



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
J0178 - J0178	Eylea (Aflibercept)	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



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J0585 - J0587	Botox injections (botulinum toxin type A & type B)	Yes
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
J0890 - J0890	Omontys (peginesatide inj)	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



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J1559 - J1559	Hizentra (Human Immune Globulin)	Yes
J1561 - J1561	Gamunex (Human Immune Globulin)	Yes
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) Notes: Does not apply to generic hydroxyprogesterone	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



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J2562 - J2562	Mozobil (Plerixafor)	Yes
J2778 - J2778	Lucentis (Ranibizumab)	Yes
J2793 - J2793	Arcalyst (Rilonacept)	Yes
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) Notes: After 7/1/13, use code Q2051 (Injection, Zoledronic Acid) for PAs, claims	Yes
J3490 - J3490	Palivizumab (Synagis)	Yes
J3490 - J3490	Unclassified Drugs Notes: Drug Claims > \$500 require PA	Yes

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Code Range	Description	PacificSource Medicare Authorization Required
J3590 - J3590	Unclassified Biologics Notes: Drug Claims > \$500 require PA	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 Notes: Drug Claims > \$500 require PA	Yes
K0001 - K0009	Standard to heavy duty manual wheelchair	Yes
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



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Code Range	Description	PacificSource Medicare Authorization Required
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
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

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Code Range	Description	PacificSource Medicare Authorization Required
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
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



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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
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
Q2051 - Q2051	Injection, Zoledronic Acid	Yes



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Q4074 - Q4074	Iloprost inhaled (Ventavis)	Yes
V5336 - V5364	Speech-Language Pathology Services	Yes