



PacificSource Medicare HCPCS Authorization Grid

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| Code Range | Description | PacificSource Medicare Authorization Required |
|----------------|--|---|
| Not Applicable | Home Health Stays - For all Initial Certification and Recertification periods Notes: Initial Certification review required effective 1/1/12. | Yes |
| Not Applicable | Skilled Nursing Facility/Swing Bed Stays | Yes |
| A9900 - A9999 | Miscellaneous DME supplies Notes: > \$500 for Medicare | Yes |
| B4150 - B4161 | Enteral Formula | Yes |
| B9000 - B9999 | Enteral infusion pump and supplies | Yes |
| E0193 - E0194 | Low air loss bed, air fluidized bed | Yes |
| E0250 - E0272 | Hospital beds & mattresses | Yes |
| E0290 - E0304 | Hospital Beds | Yes |
| E0371 - E0373 | Pressure reducing mattress or overlay | Yes |
| E0470 - E0472 | Bi-paps | Yes |
| E0480 - E0480 | Percussor, electric or pneumatic, home model | Yes |
| E0482 - E0483 | Cough stimulating device, chest wall oscillator | Yes |
| E0601 - E0601 | C-pap Notes: Medicare - 1st 3 months rental does not require pre-auth; subsequent rental months and purchases require pre-auth | Yes |



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| E0630 - E0630 | Patient Lift Hydraulic | Yes |
| E0650 - E0675 | Pneumatic compression machines | Yes |
| E0744 - E0748 | Neuromuscular stimulators – bone stimulators | Yes |
| E0760 - E0760 | Osteogenesis stimulator, low intensity ultrasound | Yes |
| E0784 - E0784 | Insulin Pump | Yes |
| E0983 - E0986 | Manual wheelchair accessory, power add-on to convert to power chair- joystick, etc | Yes |
| E1002 - E1018 | Wheelchair accessory | Yes |
| E1020 - E1020 | Wheelchair accessory | Yes |
| E1028 - E1030 | Wheelchair accessories | Yes |
| E1050 - E1093 | Wheelchair – reclining etc | Yes |
| E1100 - E1200 | Wheelchairs | Yes |
| E1220 - E1239 | Wheelchairs-special sizes | Yes |
| E1240 - E1270 | Wheelchair - Lightweight | Yes |
| E1280 - E1298 | Heavy Duty Wheelchairs | Yes |
| E1310 - E1310 | Whirlpool Notes: For PCS, not a covered benefit. | Yes |



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| E1399 - E1399 | Miscellaneous DME item Notes: > \$500 for Medicare & PCS | Yes |
| E1800 - E1841 | Dynamic braces and progressive braces | Yes |
| E1902 - E1902 | Communication board, non-electronic augmentative etc | Yes |
| E2120 - E2120 | Pulse generating system for tympanic treatment of inner ear | Yes |
| E2300 - E2351 | Power Wheelchair Accessories | Yes |
| E2373 - E2399 | Power Wheelchair Accessories | Yes |
| E2402 - E2402 | Negative pressure wound therapy electrical pump (VAC) | Yes |
| E2500 - E2599 | Speech generating devices and accessories | Yes |
| E2609 - E2609 | Custom fabricated wheelchair seat cushion, any size Notes: > \$500 for Medicare & PCS | Yes |
| G0154 - G0154 | Services of Skilled Nurse in Home Health Setting, each 15 minutes | Yes |
| J0129 - J0129 | Orencia (Abtacept) | Yes |
| J0220 - J0221 | Myozyme, Lumizyme (Alglucosidase Alfa) | Yes |
| J0256 - J0256 | Prolastin-C, Zemaira, Aralast (alpha1-proteinase inhibitor) | Yes |
| J0257 - J0257 | Glassia (alpha1-proteinase inhibitor) | Yes |
| J0490 - J0490 | Benlysta (Belimumab) | Yes |
| J0585 - J0587 | Botox injections (botulinum toxin type A & type B) | Yes |



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| J0586 - J0586 | Dysport (abobotulinumtoxinA) | Yes |
| J0587 - J0587 | Myobloc (rimabotulinumtoxinB) | Yes |
| J0588 - J0588 | Xeomin (icobotulinumtoxinA) | Yes |
| J0597 - J0598 | Berinert, Cinryze (C1 Esterase inhibitor) | Yes |
| J0638 - J0638 | Ilaris (Canakinumab) | Yes |
| J0718 - J0718 | Cimzia (certolizumab) | Yes |
| J0775 - J0775 | Xiaflex (Collagenase Clostridium Histolyticum) | Yes |
| J0881 - J0882 | Aranesp (Darbepoetin alpha) | Yes |
| J0885 - J0885 | Epogen, Procrit (Epoetin alpha) | Yes |
| J0897 - J0897 | Prolia, XGEVA (Denosumab) | Yes |
| J1300 - J1300 | Soliris (Eculizumab) | Yes |
| J1325 - J1325 | Flolan (Epoprostenol) | Yes |
| J1440 - J1441 | Neupogen (Filgrastim) | Yes |
| J1459 - J1459 | Privigen (Human Immune Globulin) | Yes |
| J1557 - J1557 | Gammaplex (Human Immune Globulin) | Yes |
| J1559 - J1559 | Hizentra (Human Immune Globulin) | Yes |
| J1561 - J1561 | Gamunex (Human Immune Globulin) | Yes |



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| J1562 - J1562 | Vivaglobin (Human Immune Globulin) | Yes |
| J1566 - J1566 | Carimune (Human Immune Globulin) | Yes |
| J1568 - J1568 | Octagam (Human Immune Globulin) | Yes |
| J1569 - J1569 | Gammagard (Human Immune Globulin) | Yes |
| J1572 - J1572 | Flebogamma (Human Immune Globulin) | Yes |
| J1725 - J1725 | Makena (hydroxyprogesterone caproate inj) | Yes |
| J1740 - J1740 | Boniva (ibandronate sodium inj) | Yes |
| J1745 - J1745 | Remicade (Infliximab) | Yes |
| J1930 - J1930 | Somatuline Depot (Lanreotide) | Yes |
| J2323 - J2323 | Tysabri (Natalizumab) | Yes |
| J2357 - J2357 | Xolair (Omalizumab) | Yes |
| J2426 - J2426 | Invega Sustenna (Paliperidone) | Yes |
| J2505 - J2505 | Neulasta (Pegfilgrastin) | Yes |
| J2507 - J2507 | Krystexxa (Pegloticase) | Yes |
| J2562 - J2562 | Mozobil (Plerixafor) | Yes |
| J2778 - J2778 | Lucentis (Ranibizumab) | Yes |
| J2793 - J2793 | Arcalyst (Rilonacept) | Yes |



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| Code Range | Description | PacificSource Medicare Authorization Required |
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| J2794 - J2794 | Risperdal Consta (Risperidone) | Yes |
| J2820 - J2820 | Leukine (Sargramostim) | Yes |
| J3262 - J3262 | Actemra (Tocilizumab) | Yes |
| J3285 - J3285 | Treprostinil (Remodulin) | Yes |
| J3315 - J3315 | Trelstar Depot/LA/Mixject (Triptorelin) | Yes |
| J3357 - J3357 | Sterlara (Ustekinumab) | Yes |
| J3385 - J3385 | Vpriv (Velaglucerase Alfa) | Yes |
| J3488 - J3488 | Reclast (Zoledronic Acid) | Yes |
| J3490 - J3490 | Unclassified Drugs | Yes |
| J3490 - J3490 | Palivizumab (Synagis) | Yes |
| J3590 - J3590 | Unclassified Biologics | Yes |
| J7180 - J7195 | Antihemophilic Factors | Yes |
| J7321 - J7324 | Synvisc, Hyalgan, Supartz, Euflexxa and Orthovisc (Hyaluronic Acid Derivatives) | Yes |
| J7325 - J7325 | Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg | Yes |
| J9310 - J9310 | Rituxan (Rituximab) | Yes |
| J9999 - J9999 | Not otherwise classified, antineoplastic drugs | Yes |
| K0001 - K0009 | Standard to heavy duty manual wheelchair | Yes |



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| K0108 - K0108 | Miscellaneous wheelchair accessories Notes: > \$500 for Medicare & PCS | Yes |
| K0800 - K0899 | Power Mobility and Accessories | Yes |
| L1499 - L1499 | Cervical Thoracic Lumbar Sacral Orthosis (CTLSO), Thoracic Lumbar Sacral Orthosis (TLSO) scoliosis body jackets and spinal orthosis Not Otherwise Specified (NOS) Notes: > \$500 Medicare & PCS | Yes |
| L1834 - L1834 | Knee Orthosis – custom fabricated | Yes |
| L1840 - L1840 | Knee Orthosis - custom fabricated | Yes |
| L1844 - L1844 | Knee Orthosis - custom fabricated | Yes |
| L1846 - L1846 | Knee Orthosis - custom fabricated | Yes |
| L1855 - L1880 | Knee Orthosis - custom fabricated | Yes |
| L1900 - L1900 | Ankle Foot Orthosis (AFO) - custom fabricated | Yes |
| L1904 - L1904 | Ankle Foot Orthosis (AFO) – custom fabricated | Yes |
| L1907 - L1907 | Ankle Foot Orthosis (AFO) – custom fabricated | Yes |
| L1920 - L1920 | Ankle Foot Orthosis (AFO) – custom fabricated | Yes |
| L1940 - L1950 | Ankle Foot Orthosis (AFO) - custom fabricated | Yes |
| L1960 - L1970 | Ankle Foot Orthosis (AFO) - custom fabricated | Yes |



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| L1980 - L1990 | Ankle Foot Orthosis (AFO) - custom fabricated | Yes |
| L2036 - L2038 | Hip Knee Ankle Foot Orthosis (HKAFO) - custom fabricated | Yes |
| L2040 - L2090 | Hip Knee Ankle Foot Orthosis (HKAFO) - custom fabricated | Yes |
| L2999 - L2999 | Lower Extremity (LE) Orthosis Not Otherwise Specified (NOS) Notes: > \$500 | Yes |
| L3649 - L3649 | Orthopedic Shoe, Modification Addition or Transfer NOS Notes: > \$500 | Yes |
| L3671 - L3673 | Shoulder Orthosis | Yes |
| L3961 - L3961 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3967 - L3967 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3971 - L3971 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3973 - L3973 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3975 - L3975 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3976 - L3976 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3977 - L3977 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |
| L3978 - L3978 | Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated | Yes |



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| L5000 - L5341 | Lower Limb Prosthesis | Yes |
| L5500 - L5699 | Initial below knee prosthesis, preparatory prosthesis, sockets, additions to sockets, etc | Yes |
| L5700 - L5995 | Replacement sockets and additions | Yes |
| L5999 - L5999 | Lower Extremity (LE) Prosthesis Addition Not Otherwise Specified (NOS) Notes: > \$500 | Yes |
| L6000 - L6698 | Partial hand prosthetics, through upper limb prosthetics and additions | Yes |
| L6703 - L7405 | Terminal devices for upper extremity prostheses, etc | Yes |
| L7499 - L7499 | Terminal devices for upper extremity prostheses Not Otherwise Specified (NOS) Notes: > \$500 | Yes |
| L7900 - L7900 | Male vacuum erection system Notes: For PCS, not a covered benefit. | Yes |
| L8035 - L8039 | Custom breast prosthesis Notes: > \$500 | Yes |
| L8499 - L8499 | Unlisted procedure for miscellaneous prosthetic services Not Otherwise Specified (NOS) Notes: > \$500 | Yes |
| L8614 - L8619 | Cochlear device system or implant | Yes |



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| Code Range | Description | PacificSource Medicare Authorization Required |
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| L8680 - L8689 | Implantable neurostimulator electrode, RF transmitter, generator, programmer, recharger | Yes |
| L8699 - L8699 | Prosthetic implant Not Otherwise Specified (NOS) Notes: > \$5,000 for all | Yes |
| L9900 - L9900 | Orthotic and prosthetic supply, accessory, and/or service component Not Otherwise Specified (NOS) Notes: > \$500 | Yes |
| Q2043 - Q2043 | Provenge (Sipuleucel-T) | Yes |
| Q2046 - Q2046 | Eylea (Aflibercept) | Yes |
| Q2047 - Q2047 | Omontys (peginesatide inj) | Yes |
| Q4074 - Q4074 | Iloprost inhaled (Ventavis) | Yes |
| V5336 - V5364 | Speech-Language Pathology Services | Yes |