



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
<del>A4565 - A4565</del>	<del>Sling</del>	<del>No</del>	<del>No</del>	<del>No</del>	<del>No</del>
A4670 - A4670	Automatic Blood Pressure Monitor	No	Yes	No	No
A6513 - A6549	Compression garments	<del>Yes- No</del>	<del>Yes- No</del>	No	No
A9900 - A9999	Miscellaneous DME supplies	Yes (>\$500)	Yes	No	No
B4034 - B4083	Enteral supplies	<del>Yes- No</del>	Yes	<del>Yes- No</del>	No
B4100 - B4100	Food Thickener	No	<del>Yes- No</del>	No	No
<del>B4102 - B4162</del> B4150, B4152, B4154, B4160	Enteral formula	Yes	Yes	<del>No- Yes</del>	No
B4164 - B5200	Parenteral solutions	No	Yes	No	No
B9000 - B9999	Enteral infusion pump and supplies	Yes	Yes	Yes	Yes
E0139 - E0139	Adult transport chair	No	Yes	No	No
E0144 - E0144	Walker enclosed, four sided, wheeled with seat	<del>Yes- No</del>	Yes	No	No
E0147 - E0147	Walker, heavy duty, with braking system	<del>Yes- No</del>	Yes	No	No
E0163 - E0166	Commodes – regular	<del>Yes- No</del>	Yes	No	No
E0168 - E0168	Commodes – heavy duty	<del>Yes- No</del>	Yes	No	No
E0170 - E0172	Commode chair – with seat lift mechanism	<del>Yes- No</del>	Yes	No	No
E0190 - E0190	Positioning cushion, wedge, etc Notes: over \$100	<del>Yes- No</del>	Yes	No	No



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
E0193 - E0194	Low air loss bed, air fluidized bed	Yes	Yes	Yes	Yes
E0217 - E0217	Water circulating heat pad with pump	<del>Yes</del> - No	Yes	No	No
E0225 - E0225	Infra-red heating pad – hydrocollator unit	<del>Yes</del> - No	Yes	No	No
E0235 - E0235	Paraffin bath – portable	<del>Yes</del> - No	Yes	No	No
E0239 - E0239	Hydrocollator unit	<del>Yes</del> - No	Yes	No	No
E0240 - E0240	Bath/shower Chair	No	Yes	No	No
E0247 - E0248	Bathroom transfer bench/commode	No	Yes	No	No
E0250 - E0272	Hospital beds & mattresses	Yes	Yes	Yes	Yes
E0277 - E0277	Powered pressure-reducing air mattress	Yes	Yes	Yes	Yes
E0290 - E0304	Hospital Beds	Yes	Yes	Yes	Yes
E0371 - E0373	Pressure reducing mattress or overlay	Yes	Yes	Yes	Yes
E0424 - E0440	Oxygen equipment	Yes	Yes	No	No
E0445 - E0445	Oximeter	<del>Yes</del> - No	Yes	No	No
E0450 - E0450	Ventilator	<del>Yes</del> - No	<del>Yes</del> - No	<del>Yes</del> - No	Yes
E0460 - E0464	Ventilators	<del>Yes</del> - No	<del>Yes</del> - No	<del>Yes</del> - No	Yes
E0470 - E0472	Bi-paps	Yes	Yes	Yes	Yes
E0480 - E0480	Percussor, electric or pneumatic, home model	Yes	Yes	No	No



# HCPSCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
E0481 - E0481	Percussive ventilation system	No	Yes	No	No
E0482 - E0483	Cough stimulating device, chest wall oscillator	Yes	Yes	Yes	Yes
E0485 - E0486	Oral appliances – sleep apnea	<del>Yes</del> No	No	Yes	Yes
E0500 - E0500	Intermittent Positive Pressure Breathing (IPPB) Machine	No	Yes	No	No
E0562 - E0562	Heated humidifier	Yes	Yes	Yes	Yes
E0565 - E0565	Compressor	<del>Yes</del> No	<del>Yes</del> No	<del>Yes</del> No	Yes
E0571 - E0575	Aerosol compressor - ultrasonic nebulizer	No	Yes	No	No
E0585 - E0585	Nebulizer with compressor and heater	No	Yes	No	No
E0601 - E0601	C-pap	Yes	Yes	Yes	Yes
E0618 - E0619	Apnea monitors	<del>Yes</del> No	Yes	No	No
<del>E0620 – E0620</del>	<del>Skin-piercing device for collection of capillary blood</del>	<del>Yes</del> No	<del>Yes</del> No	<del>No</del>	<del>No</del>
E0625 - E0625	Patient lift, bathroom or toilet	No	Yes	<del>Yes</del> No	<del>Yes</del> No
E0627 - E0637	Seat lift mechanism, and patient support systems	<del>Yes</del> No	Yes	No	No
E0638 - E0642	Standing frames and lift systems	Yes	Yes	Yes	Yes
E0650 - E0675	Pneumatic compression machines	Yes	Yes	No	No
E0691 - E0694	Ultraviolet light therapy systems	<del>Yes</del> No	Yes	No	No
<del>E0700 – E0710</del>	<del>Safety equipment – Helmet with face guard, restraints</del>	<del>Yes</del> No	<del>Yes</del> No	<del>No</del>	No



# HCPSCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
E0720 - E0731	Transcutaneous Electrical Neuromuscular Stimulator (TENS) units	Yes	Yes	Yes	Yes
<del>E0740 - E0740</del>	<del>Incontinence training stimulator</del>	Yes	No	No	No
E0744 - E0748	Neuromuscular stimulators – bone stimulators	Yes	Yes	Yes	Yes
<del>E0755 - E0755</del>	<del>Salivary reflex stimulator</del>	Yes	No	No	No
E0760 - E0760	Osteogenesis stimulator, low intensity ultrasound	Yes	Yes	Yes	Yes
<del>E0761 - E0761</del>	<del>Power electromagnetic device</del>	Yes	Yes	No	No
E0762 - E0769	Functional neuromuscular stimulators	Yes- No	Yes	No	No
E0776 - E0791	Enteral and parenteral equipment	Yes- No	Yes- No	Yes- No	Yes
E0784 - E0784	Insulin Pump	Yes	Yes	Yes	Yes
E0849 - E0849	Traction equipment – cervical – i.e.: Saunders	Yes- No	Yes	Yes- No	Yes
E0855 - E0855	Cervical traction unit – not requiring additional stand or frame	Yes- No	Yes	No	No
E0900 - E0910	Traction stand – freestanding – i.e.: Saunders lumbar or 90/90, trapeze bar	Yes- No	Yes	Yes- No	Yes
E0911 - E0912	Trapeze bar – heavy duty; freestanding; over 250 lb	Yes- No	Yes	No	No
E0935 - E0935	CPM machine following total knee surgery	Yes- No	Yes- No	Yes- No	Yes
E0983 - E0986	Manual wheelchair accessory, power add-on to convert to power chair-joystick, etc	Yes	Yes	No	No
E1002 - E1018	Wheelchair accessory	Yes	Yes	No	No



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
E1019 - E1019	Wheelchair accessory, power seating system, heavy duty feature; patient weight 250 - 400 lb	<del>Yes</del> No	Yes	No	No
E1020 - E1020	Wheelchair accessory	<del>Yes</del> No	Yes	No	No
E1021 - E1021	Wheelchair accessory, power seating system, extra heavy duty feature; patient weight over 400 lb	<del>Yes</del> No	Yes	No	No
E1025 - E1027	Wheelchair accessory, laterals, etc for pediatric wheelchair	No	Yes	No	No
E1028 - E1030	Wheelchair accessories	<del>Yes</del> No	Yes	No	No
E1031 - E1039	Rollabout Chair	<del>Yes</del> No	<del>Yes</del> No	<del>Yes</del> No	Yes
E1035 - E1035	Multi-positional patient transfer system, with integrated seat, operated by caregiver	No	Yes	<del>Yes</del> No	Yes
E1050 - E1093	Wheelchair – reclining etc	Yes	Yes	Yes	Yes
E1100 - E1200	Wheelchairs	Yes	Yes	Yes	Yes
E1210 - E1213	Motorized wheelchair with accessories to pediatric wheelchair folding, adjustable without seating system to lightweight wheelchair	No	Yes	Yes	Yes
E1220 - E1239	Wheelchairs-special sizes	Yes	Yes	Yes	Yes
E1240 - E1270	Wheelchair - Lightweight	Yes	Yes	Yes	Yes
E1280 - E1298	Heavy Duty Wheelchairs	Yes	Yes	Yes	Yes
E1310 - E1310	Whirlpool	Yes	Yes	Yes	Yes



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
E1340 - E1340	Repair or service requiring a technician – must not include travel time Notes: over <del>4</del> 8 units	<del>Yes</del> No	Yes	No	No
E1390 - E1392	Oxygen (O2) Concentrators, including portables	Yes	Yes	Yes	Yes
E1399 - E1399	Miscellaneous DME item Notes: over \$100 for COIHS & CCMA <del>/Commercial</del> POS/PPO/BMC >\$500	Yes	Yes	Yes	Yes
E1800 - E1841	Dynamic braces and progressive braces	Yes	Yes	Yes	Yes
E1902 - E1902	Communication board, non-electronic augmentative etc	Yes	Yes	No	No
E2000 - E2000	Gastric suction pump	<del>Yes</del> No	Yes	No	No
E2100 - E2101	Blood glucose monitor	<del>Yes</del> No	Yes	No	No
E2120 - E2120	Pulse generating system for tympanic treatment of inner ear	Yes	Yes	No	No
E2291 - E2294	Wheelchair seats and back	No	Yes	No	No
E2300 - E2399	Power wheelchair accessories	Yes	Yes	No	No
E2402 - E2402	Negative pressure wound therapy electrical pump (VAC)	Yes	Yes	Yes	Yes
E2500 - E2599	Speech generating devices and accessories	Yes	Yes	Yes	Yes
<del>E2603 - E2621</del>	<del>Wheelchair cushions and backs</del>	<del>Yes</del>	<del>Yes</del>	<del>No</del>	<del>No</del>
E8000 - E8002	Gait trainers	No	Yes	No	No
G0108 - G0109	Diabetic self management training	Yes	Yes	No	No
G0154 – G0154	Services of skilled nurse in home health setting, each 15 minutes	Yes	Yes	Yes	No



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
G0260 - G0260	Sacroiliac Joint Injection	Yes	Yes	No	No
G0270 - G0271	Medical nutrition therapy reassessment	Yes	Yes	No	No
J0129 - J0129	Abatacept (Orencia)	Yes	Yes	Yes	Yes
<del>J0256 - J0256</del>	<del>Alpha-1-proteinase inhibitor (Prolastin, Zermailra, Aralast)</del>	Yes	Yes	Yes	No
J0585 - J0587	Botulinum toxin type A & type B (Botox injections)	Yes	Yes	Yes	Yes
J0881 - J0882	Darbepoetin (Aranesp)	Yes	Yes	Yes	Yes
J0885 - J0885	Epoetin alpha (Epogen, Procrit)	Yes	Yes	Yes	Yes
<del>J1745 - J1745</del>	<del>Infliximab (Remicade)</del>	Yes	Yes	Yes	No
J2323 - J2323	Natalizumab (Tysabri)	Yes	Yes	Yes	Yes
<del>J2354 - J2354</del>	<del>Sandostatin + LAR (Octreotide)</del>	Yes	Yes	Yes	No
J2505 - J2505	Pegfilgrastim (Neulasta)	Yes	Yes	Yes	Yes
J2778 - J2778	Ranibizumab (Lucentis)	Yes	Yes	Yes	Yes
<del>J3488 - J3488</del>	<del>Zoledronic Acid (Reclast)</del>	Yes	Yes	Yes	No
J3490 - J3490	Unclassified Drugs (including if used for Lucentis)	Yes	Yes	Yes	Yes
J3590 - J3590	Unclassified Drugs (including if used for Lucentis)	Yes	Yes	Yes	Yes
J7321 - J7324	Hyaluronic Acid Derivatives (Synvisc, Hyalgan, Supartz, Euflexxa and Orthovisc)	Yes	Yes	Yes	Yes



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
J9035 - J9035	Bevacizumab (Avastin) <del>for chemotherapy (auth not required for Dx ICD9s 362.02, 362.07, 362.35, 362.36, 362.52, 362.53, 365.63, 364.42)</del>	Yes	Yes	Yes	Yes
<del>J9310 – J9310</del>	<del>Rituximab (Rituxan)</del>	<del>Yes</del>	<del>Yes</del>	<del>Yes</del>	<del>No</del>
K0001 - K0009	Standard to heavy duty manual wheelchair	Yes	Yes	Yes	Yes
K0108 - K0108	Miscellaneous wheelchair accessories Notes: over <del>\$100</del> \$200 for COIHS & CCMA/ >\$500 for <del>Commercial</del> POS/PPO/BMC	Yes	Yes	Yes	Yes
K0455 - K0455	Infusion pump	Yes	Yes	Yes	Yes
K0462 - K0462	Temporary Replacement for repairs- limited to one month	<del>Yes- No</del>	Yes	No	No
K0606 - K0606	Automatic external defibrillator	Yes	Yes	No	No
K0607 - K0609	Replacement battery, garment or electrodes	Yes	Yes	No	No
K0669 - K0669	Wheelchair seat or back cushion – unnamed by SADMERC	Yes	Yes	No	No
K0800 - K0899	Power Mobility and Accessories	Yes	Yes	Yes	Yes
L0112 - L0112	Cranial cervical orthosis	<del>Yes- No</del>	Yes	No	No
L0170 - L0170	Custom cervical collar	Yes	Yes	No	No
L0174 - L0200	Cervical orthosis	<del>Yes- No</del>	Yes	No	No
L0430 - L0472	Sacral Orthotic (SO) and Thoracic Lumbar Sacral Orthosis (TLSO)	Yes	Yes	No	No
L0480 - L0492	Thoracic Lumbar Sacral Orthosis (TLSO)	<del>Yes- No</del>	Yes	No	No
L0621 - L0640	Sacral Orthosis (SO) - Lumbar Sacral Orthosis (LSO)	<del>Yes- No</del>	Yes	No	No
L0700 - L0710	Cervical Thoracic Lumbar Sacral Orthosis (CTLSO)	<del>Yes- No</del>	Yes	No	No





# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
L0999 - L0999	Addition to spinal orthosis Not Otherwise Specified (NOS) Notes: over \$100	<del>Yes</del> - No	Yes	No	No
L1000 - L1050	Cervical Thoracic Lumbar Sacral Orthosis (CTLSO)	<del>Yes</del> - No	Yes	No	No
L1200 - L1200	Thoracic Lumbar Sacral Orthosis (TLSO) – low profile	<del>Yes</del> - No	Yes	No	No
L1300 - L1310	Other scoliosis procedures/orthoses	<del>Yes</del> - No	Yes	No	No
L1499 - L1499	Cervical Thoracic Lumbar Sacral Orthosis (CTLSO), Thoracic Lumbar Sacral Orthosis (TLSO) scoliosis body jackets and spinal orthosis Not Otherwise Specified (NOS) Notes: over \$100	Yes	Yes	No	No
L1500 - L1520	Thoracic Hip Knee Ankle Orthosis (THKAO)	<del>Yes</del> - No	Yes	No	No
L1640 - L1690	Hip Orthosis	<del>Yes</del> - No	Yes	No	No
L1700 - L1755	Legg Perthes orthosis	<del>Yes</del> - No	Yes	No	No
L1800 - L1832	Knee Orthosis - Prefabricated	No	Yes	No	No
L1834 - L1834	Knee orthosis – custom fabricated	Yes	Yes	Yes	Yes
L1836 - L1836	Knee orthosis – prefabricated	No	Yes	Yes	Yes
L1840 - L1846	Knee orthosis – custom fabricated	Yes	Yes	Yes	Yes
L1847 - L1850	Knee Orthosis - prefabricated	No	Yes	No	No
L1855 - L1880	Knee orthosis - custom fabricated	Yes	Yes	Yes	Yes
L1900 - L1902	Ankle Foot Orthosis (AFO)	No	Yes	No	No
L1904 - L1904	Ankle Foot Orthosis (AFO) – custom	<del>No</del> - Yes	Yes	<del>No</del> Yes	No



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
L1906 - L1906	Ankle Foot Orthosis (AFO) – prefabricated	No	Yes	No	No
L1907 - L1907	Ankle Foot Orthosis (AFO) – custom	Yes	Yes	<del>No</del> Yes	No
L1910 - L1910	Ankle Foot Orthosis (AFO) – prefabricated	No	Yes	No	No
L1920 - L1920	Ankle Foot Orthosis (AFO) – custom	Yes	Yes	<del>No</del> Yes	No
L1930 - L1930	Ankle Foot Orthosis (AFO) – prefabricated	No	Yes	No	No
L1932 - L1990	Ankle Foot Orthosis (AFO)	Yes	Yes	Yes	Yes
L2000 - L2039	Knee Ankle Foot Orthosis (KAFO)	<del>Yes</del> No	Yes	No	No
L2040 - L2090	Hip Knee Ankle Foot Orthosis (HKAFO) – custom	Yes	Yes	<del>No</del> Yes	No
L2200 - L2240	Additions to lower extremity orthosis	No	Yes	No	No
L2250 - L2280	Additions to lower extremity orthosis	<del>Yes</del> No	Yes	No	No
L2300 - L2320	Additions to lower extremity orthosis	No	Yes	No	No
L2330 - L2330	Additions to lower extremity orthosis	<del>Yes</del> No	Yes	No	No
L2335 - L2335	Additions to lower extremity orthosis	No	Yes	No	No
L2340 - L2350	Additions to lower extremity orthosis	<del>Yes</del> No	Yes	No	No
L2360 - L2360	Additions to lower extremity orthosis	No	Yes	No	No
L2370 - L2370	Additions to lower extremity orthosis	No	Yes	No	No
L2375 - L2385	Additions to lower extremity orthosis	No	Yes	No	No



# HCPSCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
L2387 - L2387	Polycentric knee joint	<del>Yes</del> No	Yes	No	No
L2390 - L2492	Addition to lower extremity orthosis	No	Yes	No	No
L2500 - L2680	Additions to lower extremity	<del>Yes</del> No	Yes	No	No
L2750 - L2860	Addition to lower extremity orthosis	No	Yes	No	No
L2999 - L2999	Lower Extremity (LE) orthosis Not Otherwise Specified (NOS) Notes: over \$200	Yes	Yes	<del>No</del> Yes	No
L3000 - L3030	Foot inserts	Yes	Yes	No	No
L3031 - L3031	Foot inserts	Yes	Yes	No	No
L3040 - L3214	Arch supports, ortho shoes, etc	Yes	Yes	No	No
L3215 - L3222	Orthopedic footwear	Yes	Yes	No	No
L3224 - L3640	Orthopedic footwear and additions	Yes	Yes	No	No
L3649 - L3649	Orthopedic shoe, modification addition or transfer NOS >\$100	Yes	Yes	No	No
L3650 - L3677	Shoulder orthosis	No	Yes	No	No
L3671 - L3673	Shoulder Orthosis	Yes	Yes	No	No
L3702 - L3702	Elbow orthosis	Yes	Yes	No	No
L3720 - L3760	Elbow orthosis	Yes	Yes	No	No
L3763 - L3766	Elbow, wrist, hand, finger orthoses	Yes	Yes	No	No
L3800 - L3807	Wrist Hand Finger Orthosis (WHFO) - custom	Yes	Yes	No	No



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
<del>L3890 - L3890</del>	<del>Addition to Wrist Hand Finger Orthosis (WHFO)</del>	<del>No</del>	<del>No</del>	<del>No</del>	No
L3900 - L3901	Wrist Hand Finger Orthosis (WHFO) dynamic custom	Yes	Yes	No	No
L3902 - L3902	Wrist Hand Finger Orthosis (WHFO) - custom fabricated	No	Yes	No	No
L3904 - L3907	Wrist Hand Finger Orthosis (WHFO) – custom	Yes	Yes	No	No
L3908 - L3912	Wrist Hand Finger Orthosis (WHFO) – prefabricated	No	Yes	No	No
L3913 - L3935	Hand and finger orthosis	<del>Yes</del> - No	Yes	No	No
L3936 - L3956	Hand and finger orthosis	No	Yes	No	No
<del>L3960 - L3978</del> L3961, L3967, L3971, L3973, L3975, L3076, L3977, L3978	Shoulder Elbow Wrist Hand Orthosis (SEWHO) custom	Yes	Yes	<del>No</del> -Yes	No
<del>L3980 - L3984</del>	<del>Shoulder Elbow Wrist Hand Orthosis (SEWHO)</del>	<del>No</del>	<del>Yes</del>	<del>No</del>	<del>No</del>
L3985 - L3986	Shoulder Elbow Orthosis (SEO) custom	Yes	Yes	<del>No</del> -Yes	No
L3995 - L3995	Shoulder Elbow Orthosis (SEO) custom	<del>No</del> -Yes	Yes	<del>No</del> -Yes	No
L3999 - L3999	Upper Extremity (UE) orthosis Not Otherwise Specified (NOS) Notes: over \$200 \$300 / > \$500 for POS/PPO	Yes	Yes	<del>No</del> -Yes	No
L4000 - L4070	Special repairs	<del>Yes</del> - No	Yes	No	No
L4080 - L4110	Special repairs	No	Yes	No	No
L4130 - L4130	Repair - Tibial Shell	<del>Yes</del> - No	Yes	No	No



# HCPSCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
L4205 - L4205	Repair – labor component > 4units	No	Yes	No	No
L4210 - L4210	Repair – minor parts component Notes: over \$100	No	Yes	No	No
L4350 - L4398	Ankle control orthoses, walking boot, soft interface, static ankle orthosis, foot drop splint	No	Yes	No	No
L5000 - L5341	Lower Limb Prosthesis	Yes	Yes	Yes	Yes
L5500 - L5699	Initial below knee prosthesis, preparatory prosthesis, sockets, additions to sockets, etc	Yes	Yes	Yes	Yes
L5700 - L5995	Replacement sockets and additions	Yes	Yes	Yes	Yes
L5999 - L5999	Lower Extremity (LE) prosthesis addition Not Otherwise Specified (NOS) Notes: over \$200	Yes	Yes	Yes	Yes
L6000 - L6698	Partial hand prosthetics, through upper limb prosthetics and additions	Yes	Yes	Yes	Yes
L6703 - L7405	Terminal devices for upper extremity prostheses, etc	Yes	Yes	Yes	Yes
L7499 - L7499	Terminal devices for upper extremity prostheses - Not otherwise specified >\$200	Yes	Yes	Yes	Yes
L7500 - L7520	Repair of prosthetic device - hourly rate >\$100	Yes	Yes	No	No
L7900 - L7900	Male vacuum erection system	<del>Yes</del> No	Yes	No	No
L8035 - L8039	Custom Breast prosthesis - > <del>\$100</del> \$300	Yes	Yes	No	No
L8040 - L8048	Nasal and facial prosthesis	No	Yes	No	No



# HCPCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
L8049 - L8049	Repair of face prosthesis - > <del>\$100</del> \$300	No	Yes	No	No
L8499 - L8499	Unlisted procedure for miscellaneous prosthetic services Not Otherwise Specified (NOS) Notes: over <del>\$100</del> \$300	Yes	Yes	No	No
L8510 - L8510	Voice Amplifier	No	Yes	No	No
L8610 - L8610	Ocular implant	<del>Yes</del> - No	Yes	No	No
L8614 - L8619	Cochlear device system or implant	Yes	Yes	Yes	Yes
L8683 - L8683	Radiofrequency transmitter for neurostimulator	Yes	Yes	<del>No</del> -Yes	No
L8699 - L8699	Prosthetic implant Not Otherwise Specified (NOS) Notes: over <del>\$100</del> \$300 / > \$500 for PPO/POS	<del>No</del> -Yes	Yes	<del>No</del> -Yes	No
L9900 - L9900	Orthotic and prosthetic supply, accessory, and/or service component Not Otherwise Specified (NOS) Notes: over <del>\$100</del> \$300	Yes	Yes	No	No
S0012 - S9999	Temporary National Codes Notes: All S-Codes	Yes	Yes	Yes	Yes
<del>T0000--T9999</del> T4522, T4523, T4535	Incontinence Supplies Notes: over the OHP allowable per month	No	Yes	No	No
V2020 - V2020	Glasses Frames	No	Yes	No	No
V2100 - V2199	Single Vision Lenses	No	Yes	No	No
V2200 - V2299	Bifocal Lenses	No	Yes	No	No
V2300 - V2399	Trifocal Lenses	No	Yes	No	No
V2410 - V2499	Variable Lenses	No	Yes	No	No



# HCPSCS Authorization Grid

Edit Legend:  
 Full line red text strikethrough = code/code range deleted  
 Strikethrough with adjoining red text = code/code range edited  
 Full line red text without strikethrough = code/code range added

\* The following grid **only** identifies items that require pre-authorization from Clear Choice Health Plans.  
 Please note: This grid does **not** identify whether items are/aren't covered. Codes may change in the future but the underlying procedure/service requiring authorization will not change without proper notification.

Code Range	Description	Authorization Required			
		Med.-Adv. Medicare	COIHS	POS/PPO	BMC Insured
V2510 - V2599	Contact Lenses	No	Yes	No	No
V2600 - V2615	Vision Aids	No	Yes	No	No
V2623 - V2629	Ocular prosthetics	<del>Yes</del> No	Yes	No	No
V2700 - V2799	Miscellaneous Optical Codes	No	Yes	No	No
V5008 - V5299	Hearing Aid/Services	No	Yes	No	No
V5336 - V5364	Speech-Language Pathology Services	<del>Yes</del> No	Yes	No	No