual swingaway, retractable, or removable mounting hardware for wheelchair accessories described by lateral trunk or hip supports. Code E1034 may be billed in addition to E0956. CMS A52505.
E1035	RR	CR	Patient transfer system <300	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Per CMS: If coverage is provided for code E1035 or E1036, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs. LCD L33799
E1036	RR	CR	Patient transfer system >300	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	If E1036 is authorized, reimbursement for other assistive devices will be discontinued. LCD L33799.
E1037	RR	CR	Transport chair, ped size	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	In lieu of standard wheelchair . Accessories seat or back cushion NSB. Covered for use outside of home. Covered for individuals that are unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and there is a caregiver who is available, willing, and able to provide assistance with the chair. If standard wc still in 5 yr RUL cannot obtain transport chair unless documentation of change in condition submitted.
E1038	RR	CR	Transport chair pt wt < = 300lb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	In lieu of standard wheelchair . Accessories seat or back cushion NSB. Covered for use outside of home. Covered for individuals that are unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and there is a caregiver who is available, willing, and able to provide assistance with the chair. If standard wc still in 5 yr RUL cannot obtain transport chair unless documentation of change in condition submitted.
E1039	RR	CR	Transport chair pt wt > 300lb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	In lieu of standard wheelchair . Accessories seat or back cushion NSB. Covered for use outside of home. Covered for individuals that are unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and there is a caregiver who is available, willing, and able to provide assistance with the chair. If standard wc still in 5 yr RUL cannot obtain transport chair unless documentation of change in condition submitted.
E1050	RR	CR	Wheelchr fxd full length arms, fully recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Like/similar wheelchairs rules apply. Covered if meets coverage for manual wheelchair and requires recline feature
E1060	RR	CR	Wheelchair detachable arms, fully recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Like/similar wheelchairs rules apply. Covered if meets coverage for manual wheelchair and requires recline feature
E1070	RR	CR	Wheelchair detachable arms, footrest, fully recline	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Like/similar wheelchairs rules apply. Covered if meets coverage for manual wheelchair and requires recline feature

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E1083	RR	CR	Hemi-wheelchair fixed arms	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wheelchair and requires hemi wheelchair. Like/ similar wheelchairs rules apply.
E1084	RR	CR	Hemi-wheelchair detachable a	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wheelchair and requires hemi wheelchair. Like/ similar wheelchairs rules apply.
E1085	RR	-	Hemi-wheelchair fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wheelchair and requires hemi wheelchair. Like/ similar wheelchairs rules apply.
E1086	RR	-	Hemi-wheelchair detachable arms	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1087	RR	CR	Wheelchair lightwt fixed arm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for high strength light weight manual wheelchair. Like /similar wheelchairs rules apply .
E1088	RR	CR	Wheelchair lightweight det a	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for high strength light weight manual wheelchair. Like /similar wheelchairs rules apply .
E1089	RR	-	Wheelchair ltwt fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1090	RR	-	Wheelchair ltwtl det arms	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1092	RR	CR	Wheelchair wide w/ leg rests	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for high strength light weight manual wheelchair. Like /similar wheelchairs rules apply.
E1093	RR	CR	Wheelchair wide w/ foot rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets heavy duty manual wc criteria. Like /similar wheelchairs rules apply.
E1100	RR	CR	Whchr s-recl fxd arm leg res	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wc and requires semi recline feature. Like/ similar wheelchairs rules apply.
E1110	RR	CR	Wheelchair semi-recl detach	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wc and requires semi recline feature. Like/ similar wheelchairs rules apply.
E1130	RR	-	Wheelchair stand fixed arm foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1140	RR	-	Wheelchair standard detached arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1150	RR	CR	Wheelchair standard w/ leg r	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wc. Like/ similar wheelchairs rules apply.
E1160	RR	CR	Wheelchair fixed arms	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered if meets criteria for manual wc. Like/ similar wheelchairs rules apply.
E1161	RR	CR	Manual adult wc w tilt in spac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x 10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224 -E2226, K0015-K0019, K0042-K0047, K0050, K0052, K0069, K0070, K0072, K0077. Requires documentation of physical need. Like/ similar wheelchairs rules apply.
E1170	RR	CR	Wheelchr ampu fxd arm leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base and require amputee feature. . Like/ similar wheelchairs rules apply.
E1171	RR	CR	Wheelchair amputee wo leg right	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base and require amputee feature. Like/ similar wheelchairs rules apply.
E1172	RR	CR	Wheelchair amputee detach arm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base and require amputee feature. Like/ similar wheelchairs rules apply.
E1180	RR	CR	Wheelchair amputee w/ foot right	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base and require amputee feature. Like/ similar wheelchairs rules apply.
E1190	RR	CR	Wheelchair amputee w/leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base and require amputee feature. Like/ similar wheelchairs rules apply.
E1195	RR	CR	Wheelchair amputee heavy duty	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard heavy duty wheelchair base and require amputee feature. Like/ similar wheelchairs rules apply.

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E1200	RR	CR	Wheelchair amputee fixed arm	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Must meet guidelines for standard wheelchair base and require amputee feature. Like/ similar wheelchairs rules apply.
E1220	RR	-	Specially constructed wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Requires documentation of physical need. Reviewed on case - by - case basis. Like /similar wheelchairs rules apply.
E1221	RR	CR	Wheelchair spec size w foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered when meets criteria for standard wheelchair Like/ similar wheelchairs rules apply.
E1222	RR	CR	Wheelchair spec size w/ leg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered when meets criteria for standard wheelchair Like/ similar wheelchairs rules apply.
E1223	RR	CR	Wheelchair spec size w foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered when meets criteria for standard wheelchair Like/ similar wheelchairs rules apply.
E1224	RR	CR	Wheelchair spec size w/ leg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation of physical need. Covered when meets criteria for standard wheelchair Like/ similar wheelchairs rules apply.
E1225	RR	CR	Manual semi-reclining back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase(x 10). Not billable w/ Power wheelchair bases groups I, II, III, IV. 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, K0880, K0884, K0885, K0886, K0890, K0891.
E1226	NU RR	IN	Manual fully reclining back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item. Requires documentation of physical need. Like /similar wheelchairs rules apply.
E1227	NU RR	IN	Wheelchair spec sz spec ht a	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code **E1227** is not valid for claim submission. Base codes for manual wheelchairs include armrests. Codes for power wheelchairs include fixed height armrests. Specific codes are available for adjustable armrests when appropriate. Article A52504.
E1228	RR	CR	Wheelchair spec sz spec ht b	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code **E1228 is** not valid for claim submission. Base codes for manual wheelchairs include the back support so this is not allowed separate reimbursement. Article A52504.
E1229	RR NU	-	Wheelchair, ped sz, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	May require Invoice for some LOB	Requires documentation of physical need and reason a more specifically coded wheelchair would not meet the member's needs. Like /similar wheelchairs rules apply.
E1230	NU RR	IN	Power operated vehicle, 3 or 4 wheel , nonhghwy	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Includes all options and accessories. Covered when criteria for a POV is met. Like /similar wheelchairs rules apply.
E1231	NU RR	IN	Rigid ped w/c tilt-in-space	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/5 years	1/5 years	May require Invoice for some LOB	MHT Purchase Item. Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015-K0019, K0042-K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like /similar wheelchairs rules apply. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1232	NU RR	CR	Folding ped wc tilt-in-space	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2226, K0015, K0019, K0042-K0072, E1229, E1231-E1238, K0001-K0007, K0009, K0813, K0843, K0848-K0891. Requires documentation of physical need. Like/ similar wheelchairs rules apply. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1233	NU RR	CR	Rig ped wc tilt in spac w/o seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for pt of small stature.

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E1234	NU RR	CR	Fld ped wc tilt in spac w/o seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1235	NU RR	CR	Rigid ped wc adjustable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1236	NU RR	CR	Folding ped wc adjustable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1237	NU RR	CR	Rgd ped wc adjustable w/o seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1238	NU RR	CR	Fld ped wc adjustable w/o seat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	5 yr RUL	1/5 years	-	MHT Purchase (x10). Not billable w/ other WC bases. Not billable with additional codes: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220-E2226, K0015- K0019, K0042- K0047, K0050, K0052, K0069- K0072, K0077. Requires documentation of physical need. Like similar wheelchairs. Follows 5 yr RUL rules. For WV Medicaid covered up to 21yrs. Commercial & ASO may cover for person of small stature.
E1239	RR	-	Power wheelchair, pediatric, NEC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	May require Invoice for some LOB	Requires specific documentation or description and reason alternative HCPCS code not able to be used.
E1240	RR	CR	Wheechr litwt det arm leg rest	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Covered when meets criteria for standard wheelchair. Like/similar rules apply.
E1250	RR	-	Wheelchair ltwt fixed arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not in RBRVS. See K0003
E1260	RR	-	Wheelchair ltwt foot rest	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	As above. See K0003.
E1270	RR	CR	Wheelchair lightweight leg r	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Covered when meets criteria for standard wheelchair. Like/similar rules apply.
E1280	RR	CR	Wheechr h-duty det arm leg res	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Covered when meets criteria for standard wheelchair. Like/similar rules apply.
E1285	RR	-	Wheelchair HD fixed	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1290	RR	-	Wheelchair HD detached arm	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1295	RR	CR	Wheelchair heavy duty fixed	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered when meets criteria for standard heavy duty wheelchair. Like/similar rules apply.
E1296	NU RR	IN	Wheelchair special seat height	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code E1296 is not valid for claim submission. Base codes for wheelchairs include any seat height so this is not allowed separate reimbursement. Wheelchair Options/Accessories - Policy Article A52504
E1297	NU RR	IN	Wheelchair special seat dept	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code E1297, is not valid for claim submission. Base codes for wheelchairs include any seat depth so this is not allowed separate reimbursement. Wheelchair Options/Accessories - Policy Article A52504

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E1298	NU RR	IN	Wheelchair spec seat depth/w	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code E1298 is not valid for additional payment. Base codes for wheelchairs include any seat depth and width so this is not allowed separate reimbursement. Wheelchair Options/Accessories - Policy Article A52504
E1300	RR	-	Whirlpool, portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	On Medicare's Non-covered List
E1301	-	-	Whirlpool tub, walk-in, portable	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaced K1003. On Medicare's Non-covered List.
E1310	NU RR	IN	Whirlpool non-portable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Check Benefit exclusions in Plan Documents. Limited to members with documented homebound status w/justifiable diagnosis/condition. Bursitis or chronic osteoarthritis would not generally be justified because it would not be expected that a whirlpool bath would be significantly more beneficial than a normal warm bath. Criteria: https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/whirlpool-baths-and-additional-documentation#:~:text=Medicare%20coverage%20policy%20for%20standard,is%20the%20least%20costly%20alternative.
E1352	-	OX	Oxygen accessory, flow regulator capable of positive inspiratory pressure	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. This product consists of multiple components - control unit, flow regulator, connecting hose and nasal interface (pillows). E1352 is an all-inclusive code for this product that includes all components. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1353	-	OX	Oxygen supplies regulator	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1354	-	OX	Accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1355	-	OX	Oxygen supplies stand/rack	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1356	-	OX	Accessory, battery pack/cartridge for portable concentrator, any, replacement	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1357	-	OX	Accessory, battery charger, for portable concentrator, any, replacement only	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1358	-	OX	DC power adapter/portable concentrator, any type, replcmnt	NSB	NSB	NSB	NSB	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB during oxygen or ventilator rental period. Accessories used with beneficiary-owned oxygen equipment will be denied as non-covered. Denial =D311 bundled.
E1372	NU RR	IN	Immersion external heater for nebuliz	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 -5 Yr RUL	1/5 rolling years	-	**NSB if provided w/ O2 system at any time.** Diagnosis specific. Not billable with E0565. MHT Purchase Item. Code E0585 is the correct code if compressor immersion heater (E1372), large volume nebulizer (A7017), and heavy duty aerosol compressor (E0565) are provided at same time. CMS Article A52466.
E1390	RR	OX	Oxygen concentrator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Medicaid LOB to follow Medicaid processes on yearly recertification. Continuous rental for Medicaid. 36 m capped rental for other LOB.
E1391	RR	OX	Oxygen concentrator, dual	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Code E1391 (oxygen concentrator, dual delivery port) is used in situations in which two beneficiaries are both using the same concentrator. In this situation, this code should only be billed for one of the beneficiaries.
E1392	RR	OX	Portable oxygen concentrator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Cannot bill E1392 with other portable (E0431, E0434, &K0738)
E1399	-	OX	DME miscellaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Manufacture's invoice and description of item. **USUALLY NOT COVERED**
E1405	RR	OX	O2/water vapor enrich w/heat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Since codes E1405 and E1406 require a higher flow rate but do not provide a benefit to the beneficiary in terms of the inspired concentration of oxygen, modifiers QB, QF, QG, and QR, which are appended to claim lines to indicate oxygen flow rates greater than 4 liters/minute, must not be used with codes E1405 and E1406. Article 52514. **NSB with multifunction home ventilator system.**

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E1406	RR	OX	O2/water vapor enrich w/o heat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Since codes E1405 and E1406 require a higher flow rate but do not provide a benefit to the beneficiary in terms of the inspired concentration of oxygen, modifiers QB, QF, QG, and QR, which are appended to claim lines to indicate oxygen flow rates greater than 4 liters/minute, must not be used with codes E1405 and E1406. Article A52514. **NSB with multifunction home ventilator system.**
E1700	NU RR	CR	Jaw motion rehab system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Therabite or Orastretch Only. To treat mandibular hypomobility caused by radiation in persons with head and/or neck cancers. For Medicare coverage, actual symptom or condition must be identified. Diagnosis TMJ is not sufficient for coverage as is considered dental. Ordered by medical physician only. LOB benefit limits apply.
E1701	-	SU	Repl cushions for jaw motion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB at initial provision of E1700. Replacement covered once outside CR rental period.
E1702	-	SU	Repl measr scales jaw motion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	NSB at initial provision of E1700. Replacement covered once outside CR rental period.
E1800	RR	CR	Adjust elbow ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Low-load prolonged-duration stretch (LLPS) devices/dynamic stretch devices
E1801	RR	CR	SPS/PASS elbow device, ext/flex, w/or w/o ROM adj	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Static Progressive (SP) stretch devices (Joint Active Systems® [JAS]) are generally not covered.
E1802	RR	CR	Adjst forearm pro/sup device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1803	RR	CR	Adjust Elbow extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for upper extremity stretching devices
E1804	RR	CR	Adjust elbow Flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for upper extremity stretching devices
E1805	RR	CR	Adjust wrist ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1806	RR	CR	SPS wrist device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Static Progressive (SP) stretch devices are generally not covered.
E1807	RR	CR	Adjust wrist extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for upper extremity stretching devices
E1808	RR	-	Adust wrist flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for upper extremity stretching devices
E1810	RR	CR	Adjust knee ext/flex device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	If a concentric adjustable torsion style mechanism in the knee joint is used solely to provide an assistive function for joint extension, it must be coded as L2999. LCD knee Orthosis L33318 and Article A52465.
E1811	RR	CR	SPS/PASS knee device, ext/flex w/or w/o ROM adj	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Static Progressive (SP) stretch devices are generally not covered.
E1812	RR	CR	Knee ext/flex w act res ctrl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as an adjunct to therapy with signs/symptoms significant motion sickness/loss in sub-acute injury or post-operative period or documented history of motion stiffness/loss in a joint, have had a surgery or procedure done to improve motion to that joint, and are in the acute post-operative period following a second or subsequent surgery or procedure.
E1813	RR	CR	Adjust knee extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	LCD knee Orthosis L33318 and Article A52465.
E1814	RR	CR	Adjust knee flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	LCD knee Orthosis L33318 and Article A52465.
E1815	RR	CR	Adjust ankle ext/flex device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	THP is allowing coverage of dynamic splinting of the ankle; code E1815, if the guidelines are met and as long as the device is not being used as an assistive function to joint plantar or dorsiflexion motion of the ankle. If a concentric adjustable torsion style mechanism in the ankle joint is used solely to provide an assistive function for joint plantar or dorsiflexion, it must be coded as L2999
E1816	RR	CR	SPS/PASS ankle device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Static Progressive (SP) stretch devices are generally not covered.
E1818	RR	CR	SPS/PASS forearm device	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Static Progressive (SP) stretch devices are generally not covered.
E1820	NU RR	IN	Soft interface material, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered only for COVERED patient owned device. Included in rental payment during rental period.
E1821	NU RR	IN	Replacement interface SPSD	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	If SPS system not covered, replacement interface would not be covered.

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E1822	RR	CR	Adjust ankle extension device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as an adjunct to therapy with signs/symptoms significant motion sickness/loss in sub-acute injury or post-operative period or documented history of motion stiffness/loss in a joint, have had a surgery or procedure done to improve motion to that joint, and are in the acute post-operative period following a second or subsequent surgery or procedure.
E1823	RR	CR	Adjust ankle flexion device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as an adjunct to therapy with signs/symptoms significant motion sickness/loss in sub-acute injury or post-operative period or documented history of motion stiffness/loss in a joint, have had a surgery or procedure done to improve motion to that joint, and are in the acute post-operative period following a second or subsequent surgery or procedure.
E1825	RR	CR	Adjust finger ext/flex devc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E1826	RR	CR	Adjust finger extension device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for Upper extremity stretching devices
E1827	RR	CR	Adjust finger flexion device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for Upper extremity stretching devices
E1828	RR	CR	Adjust toe extension device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as an adjunct to therapy with signs/symptoms significant motion sickness/loss in sub-acute injury or post-operative period or documented history of motion stiffness/loss in a joint, have had a surgery or procedure done to improve motion to that joint, and are in the acute post-operative period following a second or subsequent surgery or procedure.
E1829	RR	CR	Adjust toe flexion device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as an adjunct to therapy with signs/symptoms significant motion sickness/loss in sub-acute injury or post-operative period or documented history of motion stiffness/loss in a joint, have had a surgery or procedure done to improve motion to that joint, and are in the acute post-operative period following a second or subsequent surgery or procedure.
E1830	RR	CR	Adjust toe ext/flex device dynamic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered as an adjunct to therapy with signs/symptoms significant motion sickness/loss in sub-acute injury or post-operative period or documented history of motion stiffness/loss in a joint, have had a surgery or procedure done to improve motion to that joint, and are in the acute post-operative period following a second or subsequent surgery or procedure.
E1831	RR	CR	Static str toe dev ext/flex	NSB/NC	NSB/NC	NSB/NC	NSB/NC	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not covered for home use. NSB in institutional use. Denial =D311 bundled.
E1832	-	-	Sps finger device	N/C	N/C	N/C	N/C	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	Medicare generally does not cover static progressive stretch (SPS) devices as they are considered investigational and unproven. Medicare's coverage policy for mechanical stretching devices for joint contractures specifically excludes these types of device
E1840	RR	CR	Adj shoulder ext/flex device, dynamic	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Dynamic Splinting of the shoulder generally not covered
E1841	RR	CR	SPS/PASS shoulder dev, w/or w/o ROM, incld's all	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Static Progressive (SP) stretch devices are generally not covered.
E1902	NU	-	Communication board, non-electric	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Exclusion in most commercial and ASO COC's/SPD's. See appropriate speech generating devices E2500, E2502, E2504, E2506 etc...
E1905	RR	CR	Vr cbt therapy	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	VR's RelieVRx program New and Emerging Technologies and Other Non-Covered Services
E2000	RR	CR	Gastric suction pump hme mdl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A7002 separately billable with E2000 when E2000 is covered.
E2001	NU	IN	Suct pum ext urine mgmt sys	N/C	N/C	N/C	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Purwick™. Covered for Medicare plans only. Accessories coded as follows: collection cannister (A7001), tubing (A7002), external urine collection device(A6590). Medicare does not have a National Coverage Determination (NCD) for PureWick™ Urine Collection System. Although Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) updated in 2026 for urological supplies do not list the codes pertaining to the Purwick™ device, THP will allow for Medicare plans per the guidelines indicated for external catheters in Urological Supplies LCD (L33803)

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E2100	NU RR	IN	Bld glucose monitor w voice	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 rolling years	-	MHT Purchase Item. May be approved PBM w/documentation. Codes A4233, A4234, A4235, A4236 are included in the allowance for E2100. WV Medicaid adds codes A4256 and A4258 to the allowance.
E2101	NU RR	IN	Bld glucose monitor w lance	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	May be approved PBM w/documentation. Codes A4233, A4234, A4235, A4236 are included in the allowance.
E2102	NU RR	IN	Adjunctive continuous monitor/or receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	Please refer to contracts for any old coding	WV Medicaid and WV CHIP members over the age of eighteen. When West Virginia Bureau of Medical Services (BMS) begin to cover CGM's for members eighteen and older, it will no longer be a benefit under DME, and the members will be transitioned to the WV Medicaid Pharmacy Benefit.
E2103	NU RR	IN	Non-adju cgm receiver/mon	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	Please refer to contracts for any old coding	Codes E0607, E2100, E2101, A4233, A4234, A4235, A4236, A4244, A4245, A4246, A4247, A4250, A4253, A4255, A4256, A4257, A4258, A4259 are included in the allowance for E2103.
E2104	-	-	Glucose monitor w cartridge	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	New code May 2024. Not in RBRVS as of August 2024. Codes A4233, A4234, A4235, A4236 are included in the allowance with E2104.
E2120	RR	CR	Pulse gen sys tx endolymph fl	N/C	N/C	N/C	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Payable code by Medicare. No LCD/NCD. Used for treatment Meniere's. Ordered by ENT- Covered for Medicare member's only if standard alternatives have failed. Experimental and investigational other product lines. Battery A4638
E2201	NU RR	IN	Man w/ch acc seat w > = 20"< 24"	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Based on member's physical dimensions.
E2202	NU RR	IN	Seat width 24-27 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Based on patient's physical dimensions.
E2203	NU RR	IN	Frame depth less than 22 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Based on patient's physical dimensions.
E2204	NU RR	IN	Frame depth 22 to 25 in	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Based on patient's physical dimensions.
E2205	NU RR	IN	Manual wc accessory, handrim replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with initial rental or purchase of manual wheelchair base codes: (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009
E2206	NU RR	IN	Complete wheel lock assembly, complete. Replacement only, each	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Not billable with initial rental or purchase of manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009
E2207	NU RR	IN	Crutch and cane holder	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2208	NU RR	IN	Cylinder tank carrier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2209	NU RR	IN	Arm trough each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2210	NU RR	IN	Wheelchair bearings, any type, replace, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not Billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009.
E2211	NU RR	IN	Pneumatic propulsion tire	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with K0070
E2212	NU RR	IN	Pneumatic prop tire tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with K0070.
E2213	NU RR	IN	Pneumatic prop tire insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not covered if main purpose is outdoor use. A flat free insert (E2213) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.
E2214	NU RR	IN	Pneumatic caster tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with K0071
E2215	NU RR	IN	Pneumatic caster tire tube	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with K0071.
E2216	NU RR	IN	Foam filled propulsion tire	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2217	NU RR	IN	Foam filled caster tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.

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E2218	NU RR	IN	Foam propulsion tire each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2219	NU RR	IN	Foam caster tire any size ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not reimbursable w/ K0072.
E2220	NU RR	IN	Solid propuls tire, repl, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, and K0069.
E2221	NU RR	IN	Solid caster tire repl, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, and K0077.
E2222	NU RR	IN	Solid caster integ whl, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, and K0077.
E2224	NU RR	IN	Propulsion whl excl tire rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0069, and K0070. Medicaid does not list K0069 but K0077.
E2225	NU RR	IN	Caster wheel excludes tire, repl only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0071, K0072, and K0077.
E2226	NU RR	IN	Caster fork replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base codes: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0071, K0072, and K0077.
E2227	NU	CR	Gear reduction drive wheel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
E2228	NU RR	CR	MWC acc, wheelchair brake	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
E2230	-	-	Manual wc accessory, manual standing system	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A manual standing system for a manual wheelchair (E2230) is non-covered (no benefit category) because it is not primarily medical in nature. Reference: Wheelchair Options/Accessories - Policy Article (A52504).
E2231	NU RR	-	Solid seat support base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Replaces K0108. Use code E2231 for a solid support base that is used with a manual wheelchair. There should be no separate billing with power wheelchairs as it is included in the allowance for the power wheelchair codes. .
E2291	-	-	Back, planar, for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Pediatric seating system codes E2291, E2292, E2293, E2294 may only be billed with pediatric wheelchair base codes. MHT Covered for members up to 21 yrs of age.
E2292	NU	-	Seat, planar, for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Covered for members up to 21 yrs of age.
E2293	NU	-	Back, contoured for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Covered for members up to 21 yrs of age.
E2294	NU	-	Seat, contoured for pediatric wc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Covered for members up to 21 yrs of age.
E2295	NU RR	-	Ped dynamic seating frame	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Replaces K0108 2009.
E2298	RR	CR	Pwr seat elev sys for crt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Since E2300 was/is not covered by WV Medicaid, at this time have noncovered for WV Medicaid. Code should be listed on claim per DOS.
E2301	NU	-	WC access, power standing system, any type	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not considered medically necessary. Wheelchair Options/Accessories - Policy Article A52504A power standing feature (E2301) is non-covered because it is not primarily medical in nature. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power standing feature, it will be denied as non-covered.
E2310	NU RR	CR	Electro connect btw control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). N/C for power seat elevation / power standing features.
E2311	NU RR	CR	Electro connect btw 2 sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). N/C for power seat elevation / power standing features.

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E2312	NU RR	CR	Mini-prop remote joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick. When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.
E2313	NU RR	CR	PWC harness, expand control	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10).
E2321	NU RR	CR	Hand interface joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.
E2322	NU RR	CR	Mult mech switches	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
E2323	NU RR	IN	Special joystick handle	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
E2324	NU RR	IN	Chin cup interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item.
E2325	NU RR	CR	Sip and puff interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable w/E1028. A mechanical stop switch is included in the allowance for E2325.
E2326	NU RR	CR	Breath tube kit	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). E2326 can be billed with E2325.
E2327	NU RR	CR	Head control interface mech	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). A mechanical direction control switch is included in the code.
E2328	NU RR	CR	Head/extremity control inter	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
E2329	NU RR	CR	Head control nonproportional	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.
E2330	NU RR	CR	Head control proximity switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.
E2331	-	-	Attendant control, proportional	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Invoice required	May be provided in place of, but not with patient operated system
E2340	NU RR	IN	W/c wdth 20-23 in seat frame	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. MHT Based on member's physical dimensions. Medicare , PEIA and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.
E2341	NU RR	IN	W/c wdth 24-27 in seat frame	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.
E2342	NU	IN	W/c dpth 20-21 in seat frame	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.
E2343	NU	IN	W/c dpth 22-25 in seat frame	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	MHT Purchase Item. MHT Based on member's physical dimensions. Medicare and ASO LOB: not valid for claim submission. Article A52504. Effective 4/1/24.
E2351	NU RR	IN	Electronic SGD interface	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Medicaid: Covered if member has a Medicaid approved SGD.
E2358	NU RR	IN	Power w/c accessory, group 34, non-sealed lead acid battery, ea	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
E2359	NU RR	IN	Gr34 sealed leadacid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries at one time. Warranty applies	-	-	MHT Purchase Item.
E2360	NU RR	IN	22nf nonsealed lead acid	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/ 2 rolling years	-	MHT Purchase Item. Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
E2361	NU RR	IN	22nf sealed lead acid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries at one time. Warranty applies	2/ 2 rolling years	-	MHT Purchase Item.
E2362	NU RR	IN	Gr24 nonsealed lead acid	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/ 2 rolling years	-	MHT Purchase Item. Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
E2363	NU RR	IN	Gr24 sealed lead acid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries. Warranty applies	2/ 2 rolling years	-	MHT Purchase Item.
E2364	NU RR	IN	U1 nonsealed lead acid battery	N/C	N/C	N/C	N/C	No prior authorization required	-	2/ 2 rolling years	-	MHT Purchase Item. Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
E2365	NU RR	IN	U1 sealed lead acid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries. Warranty applies	2/ 2 rolling years	-	MHT Purchase Item.

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E2366	NU RR	IN	Battery charger, single mode	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2367	NU RR	IN	Battery charger, dual mode	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	A single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery. If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary.
E2368	NU RR	CR	Power wc drive wheel motor replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2369	NU RR	CR	Pwr wc drive wheel gear box replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2370	NU RR	CR	Pwr wc integrated drive wheel motor & gear box combo, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2371	NU RR	IN	Gr27 sealed lead acid battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	2 batteries at one time. Warranty applies	-	-	MHT Purchase Item.
E2372	NU RR	IN	Gr27 non-sealed lead acid	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Purchase Item. Non-sealed batteries not considered reasonable and necessary for power wheelchairs. Reference LCD L33792 Effective 4/1/24
E2373	NU RR	CR	Hand/chin ctrl spec joystick	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
E2374	NU RR	CR	Hand/chin ctrl std joystick, replac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). When code E2374 is used for a chin control interface, the chin cup is billed separately with code E2324. Codes E2374 describes components of drive control systems. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2375	NU RR	CR	Non-expandable controller, replac	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). When code E2375 is used for a chin control interface, the chin cup is billed separately with code E2324. Codes E2375 describes components of drive control systems. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2376	NU RR	CR	Expandable controller, repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10) When code E2376 is used for a chin control interface, the chin cup is billed separately with code E2324. Codes E2376 describes components of drive control systems. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2377	NU RR	CR	Expandable controller, initl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10). The reimbursement for any type of complete expandable controller is included in the allowance for codes E2377/E2376 plus E2313. If individual components of the harness are replaced, code K0108 should be used.
E2378	NU RR	CR	Pwr actuator, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10).
E2381	NU RR	IN	Pneum drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2382	NU RR	IN	Tube, pneum wheel drive tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2383	NU RR	IN	Insert, pneum wheel drive, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2384	NU RR	IN	Pneumatic caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2385	NU RR	IN	Tube, pneumatic caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2386	NU RR	IN	Foam filled drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2387	NU RR	IN	Foam filled caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.

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E2388	NU RR	IN	Foam drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2389	NU RR	IN	Foam caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2390	NU RR	IN	Solid drive wheel tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2391	NU RR	IN	Solid caster tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2392	NU RR	IN	Solid caster tire, integrate, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2394	NU RR	IN	Drive wheel excludes tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2395	NU RR	IN	Caster wheel excludes tire, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2396	NU RR	IN	Caster fork	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. They may only be used for replacements, not at the time of initial issue. Not billable with codes: K0813 THRU K0843 OR K0848 THRU K0891 for all LOB.
E2397	NU RR	IN	Pwc acc, lith-based battery	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 / 3 years	-	-	MHT Purchase Item. Only one lithium battery (E2397) is allowed at any one time. Article (A52504)
E2398	-	-	Wc dynamic pos back hardware	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E2402	RR	CR	Neg press wound therapy pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	Contract Specific	-
E2500	NU RR	CR	SGD digitized pre-rec <=8min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item. Medicare/ASO /Commercial: Upgrades to speech generating devices and/or software programs (E2500-E2512) that are provided within the 5 year useful lifetime of the device will be denied as statutorily non-covered.
E2502	NU RR	CR	SGD prerec msg >8min <=20min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item.
E2504	NU RR	CR	SGD prerec msg>20min <=40min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item.
E2506	NU RR	CR	SGD prerec msg > 40 min	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item.
E2508	NU RR	CR	SGD spelling phys contact	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item.
E2510	NU RR	IN	SGD w multi methods msg/accs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	-	MHT Purchase Item.
E2511	NU RR	IN	SGD sftwre prgrm for PC/PDA	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	THP will reimburse for speech generating software only (HCPCS code E2511) when installed on a general computing device. The device itself (Desktop, laptop, tablet, smartphone and other hand-held computers (i.e. general computing devices)must be coded A9270 for non-covered device.
E2512	NU RR	IN	SGD accessory, mounting sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	-	May require Invoice for some LOB	-
E2513	NU RR	-	Sgd accessory, emg sensor	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Commercial and ASO plans: May not be covered for all lines of business.
E2599	NU	-	SGD accessory, miscell	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Example: A carrying case (including shoulder strap or carrying handle, any type) (E2599) is a convenience item and is denied as non-covered.
E2601	NU RR	IN	Gen w/c cushion wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2602	NU RR	IN	Gen w/c cushion wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2603	NU RR	IN	Skin protect wc cus wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2604	NU RR	IN	Skin protect wc cus wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2605	NU RR	IN	Position wc cush wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.

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E2606	NU RR	IN	Position wc cush wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2607	NU RR	IN	Skin pro/pos wc cus wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2608	NU RR	IN	Skin pro/pos wc cus wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2609	NU RR	IN	Custom fabricated seat cushion, any size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	-
E2610	-	IN	Wheelchair seat cushion, powered	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The effectiveness of a powered seat cushion (E2610) has not been established. Claims for a powered seat cushion will be denied as not reasonable and necessary. LCD L33312
E2611	NU RR	IN	Gen use back cush wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2612	NU RR	IN	Gen use back cush wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2613	NU RR	IN	Position back cush wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2614	NU RR	IN	Position back cush wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2615	NU RR	IN	Pos back post/lat wdth < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2616	NU RR	IN	Pos back post/lat wdth > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/ 2 rolling years	-	MHT Purchase Item.
E2617	RR	-	Custom wc back cushion, any size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/2 rolling years	May require Invoice for some LOB	-
E2619	NU RR	IN	Replace cover w/c seat cush	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/ rolling year	-	MHT Purchase Item. Claim must include reason for replacement and must be past RUL/ MLR timeframes per manufacture.
E2620	NU RR	IN	WC planar back cush wd < 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2621	NU RR	IN	WC planar back cush wd > = 22 in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2622	NU RR	IN	Adj skin pro w/c cus wd<22in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	MHT Purchase Item.
E2623	NU RR	IN	Adj skin pro wc cus wd>=22in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	MHT Purchase Item.
E2624	NU RR	IN	Adj skin pro/pos cus<22in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	MHT Purchase Item.
E2625	NU RR	IN	Adj skin pro/pos wc cus>=22	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1 per rolling 2 years	-	MHT Purchase Item.
E2626	NU RR	IN	Seo mobile arm support attached to wc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2627	NU RR	IN	Arm support attached to wc rancho ty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2628	NU RR	IN	Mobile arm support reclining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2629	NU RR	IN	Friction dampening arm support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2630	NU RR	IN	Monosuspension arm/hand support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2631	NU RR	IN	Elevate proximal arm support	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2632	NU RR	IN	Offset /lat rocker arm w/ elastic balance control	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E2633	NU	IN	Mobile arm support supinator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
E3000	RR	CR	Speech volume modulation sys	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**Replaces deleted code K1009**. SpeechVive by SpeechVive Inc.
E3200	-	-	Gait mod systm rhym auditory	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	InTandem™ Rehabilitation System For Chronic Stroke Gait Impairment by MedRhythms. Considered at this time experimental and Investigational as insufficient peer review information available.

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E8000	-	-	Gait trainer, pediatric, post support	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E8001	-	-	Gait trainer, pediatric, upright support	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
E8002	-	-	Gait trainer, pediatric, anterior support	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
K0001	RR	CR	Standard wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home**.
K0002	RR	CR	Stnd hemi (low seat) whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0003	RR	CR	Lightweight wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0004	RR	CR	High strength ltwt whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0005	NU RR	IN	Ultralightweight wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	**MHT 10 month cap rental**. Member's weight < 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0006	RR	CR	Heavy duty wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight ≥ 250 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0007	RR	CR	Extra heavy duty wheelchair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/5 rolling years	-	Member's weight ≥ 300 lbs. Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0008	RR	CR	Custom manual wheelchair base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Will need specific documentation for this code. **Not covered if primary use is outside the home.**
K0009	RR	CR	Other manual wheelchair bases, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable any other WC base or Power Operated Vehicle and following options accessories: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220- E2226, E2367, K0015, K0017-K0019, K0042-K0047, K0050, K0051, K0052, K0069-K0072. **Not covered if primary use is outside the home.**
K0010	RR	CR	Stnd wt frame power whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for power wheelchair group I. Not billable any other WC base or Power Operated Vehicle. **Not covered if primary use is outside the home.**
K0011	RR	CR	Stnd wt pwr whlchr w control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for power wheelchair group I. Not covered if need is for chair climber feature or other non-covered feature. Not billable any other WC base or Power Operated Vehicle. **Not covered if primary use is outside the home.**

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K0012	RR	CR	Ltwt portbl power whlchr	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if meets criteria for power wheelchair group I and requires light weight feature for home use. Not covered if need is for chair climber feature or other non-covered feature. Not billable any other WC base or Power Operated Vehicle. **Not covered if primary use is outside the home.**
K0013	-	-	Custom motorized power wheelchair base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1/5 years	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Manufactures description of item. Would need to document reason for this code versus all other wheelchair bases, as in most circumstances this is not covered
K0014	-	-	Other motorized/power wheelchair base	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Not billable any other WC base or Power Operated Vehicle. Would need to document reason for this code versus all other wheelchair bases, as in most circumstances this is not covered. **Not covered if primary use is outside the home.**
K0015	NU RR	CR	Detach non-adjus hght armrst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase (x10). Not billable with manual or power wheelchair base: E1161, E1229, E1231- E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008
K0017	NU RR	IN	Detach adjust armrest base, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231- E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008, and other armrests: E0973.
K0018	NU RR	IN	Detach adjust armrst upper, replacement only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008, and other armrests: E0973.
K0019	NU RR	IN	Arm pad, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. and other armrests: E0973.
K0020	NU RR	IN	Fixed adjust armrest pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with power tilt and/or recline seating systems E1002- E1008. In addition to above WV Medicaid does not allow with K0813-K0843, K0848-K0891.
K0037	NU RR	IN	High mount flip up footrest, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT purchase Item Not billable w/K0813-K0843, K0848-K0891. Considered part of power wheelchair equipment package.
K0038	NU RR	IN	Leg strap each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable w/K0039.
K0039	NU RR	IN	Leg strap h style each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable w/K0038.
K0040	NU RR	IN	Adjustable angle footplate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Included in equipment package of most power wheelchair packages. Can be billed with power leg elevation feature E1012. WV Medicaid does not allow with K0848 and K0891.
K0041	NU RR	IN	Large size footplate each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Included in equipment package of most power wheelchair packages. Not billable with K0813-K0843, K0848-K0891.
K0042	NU RR	IN	Standard size footplate, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0053, K0195.
K0043	NU RR	IN	Footrest lower extension tube, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0045, K0046, K0053, K0195.
K0044	NU RR	IN	Footrest upper hanger bracket, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231- E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0045, K0047, K0053, K0195.

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K0045	NU RR	IN	Footrest complete assembly, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0043, K0044, K0053, K0195.
K0046	NU RR	IN	Elev lgrst lwr exten repl ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0043, K0053, K0195.
K0047	NU RR	IN	Elev legrst upr hangr rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E0990, E1009, E1010, E1012, K0044, K0053, K0195.
K0050	NU RR	IN	Ratchet assembly, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Review if any bundling stipulations. Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 For Medicare, ASO, PEIA, and Commercial: not billable with power tilt/recline systems: E1002-E1008.
K0051	NU RR	IN	Cam release assembly, footrest or legrest, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with power wc bases K0813-K0843, K0848-K0891. Power tilt/recline systems: E1002-E1008.
K0052	NU RR	IN	Swingaway detachable footrests, replacement only, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009, K0813-K0843, K0848-K0891. Also not billable with power tilt/recline systems: E1002-E1008. E1009, E1010, E1012.
K0053	NU RR	IN	Elevate footrest articulate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with codes E1009, E1010, E1012, E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047,
K0056	NU RR	IN	Seat ht <17 or >=21 ltwt wc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. NSB w/initial chair if no adjustments of <17 inches or >21 inches. Need to indicate the adjustment w/ claim.
K0065	NU RR	IN	Spoke protectors	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. May not be Separately billable per type of chair.
K0069	NU RR	IN	Rr whl compl sol tire rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009. and replacement tire/wheel E2220, E2224.
K0070	NU RR	CR	Rr whl compl pne tire rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase (x10) Not billable with manual wheelchair bases: E1161, E1229, E1231-E1238, K0001-K0007, K0009. and tires/tubes/wheel coded: E2211, E2212, E2224
K0071	NU RR	IN	Fr cstr comp pne tire rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 and caster/tube/tire E2214, E2215, E2225, E2226.
K0072	NU RR	IN	Fr cstr semi-pne tire rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual wheelchair base: E1161, E1229, E1231-E1238, K0001-K0007, K0009 and caster/wheel/fork E2219, E2225, E2226.
K0073	NU RR	IN	Caster pin lock each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item.
K0077	NU RR	IN	Fr cstr asmb sol tire rep ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Not billable with manual or power wheelchair bases: E1161, E1229, E1231- E1238, K0001- K0007, K0009, K0813-K0843, K0848-K0891. and castor tire/wheel/fork E2221, E2222, E2225, E2226
K0098	NU RR	IN	Drive belt for pwc, repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	MHT Purchase Item. Not billable with power wheelchair bases: K0813-K0843, K0848-K0891.
K0105	NU RR	IN	IV hanger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	MHT Purchase Item. Covered if medically necessary over long term
K0108	NU	-	Wheelchair accessory, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required		-	May require Invoice for some LOB	-
K0195	RR	CR	Elevating whlchair leg rests, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	K0195 is billed for a capped rental wheelchair. Not billable with E1009, E1010, E1012, E0995, K0042- K0047.
K0455	RR	FS	Pump uninterrupted infusion parenteral admin of med	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-

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K0462	-	-	Temp replant, pt owned equipment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 unit /1 month only unless authorized	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Priced per device. 1 unit only. May not be on all fee schedules for all Lines of business.
K0552	-	SU	Sup/ext non-ins inf pump syr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Medicare- deny as incorrect coding with E0784. Must only be used with a non-insulin external infusion pump (E0779, E0780, E0781, E0791 or K0455). Cannot be billed same time as A4222. The V-go is not to be coded with this HCPCS.
K0601	NU	IN	Reply batt silver oxide 1.5 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 3years. Need to indicate hours of use /month the pump will be used.
K0602	NU	IN	Reply batt silver oxide 3 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 3years. Need to indicate hours of use /month the pump will be used.
K0603	NU	IN	Reply batt alkaline 1.5 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	# depends on amount needed to run pump as ea. battery has 3.75 hrs. use.	Not on WV Medicaid/MHT 2026 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 5-10 years if stored properly. Each Battery contains 3.75 hrs. of use. Need to indicate hours of use /month the pump will be used.
K0604	NU	IN	Repl batt lithium 3.6 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. Shelf life 3years. Need to indicate hours of use /month the pump will be used.
K0605	NU	IN	Repl batt lithium 4.5 v	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Only if base item is covered i.e., member owned infusion pump-not rental or over the counter items covered. Quantity limits apply. shelf life 3years. Need to indicate hours of use /month the pump will be used.
K0606	RR NU	CR	AED garment w elec analysis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/4 yrs	-	-	Not billable w/K0607-K0609. Initial rental months up to Medical Directors' discretion. Usually 3 month rental approved. A repeat Echocardiogram is usually completed after initial 90 days to see if Ejection Fraction is <=35%. If so, ICD implantation is usually the next step and member may need life vest longer if awaiting Electrophysiology Evaluation.
K0607	RR NU	CR	Repl batt for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yrs	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Not covered/NSB during rental period-only covered for member owned medically approved AED. **Precert Required if requesting prior to RUL of item.** The batteries and pads for an AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
K0608	NU RR	IN	Repl garment for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1-2 yrs	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Not covered/NSB during rental period-only covered for member owned medically approved AED. **Precert Required if requesting prior to RUL of item.** Will allow up to 2 garments every 1-2 years.
K0609	-	SU	Repl electrode for AED	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2-5/yrs	Not on WV Medicaid/MHT 2026 DME FS	Contract Specific	Not covered/NSB during rental period-only covered for member owned medically approved AED. **Precert Required if requesting prior to RUL of item.** The batteries and pads for an AED need to be replaced every two to five years depending on manufacturer. Zoll has industry leading 5 yr RUL. . Inspections and other types of maintenance may be required.
K0669	-	-	WC access, wheelchair seat back/cushion, does not met specific code criteria or no written coding verification from DME PDAC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Would need information as to why could not use specific established HCPCS code. Would need to meet criteria. **Rarely medically necessary.**
K0672	-	IN	Removable soft interface le	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2/yr starts 1 yr after initial issuance	Not on WV Medicaid/MHT 2026 DME FS	-	Eligible one year after initial purchase, replacement. A replacement removable soft interface for a knee orthosis is billed with code K0672 (lower extremity orthosis, not otherwise specified). One unit of service includes all the components that are used at the same time on a single orthosis. SEE Knee Orthosis LCD L33318.
K0730	NU RR	CR	Ctrl dose inh drug deliv sys	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 years	1/ 5 rolling years	-	MHT Purchase (X10) Used for iloprost / ventavis requires DX : I10.0 and I27.10
K0733	NU RR	IN	12-24hr sealed lead acid	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2 batteries at one time. Warranty applies	-	-	MHT purchase item

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K0738	RR	OX	Portable gas oxygen system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	5 yr RUL	Not on WV Medicaid/MHT 2026 DME FS	-	36 month capped rental item.
K0739	RR	OX	Repair/svc dme non-oxygen eq	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Specific Coverage Criteria. Most maintenance and service is included in capped rental rate for the 5 yr RUL. M&S and repairs are Included in rental rate for ventilators
K0740	RR	OX	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	RZ/NC	RZ/NC	RZ/NC	RZ/NC	No prior authorization required	-	-	Included in O2 rental payments.	CMS Non-covered Code. Providers to use to the appropriate THP codes per LOB.
K0743	-	SU	Suction Pump, home model, portable, for use on wounds	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	A wound suction pump (K0743) is only covered in situations where the quantity of exudates exceeds the capacity of other treatments, such as dressings and wound fillers. If not corroborated by clinical documentation, K0743 will be denied. Provider/physician must document all therapies that have been tried and failed, including noncovered wound suction devices coded A9270 and A9272.
K0744	-	-	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Contains all necessary components, such as non-adherent porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining subatmospheric pressure at the wound. For multiple wounds located close together, the larger dressing set must be used rather than multiple smaller dressing sets if it is possible.
K0745	-	-	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches but less than or equal to 48 square inches	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Contains all necessary components, such as non-adherent porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining subatmospheric pressure at the wound. For multiple wounds located close together, the larger dressing set must be used rather than multiple smaller dressing sets if it is possible.
K0746	-	-	Absorbative wound dressing for use with suction pump, home model, portable, pad size greater than 48 inches.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Contains all necessary components, such as non-adherent porous dressing, drainage tubing, and an occlusive dressing which creates a seal around the wound site for maintaining subatmospheric pressure at the wound. For multiple wounds located close together, the larger dressing set must be used rather than multiple smaller dressing sets if it is possible.
K0800	NU RR	IN	POV group 1 std up to 300lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	MHT 10 month capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change. No further rental after purchase price met.
K0801	NU RR	IN	POV group 1 hd 301-450 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	MHT 10 month capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change. No further rental after purchase price met.
K0802	NU RR	IN	POV group 1 vhd 451-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	MHT 10 month capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change. No further rental after purchase price met.
K0806	NU RR	IN	POV group 2 std up to 300lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/5 rolling years	-	MHT 10 month capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change. Current Medicare LCD L33789 *"Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary."*

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K0807	NU RR	IN	POV group 2 hd 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/ 5 rolling years	-	MHT 10 month capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change. Current Medicare LCD L33789 *"Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary."*
K0808	NU RR	IN	POV group 2 vhd 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	1/ 5 rolling years	-	MHT 10 month capped rental. Not covered if primary use is outside the home. All options & accessories are included in POV package. Not billable with rollabout chair, manual wheelchair or Power wheelchair within the 5 yr RUL unless documentation supporting condition change. Current Medicare LCD L33789 *"Group 2 POVs (K0806, K0807, K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary."*
K0812	RR	-	Power operated vehicle, NEC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	May require Invoice for some LOB	Description of device and supporting clinical documentation as to why a specific HCPCS code for POV or PWC would not meet the individual's needs. **Not covered if primary use is outside the home.**
K0813	RR	CR	PWC gp 1 std port seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separate payment of added code K0020.
K0814	RR	CR	PWC gp 1 std port cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0815	RR	CR	PWC gp 1 std seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0816	RR	CR	PWC gp 1 std cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0820	RR	CR	PWC gp 2 std port seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0821	RR	CR	PWC gp 2 std port cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.

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K0822	RR	CR	PWC gp 2 std seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0823	RR	CR	PWC gp 2 std cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0824	RR	CR	PWC gp 2 hd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0825	RR	CR	PWC gp 2 hd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0826	RR	CR	PWC gp 2 vhd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0827	RR	CR	PWC gp vhd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0828	RR	CR	PWC gp 2 xtra hd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0829	RR	CR	PWC gp 2 xtra hd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0830	RR	CR	Power wc/grp 2 stand w/seat elv, to 300 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	May require Invoice for some LOB	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.

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K0831	RR	CR	Pwr wc grp 2 stand, cap ch, set elv, to 300 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	May require Invoice for some LOB	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0835	RR	CR	PWC gp2 std sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0836	RR	CR	PWC gp2 std sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0837	RR	CR	PWC gp 2 hd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0838	RR	CR	PWC gp 2 hd sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0839	RR	CR	PWC gp2 vhd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0840	RR	CR	PWC gp2 xhd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0841	RR	CR	PWC gp2 std mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0842	RR	CR	PWC gp2 std mult pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.

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K0843	RR	CR	PWC gp2 hd mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0040- K0047, K0051, K0052, K0077, K0098. MHT does not allow separately payment of added code K0020.
K0848	RR	CR	PWC gp 3 std seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0849	RR	CR	PWC gp 3 std cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0850	RR	CR	PWC gp 3 hd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0851	RR	CR	PWC gp 3 hd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0852	RR	CR	PWC gp 3 vhd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0853	RR	CR	PWC gp 3 vhd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0854	RR	CR	PWC gp 3 xhd seat/back	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0855	RR	CR	PWC gp 3 xhd cap chair	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

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K0856	RR	CR	PWC gp3 std sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0857	RR	CR	PWC gp3 std sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0858	RR	CR	PWC gp3 hd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0859	RR	CR	PWC gp3 hd sing pow opt cap	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0860	RR	CR	PWC gp3 vhd sing pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0861	RR	CR	PWC gp3 std mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0862	RR	CR	PWC gp3 hd mult pow opt s/b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0863	RR	CR	PWC grp 3 vhd w/multi opt 451-600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0864	RR	CR	PWC grp 3 exhd w/multi opt > 600 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	-	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374- E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

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K0868	RR	CR	PWC grp 4 stand, sling/sol seat to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0869	RR	CR	PWC grp 4 stand, capt ch to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0870	RR	CR	PWC grp e HD, sling 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0871	RR	CR	PWC grp 4 vhd, sling 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0877	RR	CR	PWC grp 4 stand w/singl opt to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0878	RR	CR	PWC grp 4 stand w/singl opt/capt ch	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0879	RR	CR	PWC grp 4 HD w/singl opt 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.

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K0880	RR	CR	PWC grp 4 vhd w/singl opt 451-600 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0884	RR	CR	PWC grp 4 stand w/multi opt to 300 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0885	RR	CR	PWC grp 4 stand w/singl opt/capt ch	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0886	RR	CR	PWC grp 4 HD w/multi opt 301-450 lbs	N/C	N/C	N/C	N/C	Yes, prior authorization required	NA	1/ 5 rolling years	May require Invoice for some LOB	Medicare LOB does not cover Group 4 PWCs (K0868-K0871, K0877, K0878- K0886) because they have added capabilities that are not needed for use in the home. If covered, not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017- K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040.
K0890	RR	CR	PWC grp 5 ped w/singl opt to 25 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	May require Invoice for some LOB	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017-K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040. Not on PEIA DME FS- Will review case by case basis for pediatric cases.
K0891	RR	CR	PWC grp 5 ped w/multi opt to 125 lbs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	May require Invoice for some LOB	Not billable with rollabout chair, manual wheelchair or power operated vehicle, power wheelchair within the 5 yr RUL unless documentation supporting condition change. Not billable w/ codes: E0971, E0978, E0981, E0982, E0995, E1225, E2366- E2369, E2370, E2374-E2376, E2378, E2381- E2396, K0015, K0017-K0019, K0037, K0041- K0047, K0051, K0052, K0077, K0098. In addition MHT does not allow separate payment of codes K0020 and K0040. Not on PEIA DME FS- Will review case by case basis for pediatric cases.
K0898	RR	CR	PWC, NOC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	5 yr RUL	1/ 5 rolling years	May require Invoice for some LOB	Medical reason more specific HCPCS code unable to meet medical needs. Not covered if primary use is outside the home. Bundling rules for power wheelchairs will apply. Must be found on PDAC. Not on PEIA DME FS- Will review case by case basis

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K0899	RR	CR	Power mobility dev, not coded SADMERC	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	-	May require Invoice for some LOB	Only covered under MHT LOB and only after clear specific documentation as to medical necessity and reason another HCPCS code not able to meet member's need. Medicare LOB requires Power mobility devices be approved by PDAC. L33789:*" A POV or PWC which has not been reviewed by the Pricing, Data Analysis, and Coding (PDAC) contractor or which has been reviewed by the PDAC and found not to meet the definition of a specific POV/PWC will be denied as not reasonable and necessary and should be coded as K0899."*
K0900	-	-	Custom fabricated durable medical equipment, other than wheelchairs	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Rarely reasonable or necessary	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Description of all parts required and reason a more specific HCPCS code or E1399 would not meet the needs of the member. Office notes, face-to-face, hospital notes and supplier notes are required to be submitted.
K1004	-	-	Low frequent ultra diathermy tx device for home use	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	00 = Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.) Not applicable as HCPCS not priced separately by part B (pricing indicator is 00) or value is not established(pricing indicator is '99') S = Non-covered by Medicare statute. Examples: Manasport (ManaMed, Inc., Las Vegas, NV), Sustained Acoustic Medicine (SAM) (ZetrOZ, Inc., Trumbull, CT), and PainShield MD (NanoVibronix Inc., Elmsford, NY.
K1007	-	PO	Bil hkaf pc s/d micro sensor	N/C	N/C	N/C	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Considered a brace. Describes a wearable, motorized, and computerized device functioning as a single of double upright microprocessor controlled hip, knee, ankle, and foot exoskeleton. **No additional add on codes for this exoskeleton device allowed. PDAC approval required for a device to be billed with this code. Currently only one product allowed by CMS: ReWalk™ by Argo technologies**. May not be covered for all plans.
K1027	-	-	Oral dev without fix mech	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	K1027 is used to represent oral devices that do not have a fixed hinge, and thus, would not be eligible for coding using HCPCS code E0486. As of the date of this guides update, devices reported with HCPCS code K1027 include the following: • O2Vent Optima and O2Vent Optima Mini (Oventus Medical) • Prosomnus Evo Sleep and Snore Device (Prosomnus Sleep Technologies) • Slow Wave DS8 (Slow Wave) Prior to the development of these codes, most of these devices were coded by the Medicare Pricing, Data and Coding Contractor (PDAC) with HCPCS code A9270, which means these devices were – and continue to be – non-covered by Medicare.
K1030	-	-	Ext charging sys for IMP cardiac contract modul gen, repl only.	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not on RBRVS. May be considered non-covered device. Listed in THP's Experimental and Investigational policy. Not billed as home DME benefit.
K1036	-	-	Supplies accessories (E.G. transducer) for low freq ultra diathermy tx device, per month	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Since low frequency ultrasonic diathermy treatment (K1004) is not covered, the supplies would not be covered. 00 = Service not separately priced by Part B (e.g., services not covered, bundled, used by part a only, etc.) Not applicable as HCPCS not priced separately by part B (pricing indicator is 00) or value is not established(pricing indicator is '99') S = Non-covered by Medicare statute.
K1037	-	-	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Usually used with Lunoa System. The Lunoa System has 3 components for treating POSA. It has a sensor, chest strap, docking station, power adapter, travel case, and portal. However, there is insufficient evidence regarding the effectiveness of this device for coverage at this time.
L0112	-	PO	Cranial cervical orthosis, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	2/year	-	Dx specific
L0113	-	PO	Cranial cervical orthosis, prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1-3 yrs	-	-	-
L0120	-	PO	Cervical, flexible, on-adjustable, prefabricated, OTS, foam collar.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	For some plans, foam, soft collars (L0120) are considered not reasonable and necessary because they are not rigid or semi-rigid appliances and therefore do not meet the definition of an orthotic.
L0130	-	PO	Flex thermoplastic collar mo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
L0140	-	PO	Cervical semi-rigid adjustab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 yrs	2/year	-	-
L0150	-	PO	Cerv semi-rig adj molded chn	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3yrs	4/year	-	-
L0160	-	PO	Cerv, semi-rigid, wire frame occipital/mandibular support, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 yrs	2/year	-	Considered OTS not OTC, covered as is semi-rigid

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L0170	-	PO	Cervical collar molded to pt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	Please refer to ASO groups SPD as some plans require >500.00 to require precert.
L0172	-	PO	Cerv col semi-rigid, thermplas foam 2 piece, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	4/year	-	Considered OTS, not OTC, covered as is semi-rigid
L0174	-	PO	Cerv col, semi-rigid, thermo foam 2 piece w thor ext, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	4/year	-	-
L0180	-	PO	Cer post col occ/man sup adj	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
L0190	-	PO	Cerv collar supp adj cerv ba	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
L0200	-	PO	Cerv col supp adj bar & thor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	-
L0220	-	PO	Thor rib belt custom fabrica	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not covered if elastic-need to code A9270 or A4466.
L0450	-	PO	TLSO flex prefab thoracic. OTS.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0452	-	PO	TLSO flex custom fab thoracic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	May require Invoice for some LOB	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost stolen, destroyed…
L0454	-	PO	Tlso trnk sj-t9 pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost stolen, destroyed…
L0455	-	PO	Tlso flex trnk sj-t9 pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0456	-	PO	Tlso flex trnk sj-ss pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0457	-	PO	Tlso flex trnk sj-ss pre ot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0458	-	PO	TLSO 2Mod symphis-xipho prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0460	-	PO	Tlso 2 shl symphys-stern cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0462	-	PO	TLSO 3Mod sacro-scap prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0464	-	PO	TLSO 4Mod sacro-scap prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0466	-	PO	Tlso r fram soft ant pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0467	-	PO	Tlso r fram soft pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0468	-	PO	Tlso rig fram pelvic pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0469	-	PO	Tlso rig fram pelvic pre ots	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0470	-	PO	TLSO rigid frame pre subclav Prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0472	-	PO	TLSO rigid frame hyperex prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…

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L0480	-	PO	TLSO rigid plastic custom fa	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0482	-	PO	TLSO rigid lined custom fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0484	-	PO	TLSO rigid plastic cust fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0486	-	PO	TLSO rigid lined cust fab two	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0488	-	PO	TLSO rigid lined prefab one piece	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0490	-	PO	TLSO rigid plastic prefab one	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0491	-	PO	TLSO 2 piece rigid shell prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0492	-	PO	TLSO 3 piece rigid shell prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0621	-	PO	SIO flex pelvis/sacral prefab OTS.	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0622	-	PO	SIO flex pelvis/sacral custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0623	-	PO	SIO panel pelvic sacral support, prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0624	-	PO	SIO panel custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	May require Invoice for some LOB	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0625	-	PO	LO flexible L1-below L5 prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0626	-	PO	Lo sag rig pnl stays pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0627	-	PO	Lo sag ri an/pos pnl pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0628	-	PO	LO flex w/o rigid stays prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0629	-	PO	LSO flex w/rigid stays cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	May require Invoice for some LOB	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0630	-	PO	Lso r post pnl sj-t9 pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0631	-	PO	Lso sag r an/pos pnl pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0632	-	PO	LSO sag rigid frame cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	May require Invoice for some LOB	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…

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L0633	-	PO	Lso sc r pos/lat pnl pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0634	-	PO	LSO flexion control custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	May require Invoice for some LOB	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0635	-	PO	LSO sagitt rigid panel prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0636	-	PO	LSO sagittal rigid panel cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0637	-	PO	Lso sc r ant/pos pnl pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0638	-	PO	LSO sag-coronal panel custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0639	-	PO	Lso s/c shell/panel prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0640	-	PO	LSO s/c shell/panel custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	2/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0641	-	PO	Lo rig pos pnl l1-l5 pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0642	-	PO	Lo sag ri an/pos pnl pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0643	-	PO	Lso sag ctr rigi pos pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0648	-	PO	Lso sag r an/pos pnl pre ots	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0649	-	PO	Lso sc r pos/lat pnl pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0650	-	PO	Lso sc r ant/pos pnl pre ots	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0651	-	PO	Lso sag-co shell pnl pre ots	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1 every 3-5 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0700	-	PO	Ctlso a-p-l control molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. **A review would be required if provided in home setting.**
L0710	-	PO	Ctlso a-p-l control w/ inter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. **A review would be required if provided in home setting.**
L0720	-	PO	Ctlso-a-p-l control prefab, otherwise cust	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L0810	-	PO	Halo cervical into jckt vest	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. **A review would be required if provided in home setting.**

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L0820	-	PO	Halo cervical into body jack	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. **A review would be required if provided in home setting.**
L0830	-	PO	Halo cerv into Milwaukee typ	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	The CTLSO (Halo brace) L0810, L0820, L0830 and L0860 are surgically implanted. Therefore all components of the brace (L0700 and L0710) are covered under the inpatient/outpatient benefit and those billing guidelines and not the home DME benefit. **A review would be required if provided in home setting.**
L0859	-	PO	Addition to Halo system, MRI compatible system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/Lifetime	-	Used for protection from MRI equipment. Falls under Cervical Halo procedures. Correct Billing of Halo procedure at https://www.dmepdac.com/palmetto/PDACv2.nsf/DIDC/1IUIKUWGRK~Articles%20and%20Publications~Advisory%20Articles.
L0861	-	PO	Halo repl liner/interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Used for protection from MRI equipment. Falls under Cervical Halo procedures. **Link above for correct billing process.**
L0970	-	PO	Tlso corset front	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0972	-	PO	Lso corset front	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0974	-	PO	Tlso full corset	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0976	-	PO	Lso full corset	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3-5 yrs	4/year	-	Monitor like/same items. A different brace or replacement may be covered within RUL if there is documented support of condition change, or lost, stolen, destroyed…
L0978	-	PO	Axillary crutch extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L0980	-	PO	Peroneal straps, prefab, OTS, pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	-
L0982	-	PO	Stocking supporter grips, prefab, OTS, set of 4	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	-
L0984	-	PO	Protective body sock, prefabricated, OTS, each	N/C	N/C	N/C	N/C	No prior authorization required	-	6/year	-	This is not covered per Medicare Policy Article Spinal Orthosis A52500: "A protective body sock (L0984) does not meet the definition of a brace and is noncovered."
L0999	-	-	Addition to spinal orthosis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	-
L1000	-	PO	Ctlso Milwaukee initial model	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1001	-	PO	CTLSO infant immobilizer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	May require Invoice for some LOB	-
L1005	-	PO	Tension based scoliosis orth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1006	-	PO	Scoliosis orth sag/ cor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L1007	-	PO	Scoliosis orth sag/ cor, custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	May not be covered for all LOB as may not be on some fee schedules at this time.
L1010	-	PO	Ctlso axilla sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1020	-	PO	Kyphosis pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1025	-	PO	Kyphosis pad floating	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1030	-	PO	Lumbar bolster pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1040	-	PO	Lumbar or lumbar rib pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1050	-	PO	Sternal pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1060	-	PO	Thoracic pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-

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L1070	-	PO	Trapezius sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1080	-	PO	Outrigger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1085	-	PO	Outrigger bil w/ vert extens	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1090	-	PO	Lumbar sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1100	-	PO	Ring flange plastic/leather	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1110	-	PO	Ring flange plas/leather mol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1120	-	PO	Covers for upright each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1200	-	PO	Furnish initial orthosis only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3-5 yrs	1/year	-	PDAC verification not required. Check PDAC for proper coding of a scoliosis brace. **Noncovered Braces** 1.Copes scoliosis brace 2.Providence Scoliosis System 3.Rigo-Cheneau brace 4.Rosenberger brace 5.SpineCor Dynamic Corrective as these braces are not found on PDAC. The following **braces are approved for scoliosis**. 1.Boston scoliosis brace 2.Charleston scoliosis brace 3.Milwaukee scoliosis brace 4.Risser jacket 5.Standard thoraco-lumbro-sacral orthosis (TLSO) brace.
L1210	-	PO	Lateral thoracic extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1220	-	PO	Anterior thoracic extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1230	-	PO	Milwaukee type superstructur	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1240	-	PO	Lumbar derotation pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1250	-	PO	Anterior asis pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1260	-	PO	Anterior thoracic derotation	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1270	-	PO	Abdominal pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1280	-	PO	Rib gusset (elastic) each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1290	-	PO	Lateral trochanteric pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1300	-	PO	Body jacket mold to patient	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	DX Scoliosis
L1310	-	PO	Post-operative body jacket	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	-
L1320	-	PO	Pectus carinatum ortho cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L1499	-	-	Spinal orthosis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	-
L1600	-	PO	Ho flex frejka w/cov pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1610	-	PO	Ho frejka cov only pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	May require Invoice for some LOB	-
L1620	-	PO	Ho flex pavlik harns pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1630	-	PO	Abduct control hip semi-flex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1640	-	PO	Pelv band/spread bar thigh c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1650	-	PO	HO abduction hip adjustable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1652	-	PO	Ho bi thigh cuffs w sprdr bar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L1653	-	PO	Ho abduction static ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L1660	-	PO	HO abduction static plastic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-

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L1680	-	PO	Pelvic & hip control thigh c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	-
L1681	-	PO	Ho bilateral hip abduction	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	L1681 describes a prefabricated orthosis with a semirigid, or rigid waist band connected to bilateral rigid uprights that includes a hip joint and a rigid thigh cuff. Both hip joints provide adjustable for extension/flexion as well as abduction; the hip joint aligns and maintains the femur in an abducted position. This orthosis is typically used in the post-operative setting. L1681 is a complete product, as it is inherent in the definition of "prefabricated" that a particular item is complete. Custom-fabricated additions will be denied as incorrect coding if billed with the L1681 prefabricated orthosis, since custom fabricated additions are only appropriate for custom-fabricated base orthotics. Palmetto DMEPOS NEWS 09/15/23.
L1685	-	PO	Post-op hip abduct custom fa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 per occurrence	3/year	-	This is a brace applied postoperatively and abduction control of hip joint is required. If placed in inpatient level of care for use for acute, LTAC, Rehab, or SNF use it is not considered home DME.
L1686	-	PO	HO post-op hip abduction	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 per occurrence	3/year	-	This is a brace applied postoperatively and abduction control of hip joint is required. If placed in inpatient level of care for use for acute, LTAC, Rehab, or SNF use it is not considered home DME.
L1690	-	PO	Combination bilateral HO	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1700	-	PO	Legg perthes orth toronto typ	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1710	-	PO	Legg perthes orth newington	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1720	-	PO	Legg perthes orthosis trilat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1730	-	PO	Legg perthes orth scottish r	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1755	-	PO	Legg perthes patten bottom t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	3/year	-	Check ASO plan documents for precert requirements as some plans require precert d/t cost.
L1810	-	PO	Ko elastic with joints	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	3/year	-	Manufacture and model number required to review if elastic as elastic brace noncovered and must be billed with A4466. This is **NOT To Be billed for OTS items.** L1812 is the OTS item. There are no codes eligible for separate payment.
L1812	-	PO	Knee orthosis, elastic w/ joints, prefab. OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/yr	Not on WV Medicaid/MHT 2026 DME FS	-	**Manufacture and model number required** to review if elastic as elastic brace noncovered and must be billed with A4466. There are no codes eligible for separate payment.
L1820	-	PO	Ko elas w/ condyle pads & jo, prefabricated, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	3/year	-	**Manufacture and model number required** to review if elastic as elastic brace noncovered and must be billed with A4466. There are no codes eligible for separate payment.
L1821	-	PO	Ko elas w/ condyle pads, prefabricated, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/yr	Not on WV Medicaid/MHT 2026 DME FS	-	-
L1830	-	PO	KO immobilizer canvas longit prefab OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	2/year	-	There are no codes eligible for separate payment.
L1831	-	PO	Knee orth pos locking joint	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 2 yrs	2/year	-	There are no codes eligible for separate payment.
L1832	-	PO	Ko adj jnt pos r sup pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/ 2 yrs	2/year	-	Use L1812, L1830, 1833, L1836 for OTS items.
L1833	-	PO	Ko adj jnt pos r sup pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/ 2 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	-
L1834	-	PO	KO w/o joint rigid molded to	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	-
L1836	-	PO	KO Rigid KO wo joints, incl soft interface. Prefab OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	There are no codes eligible for separate payment.
L1840	-	PO	KO derot ant cruciate custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	-
L1843	-	PO	Ko single upright pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	Prefabricated knee orthosis do not usually allow additions to base codes.
L1844	-	PO	KO w/adj jt rot cntrl molded	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	-
L1845	-	PO	Ko double upright pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	Prefabricated knee orthosis do not usually allow additions to base codes.
L1846	-	PO	KO w adj flex/ext rotat mold	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	-

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L1847	-	PO	Ko dbl upright w/air pre cst	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	No medical benefit per Medicare LCD L33318. For WV Medicaid not reimbursable w/ L2397or L2795.
L1848	-	PO	Ko dbl upright w/air pre ots	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No medical benefit per Medicare LCD L33318. InterQual shows not payable by CMS.
L1850	-	PO	KO Swedish type. Prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/ 2 yrs	2/year	-	Not billable with L2275. Will allow separate billing w/ L2397.
L1851	-	PO	Ko single upright prefab ots	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1/ 3 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Takes place of K0901
L1852	-	PO	Ko double upright prefab ots	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	1/ 3 yrs	Not on WV Medicaid/MHT 2026 DME FS	-	Takes the place of K0902
L1860	-	PO	KO supracondylar socket mold	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1/ 3 yrs	2/year	-	Medicaid Non-Reimbursable with L2397. For Medicare: There are no codes eligible for separate payment.
L1900	-	PO	AFO sprng wir drsflx calf bd, cust	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	3/year	-	-
L1902	-	PO	AFO ankle gauntlet, with or w/o joints, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness. Total elastic not covered
L1904	-	PO	Afo molded ankle gauntlet	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Will need info submitted reason for custom versus a prefab type. Total elastic not covered
L1906	-	PO	Afo multilig ank sup pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness. Total elastic not covered.
L1907	-	PO	Afo supramalleolar custom	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
L1910	-	PO	AFO sing bar clasp attach sh	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
L1920	-	PO	AFO sing upright w/ adjust s	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
L1930	-	PO	AFO plastic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1932	-	PO	AFO rig ant tib prefab TCF=OTS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1933		PO	Afo rig ant tib prefab tcf/= ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	Ambulatory patients w/deformity or ankle weakness.
L1940	-	PO	AFO molded to patient plasti	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
L1945	-	PO	AFO molded plas rig ant tib	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1950	-	PO	AFO spiral molded to pt plas	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1951	-	PO	AFO spiral prefabricated otherwise customized	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1952		PO	Afo spiral prefab ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	Not on WV Medicaid/MHT 2026 DME FS	-	Ambulatory patients w/deformity or ankle weakness.
L1960	-	PO	AFO pos solid ank plastic mo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	Ambulatory patients w/deformity or ankle weakness.
L1970	-	PO	AFO plastic molded w/ankle j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1971	-	PO	AFO w/ankle joint, prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1980	-	PO	AFO sing solid stirrup calf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L1990	-	PO	AFO doub solid stirrup calf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Ambulatory patients w/deformity or ankle weakness.
L2000	-	PO	KAFO sing fre stirr thigh/calf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2005	-	PO	Kafo sng/dbl mechanical act	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/year	-	Base code. batteries and chargers are not separately billable from base.
L2006	-	PO	Kaf sng/dbl swg/stn mcpr cus	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	No additional add on codes for this KAF is allowed. Only products allowed to be billed with this code are: AGILIK by Bionic Power, C-Brace by OTTO Block, Tectus TEC-R or TEC-L by Blatchford products. Some plans may be considered experimental and investigational.
L2010	-	PO	KAFO sng solid stirrup w/o j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2020	-	PO	KAFO dbl solid stirrup band/	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2030	-	PO	KAFO dbl solid stirrup w/o j	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2034	-	PO	KAFO pla sin up w/wo k/a cus	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-

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L2035	-	PO	KAFO plastic pediatric size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2036	-	PO	KAFO plas doub free knee mol	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2037	-	PO	KAFO plas sing free knee mol	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2038	-	PO	KAFO w/o joint multi-axis an	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L2040	-	PO	HKAFO torsion bil rot straps	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2050	-	PO	HKAFO torsion cable hip pelv	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2060	-	PO	HKAFO torsion ball bearing j	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2070	-	PO	HKAFO torsion unilat rot str	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2080	-	PO	HKAFO unilat torsion cable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2090	-	PO	HKAFO unilat torsion ball br	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2106	-	PO	AFO tib fx cast plaster mold	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2108	-	PO	AFO tib fx cast molded to pt	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2112	-	PO	AFO tibial fracture soft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2114	-	PO	AFO tib fx semi-rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2116	-	PO	AFO tibial fracture rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2126	-	PO	KAFO fem fx cast thermoplas	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2128	-	PO	KAFO fem fx cast molded to p	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2132	-	PO	KAFO femoral fx cast soft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2134	-	PO	KAFO fem fx cast semi-rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2136	-	PO	KAFO femoral fx cast rigid	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L2180	-	PO	Plas shoe insert w ank joint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2182	-	PO	Drop lock knee, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2184	-	PO	Limited motion knee joint, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2186	-	PO	Adj motion knee jnt lerman t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2188	-	PO	Quadrilateral brim, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2190	-	PO	Waist belt, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2192	-	PO	Pelvic band & belt thigh fla, add to LE FX orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2200	-	PO	Limited ankle motion ea jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2210	-	PO	Dorsiflexion assist each joi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2220	-	PO	Dorsi & plantar flex ass/res	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2221	-	PO	Ank mcrop plant & dorsi flex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L2230	-	PO	Split flat caliper stirr & p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2232	-	PO	Rocker bottom, contact AFO	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2240	-	PO	Round caliper and plate atta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2250	-	PO	Foot plate molded stirrup at	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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L2260	-	PO	Reinforced solid stirrup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2265	-	PO	Long tongue stirrup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2270	-	PO	Varus/valgus strap padded/li	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2275	-	PO	Plastic mod low ext pad/line	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2280	-	PO	Molded inner boot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2300	-	PO	Abduction bar jointed adjust	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2310	-	PO	Abduction bar-straight	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2320	-	PO	Non-molded lacer replc only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not separately payable with L1840, L1844, L1846. Codes L2320 and L2330 (non-molded and molded lacers, respectively) may only be billed as replacement items.
L2330	-	PO	Lacer molded to patient mode	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not separately payable with L1840, L1844, L1846. Codes L2320 and L2330 (non-molded and molded lacers, respectively) may only be billed as replacement items.
L2335	-	PO	Anterior swing band	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2340	-	PO	Pre-tibial shell molded to p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2350	-	PO	Prosthetic type socket molde	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2360	-	PO	Extended steel shank	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2370	-	PO	Patten bottom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2375	-	PO	Torsion ank & half solid sti	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2380	-	PO	Torsion straight knee joint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2385	-	PO	Straight knee joint heavy du	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Patients over 300 lbs.
L2387	-	PO	Add LE poly knee custom KAFO	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2390	-	PO	Offset knee joint each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2395	-	PO	Offset knee joint heavy duty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Patients over 300 lbs.
L2397	-	PO	Suspension sleeve lower ext	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2405	-	PO	Knee joint drop lock ea jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2415	-	PO	Knee joint cam lock each joi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2425	-	PO	Knee disc/dial lock/adj flex	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2430	-	PO	Knee jnt ratchet lock ea jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L2492	-	PO	Knee lift loop drop lock rin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2500	-	PO	Thi/glut/ischia wgt bearing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2510	-	PO	Th/wght bear quad-lat brim m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2520	-	PO	Th/wght bear quad-lat brim c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2525	-	PO	Th/wght bear nar m-l brim mo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2526	-	PO	Th/wght bear nar m-l brim cu	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2530	-	PO	Thigh/wght bear lacer non-mo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2540	-	PO	Thigh/wght bear lacer molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2550	-	PO	Thigh/wght bear high roll cu	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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L2570	-	PO	Hip clevis type 2 posit jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2580	-	PO	Pelvic control pelvic sling	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2600	-	PO	Hip clevis/thrust bearing fr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2610	-	PO	Hip clevis/thrust bearing lo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2620	-	PO	Pelvic control hip heavy dut	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2622	-	PO	Hip joint adjustable flexion	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2624	-	PO	Hip adj flex ext abduct cont	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2627	-	PO	Plastic mold recipro hip & c	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2628	-	PO	Metal frame recipro hip & ca	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2630	-	PO	Pelvic control band & belt u	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2640	-	PO	Pelvic control band & belt b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2650	-	PO	Pelv & thor control gluteal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2660	-	PO	Thoracic control thoracic ba	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2670	-	PO	Thorac cont paraspinal uprig	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2680	-	PO	Thorac cont lat support upri	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2750	-	PO	Plating chrome/nickel pr bar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2755	-	PO	Carbon graphite lamination	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2760	-	PO	Extension per extension per	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	16/year	-	-
L2768	-	PO	Ortho sidebar disconnect	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not allowed in Medicare's Knee Orthotic LCD. Requires medical necessity for ankle foot orthotic.
L2780	-	PO	Non-corrosive finish	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Not separately payable by CMS with initial knee orthosis. Article A52465
L2785	-	PO	Drop lock retainer each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	-
L2795	-	PO	Knee control full kneecap, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2800	-	PO	Knee cap medial or lateral p, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2810	-	PO	Knee control condylar pad, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L2820	-	PO	Soft interface below knee se, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Based on benefit plan this code is not payable separately with certain orthoses. Example but not inclusive list: L1831, L1832, L1833. L1836 etc..
L2830	-	PO	Soft interface above knee se, add	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	Based on benefit plan this code is not payable separately with certain orthoses. Example but not inclusive list: L1831, L1832, L1833. L1836 etc..
L2840	-	PO	Tibial length sock fx or equ, add to orthosis	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	"Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no Medicare benefit)." Article A52457
L2850	-	PO	Femoral lgth sock fx or equa, add to orthosis	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	"Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no Medicare benefit)." Article A52457
L2861	-	-	Torsion mechanism knee/ankle	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L2999	-	-	Lower extremity, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Documentation or description required. This code should only be used if a more specific code is unavailable. Providers are to select a HCPCS level II or CPT code if that describes the service being reported.

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L3000	-	PO	Ft insert ucb berkeley shell	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 3-5 yrs	4/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3001	-	PO	Foot insert remov molded spe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3002	-	PO	Foot insert plastazote or eq	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	4/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3003	-	PO	Foot insert silicone gel ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3010	-	PO	Foot longitudinal arch suppo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3020	-	PO	Foot longitud/metatarsal sup	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	4/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3030	-	PO	Foot arch support remov prem	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3031	-	PO	Foot arch support remov prem	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	RUL 3-5 yrs	4/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3040	-	PO	Ft arch supprt premold longit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	4/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3050	-	PO	Foot arch supp premold metat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3060	-	PO	Foot arch supp longitud/meta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.

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L3070	-	PO	Arch supprt att to sho longit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3080	-	PO	Arch supp att to shoe metata	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3090	-	PO	Arch supp att to shoe long/m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 pr/yr	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3100	-	PO	Hallus-valgus nght dynamic splint, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L3140	-	PO	Abduction rotation bar shoe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L3150	-	PO	Abduct rotation bar w/o shoe	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L3160	-	PO	Foot positioning device shoe-styled	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	-
L3161	-	PO	Foot, adductus positioning device, adjustable	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1015. Eg, UNFO foot brace. May not be covered for all lines of business. Not covered if over the counter or off the shelf depending on benefit per LOB for off the shelf items. Medicare LOB would follow its LCD and Article regarding Orthopedic Footwear.
L3170	-	PO	Foot plastic heel stabilizer, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For WV Medicaid needs orthopedic DX and ordered by appropriate provider . Medicare: Only covered if it is an integral part of a covered shoe for a covered brace. ASO/Commercial/PEIA: Covered for Children ≤ 18 yrs with Orthopedic DX as plan documents allow. Adults >18 must be part of covered shoe part of a covered brace unless otherwise specified in plan document.
L3201	-	PO	Ortho shoe, Oxford w/supinator/pronator, inf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	May require Invoice for some LOB	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace. Not on PEIA FS. Reviewed on case by case basis.
L3202	-	PO	Ortho shoe, Oxford w/sup/pron, child	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	6/year	May require Invoice for some LOB	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace. Not on PEIA FS. Reviewed on case by case basis.
L3203	-	PO	Ortho shoe, Oxford w/sup/pron, junior	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	May require Invoice for some LOB	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace. Not on PEIA FS. Reviewed on case by case basis.
L3204	-	PO	Hightop w/supinator/pronator, infant	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	May require Invoice for some LOB	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace. Not on PEIA FS. Reviewed on case by case basis.
L3206	-	PO	Hightop w/sup/pron, child	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	May require Invoice for some LOB	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace. Not on PEIA FS. Reviewed on case by case basis.
L3207	-	PO	Hightop w/sup/pron, junior	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	6/year	May require Invoice for some LOB	May be used in place of L3224/L3225/L3649 for Commercial and ASO plans. Must be part of a covered brace. Not on PEIA FS. Reviewed on case by case basis.
L3208	-	PO	Surgical boot, ea, infant	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	6/year	May require Invoice for some LOB	Usually considered part of a surgical package/NSB postop.
L3209	-	PO	Surgical boot, ea, child	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	6/year	May require Invoice for some LOB	Usually considered part of a surgical packet/NSB post op.
L3211	-	PO	Surgical boot, ea, junior	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	6/year	May require Invoice for some LOB	Usually considered part of a surgical packet/NSB post op.
L3212	-	PO	Benesch boot, infant, pr	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	3 pair/year	May require Invoice for some LOB	Not on PEIA FS. Reviewed on case by case basis.
L3213	-	PO	Benesch boot, child, pr	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	3 pair/year	May require Invoice for some LOB	Not on PEIA FS. Reviewed on case by case basis.
L3214	-	PO	Benesch boot, junior, pr	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	3 pair/year	May require Invoice for some LOB	Not on PEIA FS. Reviewed on case by case basis.

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L3215	-	PO	Orthopedic ladies shoe, Oxford, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid.
L3216	-	PO	Depth inlay, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid.
L3217	-	PO	Hightop depth inlay, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid.
L3219	-	PO	Orthopedic men's shoe, Oxford, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid.
L3221	-	PO	Depth inlay, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid.
L3222	-	PO	Hightop depth inlay, ea	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid.
L3224	-	PO	Woman's shoe oxford brace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
L3225	-	PO	Man's shoe oxford brace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
L3230	-	PO	Ortho footwear, custom shoe, depth inlay	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2 pair/year	May require Invoice for some LOB	DX specific for WV Medicaid. Not Integral part of a brace.
L3250	-	PO	Custom molded prosthetic shoe, ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	May require Invoice for some LOB	DX specific for WV Medicaid. Code L3250 may be used only for a shoe that is custom fabricated from a model of a beneficiary and has a removable custom fabricated insert designed for toe or distal partial foot amputation. The shoe serves to hold the insert on the leg.
L3251	-	PO	Shoe molded to pt model, silicone, ea	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	May require Invoice for some LOB	DX specific for WV Medicaid. Not Integral part of a brace.
L3252	-	PO	Plastazote (similar) custom fabricated	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	May require Invoice for some LOB	DX specific for WV Medicaid. Not Integral part of a brace.
L3253	-	PO	Custom fitted Plastazote shoe, molded	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	May require Invoice for some LOB	DX specific for WV Medicaid. Not Integral part of a brace.
L3254	-	PO	Nonstandard size or width shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	May require Invoice for some LOB	For a covered shoe that is an integral part of a covered brace.
L3255	-	PO	Nonstandard size of length shoe	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	May require Invoice for some LOB	For a covered shoe that is an integral part of a covered brace.
L3257	-	PO	Additional charge for split size	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/year	May require Invoice for some LOB	For a covered shoe that is an integral part of a covered brace.
L3260	-	PO	Surgical boot/shoe, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	May require Invoice for some LOB	Usually considered part of a surgical package/not separately reimbursable postop.
L3265	-	PO	Plastazote sandal, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	May require Invoice for some LOB	Usually considered part of a surgical package/not separately reimbursable postop.
L3300	-	PO	Sho lift taper to metatarsal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3310	-	PO	Shoe lift elev heel/sole neo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3320	-	PO	Cork, per in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime	4/year	May require Invoice for some LOB	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3330	-	PO	Lifts elevation metal extens	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	DX specific for West Virginia Medicaid. For Aso and Medicare: May be covered if it is an integral part of a covered shoe for a covered brace.
L3332	-	PO	Shoe lifts tapered to one-half inch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3334	-	PO	Shoe lifts elevation heel, per inch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	6/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3340	-	PO	Shoe wedge sach	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3350	-	PO	Shoe heel wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3360	-	PO	Shoe sole wedge outside sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

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L3370	-	PO	Shoe sole wedge between sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3380	-	PO	Shoe clubfoot wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3390	-	PO	Shoe outflare wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3400	-	PO	Shoe metatarsal bar wedge ro	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3410	-	PO	Shoe metatarsal bar between	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3420	-	PO	Full sole/heel wedge btween	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3430	-	PO	Sho heel count plast reinfor	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3440	-	PO	Heel leather reinforced	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3450	-	PO	Shoe heel sach cushion type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3455	-	PO	Shoe heel new leather standa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3460	-	PO	Shoe heel new rubber standar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3465	-	PO	Shoe heel thomas with wedge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3470	-	PO	Shoe heel thomas extend to b	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3480	-	PO	Shoe heel pad & depress for	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3485	-	PO	Removable insert for spur	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	May require Invoice for some LOB	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3500	-	PO	Ortho shoe add leather insol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3510	-	PO	Orthopedic shoe add rub insl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3520	-	PO	O shoe add felt w leath insl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3530	-	PO	Ortho shoe add half sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3540	-	PO	Ortho shoe add full sole	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3550	-	PO	Ortho shoe add standard toe tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3560	-	PO	Ortho shoe add horseshoe toe tap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.

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L3570	-	PO	Ortho shoe add instep extension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3580	-	PO	Ortho shoe add instep velcro clo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	8/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3590	-	PO	Ortho shoe convert to sof counte	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3595	-	PO	Ortho shoe add march bar	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3600	-	PO	Trans shoe calip plate exist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3610	-	PO	Trans shoe caliper plate new	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3620	-	PO	Trans shoe solid stirrup exi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3630	-	PO	Trans shoe solid stirrup new	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3640	-	PO	Shoe dennis browne splint bo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3649	-	PO	Modification, addition or transfer, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	No prior authorization required	-	-	Requires description or documentation and Invoice for pricing	DX specific for West Virginia Medicaid. For all other plans: May be covered if it is an integral part of a covered shoe for a covered brace.
L3650	-	PO	Shlder fig 8 abduct restrainer, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis.
L3660	-	PO	So 8 ab rstr can/web pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/Year	-	If provided as part of a physician service not separately billable. Complete device. No add on codes allowed for this orthosis.
L3670	-	PO	So acro/clav can web pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis. Need to verify this is not an elastic-so manufacturer and model number is required to be submitted with claim for separate reimbursement. Do not use for code A4565 or A4566. Vive Health LLC Model # SUP2068-XXX Would be an example of an item approved to be billed L3670.
L3671	-	PO	So cap design w/o jnts cf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
L3674		PO	So airplane w/wo joint cf	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Replaces codes L3672,L3673. Complete device. No add on codes allowed for this orthosis.
L3675	-	PO	So vest canvas/web pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV Medicaid/MHT 2026 DME FS	-	Complete device. No add on codes allowed for this orthosis.
L3677	-	PO	So hard plas stabili pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Requires documentation. If elastic, not covered. Complete device. No add on codes allowed for this orthosis.
L3678	-	PO	SO shoulder joint design w/o joints, prefabricated, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Complete device. No add on codes allowed for this orthosis.
L3702	-	PO	EO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis. Will need information w/claim as why prefabricated orthosis inappropriate.
L3710	-	PO	Elbow elastic with metal joints, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Complete device. No add on codes allowed for this orthosis.
L3720	-	PO	Forearm/arm cuffs free motio	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
L3730	-	PO	Forearm/arm cuffs ext/flex a	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
L3740	-	PO	Cuffs adj lock w/ active con	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Do not use for ERMI system. That is inappropriate coding. Complete device. No add on codes allowed for this orthosis.
L3760	-	PO	Eo adj jt prefab custom fit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Complete device. No add on codes allowed for this orthosis.

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L3761	-	PO	Eo, adj lock joint prefab ot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Complete device. No add on codes allowed for this orthosis.
L3762	-	PO	EO rigid, wo joints, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Complete device. No add on codes allowed for this orthosis.
L3763	-	PO	EWHO rigid w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
L3764	-	PO	EWHO w/joint(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
L3765	-	PO	EWHFO rigid w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
L3766	-	PO	EWHFO w/joint(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	-	-	Complete device. No add on codes allowed for this orthosis.
L3806	-	PO	Whfo w/joint(s) custom fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	4/year	-	Please review if JAS or DJO system and if should be billed as a dynamic splinting. With an E-code.
L3807	-	PO	Whfo w/o joints pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	1/year	-	-
L3808	-	PO	Whfo, rigid w/o joints	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
L3809	-	PO	Whfo w/o joints pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV Medicaid/MHT 2026 DME FS	-	-
L3891	-	PO	Torsion mechanism wrist/elbo	N/C	N/C	N/C	N/C	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	-
L3900	-	PO	Hinge extension/flex wrist/f	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	-
L3901	-	PO	Hinge ext/flex wrist finger	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	-
L3904	-	PO	WHO external powered, electric, cus fab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	Base code. Eg: PowerGrip system. Covered if criteria was met for upper extremity orthosis and required for immobilization, protection or support for injuries, neuromuscular conditions or post-surgical use d/t the need for an active powered component to assist with movement or to provide a higher level of stabilization than a static brace can provide. Batteries and chargers are not separately billable from base.
L3905	-	PO	WHO w/nontorsion jnt(s) CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	2/year	-	-
L3906	-	PO	WHO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Approved for fractured fingers if unable to use prefab model or finger splint or L3913.
L3908	-	PO	Wrist cock-up non-molded, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
L3912	-	PO	Hfo flexion glove pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
L3913	-	PO	HFO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
L3915	-	PO	WHO nontorsion jnts pre cst	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like/same items	4/year	-	-
L3916	-	PO	WHO nontorsion jnts pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L3917	-	PO	Metacarp fx orthosis pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
L3918	-	PO	Ho metacarpal fx orthosis prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	ASO: No precert for fracture or severe sprain.
L3919	-	PO	HO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
L3921	-	PO	HFO w/joint(s) CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
L3923	-	PO	HFO without joints pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	If made primarily of elastic should use code A4466, and it is Not Covered.

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L3924	-	PO	HFO without joints pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV Medicaid/MHT 2026 DME FS	-	-
L3925	-	PO	FO pip/dip with joint/spring, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	monitor like same items	2/year	-	-
L3927	-	PO	FO pip dip no jt spr pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
L3929	-	PO	Hfo nontorsion jnts pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	-
L3930	-	PO	Hfo nontorsion jnts pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like /similar items	Not on WV Medicaid/MHT 2026 DME FS	-	-
L3931	-	PO	WHFO nontorsion joint prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	-
L3933	-	PO	FO w/o joints CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Please submit reason for custom versus prefab with claim.
L3935	-	PO	FO nontorsion joint CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	-
L3956	-	PO	Add joint upper ext orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	-	May require Invoice for some LOB	-
L3960	-	PO	Sewho airplan desig abdu pos, prefab	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
L3961	-	PO	SEWHO cap design w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
L3962	-	PO	Sewho erbs palsy design abd, prefab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Complete device. No add on codes allowed for this orthosis.
L3967	-	PO	SEWHO airplane w/o jnts CF	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis.
L3971	-	PO	SEWHO cap design w/jnt(s) CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis. Must support a weak or deformed body member OR Restrict motion of a diseased or injured body part. Key documentation expectations: Documentation must support why a prefabricated SEWHO would not work. Shoulder, elbow, wrist, and/or hand instability. Diagnosis requiring multi-joint control. Functional goals
L3973	-	PO	SEWHO airplane w/jnt(s) CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis. Must support a weak or deformed body member OR Restrict motion of a diseased or injured body part. Key documentation expectations: Documentation must support why a prefabricated SEWHO would not work. Shoulder, elbow, wrist, and/or hand instability. Diagnosis requiring multi-joint control. Functional goals
L3975	-	PO	SEWHFO cap design w/o jnt CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis. Must support a weak or deformed body member OR Restrict motion of a diseased or injured body part. Key documentation expectations: Documentation must support why a prefabricated SEWHO would not work. Shoulder, elbow, wrist, and/or hand instability. Diagnosis requiring multi-joint control. Functional goals
L3976	-	PO	SEWHFO airplane w/o jnts CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis. Must support a weak or deformed body member OR Restrict motion of a diseased or injured body part. Key documentation expectations: Documentation must support why a prefabricated SEWHO would not work. Shoulder, elbow, wrist, and/or hand instability. Diagnosis requiring multi-joint control. Functional goals
L3977	-	PO	SEWHFO cap desgn w/jnt(s) CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis. Must support a weak or deformed body member OR Restrict motion of a diseased or injured body part. Key documentation expectations: Documentation must support why a prefabricated SEWHO would not work. Shoulder, elbow, wrist, and/or hand instability. Diagnosis requiring multi-joint control. Functional goals
L3978	-	PO	SEWHFO airplane w/jnt(s) CF	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	1/year	-	Complete device. No add on codes allowed for this orthosis. Must support a weak or deformed body member OR Restrict motion of a diseased or injured body part. Key documentation expectations: Documentation must support why a prefabricated SEWHO would not work. Shoulder, elbow, wrist, and/or hand instability. Diagnosis requiring multi-joint control. Functional goals
L3980	-	PO	Up ext fx orthos humeral nos	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Dx specific humeral fracture.

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L3981	-	PO	Ue fx orth shoul cap forearm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like /same items	2/year	-	Please indicate why cap design abd forearm section required versus L3980.
L3982	-	PO	Upper ext fx orthosis rad/ul	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L3984	-	PO	Upper ext fx orthosis wrist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L3995	-	PO	Sock fracture or equal each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L3999	-	PO	Upper limb orthosis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	May require Invoice for some LOB	Requires description.
L4000	-	PO	Repl girdle milwaukee orth	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Precert requirements per plan doc may supersede this list.
L4002	-	PO	Replace strap, any orthosis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	12/year	May require Invoice for some LOB	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. Precert requirements per plan doc may supersede this list.
L4010	-	PO	Replace trilateral socket br	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. Precert requirements per plan doc may supersede this list.
L4020	-	PO	Replace quadlat socket brim	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. Precert requirements per plan doc may supersede this list.
L4030	-	PO	Replace socket brim cust fit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4040	-	PO	Replace molded thigh lacer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding. Precert requirements per plan doc may supersede this list.
L4045	-	PO	Replace non-molded thigh lac	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4050	-	PO	Replace molded calf lacer	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4055	-	PO	Replace non-molded calf lace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4060	-	PO	Replace high roll cuff	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4070	-	PO	Replace prox & dist upright	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4080	-	PO	Repl met band kafo-afo prox	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4090	-	PO	Repl met band KAFO-AFO, calf or dist thigh	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4100	-	PO	Repl leath cuff kafo prox th	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4110	-	PO	Repl leath cuff kafo-afo cal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4130	-	PO	Replace pretibial shell	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not payable at initial issue of an orthosis. If this is billed with a base orthosis, the addition code(s) will be rejected as incorrect coding.
L4205	-	PO	Labor per 15 min, repair orthotic device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required		8/month	May require Invoice for some LOB	Include an explanation of what is being repaired

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L4210	-	PO	Repair or replace minor parts, orthotic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	May require Invoice for some LOB	Requires description and time for pricing.
L4350	-	PO	Ankle control ortho pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	-
L4360	-	PO	Pneumat walking boot pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. **No add-on codes allowed.**
L4361	-	PO	Pneuma/vac walk boot pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV Medicaid/MHT 2026 DME FS	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. **No add-on codes allowed.**
L4370	-	PO	Pneumatic full leg splint, prefab, OTS	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	4/year	-	Covered for ambulatory beneficiaries for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.
L4386	-	PO	Non-pneum walk boot pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. **No add-on codes allowed.**
L4387	-	PO	Non-pneum walk boot pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV Medicaid/MHT 2026 DME FS	-	DX dependent No precert required for fracture, sprain, strain. Or post surgery. Would need reason why cannot use L4386 or L4396, if dx plantar fasciitis. **No add-on codes allowed.**
L4392	-	PO	Replace AFO soft interface	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit every 6 m	4/year	-	Not covered when used solely for prevention of ulcers.
L4394	-	PO	Replace foot drop splint	N/C	N/C	N/C	N/C	No prior authorization required	-	4/year	-	N/C for stasis ulcer. Medicare does not reimburse for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) because there are other more appropriate treatment modalities.
L4396	-	PO	Static or dynami afo pre cst	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Monitor like/same items	2/year	-	Covered DX: M24.571, M24.572, M24.574, M24.575, M72.2. Not covered when they are used solely for the prevention or treatment of a heel pressure ulcer because for these indications they are not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).
L4397	-	PO	Static or dynami afo pre ots	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Monitor like/same items	Not on WV Medicaid/MHT 2026 DME FS	-	Covered DX: M24.571, M24.572, M24.574, M24.575, M72.2. Not covered when they are used solely for the prevention or treatment of a heel pressure ulcer because for these indications they are not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).
L4398	-	PO	Foot drop splint pre ots	N/C	N/C	N/C	N/C	No prior authorization required	-	2/year	-	N/C for stasis ulcer. Medicare does not reimburse for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) because there are other more appropriate treatment modalities.
L4631	-	PO	Afo, walk boot type, cus fab	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Charcot's restraint orthotic walker (CROW) orthosis. Diagnosis specific A52.16, E08.610, E09.610, E10.610, E11.610, M14.671, M14.672 Includes all additions including straps and closures. No additional codes may be billed
L5000	-	PO	Partial foot, shoe insert w/long arch, toe filler	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For individuals who are missing digits or forefoot, particularly the great toe and require the rigidity and support for gait, standing balance, and toe off support.
L5010	-	PO	Mold socket ank hgt w/ toe f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For individuals who are missing digits or forefoot, particularly the great toe and require the rigidity and support for gait, standing balance, and toe off support.
L5020	-	PO	Tibial tubercle hgt w/ toe f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	For individuals who are missing digits or forefoot, particularly the great toe and require the rigidity and support for gait, standing balance, and toe off support.
L5050	-	PO	Ank symes mold sckt sach ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5060	-	PO	Symes met fr leath socket ar	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5100	-	PO	Molded socket shin sach foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket and a SACH foot.
L5105	-	PO	Plast socket jts/thgh lacer	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a plastic molded socket, external knee joints, thigh lacer, and a SACH foot.
L5150	-	PO	Mold sckt ext knee shin sach	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a knee disarticulation molded prosthetic socket, external knee joints, and a SACH foot.

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L5160	-	PO	Mold socket bent knee shin s	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a knee disarticulation molded prosthetic socket, external knee joints, and a SACH foot.
L5200	-	PO	Kne sing axis fric shin sach	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
L5210	-	PO	No knee/ankle joints w/ ft b	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	"Stubbies"
L5220	-	PO	No knee joint with artic ali	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	"Stubbies"
L5230	-	PO	Fem focal defic constant fri	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Above knee. SACH foot.
L5250	-	PO	Hip canad sing axi cons fric	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
L5270	-	PO	Tilt table locking hip sing	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
L5280	-	PO	Hemipelvect canad sing axis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Exoskeleton prosthetic limb systems. Includes a molded prosthetic socket, exoskeletal single axis knee-shin system, and a SACH foot.
L5301	-	PO	BK mold socket SACH ft endo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket and a SACH Foot.
L5312	-	PO	Knee disart, sach ft, endo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
L5321	-	PO	AK open end SACH	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
L5331	-	PO	Hip disart canadian SACH ft	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
L5341	-	PO	Hemipelvectomy canadian SACH	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Endoskeletal prosthetic systems. Includes a molded prosthetic socket, an endoskeletal single axis knee-shin system, and a SACH foot.
L5400	-	PO	Postop dress & 1 cast chg bk	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
L5410	-	PO	Postop dsg bk ea add cast ch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
L5420	-	PO	Postop dsg & 1 cast chg ak/d	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
L5430	-	PO	Postop dsg ak ea add cast ch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Weight bearing rigid dressings that are immediate post-surgical or early fitting, which include the alignable system, suspension system and one cast change. NSB under DME benefit if member in Part A setting.
L5450	-	PO	Postop app non-wgt bear dsg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Non-weight bearing rigid dressings Immediate post surgical application or early fitting. NSB under DME benefit if member in Part A setting.
L5460	-	PO	Postop app non-wgt bear dsg	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/lifetime	-	Non-weight bearing rigid dressings Immediate post surgical application or early fitting. NSB under DME benefit if member in Part A setting.
L5500	-	PO	Init bk ptb plaster direct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/lifetime	-	Prosthetic systems used during the initial stages of prosthetic limb use. Includes a direct formed plaster socket, a pylon, and a SACH foot.
L5505	-	PO	Init ak ischial plstr direct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/lifetime	-	Prosthetic systems used during the initial stages of prosthetic limb use. Includes a direct formed plaster socket, a pylon, and a SACH foot.
L5510	-	PO	Prep BK ptb plaster molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded plaster socket, a pylon, and a SACH Foot.
L5520	-	PO	Prep BK ptb thermopls direct	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a direct formed thermoplastic patient socket, a pylon, and a SACH foot.
L5530	-	PO	Prep BK ptb thermopls molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Include a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.

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L5535	-	PO	Prep BK ptb open end socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
L5540	-	PO	Prep BK ptb laminated socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded laminated prosthetic socket, a pylon, and a SACH foot.
L5560	-	PO	Prep AK ischial plast molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded plaster socket, a pylon, and a SACH Foot.
L5570	-	PO	Prep AK ischial direct form	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a direct formed thermoplastic patient socket, a pylon, and a SACH foot.
L5580	-	PO	Prep AK ischial thermo mold	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
L5585	-	PO	Prep AK ischial open end	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes an adjustable open-end prosthetic socket and a SACH foot.
L5590	-	PO	Prep AK ischial laminated	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Include a molded laminated prosthetic socket, a pylon, and a SACH foot.
L5595	-	PO	Hip disartic sach thermopls	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded thermoplastic prosthetic socket, a pylon, and a SACH foot.
L5600	-	PO	Hip disart sach laminat mold	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/lifetime	-	Preparatory prosthetic limb systems. Includes a molded laminated prosthetic socket, a pylon, and a SACH foot.
L5610	-	PO	Above knee hydracadence	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
L5611	-	PO	Ak 4 bar link w/fric swing	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K1 ambulator.
L5613	-	PO	Ak 4 bar ling w/hydraul swig	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
L5614	-	PO	4-bar link above knee w/swng	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to the knee shin system. K3 ambulator or above. Limited coverage K2 ambulator.
L5615	-	PO	Ak 4 bar link hydl swg/stanc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replaces K1014. Upgrade to the knee-shin system. K3 ambulator or above. Limited coverage K2 ambulator.
L5616	-	PO	Ak univ multiplex sys frict	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5617	-	PO	AK/BK self-aligning unit ea	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
L5618	-	PO	Test socket symes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
L5620	-	PO	Test socket below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
L5622	-	PO	Test socket knee disarticula	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
L5624	-	PO	Test socket above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
L5626	-	PO	Test socket hip disarticulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
L5628	-	PO	Test socket hemipelvectomy	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	A test socket is not covered with an immediate prosthesis (L5400, L5410, L5420, L5430, L5450, L5460).
L5629	-	PO	Below knee acrylic socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5630	-	PO	Syme typ expandabl wall sckt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5631	-	PO	Ak/knee disartic acrylic soc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5632	-	PO	Symes type ptb brim design s	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5634	-	PO	Symes type poster opening so	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5636	-	PO	Symes type medial opening so	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5637	-	PO	Below knee total contact	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	4/year	-	-
L5638	-	PO	Below knee leather socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5639	-	PO	Below knee wood socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5640	-	PO	Knee disarticulat leather so	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5642	-	PO	Above knee leather socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.

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L5643	-	PO	Hip flex inner socket ext fr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5644	-	PO	Above knee wood socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5645	-	PO	Bk flex inner socket ext fra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5646	-	PO	Below knee cushion socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5647	-	PO	Below knee suction socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5648	-	PO	Above knee cushion socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5649	-	PO	Isch containmt/narrow m-l so	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5650	-	PO	Tot contact ak/knee disart s	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5651	-	PO	Ak flex inner socket ext fra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5652	-	PO	Suction susp ak/knee disart	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5653	-	PO	Knee disart expand wall sock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5654	-	PO	Socket insert symes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5655	-	PO	Socket insert below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5656	-	PO	Socket insert knee articulat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5657	-	PO	Socket insert, manual/automated adjustable air, fluid, gel, or equal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	May not be covered for all LOB as may not be on some fee schedules at this time.
L5658	-	PO	Socket insert above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5661	-	PO	Multi-durometer symes	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5665	-	PO	Multi-durometer below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5666	-	PO	Below knee cuff suspension	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5668	-	PO	Socket insert w/o lock lower	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5670	-	PO	Bk molded supracondylar susp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5671	-	PO	BK/AK locking mechanism	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	L5671 does not include the socket insert itself.
L5672	-	PO	Bk removable medial brim sus	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5673	-	PO	Socket insert w lock mech	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5676	-	PO	Bk knee joints single axis p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 pair/year	-	Not covered with L5535.
L5677	-	PO	Bk knee joints polycentric p	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 pair/year	-	-
L5678	-	PO	Bk joint covers pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 pair/year	-	-
L5679	-	PO	Socket insert w/o lock mech	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5680	-	PO	Bk thigh lacer non-molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5681	-	PO	Intl custm cong/latyp insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	Initial only (for other than initial, use code L5673 or L5679) No more than two of the same socket inserts are allowed per individual prosthesis at the same time.
L5682	-	PO	Bk thigh lacer glut/ischia m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5683	-	PO	Initial custom socket insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/time	2/year	-	Initial only (for other than initial, use code L5673 or L5679) No more than two of the same socket inserts are allowed per individual prosthesis at the same time.

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L5684	-	PO	Bk fork strap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5685	-	PO	Below knee sus/seal sleeve, ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6/yr	2/year	-	-
L5686	-	PO	Bk back check	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5688	-	PO	Bk waist belt webbing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5690	-	PO	Bk waist belt padded and lin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5692	-	PO	Ak pelvic control belt light	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5694	-	PO	Ak pelvic control belt pad/l	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5695	-	PO	Ak sleeve susp neoprene/equa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5696	-	PO	Ak/knee disartic pelvic join	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5697	-	PO	Ak/knee disartic pelvic band	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5698	-	PO	Ak/knee disartic silesian ba	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5699	-	PO	Shoulder harness	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5700	-	PO	Replace socket below knee	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
L5701	-	PO	Replace socket above knee	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
L5702	-	PO	Replace socket hip	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Replacements sockets require documentation of need. Should not be billed with prosthetic system codes.
L5703	-	PO	Symes ankle w/o (SACH) foot, replace	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Includes a Symes molded prosthetic socket replacement.
L5704	-	PO	Custom shape cover BK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Yes	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
L5705	-	PO	Custom shape cover AK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
L5706	-	PO	Custom shape cvr knee disart	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis. Not billable with initial or preparatory prosthesis as applicable.
L5707	-	PO	Custom shape cvr hip disart	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	In most cases offers sufficient weatherproofing for lower limb prosthesis.
L5710	-	PO	Kne-shin exo sng axi mnl loc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable. Covered for K1 ambulator or above.
L5711	-	PO	Knee-shin exo mnl lock ultra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system.
L5712	-	PO	Knee-shin exo frict swg & st	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. Covered for individuals with a functional level of 1 or above.
L5714	-	PO	Knee-shin exo variable frict	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
L5716	-	PO	Knee-shin exo mech stance ph	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
L5718	-	PO	Knee-shin exo frct swg & sta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable.
L5722	-	PO	Knee-shin pneum swg frct exo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. Covered for individuals with level 3 or above. Limited coverage in K2 ambulator.
L5724	-	PO	Knee-shin exo fluid swing ph	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.

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L5726	-	PO	Knee-shin ext jnts fld swg e	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
L5728	-	PO	Knee-shin fluid swg & stance	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
L5780	-	PO	Knee-shin pneum/hydra pneum	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.
L5781	-	PO	Lower limb pros vacuum pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation as to medical necessity. Batteries and chargers not separately billable if this code included. L7360 included in the payment for L5781.
L5782	-	PO	HD low limb pros vacuum pump	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requires documentation as to medical necessity. Batteries and chargers not separately billable if this code included. L7364 included in payment with L5782.
L5783	-	PO	Add low ext mec limb vol lam	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	This system is a kit of components (reel, cable, or similar) incorporated into a custom-fabricated socket. Product example: RevoFit® manufactured by Click Medical. **Medicare only allows 1 unit per limb regardless of weight etc...**
L5785	-	PO	Exoskeletal bk ultralt mater	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5790	-	PO	Exoskeletal ak ultra-light m	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5795	-	PO	Exoskel hip ultra-light mate	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable.
L5810	-	PO	Endoskel knee-shin mnl lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5811	-	PO	Endo knee-shin mnl lck ultra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5812	-	PO	Endo knee-shin frct swg & st	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5814	-	PO	Endo knee-shin hydral swg ph	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5816	-	PO	Endo knee-shin polyc mch sta	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5818	-	PO	Endo knee-shin frct swg & st	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Upgrade to knee-shin system. K1 ambulator or above.
L5822	-	PO	Endo knee-shin pneum swg frc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5824	-	PO	Endo knee-shin fluid swing p	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5826	-	PO	Miniature knee joint	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5827	-	PO	Endo knee shin single axis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L5828	-	PO	Endo knee-shin fluid swg/sta	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5830	-	PO	Endo knee-shin pneum/swg pha	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5840	-	PO	Multi-axial knee/shin system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5841	-	-	Add, endoskeletal knee-shin system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Upgrade to knee-shin system. K3 ambulator or above. Limited coverage in K2 ambulator.
L5845	-	PO	Knee-shin sys stance flexion	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5848	-	PO	Knee-shin sys hydraul stance	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	K3 ambulator or above. Limited coverage in K2 ambulator.
L5850	-	PO	Endo ak/hip knee extens assi	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-

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L5855	-	PO	Mech hip extension assist	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5856	-	PO	Elec knee-shin swing/stance	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L5857	-	PO	Elec knee-shin swing only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L5858	-	PO	Stance phase only	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L5859	-	PO	Knee-shin pro flex/ext cont	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L5910	-	PO	Endo below knee alignable sy	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5920	-	PO	Endo ak/hip alignable system	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5925	-	PO	Above knee manual lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L5926	-	PO	Endoskel posit rotat unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Endoskeletal above knee positioning device. Allows 360 degrees of rotation and locks the endoskeletal prosthetic knee and foot system in a neutral position for ambulation. Example: Ottobock 4R57 Rotation Adapter. **Replaces K1022.**
L5930	-	PO	High activity knee frame	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5940	-	PO	Endo bk ultra-light material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
L5950	-	PO	Endo ak ultra-light material	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
L5960	-	PO	Endo hip ultra-light materia	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
L5961	-	PO	Endo poly hip, pneu/hyd/rot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	-
L5962	-	PO	Below knee flex cover system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Rarely medically necessary-member must have special needs for protection against unusually harsh environmental situations. Not covered for cosmetic, convenience, or every day usage in a typical environment.
L5964	-	PO	Above knee flex cover system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Rarely medically necessary-member must have special needs for protection against unusually harsh environmental situations. Not covered for cosmetic, convenience, or every day usage in a typical environment.
L5966	-	PO	Hip flexible cover system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Rarely medically necessary-member must have special needs for protection against unusually harsh environmental situations. Not covered for cosmetic, convenience, or every day usage in a typical environment.
L5968	-	PO	Multiaxial ankle w dorsiflex	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L5969	-	PO	Endoskeletal ankle- foot or ankle system, power assist, incl any type motor.	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	The microprocessor foot or ankle system addition with power assist which includes any type motor (L5969) is not covered because there is insufficient information to demonstrate that the item meets the Medicare standard to be considered reasonable and necessary as per PIM Chapter 13. L33787.
L5970	-	PO	Foot external keel sach foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K1 ambulator or above.
L5971	-	PO	SACH foot, replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Documentation will be required with claim to support need for replacement outside of RUL of prosthetic.
L5972	-	PO	All lower extremity prosthesis, foot, flexible keel	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
L5973	-	PO	Ank-foot sys dors-plant flex	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Battery chargers (L7362, L7366, L7368) not separately billable with this code. K3 ambulator or above. Limited coverage in K2 ambulator.
L5974	-	PO	Foot single axis ankle/foot	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K1 ambulator
L5975	-	PO	Combo ankle/foot prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	-
L5976	-	PO	Energy storing foot	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
L5978	-	PO	Ft prosth multiaxial ankl/ft	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
L5979	-	PO	Multi-axial ankle/ft prosth,one piece system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
L5980	-	PO	Flex foot system	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Not billable with initial or preparatory prosthesis as applicable. K3 ambulator or above. Limited coverage in K2 ambulator.

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L5981	-	PO	Flex-walk sys low ext prosth	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
L5982	-	PO	Exoskeletal axial rotation u	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
L5984	-	PO	Endoskeletal axial rotation	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
L5985	-	PO	Lwr ext dynamic prosth pylon	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
L5986	-	PO	Multi-axial rotation unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	K2 ambulator or above.
L5987	-	PO	Shank ft w vert load pylon	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	K3 ambulator or above. Limited coverage in K2 ambulator.
L5988	-	PO	Vertical shock reducing pylo	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Example: Total Shock that was manufactured by Century XXII International, Inc.
L5990	-	PO	User adjustable heel height	N/C	N/C	N/C	N/C	Yes, prior authorization required	-	2/year	May require Invoice for some LOB	Medicare LCD L33787 as of 1/1/2024 : "A user-adjustable heel height feature (L5990) will be denied as not reasonable and necessary."
L5991	-	PO	Add to Lower ext pros, osseointegr external prost connector	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	**Medicare policy article A52496.** L5991 describes a complete endoskeleton product that is used as an osseointegrated external limb prosthetic connection device. The product provides a standard connection between an osseointegrated implantable limb component and endoskeletal prosthetic components. L5991 describes a complete device, and the use of additional codes would be considered incorrect coding (unbundling). The predicate product is the Axor II osseointegrated external prosthetic connection device manufactured by Integrum, S.E.
L5992	-	PO	Low prosth foot shell repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	-
L5999	-	PO	Lower extremity prosthesis. NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Determination of more specific HCPCS code required.
L6000	-	PO	Partial hand, thumb remaining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	-
L6010	-	PO	Partial hand, little and/or ring finger remaining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6020	-	PO	Partial hand, no finger remaining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6026	-	PO	Part hand myo exclu term dev	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	**Special Coverage instructions appl**y. Covered if meets criteria for upper limb myoelectric prosthesis. It includes all necessary components except the terminal device. Example: Batteries and chargers not separately billable with this code.
L6028	-	PO	Part hand fng thumb w/o pros digit(s)/thumb, not incl inserts described by L6692	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Check CMS, BMS, PEIA, and plan documents as may not be covered for all lines of business
L6029	-	PO	Test interface part hand/fing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L6030	-	PO	External frame part hand/fing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6031	-	PO	Rep interface hand/fng molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6032	-	PO	Part hand/fng ultralite tcf/	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6033	-	PO	Part hand/fing acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6034	-	PO	Part hand ,finger, thumb prosthesis, not incl inserts described by L6692	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6035	-	PO	Single pros digit, mechanical, initial or replacement	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L0636	-	PO	Pros thumb, mech, initial or replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C		Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6037	-	PO	Postop dsg cast chg hand/fing	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6038	-	PO	Add, to sing prosth digit or thumb, multiaxial, w or w/p locking feat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6039	-	PO	Passive prosth digit or thumb, custom, initial or replac, per pass prosth digit or thumb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6050	-	PO	Wrst mld sck flx hng tri pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.

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L6055	-	PO	Wrst mold sock w/exp interfa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6100	-	PO	Elb mold sock flex hinge pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6110	-	PO	Elbow mold sock suspension t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6120	-	PO	Elbow mold doub splt soc ste	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6130	-	PO	Elbow stump activated lock h	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6200	-	PO	Elbow mold outsid lock hinge	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Covered if criteria was met for myoelectric elbow/upper extremity prosthesis.
L6205	-	PO	Elbow molded w/ expand inter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Covered if criteria was met for myoelectric elbow/upper extremity prosthesis.
L6250	-	PO	Elbow inter loc elbow forearm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6300	-	PO	Shlder disart int lock elbow	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Covered for traumatic amputation of shoulder and documentation shows prosthesis will significantly improve or restore physical functions required for mobility related activities of daily living (MRADL's) and if applicable, has adequate cognitive and neurologic ability to utilize the prosthetic device
L6310	-	PO	Shoulder passive restor complete prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Covered for traumatic amputation of shoulder and documentation shows prosthesis will significantly improve or restore physical functions required for mobility related activities of daily living (MRADL's) and if applicable, has adequate cognitive and neurologic ability to utilize the prosthetic device
L6320	-	PO	Shoulder passive restoration(shoulder cap only)	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6350	-	PO	Thoracic intern lock elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6360	-	PO	Thoracic passive restor comp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6370	-	PO	Thoracic passive restor cap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6380	-	PO	Postop dsg cast chg wrst/elb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6382	-	PO	Postop dsg cast chg elb dis/	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
L6384	-	PO	Postop dsg cast chg shlder/t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
L6386	-	PO	Postop ea cast chg & realign	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
L6388	-	PO	Postop applicat rigid dsg on	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Check billing if in Part A stay. May be covered under IPPS, OPS or ASC schedules in stead of DME benefit. Complete products and no additions are allowed.
L6400	-	PO	Below elbow prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6450	-	PO	Elb disart prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6500	-	PO	Above elbow prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6550	-	PO	Shldr disar prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6570	-	PO	Scap thorac prosth tiss shap	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6580	-	PO	Wrist/elbow bowden cable mol	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.

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L6582	-	PO	Wrist/elbow bowden cbl dir f	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.
L6584	-	PO	Elbow fair lead cable molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.
L6586	-	PO	Elbow fair lead cable dir fo	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.
L6588	-	PO	Shdr fair lead cable molded	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.
L6590	-	PO	Shdr fair lead cable direct	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/year	-	Includes the complete control mechanism and socket for the preparatory prosthesis. They do not include the body-powered terminal device necessary for the functional prosthesis. Requirements of plan document will supersede this list. Please check specific ASO group precert requirements.
L6600	-	PO	Polycentric hinge pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6605	-	PO	Single pivot hinge pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6610	-	PO	Flexible metal hinge pair	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6611	-	PO	Additional switch, ext power	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6615	-	PO	Disconnect locking wrist uni	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6616	-	PO	Disconnect insert locking wr	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6620	-	PO	Flexion/extension wrist unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6621	-	PO	Flex/ext wrist w/wo friction	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
L6623	-	PO	Spring-ass rot wrst w/ latch	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6624	-	PO	Flex/ext/rotation wrist unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6625	-	PO	Rotation wrst w/ cable lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6628	-	PO	Quick disconn hook adapter o	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6629	-	PO	Lamination collar w/ couplin	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6630	-	PO	Stainless steel any wrist	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6632	-	PO	Latex suspension sleeve each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6635	-	PO	Lift assist for elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6637	-	PO	Nudge control elbow lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6638	-	PO	Elec lock on manual pw elbow	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
L6640	-	PO	Shoulder abduction joint pai	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6641	-	PO	Excursion amplifier pulley t	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6642	-	PO	Excursion amplifier lever ty	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6645	-	PO	Shoulder flexion-abduction j	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-

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L6646	-	PO	Multipo locking shoulder jnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. Requirements of plan document will supersede this list. Please check ASO precert requirements.
L6647	-	PO	Shoulder lock actuator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L6648	-	PO	Ext pwrd shlder lock/unlock	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. Covered for traumatic amputation of shoulder and documentation shows prosthesis will significantly improve or restore physical functions required for mobility related activities of daily living (MRADL's) and if applicable, has adequate cognitive and neurologic ability to utilize the prosthetic device
L6650	-	PO	Shoulder universal joint	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6655	-	PO	Standard control cable extra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6660	-	PO	Heavy duty control cable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6665	-	PO	Teflon or equal cable lining	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6670	-	PO	Hook to hand cable adapter	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6672	-	PO	Harness chest/shlder saddle	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6675	-	PO	Harness figure of 8 sing con	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6676	-	PO	Harness figure of 8 dual con	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6677	-	PO	UE triple control harness	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6680	-	PO	Test sock wrist disart/bel e	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6682	-	PO	Test sock elbw disart/above	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6684	-	PO	Test socket shldr disart/tho	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6686	-	PO	Suction socket	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6687	-	PO	Frame typ socket bel elbow/w	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6688	-	PO	Frame typ sock above elb/dis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6689	-	PO	Frame typ socket shoulder di	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6690	-	PO	Frame typ sock interscap-tho	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6691	-	PO	Removable insert each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6692	-	PO	Silicon gel insert w/wo lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6693	-	PO	Locking elbow forearm cntrbal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6694	-	PO	Elbow socket ins use w/lock	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6695	-	PO	Elbow socket ins use w/o lck	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6696	-	PO	Cus elbo skt in for con/atyp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Congenital or traumatic amputee
L6697	-	PO	Cus elbo skt in not con/atyp	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	Congenital or traumatic amputee
L6698	-	PO	Add up-ex prosthes lock mech excl sket in	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
L6700	-	PO	Ue add ext power myoel	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Rules for upper extremity myoelectronic prostheses devices apply. Product is used for advanced prosthetic components and involves sophisticated terminal devices with multiple EMG inputs and pattern recognition for intuitive control. Only specific products listed under L6700 on the PDAC Product Classification List are eligible for billing. Known predicate products include Coapt's Complete Control Gen2, Ottobock' s MyoPlus, and Infinite Biomedical Technologies' Sense. See Joint DME MAC and PDAC Publication posted June 5, 2025 for all requirements.

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L6703	-	PO	Term dev, passive hand mitt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6704	-	PO	Term dev, sport/rec/work att	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L6706	-	PO	Term dev mech hook vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6707	-	PO	Term dev mech hook vol close	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6708	-	PO	Term dev mech hand vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6709	-	PO	Term dev mech hand vol close	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6711	-	PO	Ped term dev, hook, vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV Medicaid Age restriction may apply.
L6712	-	PO	Ped term dev, hook, vol clos	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV Medicaid Age restriction may apply.
L6713	-	PO	Ped term dev, hand, vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV Medicaid Age restriction may apply.
L6714	-	PO	Ped term dev, hand, vol clos	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	WV Medicaid Age restriction may apply.
L6715	-	PO	Term device, multi art digit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L6721	-	PO	Hook/hand, hvy dty, vol open	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
L6722	-	PO	Hook/hand, hvy dty, vol clos	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
L6805	-	PO	Term dev modifier wrist unit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6810	-	PO	Term dev precision pinch dev	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6880	-	PO	Elec hand ind art digits	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable.
L6881	-	PO	Term dev auto grasp feature	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
L6882	-	PO	Microprocessor control uplmb	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable
L6883	-	PO	Replc sockt below e/w disa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. **Requirements of plan document will supersede this list. Please check ASO precert requirements.**
L6884	-	PO	Replc sockt above elbow disa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. **Requirements of plan document will supersede this list. Please check ASO precert requirements.**
L6885	-	PO	Replc sockt shldr dis/interc	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable. **Requirements of plan document will supersede this list. Please check ASO precert requirements.**
L6890	-	PO	Prefab glove for term device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	This is a glove for a prosthetic device- not a lymphedema glove
L6895	-	PO	Custom glove for term device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6900	-	PO	Hand restorat thumb/1 finger	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6905	-	PO	Hand restoration multiple fi	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6910	-	PO	Hand restoration no fingers	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6915	-	PO	Hand restoration replacmnt g	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L6920	-	PO	Wrist disarticul switch ctrl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if criteria is met for upper extremity electric/myoelectric prosthesis and terminal device will be operated by switch rather than sensor (L6925). Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6925	-	PO	Wrist disart myoelectronic c	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.

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L6930	-	PO	Below elbow switch control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if criteria is met for upper extremity electric/myoelectric prosthesis and a below-elbow (transradial) prosthesis that uses an external power source (electric) and switch control for the terminal device, rather than myoelectric control (L6935). Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6935	-	PO	Below elbow myoelectronic ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6940	-	PO	Elbow disarticulation switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if criteria for upper extremity electric/myoelectric prosthesis is met and there is a trans-humeral (above elbow) or elbow disarticulation-level amputation. Specifically for devices utilizing an external power source (myoelectric or switch control) rather than body-powered mechanisms. Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as this is a base code, which includes the necessary socket, hinges, forearm, switch, cables, batteries, and charger.
L6945	-	PO	Elbow disart myoelectronic c	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6950	-	PO	Above elbow switch control	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if criteria for upper extremity electric/myoelectric prosthesis is met. It is billed for prosthetic fittings involving switch technology rather than myoelectric (electrode) control. Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6955	-	PO	Above elbow myoelectronic ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6960	-	PO	Shldr disartic switch contro	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered for a shoulder disarticulation (amputation through the shoulder joint) and meets criteria for a upper extremity electric/myoelectric prosthesis. It is a base code. This code is specifically for switch control. If the device uses myoelectronic control (electrodes) rather than switches, L6965 should be used instead. Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6965	-	PO	Shldr disartic myoelectronic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	It is a base code. Covered if meets criteria for a upper extremity myoelectric prosthesis and a shoulder disarticulation prosthesis that utilize myoelectronic (electrode) control of the terminal device rather than switch control is required. Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6970	-	PO	Interscapular-thor switch ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if meets criteria for a upper extremity electric/myoelectric prosthesis and requires a prosthesis for an interscapular thoracic (shoulder disarticulation) level amputation. It describes a complete, externally powered prosthesis, rather than just an addition or repair. Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L6975	-	PO	Interscap-thor myoelectronic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	This code is used for the complete, custom-fabricated base device, which includes specific components. Covered if meets criteria for upper extremity myoelectric prosthesis and has an interscapular-thoracic level amputation (shoulder disarticulation) that requires an externally powered device. Codes L7360, L7364, L7367, L7362, L7366, L7368 are not separately billable as the description of the code includes the batteries and charger.
L7007	-	PO	Adult electric hand	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L7008	-	PO	Pediatric electric hand	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
L7009	-	PO	Adult electric hook	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
L7040	-	PO	Prehensile actuator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	Amputation of the upper limb Congenital limb differences affecting hand function Patients requiring improved grasping capability on a prosthetic limb. Patient criteria include: Stable residual limb health Motivation and willingness to use and maintain the prosthetic device Ability to operate switch controls
L7045	-	PO	Pediatric electric hook	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	-

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L7170	-	PO	Electronic elbow hosmer swit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/3 years	-	Billed when a switch-controlled electronic elbow (Hosmer or equal) is provided to a patient as part of an upper-limb prosthetic system.
L7180	-	PO	Electronic elbow sequential	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/5 years	-	-
L7181	-	PO	Electronic elbo simultaneous	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L7185	-	PO	Electron elbow adolescent sw	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if meets criteria for a upper extremity prosthesis and requires a prosthesis. Electronic elbow, specifically designed for adolescents (Variety Village or equal), that is switch-controlled.
L7186	-	PO	Electron elbow child switch	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	Covered if meets criteria for a upper extremity prosthesis and requires a prosthesis. Electronic elbow, specifically designed for adolescents (Variety Village or equal), that is switch-controlled.
L7190	-	PO	Elbow adolescent myoelectronic	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
L7191	-	PO	Elbow child myoelectronic ct	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
L7259	-	PO	Electronic wrist rotator, any type.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1/3 years	-	-
L7360	-	PO	Six volt bat otto bock/eq ea	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the battery	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
L7362	-	PO	Battery chrgr six volt otto	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the charger	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
L7364	-	PO	Twelve volt battery utah/equ	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the battery	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
L7366	-	PO	Battery chrgr 12 volt utah/e	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable lifetime of the charger	1/2 years	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
L7367	-	PO	Lithium ion battery, rechargeable, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable lifetime of the battery	Not on WV Medicaid/MHT 2026 DME FS	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
L7368	-	PO	Lithium ion battery charger, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	Reasonable lifetime of the charger	Not on WV Medicaid/MHT 2026 DME FS	-	There is no separate payment for batteries (L7360, L7364, L7367, and L8505) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item or associated add -on.
L7400	-	PO	Add UE prost be/wd, ultlite	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
L7401	-	PO	Add UE prost a/e ultlite mat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
L7402	-	PO	Add UE prost s/d ultlite mat	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 unit/limb	2/year	-	-
L7403	-	PO	Add UE prost b/e acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L7404	-	PO	Add UE prost a/e acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L7405	-	PO	Add UE prost s/d acrylic	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2/year	-	-
L7406	-	PO	Add to upp extr user adj mec, w or w/o kit	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L7499	-	PO	Upper extremity prosthesis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	-
L7510	-	PO	Repair prosthetic device, repair or replace minor parts	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	1 unit/year	May require Invoice for some LOB	For repair of implanted prosthetic device.
L7520	-	PO	Labor component per 15 min repair prosth	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	24/6 months	May require Invoice for some LOB	This is for repair only-**not billable with initial prosthetic-policy specific.**
L7600	-	PO	Prosthetic donning sleeve, any mat, ea	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	-	May require Invoice for some LOB	Article A52496 Lower Limb Prosthesis: "A prosthetic donning sleeve (L7600) will be denied as noncovered. " Not on PEIA DME FS. Will need invoice or may be contract specific if allowed.
L7700	-	PO	Gasket or seal, for use with prosthetic socket insert, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-

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L7900	-	PO	Male vacuum erection device	No prior authorization required	No prior authorization required	No prior authorization required	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Medicare discontinued coverage 7/1/15 per ABLE. Article A52712 Medicaid exclusion. Not on PEIA Fee Schedule. Would need invoice or contract specific if allowed. Commercial: Covered for the treatment of erectile dysfunction (ED) secondary to organic impotence (ICD-10 diagnosis code 52.9). Not covered if used as exercise equipment. Not covered for ASO plans that follow Medicare coverage guidelines. If OTC item, not covered.
L7902	-	PO	Tension ring for vacuum erection device, any type, replacement only	No prior authorization required	No prior authorization required	No prior authorization required	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if L7900 covered. Not on PEIA DME FS. Will need invoice and may be contract specific if allowed.
L8000	-	PO	Mastectomy bra	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4 / year	4/year	-	If requesting more than 4 per calendar year require precert. PEIA only allows 3 mastectomy bras per benefit year.
L8001	-	PO	Breast prosthesis bra & form	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4 / year	2/year	-	PEIA allows 3 mastectomy bras per benefit year.
L8002	-	PO	Brst prsth bra & bilat form	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4 / year	2/year	-	PEIA allows 3 mastectomy bras per benefit year.
L8015	-	PO	Ext breast prosthesis garment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Post Mastectomy Only	2/year	-	Prior to fitting of permanent prosthesis. Temporary item. Medicaid does allow replacement.
L8020	-	PO	Mastectomy form	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/ 6 months per affected side	2/year	-	Foam, fabric, or fiber filled.
L8030	-	PO	Breast prosthes w/o adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/2 years	2/year	-	For bilateral mastectomy, 2 at a time, every 2 years.
L8031	-	PO	Breast prosthesis w adhesive	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/ 2 years per affected side	-	-	Need reason member cannot use L8030.
L8032	-	PO	Nipple prosthesis, prefabricated, reusable, any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/2 years per affected side	Not on WV Medicaid/MHT 2026 DME FS	-	-
L8033	-	PO	Nipple prosthesis, custom fabricated , reusable, any material any type, each	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1/2 years per affected side	Not on WV Medicaid/MHT 2026 DME FS	-	-
L8035	-	PO	Custom breast prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	2/year	-	Requires documentation supporting reason cannot use another prosthesis such as L8030 or L8031.
L8039	-	PO	Breast prosthesis, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Use this code to bill for authorization of a Balisse Compression Bra.
L8040	KM KN	PO	Nasal prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8041	KM KN	PO	Midfacial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8042	KM KN	PO	Orbital prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8043	KM KN	PO	Upper facial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8044	KM KN	PO	Hemi-facial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8045	KM KN	PO	Auricular prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8046	KM KN	PO	Partial facial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8047	KM KN	PO	Nasal septal prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	**West Virginia Medicaid uses D codes.**
L8048	-	PO	Unspecified maxillofacial prosthesis	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Use this code for labor, repair, or modification of facial prosthesis.
L8049	-	PO	Repair/modification of prosthesis, labor 15"	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	May require Invoice for some LOB	Requires documentation & time.
L8300	-	PO	Truss single w/ standard pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Covered when hernia is reducible with application of the truss.
L8310	-	PO	Truss double w/ standard pad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	Covered when hernia is reducible with application of the truss.
L8320	-	PO	Truss addition to std pad wa	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L8330	-	PO	Truss add to std pad scrotal	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	4/year	-	-
L8400	-	PO	Sheath below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	12/year	-	-

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L8410	-	PO	Sheath above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	6/year	-	-
L8415	-	PO	Sheath upper limb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	10/year	-	-
L8417	-	PO	Pros sheath/sock w gel cushn	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	4/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
L8420	-	PO	Prosthetic sock multi ply BK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	12/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
L8430	-	PO	Prosthetic sock multi ply AK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	12/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
L8435	-	PO	Pros sock multi ply upper lm	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	6/year	-	PEIA allows 3 per year. If a pair required d/t bilateral amputation it would be 3 pr per benefit/yr.
L8440	-	PO	Shrinker below knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	4/year	-	-
L8460	-	PO	Shrinker above knee	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 initial & 3 additional w/auth per year	4/year	-	-
L8465	-	PO	Shrinker upper limb	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Post Mastectomy Only	4/year	-	-
L8470	-	PO	Pros sock single ply BK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	24/year	-	-
L8480	-	PO	Pros sock single ply AK	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	12/year	-	-
L8485	-	PO	Pros sock single ply upper l	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	6 initial & 6 additional w/auth per year	10/year	-	-
L8499	-	PO	Unlisted procedure for prosthetic services	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	May require Invoice for some LOB	Will determine if more specific code appropriate and will be medically reviewed.
L8500	-	PO	Artificial larynx	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	3 to 6 months	-	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
L8501	-	PO	Tracheostomy speaking valve	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60 days	1/2 months	-	-
L8505	-	PO	Artificial larynx replace battery/accessory	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	2 per year	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
L8507	-	PO	Trach-esoph voice prosthetic, removed and inserted by patient	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2 per month	Not on WV Medicaid/MHT 2026 DME FS	-	Tube designed to be removed & reinserted by the patient.
L8509	-	PO	Trach-esoph voice prosthetic, inserted by a medical professional	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Contract specific.	Covered as a prosthetic device in the manner of a IOL or BAHA. Not covered under DME benefit if dispensed in office prior to the time of the procedure. Lesser billed amount or established HCPCS, unless otherwise indicated.
L8510	-	PO	Voice amplifier	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	1/lifetime	-	There is no separate payment for batteries billed concurrently with a power base item or associated add-ons(L8500, L8510)
L8511	-	PO	Indwelling trach insert	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	3 to 6 months	Not on WV Medicaid/MHT 2026 DME FS	-	-
L8512	-	PO	Gel cap for trach voice pros	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	-
L8513	-	PO	Trach pros cleaning device	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	2 kits per month	Not on WV Medicaid/MHT 2026 DME FS	-	-
L8514	-	PO	Repl trach puncture dilator	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if has voice prosthesis.
L8515	-	PO	Gel cap app device for trach	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if has covered voice prosthesis.
L8600	-	PO	Implant breast silicone/eq	See comments	See comments	See comments	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	Part of Procedure.	Not home DME, orthotic, prosthetic. Post-mastectomy reconstruction in breast cancer patients. This is not billed as DME- part of a procedure. Breast reconstruction surgery may require precert R/o if cosmetic in nature only. Not covered if procedure not covered

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L8603	-	PO	Collagen imp urinary 2.5 ml	See comments	See comments	See comments	See comments	See comments	-	Not on WV Medicaid/MHT 2026 DME FS	Part of Procedure.	Not home DME, orthotic, prosthetic. May be part of procedure fee. Medicare covers up to five separate collagen implant treatments in patients with intrinsic sphincter deficiency. Who have passed a collagen sensitivity test. Will review commercial on case by case basis. Not covered if procedure not covered.
L8604	-	PO	Inj bulking agent, copolymer implant, urinary tract	See comments	See comments	See comments	See comments	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	Not on RBRVS. May be part of procedure /professional fee. Should not pull DME copays etc..	Not Home DME supply May not be separately billable from a covered procedure. OPPS status indicator: Items and services packaged into APC rates. Not covered if procedure not covered.
L8605	-	PO	Inj bulking agent anal canal	See comments	See comments	See comments	See comments	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not home DME, orthotic, prosthetic. Includes shipping and necessary supplies. OPPS status indicator Items and services packaged into APC rates. Not covered if procedure not covered.
L8606	-	PO	Synthetic implnt urinary 1ml	See comments	See comments	See comments	See comments	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Not home DME, orthotic, prosthetic. May be part of professional service or procedure fee. OPPS status indicator Items and services packaged into APC rates.
L8607	-	PO	Inj vocal cord bulking agent	See comments	See comments	See comments	See comments	See comments	-	-	-	Not home DME, orthotic, prosthetic. May be part of professional service or procedure Fee. OPPS status indicator Items and services packaged into APC rates. Not covered if procedure not covered
L8608	-	-	Extenal component, supply or access for use with the Argus II Retinal Prosthesis system, NOS	See comments	See comments	See comments	See comments	See comments	-	-	May require Invoice for some LOB. May be bundled.	Not home DME, orthotic, prosthetic. OPPS status indicator Items and services packaged into APC rates. Covered only if procedure is covered. CGS: Billing and Coding: ArgusM II Retinal Prosthesis System.
L8609	-	PO	Artificial cornea	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV Medicaid/MHT 2026 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8610	-	PO	Ocular implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV Medicaid/MHT 2026 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8612	-	PO	Aqueous shunt prosthesis	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8613	-	PO	Ossicular implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Not on WV Medicaid/MHT 2026 DME FS	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8614	-	PO	Cochlear device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	NSB if part of procedure. Age restriction MHT.
L8615	-	PO	Coch implant headset replace 3 piece component	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/3 yrs	-	-	NSB if part of procedure. Age restriction MHT.
L8616	-	PO	Coch implant microphone repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1/yr	-	-	NSB if part of procedure. Age restriction MHT.
L8617	-	PO	Coch implant trans coil repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	NSB if part of procedure. Age restriction MHT.
L8618	-	PO	Coch implant tran cable repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/yr	-	-	NSB if part of procedure. Age restriction MHT.
L8619	-	PO	Coch imp ext proc/contr rplc	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required		-	-	NSB if part of procedure. Age restriction MHT. See Medicaid manual chapter 530 .1.5.1 Cochlear Implant for further information.
L8621	-	PO	Repl zinc air battery,	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	30/month	90/3 months	-	MHT age restriction applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/ L8622, L8623, L8624.
L8622	-	PO	Repl alkaline battery	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	60/180 days	180/3 months	-	MHT age restrictions applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/ L8621, L8623, L8624.
L8623	-	PO	Lith ion batt CID, non-ear lvl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/yr	4/yr	-	MHT age restriction applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/ L8621, L8622, L8624.
L8624	-	PO	Lith ion batt CID, ear level	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	4/3yrs	4/3 yrs	-	MHT age restriction applies. Covered for Commercial and employer funded plans that cover cochlear implants. Cannot bill w/L8621, L8622,L8623.
L8625	-	PO	Charger coch impl/aoi battry	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Covered for Commercial and employer funded plans that cover cochlear implants.

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L8627	-	PO	Cid ext speech process repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement of cochlear accessories (headset, headpiece, microphone, transmitting coil and transmitter cable) is covered for plans that cover cochlear implants.
L8628	-	PO	Cid ext controller repl	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement of a cochlear implant and/or its external components (e.g., speech processor, microphone headset and audio input selector) is considered medically necessary when the existing device cannot be repaired OR when replacement is required because a change in the member's condition makes the present unit non-functioning AND improvement is expected with a replacement unit.
L8629	-	PO	Cid transmit coil and cable	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	2/yr	Not on WV Medicaid/MHT 2026 DME FS	-	Replacement of cochlear accessories (headset, headpiece, microphone, transmitting coil and transmitter cable) is covered for Medicaid members up to 21 years of age. Not covered past 21 years. Batteries for the implant require prior authorization when service limits are exceeded.
L8630	-	PO	Metacarpophalangeal implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8631	-	PO	MCP joint repl 2 pc or more	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8641	-	PO	Metatarsal joint implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8642	-	PO	Hallux implant	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8658	-	PO	Interphalangeal joint spacer	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8659	-	PO	Interphalangeal joint repl	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8670	-	PO	Vascular graft, synthetic	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8678	-	PO	ext slpy implat neurostim	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8679	-	PO	Implantable neurostimulator , pulse generator, any type	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	Must be billed w/ cpt code 63685 or 64590	-	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8680	-	PO	Implantable neurostimulator electrode, each	See Procedure	See Procedure	See Procedure	See Procedure	See Procedure	-	-	Included as part of cpt code 63650 and not sep billable	Surgical implants - not billed as Home DME. May be part of facility or professional fee. No precert required if procedure did not require precert. Covered only if procedure is covered.
L8681	-	PO	Pt prgrm for implt neurostim	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Case by case. This is a replacement code only.
L8682	-	-	Implat neurostim radiofreq receiver	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Surgical implants included. May be part of a professional fee and not billed as DME. No precert if surgical code does not require precert. Please check Plan coverage.
L8683	-	PO	Radiofq trsmtr for implt neu	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Covered if met criteria for sacral/neurostimulator.
L8684	-	PO	Radiofre trsmtr implt scrl neu	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Covered if met criteria for sacral/neurostimulator.
L8685	-	PO	Implant neurostim pulse gen,single array, recharge, incl extension	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	-	-	Covered only if procedure is covered.
L8686	-	PO	Implt nrostm pls gen sng non	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	-	-	Generator codes L8686-L8688 are not covered by Medicare. Hospitals bill C codes and ASC's usually do not submit HCPCS II codes for devices. For non-Medicare plans L8686-L8688 providers should follow their contract or appropriate specific coding and billing guidelines. Covered only if procedure is covered. Not on PEIA DME FS- will need invoice and may be contract specific if allowed.

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L8687	-	PO	Implt nrostm pls gen dua rec	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	-	-	-	Generator codes L8686-L8688 are not covered by Medicare. Hospitals bill C codes and ASC's usually do not submit HCPCS II codes for devices. For non-Medicare plans L8686-L8688 providers should follow their contract or appropriate specific coding and billing guidelines. Covered only if procedure is covered. Not on PEIA DME FS- will need invoice and may be contract specific if allowed.
L8688	-	PO	Implt nrostm pls gen dua non	No prior authorization required	No prior authorization required	No prior authorization required	N/C	No prior authorization required	Not on RBRVS	-	-	Generator codes L8686-L8688 are not covered by Medicare. Hospitals bill C codes and ASC's usually do not submit HCPCS II codes for devices. For non-Medicare plans L8686-L8688 providers should follow their contract or appropriate specific coding and billing guidelines. Covered only if procedure is covered.
L8689	-	PO	External recharg sys intern	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3 yrs	-	-	-
L8690	-	PO	Aud osseo dev, int/ext comp, BAHA	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Covered if plan covers a BAHA. BAHA included all internal and external components. HCPCS code may be part of surgical package. Use appropriate CPT codes for the surgery. FOR MHT - follow age guidelines.
L8691	-	PO	Aud osseo dev ext sound processor, replacement	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	1 every 3 yrs	-	-	Covered if plan covers BAHA.
L8692	-	PO	Non-osseointegrated snd proc	N/C	N/C	N/C	N/C	No prior authorization required	-	-	-	Medicare :Not covered per statute . This is an external soft band, not internal. Covered under WV Medicaid plans for members under 21 yrs age when other external device(hearing aid) contraindicated. Example: cases of microtia. Dispensing fee not separately payable. Would be excluded under plans that exclude hearing aids. Covered hearing aids are to use V codes. Not on PEIA FS.
L8693	-	PO	Aud osseo dev, abutment	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	1every 3 years	Not on WV Medicaid/MHT 2026 DME FS	-	Covered if plan covers BAHA and medical necessity established.
L8694	-	PO	Aoi transducer/actuator repl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 3 years		-	Split code from L8691
L8695	-	PO	External recharg sys extern	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Please check HMO certificates of Coverage.
L8696	-	PO	Ext antenna for phren nerve stim	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Only covered if Diaphragmatic/Phrenic nerve stimulation (Remede System, Avery Diaphragm Pacing System, NeuRx DPS®) was covered. May be part of facility fee or physician fee. If the criteria for those systems above not met, the antenna will not be covered.
L8699	-	PO	Prosthetic Implant , NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Usually included as part of a procedure. Please use specific implant code as appropriate versus miscellaneous code. May not be covered.
L8701	-	PO	Ewh s/d uprt micro sensor	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Upper extremity orthosis - no loss of limb. No add on codes allowed. Currently listed in THP Experimental and Investigational Policy ID 14533046
L8702	-	PO	Ewhf s/d uprt micro sensor	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	-	-	-	Upper extremity orthosis - no loss of limb. No add on codes allowed. Currently listed in THP Experimental and Investigational Policy ID 14533046
L8720	-	PO	Ext low ext sens prosthe mec	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Walkasins®. In Experimental and Investigational policy Not on PEIA DME FS.
L8721	-	PO	Receptor sole for use with L8720, replacement, each	N/C	N/C	N/C	N/C	N/C	-	Not on WV Medicaid/MHT 2026 DME FS	-	Walkasins®. In Experimental and Investigational policy Not on PEIA DME FS.
L9900	-	PO	O&p supply/accessory/service, NOS	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	RZ/NSB	Yes, prior authorization required	-	-	-	Manufacture's invoice, description of service or item. May not be separately billable. Not on PEIA DME FS.
Q0477	-	PO	Pwr module pt cable lvad rpl	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	2018 split code from Q0479. Covered if VAD insertion 33990-33995 covered
Q0478	-	PO	Power adapter, combo vad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0479	-	PO	Power module combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0480	-	PO	Driver pneumatic vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0481	-	PO	Microprcsr cu elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.

HCPCS/CPT	MODIFIER	CATG	DESCRIPTION	SELF-FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	SERVICE LIMITS	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP) LIMITS	INVOICE INFORMATION	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
Q0482	-	PO	Microprcsr cu combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0483	-	PO	Monitor elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0484	-	PO	Monitor elec or comb vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0485	-	PO	Monitor cable elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0486	-	PO	Mon cable elec/pneum vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0487	-	PO	Leads any type vad, rep only	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0488	-	PO	Pwr pack base elec, VAD, replace	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required		WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0489	-	PO	Pwr pck base combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0490	-	PO	Emr pwr source elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0491	-	PO	Emr pwr source combo vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0492	-	PO	Emr pwr cbl elec vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0493	-	PO	Emr pwr cbl combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0494	-	PO	Emr hd pmp elec/combo, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0495	-	PO	Charger elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0496	-	PO	Battery elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 6 months	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	1 every 6 months for Secure Care and Commercial Plans. Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0497	-	PO	Bat clps elec/comb vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0498	-	PO	Holster elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0499	-	PO	Belt/vest elec/combo vad rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0500	-	PO	Filters elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0501	-	PO	Shwr cov elec/combo vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0502	-	PO	Mobility cart pneum vad, rep	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0503	-	PO	Battery pneum vad replacemnt	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1 every 6 months	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	1 every 6 months for Secure Care and Commercial Plans. Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0504	-	PO	Pwr adpt pneum vad, rep veh	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.

HCPCS/CPT	MODIFIER	CATG	DESCRIPTION	SELF-FUNDED	COMMERCIAL	PEIA	MEDICARE ADVANTAGE	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP)	SERVICE LIMITS	MOUNTAIN HEALTH TRUST (WV MEDICAID & CHIP) LIMITS	INVOICE INFORMATION	SPECIAL INSTRUCTIONS AND/OR SOURCE MATERIAL
Q0506	-	PO	Lith-ion batt elec/pneum vad	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	1every 12 months	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	1 every 12 months for Secure Care and Commercial. For use with VAD device. Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0507	-	PO	Miscellaneous supply or accessory for use with external ventricular assist device.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0508	-	PO	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
Q0509	-	PO	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare part A.	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	-	WV Medicaid RBRVS as listed as Not Covered	Contract Specific	Special coverage instructions apply. May not be covered for all lines of business. May not be separately billable. Coverage will be determined by contract.
S1040	-	PO	Cranial remolding ortho, ped	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	Yes, prior authorization required	-	-	May require Invoice for some LOB	MHT Rates or by contract rates. For RBP Groups, S1040 will only price if the network (PHCS, HealthSmart, etc...) has pricing for S1040. information as well as referral info.
S8189		-	Tracheostomy supply, NOC	Yes, prior authorization required	Yes, prior authorization required	Yes, prior authorization required	N/C	N/C	-	-	-	Must code more specific HCPCS code for Trach supplies.
V2623	-	PO	Plastic eye prosth custom	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Reasonable Lifetime	-	-	Under Medicaid's Vision Care services. If non par provider, Commercial plans please contact network development for possible rate agreement.
V2624	-	PO	Polishing artificial eye	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	Twice/Year	-	-	-
V2625	-	PO	Enlargement of eye prosthesis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Allowed x1 . More than that is rarely medically necessary. Usually included in warranty if done within 90 days of initial delivery of prosthetic.
V2626	-	PO	Reduction of eye prosthesis	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Allowed x1 . More than that is rarely medically necessary. Usually included in warranty if done within 90 days of initial delivery of prosthetic.
V2627	-	PO	Scleral cover shell	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Prosthetic device **MUST** be coded **V2531** if used for a purpose other than Tx of an eye rendered sightless and dry eye , where the Prosthetic device serves as a substitute as a lacrimal gland.
V2628	-	PO	Fabrication & fitting	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	-
V2629	-	PO	Prosthetic eye, other type	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	No prior authorization required	-	-	-	Medicare, ASO and Commercial follow : Facial Prostheses - Policy LCD L33738 and Article A52463
V5336	-	PO	Repair communication device	N/C	N/C	N/C	N/C	No prior authorization required	-	Carrier Priced	Invoice required	On Medicare's 2024 non-covered list. In Optum 2026 HCPCS Level II as non-covered by Medicare.