



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
A9900 - A9999	Miscellaneous DME supplies Notes: > \$500 for Medicare	Yes
B4150 - B4160	Enteral Formula	Yes
B9000 - B9999	Enteral infusion pump and supplies	Yes
C9249 - C9249	Certolizumab Pegol (Cimzia) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
C9251 - C9251	C1 Esterase Inhibitor - Human (Cinryze) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
C9270 - C9270	Gammaplex (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
C9272 - C9272	Prolia (Denosumab) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
C9272 - C9272	Xgeva (Denosumab) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
C9273 - C9273	Provenge (sipuleucel-T) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
C9278 - C9278	Xeomin (icobotulinumtoxinA) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
E0193 - E0194	Low air loss bed, air fluidized bed	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
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 & POS/PPO - 1st 3 months rental does not require pre-auth; subsequent rental months and purchases require pre-auth	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
E1050 - E1093	Wheelchair – reclining etc	Yes
E1100 - E1200	Wheelchairs	Yes
E1220 - E1239	Wheelchairs-special sizes	Yes
E1240 - E1270	Wheelchair - Lightweight	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
E1280 - E1298	Heavy Duty Wheelchairs	Yes
E1310 - E1310	Whirlpool	Yes
E1399 - E1399	Miscellaneous DME item Notes: > \$500 for Medicare & COIHS; > \$500 for POS/PPO	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
G0154 - G0154	Services of Skilled Nurse in Home Health Setting, each 15 minutes	Yes
J0129 - J0129	Abtaccept (Orencia) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0256 - J0256	Alpha-1-proteinase inhibitor (Prolastin, Zemaira, Aralast) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0585 - J0587	Botulinum toxin type A & type B (Botox injections)	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
J0586 - J0586	Dysport (abobotulinumtoxinA) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0587 - J0587	Myobloc (rimabotulinumtoxinB) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0598 - J0598	Cinryze (C1 inhibitor) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0718 - J0718	Cimzia (certolizumab) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0775 - J0775	Xiaflex (Collagenase Clostridium Histolyticum) Notes: New code for filing claims available 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0881 - J0882	Darbepoetin (Aranesp) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0885 - J0885	Epoetin alpha (Epogen, Procrit) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J0897 - J0897	Prolia, XGEVA (denosumab) Notes: Replaces C9272 effective 1/1/12	Yes
J1300 - J1300	Eculizumab (Soliris) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1325 - J1325	Epoprostenol (Flolan) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
J1459 - J1459	Privigen (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1561 - J1561	Gamunex (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1562 - J1562	Vivaglobin (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1566 - J1566	Carimune (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1566 - J1566	Hizentra (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1568 - J1568	Octagam (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1569 - J1569	Gammagard (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J1572 - J1572	Flebogamma (Human Immune Globulin) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
J1745 - J1745	Infliximab (Remicade) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J2323 - J2323	Natalizumab (Tysabri) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J2357 - J2357	Omalizumab (Xolair) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J2505 - J2505	Pegfilgrastin (Neulasta) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J2778 - J2778	Ranibizumab (Lucentis) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3262 - J3262	Actemra (tocilizumab) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3285 - J3285	Treprostinil (Remodulin) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3488 - J3488	Zoledronic Acid (Reclast) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3490 - J3490	Unclassified Drugs	Yes
J3490 - J3490	Palivizumab (Synagis) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3490 - J3490	Xiaflex Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
J3490 - J3490	Provenge (sipuleucel-T) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3490 - J3490	Glassia (Alpha-1 Proteinase Inhibitor) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3490 - J3490	Xeomin (incobotulinumtoxinA) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3590 - J3590	Unclassified Biologics	Yes
J3590 - J3590	C1 Esterase Inhibitor (Cinryze) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3590 - J3590	Riloncept (Arcalyst) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3590 - J3590	Canakinumab (Ilaris) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3590 - J3590	Xiaflex Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3590 - J3590	Provenge Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J3590 - J3590	Glassia (Alpha-1 Proteinase Inhibitor) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes

# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
J3590 - J3590	Xeomin (incobotulinumtoxinA) Notes: Prior authorization required effective 1/1/11. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J7321 - J7324	<b>FOR COIHS, POS/PPO, HKC:</b> Hyaluronic Acid Derivatives (Synvisc, Hyalgan, Supartz, Euflexxa and Orthovisc) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J7321 - J7324	<b>FOR Medicare Advantage:</b> Hyaluronic Acid Derivatives (Synvisc, Hyalgan, Supartz, Euflexxa and Orthovisc) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J7325 - J7325	<b>FOR COIHS, POS/PPO. HKC:</b> "Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J7325 - J7325	<b>FOR Medicare Advantage:</b> Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg Notes: New CMS-issued HCPCS billing code for Synvisc-One and SYNVISC, eff 1/1/10. Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J9310 - J9310	Rituximab (Rituxan) Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
J9999 - J9999	Not otherwise classified, antineoplastic drugs	Yes
K0001 - K0009	Standard to heavy duty manual wheelchair	Yes
K0108 - K0108	Miscellaneous wheelchair accessories Notes: > \$200 for Medicare & COIHS; > \$500 for POS/PPO	Yes
K0800 - K0899	Power Mobility and Accessories	Yes





# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
L0170 - L0170	Custom cervical collar	Yes
L1499 - L1499	Cervial Thoracic Lumbar Sacral Orthosis (CTLSO), Thoracic Lumbar Sacral Orthosis (TLSO) scoliosis body jackets and spinal orthosis Not Otherwise Specified (NOS) Notes: > \$100	Yes
L1834 - L1834	Knee orthosis – custom fabricated	Yes
L1840 - 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



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
L3649 - L3649	Orthopedic shoe, modification addition or transfer NOS Notes: > \$500	Yes
L3671 - L3673	Shoulder Orthosis	Yes
L3720 - L3740	Elbow Orthosis - custom fabricated	Yes
L3765 - L3766	Elbow, Wrist, Hand, Finger Orthoses	Yes
L3806 - L3806	Wrist Hand Finger Orthosis (WHFO) - custom fabricated	Yes
L3900 - L3901	Wrist hand finger orthosis (WHFO) - dynamic custom fabricated	Yes
L3904 - L3904	Wrist Hand Finger Orthosis (WHFO) - custom fabricated	Yes
L3933 - L3933	Hand and Finger Orthosis - custom fabricated	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



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
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
L7500 - L7520	Repair of prosthetic device Notes: hourly rate >\$100	Yes
L8035 - L8039	Custom breast prosthesis Notes: > \$300	Yes
L8499 - L8499	Unlisted procedure for miscellaneous prosthetic services Not Otherwise Specified (NOS) Notes: > \$300	Yes
L8614 - L8619	Cochlear device system or implant	Yes
L8683 - L8683	Radiofrequency transmitter for neurostimulator	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: > \$300	Yes



# PacificSource Medicare HCPCS Authorization Grid

\* The following grid **only** identifies items that require pre-authorization from PacificSource Medicare.

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	PacificSource Medicare Authorization Required
Q4074 - Q4074	Iloprost inhaled (Ventavis) Notes: Q4080 was replaced by Q4074 on 1/1/10 Coverage Policy available on <a href="http://www.clearonehp.com">www.clearonehp.com</a>	Yes
S0012 - S9999	Temporary National Codes (Non-Medicare) Notes: All S-Codes > \$500	Yes