




STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Medical Standards Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

November 8, 2006

MEMORANDUM

ACS M06-18

TO: Medicaid Providers

FROM: Wesley Mun, Acting Med-QUEST Division Administrator 

SUBJECT: CLARIFICATION AND CHANGES IN PRIOR AUTHORIZATION REQUIREMENTS

To improve access to medically needed services, supplies and equipment and expedite claims payment, the Med-QUEST Division has decided to streamline the prior authorization process.

Thus, *effective November 15, 2006*, the following services/items will no longer require prior authorization when specific requirements, medical necessity, and quantity limits are met and the fee-for-service (FFS) Medicaid program for aged, blind and disabled (ABD) is the Medicaid recipient's primary insurer or when Medicaid is the secondary insurer and the recipient's primary insurer is NOT Medicare:

1. Initial Outpatient Physical Therapy (PT) and Occupational Therapy (OT), and initial PT and OT services provided by Medicare-Certified Home Health Agencies (HHAs).
2. Diabetic testing supplies and supplies used in insulin administration.
3. Continuous Positive Airway Pressure (CPAP) and Bilevel Pressure Airway Device (BiPAP) supplies.
4. Urinary catheters and accessories.
5. Tracheostomy tubes and accessories.
6. Most canes, crutches, and walkers.

7. Others--Mastectomy bras and prostheses, compression stockings, certain knee orthoses, back braces [cervical-thoracic-lumbar-sacral orthoses—(CTLSO)], dressings and bandages.

Prior authorization will continue for diapers, underpads, and non-sterile gloves. Other disposable supplies ordered by the physician and not specifically addressed on the attached tables are covered when medically necessary and when the total monthly charge is less than \$50.00. Limits for ostomy supplies are detailed in Memorandum ACS M04-11 dated September 22, 2004. The memorandum can be found on the website: [www.med-quest.us](http://www.med-quest.us).

***The services, supplies and equipment addressed in this memo can only be provided when they are MEDICALLY NECESSARY for the specific Medicaid recipient. Written documentation that verifies that the service/supply/equipment and the quantity provided is/are medically necessary based on the physician's assessment must be maintained.***

***If you currently have an approved prior authorization for quantities less than the limits listed in this memo, the expectation is that the approved quantity was considered medically necessary by the physician. Any increase to the current approved quantity will require the following:***

1. ***A copy of your approved prior authorization letter and/or a copy of your 1144 form with "RECONSIDERATION" written across the top; and***
2. ***Supporting documentation from the physician.***

The specific requirements are detailed below:

## **1. PT and OT**

### ***Outpatient PT and OT***

***When the following conditions are met, outpatient PT and OT do not require prior authorization:***

- The PT and/or OT service is/are provided in the outpatient setting and NOT as an ancillary service in the skilled nursing facility or acute care hospital. (The attached table details Medicaid coverage and/or limits for the CPT PT and OT code range.)
- A PT and/or OT initial evaluation is performed that justifies the need for therapy.
- The PT and/or OT provider has written documentation that the therapy is ordered or prescribed by a licensed physician.

- PT and/or OT service(s) does not/do not exceed 36 units or 12 visits for PT and/or OT in a 120-day period.
  - ❑ For modalities designated in 15-minute units, Medicaid will cover up to 3, 15-minute units per visit (45 minutes) or a total of 36 units.
  - ❑ For modalities designated on a per visit basis, (procedure codes: 97012, 97014, 97018, & 97022) Medicaid will cover up to 12 visits.
- Additionally, prior authorization is not required for a re-evaluation of the client's status/progress towards meeting quantifiable functional goals if it is performed to develop a plan of care for the additional services that have been deemed medically necessary by the recipient's physician.
- If based on the therapist's re-evaluation and recommendations, the physician determines that a Medicaid recipient needs more than the initial 36 units or 12 PT and/or OT visits, the following must be done:
  - ❑ Submit an 1144 form no earlier than 2 months (60 days) from the start date of therapy or after at least 8 initial therapy visits have been completed.
  - ❑ Write on the top of the 1144 form "EXCEEDS LIMITS".
  - ❑ Submit the specific CPT code(s) with the appropriate modifier: "GP" for PT and "GO" for OT services.
  - ❑ Submit the initial comprehensive evaluation reflecting the medical necessity for the initial PT and/or OT service, and the re-evaluation justifying the need for additional therapeutic services.

**At a minimum, the initial evaluation and the re-evaluation must:**

- *Provide pertinent subjective and objective findings that clearly support the need for the initiation or continuation of therapeutic services. Re-evaluations must include objective evidence of progress and improvement, the start of care date and the number of visits the recipient has attended.*
- *Assess or reassess the recipient's potential for rehabilitation.*
- *Provide the individualized plan of care or, for re-evaluations, the updated plan of care developed to meet quantifiable functional goals. (Include a description of procedures; specific modalities and exercises to be used; the frequency and duration of services; and the number of sessions/visits being requested).*

***PT and/or OT Services Provided By Medicare-Certified Home Health Agencies (HHAs)***

- No authorization is required for PT and/OT services provided in the first (1<sup>st</sup>) sixty (60)-day Home Health Care Certification period (documented on the Form CMS-485).
- Medical authorization however, is required for all PT and/or OT services provided in subsequent certification periods. To assure continuation of services, the HHA must submit the 1144 and the corresponding CMS-485, signed and dated by the physician, to ACS for medical authorization within 30-days of the initiation of PT and/or OT services.

**GENERAL REQUIREMENTS FOR ALL SUPPLIES AND EQUIPMENT TO FOLLOW:**

- The supplies and equipment must be prescribed by a physician. The provider must keep a written record of the physician orders/prescriptions.
- These supplies are for use in the home and community setting for treatment of medical conditions and are not separately covered when used during an office evaluation and management visit or a surgical procedure in the outpatient hospital, free-standing ambulatory surgery center (ASC), or physician office. For Medicaid recipients in nursing facilities, items that are included in the prospective payment system/acuity based payments, cannot be separately reimbursed.
- If needed on a chronic basis, the supplies and equipment **MUST NOT BE DROP DELIVERED**. They are to be provided when the Medicaid recipient requests delivery or picks up the supplies.
- No prior authorization will be required IF the quantity provided and claim do not exceed the limits (see attached tables).
- If the Medicaid recipient has a need for a quantity that exceeds the limit, an 1144 must be submitted.
- If the provider does not write on the top of the 1144 form "EXCEEDS LIMITS," the 1144 form will not be processed and will be returned.

***Effective November 15, 2006, unless "Exceeds Limits" is clearly written at the top of 1144 forms, the items listed on the table will NOT be processed by ACS. They will be returned to the supplier. To expedite the correct processing of an 1144 that "Exceed Limits", please submit the item(s) as a separate 1144 request. DO NOT submit requests for authorizations for items listed in the table that exceed limits on the SAME 1144 as requests for items that continue to require authorization.***

*When sending an 1144 that exceeds the limits write "Exceeds Limits" on the top of the 1144. The quantity requested on the 1144 should represent the total quantity necessary for the patient and NOT the quantity above the limits (i.e., For A4253 the medically necessary quantity is 150 units per 30 days; the limit is 100 per 30 days; the 1144 should reflect 150 units.)*

## **2. Diabetic Testing Supplies and Insulin Administration Supplies**

### **❖ Diabetic Testing Supplies**

- Previously, diabetic testing supplies were limited to \$125.00 per month. This limit was difficult for the MQD to administer. Thus, instead of the \$125.00 per month, quantity limits will be used (see table).
- For the purposes of streamlining prior authorization, glucometers have been added to the diabetic testing supplies. Other diabetic testing supplies are glucose testing supplies, lancets, and calibrating solution. Alcohol and alcohol swabs are NOT covered for diabetic testing.
- Follow procedures above if the Medicaid recipient requires quantities in excess of the quantity limits in the table.

### **❖ Insulin Administration Supplies**

- Syringes with needles OR needles (for insulin pens) and alcohol swabs are covered without prior authorization if quantity limits are not exceeded.
- Follow procedures above if the Medicaid recipient requires quantities in excess of the quantity limits in the table.

## **3. CPAP/BiPAP and CPAP/BiPAP Supplies**

- CPAP and BiPAP machines continue to require prior authorization. Complete sleep studies (diagnostic and treatment portions) must be performed to determine the medical necessity of CPAP or BiPAP. If CPAP or BiPAP is approved, the supplies used with the CPAP/BiPAP machines will not require authorization.
- Follow procedures above if the Medicaid recipient requires quantities in excess of the quantity limits in the table.

#### **4. Urinary Supplies**

Authorization is not required for urostomy and other ostomy supplies. Limits for urological supplies not classified as "ostomy" supplies are listed in the table. Some urological codes include an insertion tray with/without drainage bag and with/without catheters. If these codes are used, billing separately with codes for the drainage bags and/or catheters is considered duplicative billing and recoveries will be taken.

#### **5. Tracheostomy Supplies**

Authorization will no longer be required for tracheostomy supplies. However, if the cost for a non-cuffed tracheostomy tube exceeds the listed rate, an 1144 with "EXCEEDS LIMITS" written at the top of the form must be submitted. The non-cuffed tracheostomy tube should be coded as A7520 with modifier 22. The brand name of the tracheostomy tube must be indicated.

Certain tracheostomy supplies for ventilator dependent children that are included in the global rate for ventilator care should not be billed separately.

#### **6. Canes, Crutches, and Walkers**

Although authorization will not be required for most canes, crutches, and walkers, limits must be followed. Thus, canes are limited to one (1) per 24 months (either standard or quad), crutches to two (2) per 12 months (any type), and walkers to 1 per five (5) years (any type). As an example, if a patient is provided with a rigid walker and then his/her medical condition has changed within the 5 year limit and a wheeled walker is needed, the supplier's medical records must document the physician's order and the medical need for the wheeled walker.

Attached are two listings of 2006 HCPCS supply, equipment, and orthoses codes with brief descriptions, unit prices, and quantity limits of the items that can be provided if medically necessary and quantity limits are not exceeded. The first listing groups the items by category; the second listing sorted by alphanumeric HCPCS code.

Attachments

**PT AND OT LIMITS**

**NO PA REQUIRED:**

Code	Description	Limit	Comments
97001	PT evaluation.	1 per 120 days	Initial evaluation including assessment and development of the treatment plan and establishment of goals.
97002	PT re-evaluation.	1 per 90 days	Re-evaluation, including assessment of treatment plan and progress toward goals and modifications of the treatment plan.
97003	OT evaluation.	1 per 120 days	See 97001
97004	OT re-evaluation.	1 per 90 days	See 97002
97750	Physical performance test or measurement with written report, each 15 minutes.	6 units per 12 months	This code does not require PA when performed as a comprehensive wheelchair assessment. Any other use of this code requires a PA.
97010-97140; 97530-97535; 97542	Modalities and Therapies.	12 visits or 36 therapy and or modality units per 120 days for PT and OT.	PTs and OTs may sometimes use the same codes. Thus, no PA is required for 12 PT and/or 12 OT visits per 120 days. Codes 97039 and 97799 require reports. GP and GO mods must be used on these codes.

**PA REQUIRED**

**NON-COVERED:**

97545, 97546	Work hardening.		97150	Group PT.
97597- 97606	Active wound care management.		97537	Community/work reintegration (shopping, money-management, etc.).
97755	Assistive technology assessment.		97005, 97006	Athletic training evaluation and re-evaluation.

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A4206	Syringe with needle	\$0.16	100 per 30 days	A4206-22 can also be used. Payment is \$0.21
A4215	Sterile needle, each	\$0.10	100 per 30 days	Needles for insulin pens may be obtained from insulin manufacturer through the physician
A4245	Alcohol wipes, each	\$0.01	100 per 30 days	
A4253	Glucose test strips	\$0.71	100 per 30 days	
A4255	Platforms	\$4.30	2 per 30 days	
A4256	Calibrating solution	\$5.08	1 per 30 days	
A4257	Replacement lens shield cartridge for laser skin piercing device	\$12.75	1 per 24 months	
A4258	Spring-powered device for lancet, each	\$18.30	1 per year	
A4259	Lancets, each	\$0.05	100 per 30 days	
A4310	Insertion tray, w/o drainage bag, w/o catheter	\$9.76	4 per 30 days	
A4311	Insertion tray, w/o drainage bag, with foley type catheter, latex with coating	\$14.13	2 per 30 days	
A4312	Insertion tray, w/o drainage bag, with foley type catheter, all silicone	\$14.56	2 per 30 days	
A4314	Insertion tray, with drainage bag, with foley type catheter, latex with coating	\$14.56	2 per 30 days	If 2 per month used, A4357 and foleys should not be claimed
A4315	Insertion tray, with drainage bag, with foley type catheter, all silicone	\$14.56	2 per 30 days	
A4320	Irrigation tray with bulb/piston syringe	\$2.60	10 per 30 days	
A4322	Irrigation syringe, bulb/piston, each	\$2.60	10 per 30 days	
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	\$2.94	12 per 30 days	
A4334	Urinary catheter anchoring device, leg strap, each	\$2.81	1 per 30 days	
A4338	Indwelling catheter foley, 2-way, latex with coating	\$8.32	2 per 30 days	
A4340	Indwelling catheter, specialty type	\$3.85	1 per 30 days	
A4344	Indwelling catheter foley, 2-way, all silicone	\$8.32	2 per 30 days	



**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A4348	Male external catheter, extended wear, each	\$26.55	2 per 30 days	
A4349	Male external catheter, each	\$9.37	30 per 30 days	
A4351	Intermittent urinary catheter, straight tip, each	\$1.20	20 per 30 days	
A4352	Intermittent urinary catheter, coude tip, each	\$2.60	10 per 30 days	
A4353	Intermittent urinary catheter with insertion supplies	\$7.48	4 per 30 days	
A4354	Insertion tray with drainage bag, without catheter	\$10.42	4 per 30 days	
A4357	Drainage bag, each	\$10.81	2 per 30 days	
A4358	Leg bag, each	\$3.5	2 per 30 days	
A4623	Inner cannula	\$3.50	30 per 30 days	
A4624	Tracheal suction catheter, not a closed system, each	\$2.60	90 per 30 days	
A4625	Trach care kit for new trach mask/collar	\$6.24	1 per initial 14 days	
A4626	Cleaning brush	\$1.93	10 per 30 days	
A4629	Trach care kit for established trach	\$3.81	30 per 30 days	
A6196	Alginate or other fiber gelling dressing wound cover pad 16 sq. in. or less, each	\$7.86	30 per 30 days	
A6197	Alginate or other fiber gelling dressing wound cover pad >16 sq. in. < or =to 48 sq.in., each	\$17.62	30 per 30 days	
A6198	Alginate or other fiber gelling dressing wound cover pad more than 48 sq. in., each	\$18.00	30 per 30 days	
A6199	Alginate or other fiber gelling dressing wound cover pad wound filler, per 6 in., each	\$5.66	30 per 30 days	
A6216	Non-impregnated, non-sterile, w/o adhesive border, 16 sq. in. or less	\$0.08	500 per 30 days	
A6217	Non-impregnated, non-sterile, w/o adhesive border, >16 sq. in. < or =to 48 sq.in.	\$0.45	100 per 30 days	

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<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A6218	Non-impregnated, non-sterile, w/o adhesive border, more than 48 sq. in.	\$0.94	100 per 30 days	
A6219	Non-impregnated, non-sterile, with adhesive border, 16 sq. in. or less	\$0.44	100 per 30 days	
A6220	Non-impregnated, non-sterile, with adhesive border, >16 sq. in. < or =to 48 sq.in.	\$1.07	50 per 30 days	
A6221	Non-impregnated, non-sterile, with adhesive border, more than 48 sq. in.	\$4.16	10 per 30 days	
A6222	Impregnated (not water, normal saline, hydrogel) pad, 16 sq. in. or less, each	\$2.22	20 per 30 days	
A6223	Impregnated (not water, normal saline, hydrogel) pad, >16 sq. in. < or =to 48 sq.in., each	\$2.53	20 per 30 days	
A6224	Impregnated (not water, normal saline, hydrogel) pad, more than 48 sq. in., each	\$3.78	12 per 30 days	
A6228	Impregnated, water or normal saline, w/o adhesive border, pad, 16 sq. in. or less, each	\$3.88	12 per 30 days	
A6229	Impregnated, water or normal saline, w/o adhesive border, pad, >16 sq. in. < or =to 48 sq.in., each	\$3.88	12 per 30 days	
A6230	Impregnated, water or normal saline, w/o adhesive border, pad, more than 48 sq. in., each	\$3.88	12 per 30 days	
A6234	Hydrocolloid dressing, wound cover, pad w/o adhesive border, 16 sq. in. or less, each	\$6.81	10 per 30 days	
A6235	Hydrocolloid dressing, wound cover, pad w/o adhesive border, >16 sq. in. < or =to 48 sq.in., each	\$17.25	10 per 30 days	

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A6236	Hydrocolloid dressing, wound cover, pad w/o adhesive border, more than 48 sq. in., each	\$29.16	10 per 30 days	
A6237	Hydrocolloid dressing, wound cover, pad with adhesive border, 16 sq. in. or less	\$8.48	10 per 30 days	
A6238	Hydrocolloid dressing, wound cover, pad with adhesive border, >16 sq. in. < or =to 48 sq.in., each	\$23.76	5 per 30 days	
A6239	Hydrocolloid dressing, wound cover, pad with adhesive border more than 48 sq. in., each	\$13.12	5 per 30 days	
A6240	Wound filler, paste per fluid oz.	\$12.77	5 per 30 days	
A6241	Wound filler, dry, per gram	\$2.74	18 per 30 days	
A6251	Specialty absorbtive, dresssing, wound cover, pad, w/o adhesive border, 16 sq. in. or less, each	\$2.10	30 per 30 days	
A6252	Specialty absorbtive, dresssing, wound cover, pad, w/o adhesive border, >16 sq. in. < or =to 48 sq.in., each	\$4.05	15 per 30 days	
A6253	Specialty absorbtive, dresssing, wound cover, pad, w/o adhesive border, more than 48 sq. in., each	\$6.85	15 per 30 days	
A6254	Specialty absorbtive, dresssing, wound cover, pad, with adhesive border, 16 sq. in. or less, each	\$1.30	30 per 30 days	
A6255	Specialty absorbtive, dresssing, wound cover, pad, with adhesive border, >16 sq. in. but < or = to 48 sq.in., each	\$3.22	15 per 30 days	
A6256	Specialty absorbtive, dresssing, wound cover, pad, with adhesive border, more than 48 sq. in., each	\$6.85	15 per 30 days	
A6257	Transparent film, 16 sq. in. or less; each	\$1.63	10 per 30 days	

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A6258	Transparent film, >16 sq. in. but < or = to 48 sq.in.; each	\$4.48	10 per 30 days	
A6259	Transparent film, more than 48 sq. in.; each	\$8.50	10 per 30 days	
A6266	Gauze, impregnated (not water, normal saline, zinc, any width per linear yd.	\$2.06	30 per 30 days	If 30 per month used for 6 consecutive months, then after 6 months, a PA must be submitted
A6402	Gauze, non-impregnated, sterile, w/o adhesive border, 16 sq. in. or less	\$0.13	100 per 30 days	
A6403	Gauze, non-impregnated, sterile, w/o adhesive border, >16 sq. in. but < or =to 48 sq.in.	\$0.45	100 per 30 days	
A6404	Gauze, non-impregnated, sterile, w/o adhesive border, more than 48 sq. in.	\$0.46	100 per 30 days	
A6407	Packing strips, up to 2 in. in width; per linear yd.	\$0.47	30 per 30 days	
A6441	Padding bandage, non-elastic, width > or = 3 in. < 5 in.;per yd.	\$0.67	100 per 30 days	
A6442	Conforming bandages, non-elastic, knitted/woven, non-sterile, width per yard, <3 in.	\$0.17	100 per 30 days	
A6443	Conforming bandages, non-elastic, knitted/woven, non-sterile, width per yard, > 3 in. but < 5 in.	\$0.29	100 per 30 days	
A6444	Conforming bandages, non-elastic, knitted/woven, non-sterile, width per yard, 5 in. or more	\$0.49	100 per 30 days	
A6445	Conforming bandages, non-elastic, knitted/woven, sterile, width per yard, <3 in.	\$0.32	100 per 30 days	
A6446	Conforming bandages, non-elastic, knitted/woven, sterile, width per yard, >3 in. but <5 in.	\$0.41	100 per 30 days	

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A6447	Conforming bandages, non-elastic, knitted/woven, sterile, width per yard, 5 in. or more	\$0.67	80 per 30 days	
A6448	Light compression bandages, <3 in.	\$1.16	25 per 30 days	
A6449	Light compression bandages, >3 in. but <5 in.	\$1.75	25 per 30 days	
A6450	Light compression bandages, 5 in. or more	\$2.00	25 per 30 days	
A6530	Gradient stockings, below knee, 18-30 mm Hg., each	\$28.08	2 per 12 months	
A6531	Gradient stockings, below knee, 30-40 mm. Hg, each	\$38.48	2 per 12 months	
A6532	Gradient stockings, below knee, 40-50 mm. Hg, each	\$40.00	2 per 12 months	
A6533	Gradient stockings, thigh high, 18-30 mm Hg. each	\$20.80	2 per 12 months	
A6534	Gradient stockings, thigh high, 30-40 mm. Hg, each	\$26.00	2 per 12 months	
A6535	Gradient stockings, thigh high, 40-50 mm. Hg, each	\$33.28	2 per 12 months	
A6536	Gradient stockings, full length/chap style, 18-30 mm Hg.	\$95.00	2 per 12 months	
A6537	Gradient stockings, full length/chap style, 30-40 mm. Hg	\$104.00	2 per 12 months	
A6538	Gradient stockings, full length/chap style, 40-50 mm. Hg	\$104.00	2 per 12 months	
A6542	Gradient stockings, custom made	\$28.08	2 per 12 months	
A6543	Gradient stockings, for lymphedema	\$28.08	2 per 12 months	
A6549	Gradient stockings, not otherwise specified	\$28.08	2 per 12 months	
A7000	Canister, disposable, used with suction pump, each	\$7.70	1 per 30 days	
A7001	Suction canister, reusable	\$30.90	1 per 12 months	
A7010	Corrugated tubing, disposable, used with volume nebulizer, 100 ft.	\$21.28	1 per 30 days	

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
A7030	Full face mask	\$188.64	1 per 6 months	
A7031	Face mask interface	\$69.77	1 per 6 months	
A7032	Cushion for nasal mask interface	\$40.53	1 per 6 months	
A7033	Pillow for nasal cannula type interface	\$28.41	1 per 3 months	
A7034	Nasal interface (mask or cannula type)	\$117.64	1 per 6 months	
A7035	Headgear	\$41.46	1 per 12 months	
A7036	Chinstrap	\$13.94	1 per 12 months	
A7037	Tubing	\$38.64	1 per 6 months	
A7038	Filter, disposable	\$3.23	1 per 3 months	
A7039	Filter, non-disposable	\$13.26	1 per 12 months	
A7520	Non-cuffed trach tube	\$47.48	1 per 30 days	If the cost of the trach tube exceeds this rate, 1144 should be submitted with code as A7520 mod 22 , name of manufacturer and cost
A7521	Cuffed trach tube	\$47.05	1 per 30 days	
A7522	Stainless steel trach tube	\$45.16	1 per 30 days	
A7525	Trach mask, each	\$2.07	1 per 7 days	
A7526	Trach collar/holder/ties	\$3.37	1 per 3 days	
E0100	Cane, all materials	\$13.52	1 per 24 months	
E0105	Cane, quad or three-prong	\$50.04	1 per 24 months	
E0110	Crutches, forearm, any material, with tips, handgrips, pair	\$84.01	1 per 12 months	
E0111	Crutch, forearm, any material, with tip, handgrip, each	\$54.51	1 per 12 months	
E0112	Crutches, underarm, wood, with pads, tips, handgrips, pair	\$38.04	1 per 12 months	
E0113	Crutch, underarm, wood, with pad, tip, handgrip, each	\$39.13	1 per 12 months	
E0114	Crutches, underarm, other than wood, with pads, tips, handgrips, pair	\$48.52	1 per 12 months	
E0116	Crutches, other than wood, with pads, tips, handgrips, each	\$24.25	1 per 12 months	
E0130	Walker, rigid (pickup)	\$82.90	1 per 5 years	
E0135	Walker, folding (pickup)	\$101.63	1 per 5 years	
E0141	Walker, rigid, wheeled	\$127.71	1 per 5 years	
E0143	Walker, folding, wheeled	\$120.91	1 per 5 years	
E0148	Walker, heavy duty, without wheels, rigid or folding	\$127.05	1 per 5 years	

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CODE**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
E0149	Walker, heavy duty, wheeled, rigid or folding	\$223.20	1 per 5 years	
E0607	Home Glucose Monitor	\$73.51	1 per 3 years	Glucometer charges cannot exceed the charge to the general public
L0625	Flexible lumbar orthosis, prefabricated, includes fitting and adjustment	\$43.27	1 per 12 months	
L1820	Knee orthosis, elastic with condylar pads, prefabricated, includes fitting and adjustment	\$65.30	1 per 24 months	
L8000	Breast prosthesis, mastectomy bra	\$34.21	2 per 12 months	L8001, L8002, L8010, L8015, L8035, L8039 require authorization
L8020	Breast prosthesis, mastectomy form, each	\$175.95	2 per 12 months	Modifier LT (left) or RT (right) must be used; 4 per 12 months will be allowed for bilateral mastectomies-- 2 for modifier LT, 2 for modifier RT.
L8030	Breast prosthesis, silicone or equal	\$229.69	1 per 24 months	Modifier LT (left) or RT (right) must be used; 2 per 24 months will be allowed for bilateral mastectomies-- 1 for modifier LT, 1 for modifier RT.
L8501	Trach speaking valve	\$69.71	1 per 12 months	

**CODES NO LONGER REQUIRING PRIOR AUTHORIZATION BY CATEGORY**

<b>Code</b>	<b>Brief Description</b>	<b>Payment per unit</b>	<b>Limits</b>	<b>Comments</b>
<b>DIABETIC TESTING SUPPLIES</b>				
E0607	Home Glucose Monitor	\$73.51	1 per 3 years	Glucometer charges cannot exceed the charge to the general public
A4253	Glucose test strips	\$0.71	100 per 30 days	
A4255	Platforms	\$4.30	2 per 30 days	
A4256	Calibrating solution	\$5.08	1 per 30 days	
A4257	Replacement lens shield cartridge for laser skin piercing device	\$12.75	1 per 24 months	
A4258	Spring-powered device for lancet, each	\$18.30	1 per year	
A4259	Lancets; each	\$0.05	100 per 30 days	
<b>INSULIN ADMINISTRATION SUPPLIES</b>				
A4206	Syringe with needle	\$0.16	100 per 30 days	A4206-22 can also be used. Payment is \$0.21
A4215	Sterile needle, each	\$0.10	100 per 30 days	Needles for insulin pens may be obtained from insulin manufacturer through the physician
A4245	Alcohol wipes, each	\$0.01	100 per 30 days	
<b>DRESSINGS</b>				
<b>ALGINATES</b> - Alginate or other fiber gelling dressing, wound cover pad: each				If used after 6 months, a PA must be submitted
A6196	16 sq. in. or less	\$7.86	30 per 30 days	
A6197	>16 sq. in. < or =to 48 sq.in.	\$17.62	30 per 30 days	
A6198	more than 48 sq. in.	\$18.00	30 per 30 days	
A6199	wound filler, per 6 in.	\$5.66	30 per 30 days	
<b>HYDROCOLLOID</b> - Hydrocolloid dressing, wound cover, pad; each w/o adhesive border				If quantities not decreasing after 6 months, a PA must be submitted
A6234	16 sq. in. or less	\$6.81	10 per 30 days	
A6235	>16 sq. in. < or =to 48 sq.in.	\$17.25	10 per 30 days	



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A6236 with adhesive border	more than 48 sq. in.	\$29.16	10 per 30 days	
A6237	16 sq. in. or less	\$8.48	10 per 30 days	
A6238	>16 sq. in. < or =to 48 sq.in.	\$23.76	5 per 30 days	
A6239	more than 48 sq. in.	\$13.12	5 per 30 days	
A6240	Wound filler, paste per fluid oz.	\$12.77	5 per 30 days	
A6241	Wound filler, dry, per gram	\$2.74	18 per 30 days	
<b>SPECIALTY ABSORPTIVE - Dressing, wound cover, pad; each</b>				
w/o adhesive border				
A6251	16 sq. in. or less	\$2.10	30 per 30 days	
A6252	>16 sq. in. < or =to 48 sq.in.	\$4.05	15 per 30 days	
A6253 with adhesive border	more than 48 sq. in.	\$6.85	15 per 30 days	
A6254	16 sq. in. or less	\$1.30	30 per 30 days	
A6255	>16 sq. in. < or =to 48 sq.in.	\$3.22	15 per 30 days	
A6256	more than 48 sq. in.	\$6.85	15 per 30 days	
<b>TRANSPARENT FILM</b>				
A6257	16 sq. in. or less; each	\$1.63	10 per 30 days	
A6258	>16 sq. in. < or =to 48 sq.in.; each	\$4.48	10 per 30 days	
A6259	more than 48 sq. in.; each	\$8.50	10 per 30 days	
<b>GAUZE</b>				
A6266	Impregnated (not water, normal saline, zinc, any width per linear yd.	\$2.06	30 per 30 days	If 30 per month used for 6 consecutive months, then after 6 months, a PA must be submitted
Non-impregnated; sterile, w/o adhesive border				
A6402	16 sq. in. or less	\$0.13	100 per 30 days	
A6403	>16 sq. in. < or =to 48 sq.in.	\$0.45	100 per 30 days	
A6404	more than 48 sq. in.	\$0.46	100 per 30 days	
Packing strips				
A6407	up to 2 in. in width; per linear yd.	\$0.47	30 per 30 days	
A6441	Padding bandage, non-elastic, width >or =3 in. < 5 in.;per yd.	\$0.67	100 per 30 days	

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Non-impregnated; non-sterile, w/o adhesive border				
A6216	16 sq. in. or less	\$0.08	500 per 30 days	
A6217	>16 sq. in. < or =to 48 sq.in.	\$0.45	100 per 30 days	
A6218	more than 48 sq. in.	\$0.94	100 per 30 days	
Non-impregnated; non-sterile, with adhesive border				
A6219	16 sq. in. or less	\$0.44	100 per 30 days	
A6220	>16 sq. in. < or =to 48 sq.in.	\$1.07	50 per 30 days	
A6221	more than 48 sq. in.	\$4.16	10 per 30 days	
Impregnated (not water, normal saline, hydrogel) pad; each				
A6222	16 sq. in. or less	\$2.22	20 per 30 days	
A6223	>16 sq. in. < or =to 48 sq.in.	\$2.53	20 per 30 days	
A6224	more than 48 sq. in.	\$3.78	12 per 30 days	
Impregnated, water or normal saline, w/o adhesive border, pad; each				
A6228	16 sq. in. or less	\$3.88	12 per 30 days	
A6229	>16 sq. in. < or =to 48 sq.in.	\$3.88	12 per 30 days	
A6230	more than 48 sq. in.	\$3.88	12 per 30 days	
<b>CONFORMING BANDAGES -</b>				
Non-elastic, knitted/woven, non-sterile, width per yd.				
A6442	<3 in.	\$0.17	100 per 30 days	
A6443	> 3 in. but < 5 in.	\$0.29	100 per 30 days	
A6444	5 in. or more	\$0.49	100 per 30 days	
Non-elastic, knitted/woven, sterile, width per yard				
A6445	<3 in.	\$0.32	100 per 30 days	
A6446	>3 in. but <5 in.	\$0.41	100 per 30 days	
A6447	5 in. or more	\$0.67	80 per 30 days	
<b>LIGHT COMPRESSION BANDAGES</b>				
A6448	<3 in.	\$1.16	25 per 30 days	
A6449	>3 in. but <5 in.	\$1.75	25 per 30 days	
A6450	5 in. or more	\$2.00	25 per 30 days	

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<b>OTHERS</b>				
L8000	Breast prosthesis, mastectomy bra	\$34.21	2 per 12 months	L8001,L8002, L8010, L8015, L8035, L8039 require authorization
L8020	Breast prosthesis, mastectomy form, each	\$175.95	2 per 12 months	Modifier LT (left) or RT (right) must be used; 4 per 12 months will be allowed for bilateral mastectomies-- 2 for modifier LT, 2 for modifier RT.
L8030	Breast prosthesis, silicone or equal	\$229.69	1 per 24 months	Modifier LT (left) or RT (right) must be used; 2 per 24 months will be allowed for bilateral mastectomies-- 1 for modifier LT, 1 for modifier RT.
L0625	Flexible lumbar orthosis, prefabricated, includes fitting and adjustment	\$43.27	1 per 12 months	
L1820	Knee orthosis, elastic with condylar pads, prefabricated, includes fitting and adjustment	\$65.30	1 per 24 months	
<b>GRADIENT STOCKINGS -</b>				
	Below knee, each			A6540,A6541, A6544 are not covered;
A6530	18-30 mm Hg.	\$28.08	2 per 12 months	
A6531	30-40 mm. Hg	\$38.48	2 per 12 months	
A6532	40-50 mm. Hg	\$40.00	2 per 12 months	
	Thigh high, each			
A6533	18-30 mm Hg.	\$20.80	2 per 12 months	
A6534	30-40 mm. Hg	\$26.00	2 per 12 months	
A6535	40-50 mm. Hg	\$33.28	2 per 12 months	
	Full length/chap style			
A6536	18-30 mm Hg.	\$95.00	2 per 12 months	
A6537	30-40 mm. Hg	\$104.00	2 per 12 months	
A6538	40-50 mm. Hg	\$104.00	2 per 12 months	
A6542	Custom made	\$28.08	2 per 12 months	
A6543	For Lymphedema	\$28.08	2 per 12 months	
A6549	Not specified	\$28.08	2 per 12 months	
<b>CPAP/BIPAP SUPPLIES</b>				
A7030	Full face mask	\$188.64	1 per 6 months	
A7031	Face mask interface	\$69.77	1 per 6 months	
A7032	Cushion for nasal mask interface	\$40.53	1 per 6 months	
A7033	Pillow for nasal cannula type interface	\$28.41	1 per 3 months	
A7034	Nasal interface (mask or cannula type)	\$117.64	1 per 6 months	
A7035	Headgear	\$41.46	1 per 12 months	

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A7036	Chinstrap	\$13.94	1 per 12 months	
A7037	Tubing	\$38.64	1 per 6 months	
A7038	Filter, disposable	\$3.23	1 per 3 months	
A7039	Filter, non-disposable	\$13.26	1 per 12 months	
<b>URINARY SUPPLIES</b>				
A4310	Insertion tray, w/o drainage bag, w/o catheter	\$9.76	4 per 30 days	
A4311	Insertion tray, w/o drainage bag, with foley type catheter, latex with coating	\$14.13	2 per 30 days	
A4312	Insertion tray, w/o drainage bag, with foley type catheter, all silicone	\$14.56	2 per 30 days	
A4314	Insertion tray, with drainage bag, with foley type catheter, latex with coating	\$14.56	2 per 30 days	If 2 per month used, A4357 and foleys should not be claimed
A4315	Insertion tray, with drainage bag, with foley type catheter, all silicone	\$14.56	2 per 30 days	
A4320	Irrigation tray with bulb/piston syringe	\$2.60	10 per 30 days	
A4322	Irrigation syringe, bulb/piston, each	\$2.60	10 per 30 days	
A4349	Male external catheter, each	\$9.37	30 per 30 days	
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	\$2.94	12 per 30 days	
A4334	Urinary catheter anchoring device, leg strap, each	\$2.81	1 per 30 days	
A4338	Indwelling catheter foley, 2-way, latex with coating	\$8.32	2 per 30 days	
A4340	Indwelling catheter, specialty type	\$3.85	1 per 30 days	
A4344	Indwelling catheter foley, 2-way, all silicone	\$8.32	2 per 30 days	
A4348	Male external catheter, extended wear, each	\$26.55	2 per 30 days	
A4351	Intermittent urinary catheter, straight tip, each	\$1.20	20 per 30 days	
A4352	Intermittent urinary catheter, coude tip, each	\$2.60	10 per 30 days	

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A4353	Intermittent urinary catheter with insertion supplies	\$7.48	4 per 30 days	
A4354	Insertion tray with drainage bag, without catheter	\$10.42	4 per 30 days	
A4357	Drainage bag, each	\$10.81	2 per 30 days	
A4358	Leg bag, each	\$3.50	2 per 30 days	
<b>TRACH SUPPLIES</b>				
A7000	Canister, disposable, used with suction pump, each	\$7.70	1 per 30 days	
A7001	Suction canister, reusable	\$30.90	1 per 12 months	
A7010	Corrugated tubing, disposable, used with volume nebulizer, 100 ft.	\$21.28	1 per 30 days	
A7520	Non-cuffed trach tube	\$47.48	1 per 30 days	If the cost of the trach tube exceeds this rate, 1144 should be submitted with code as A7520 mod 22 , name of manufacturer and cost
A7521	Cuffed trach tube	\$47.05	1 per 30 days	
A7522	Stainless steel trach tube	\$45.16	1 per 30 days	
A7525	Trach mask, each	\$2.07	1 per 7 days	
A7526	Trach collar/holder/ties	\$3.37	1 per 3 days	
A4623	Inner cannula	\$3.50	30 per 30 days	
A4624	Tracheal suction catheter, not a closed system, each	\$2.60	90 per 30 days	
A4625	Trach care kit for new trach	\$6.24	1 per initial 14 days	
A4626	Cleaning brush	\$1.93	10 per 30 days	
A4629	Trach care kit for established trach	\$3.81	30 per 30 days	
L8501	Trach speaking valve	\$69.71	1 per 12 months	
<b>CANES, CRUTCHES, WALKERS</b>				
E0100	Cane, all materials	\$13.52	1 per 24 months	
E0105	Cane, quad or three-prong	\$50.04	1 per 24 months	
E0110	Crutches, forearm, any material, with tips, handgrips, pair	\$84.01	1 per 12 months	

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E0111	Crutch, forearm, any material, with tip, handgrip, each	\$54.51	1 per 12 months	
E0112	Crutches, underarm, wood, with pads, tips, handgrips, pair	\$38.04	1 per 12 months	
E0113	Crutch, underarm, wood, with pad, tip, handgrip, each	\$39.13	1 per 12 months	
E0114	Crutches, underarm, other than wood, with pads, tips, handgrips, pair	\$48.52	1 per 12 months	
E0116	Crutch, other than wood, with pad, tip, handgrip, each	\$24.25	1 per 12 months	
E0130	Walker, rigid (pickup)	\$82.90	1 per 5 years	
E0135	Walker, folding (pickup)	\$101.63	1 per 5 years	
E0141	Walker, rigid, wheeled	\$127.71	1 per 5 years	
E0143	Walker, folding, wheeled	\$120.91	1 per 5 years	
E0148	Walker, heavy duty, without wheels, rigid or folding	\$127.05	1 per 5 years	
E0149	Walker, heavy duty, wheeled, rigid or folding	\$223.20	1 per 5 years	