

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                | Category               | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------|------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4206      | Syringe with needle, sterile, 1cc or less, each    | Miscellaneous Supplies | No             | Yes                       | Covered for members who require medication administration via syringe, diagnosis required. (Insulin syringes are billed under S8490.)                                                                                                                                                            | Medical necessity                               | Purchase only      | October 2021       |
| A4207      | Syringe with needle, sterile, 2cc, each            | Miscellaneous Supplies | No             | Yes                       | Covered for members who require medication administration via syringe, diagnosis required. (Insulin syringes are billed under S8490.)                                                                                                                                                            | Medical necessity                               | Purchase only      | October 2021       |
| A4208      | Syringe with needle, sterile, 3cc, each            | Miscellaneous Supplies | No             | Yes                       | Covered for members who require medication administration via syringe, diagnosis required. (Insulin syringes are billed under S8490.)                                                                                                                                                            | Medical necessity                               | Purchase only      | October 2021       |
| A4209      | Syringe with needle, sterile, 5cc or greater, each | Miscellaneous Supplies | No             | Yes                       | Covered for members who require medication administration via syringe, diagnosis required. (Insulin syringes are billed under S8490.)                                                                                                                                                            | Medical necessity                               | Purchase only      | October 2021       |
| A4210      | Needle-free injection device, each                 | Miscellaneous Supplies | Always         | Yes                       | Covered for members who administer medication themselves or with the assistance of a caregiver and are not able to safely administer medication using a conventional syringe with needle. A medically unlikely edit of 1 exists for this code.                                                   | 1 per 5 years                                   | Purchase only      | January 2024       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                 | Category               | Auth. required | Included in LTC per diem?                    | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------|------------------------|----------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4211      | Supplies for self-administered injections           | Equipment and Supplies | Over \$400     | Yes                                          | Covered for members who administer medications themselves or with the assistance of a caregiver. Only to be used where a more specific code is not available. Used for Sharps disposal containers with modifier U3.                                                                              | Medical necessity                               | Purchase only      | October 2021       |
| A4212      | Noncoring needle or stylet with or without catheter | Miscellaneous Supplies | No             | Y - NF <sup>1</sup><br>N-ICF/DD <sup>2</sup> | Covered when medically necessary. Should not be billed with A4220.                                                                                                                                                                                                                               | Medical necessity                               | Purchase only      | October 2021       |
| A4213      | Syringe, sterile, 20cc or greater, each             | Miscellaneous Supplies | No             | Yes                                          | Covered for members who require medication administration via syringe. (Insulin syringes are billed with S8490.)                                                                                                                                                                                 | Medical necessity                               | Purchase only      | October 2021       |
| A4215      | Needle, sterile, any size, each                     | Miscellaneous Supplies | No             | Yes                                          | Covered when needles are dispensed without syringes, or when dispensed with a syringe code that does not include needles when medically necessary.                                                                                                                                               | Medical necessity                               | Purchase only      | October 2021       |

<sup>1</sup> The code will be included in the nursing facility's per diem.

<sup>2</sup> The code will not be included in the intermediate care facility/developmental disability's per diem.

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                     | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4216      | Sterile water, saline or dextrose, diluent/flush, 10 ml | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered when medically necessary. Document medical necessity for quantity. Should not be billed with A4221. Only nonlegend sterile saline irrigation solutions may be billed as a medical supply. (Legend sterile saline solutions must be billed by a pharmacy as a drug.) Authorization required for any limit over 300 per month.                                                                                                               | 300 units per month                             | Purchase only      | October 2017       |
| A4217      | Sterile water or saline, 500 ml                         | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered when medically necessary. Document reason for need, including need for sterility, and reason for quantity. Only nonlegend sterile saline irrigation solutions may be billed as a medical supply, legend sterile saline solutions must be billed by a pharmacy as a drug.                                                                                                                                                                   | 100 units per month                             | Purchase only      | January 2008       |
| A4218      | Sterile Saline or water, metered dose dispenser, 10 ml  | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered when medically necessary for use with inhaled solutions. Only nonlegend sterile saline irrigation solutions may be billed as a medical supply, legend sterile saline solutions must be billed by a pharmacy as a drug. Document medical necessity and frequency of use. Use U3 modifier for vials other than 10 ml. A medically unlikely edit of 20 exists for this code. No more than 20 units may be dispensed per date of service. MHCP | 20 per dispensing, up to 300 units per month    | Purchase only      | January 2024       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                |                        |                       |                           | policy allows up to 300 per month before authorization is required.                                                                                                                                                                                                                                        |                                                 |                    |                    |
| A4220      | Refill kit for implantable infusion pump                                                       | Drug Infusion Supplies | For excess quantities | No                        | Covered for members with implanted infusion pump. Includes appropriate noncoring needles, filters, connectors, etc. which may not be billed separately. Usual use is 1 per month, document excess need.                                                                                                    | 5 per month                                     | Purchase only      | January 2008       |
| A4221      | Supplies for maintenance of noninsulin drug infusion catheter, per week (list drug separately) | Drug Infusion Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with drug infusion catheters. Includes gloves, alcohol wipes, tapes, catheter insertion devices, dressings for the catheter site and flush solutions not directly related to drug infusion, as well as all cannulas, and needles. A medically unlikely edit of 4 exists for this code. | 4 per month                                     | Purchase only      | January 2024       |
| A4222      | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) | Drug Infusion Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with external drug infusion pumps. Includes the cassette or bag, diluting solutions, tubing and other administration supplies, port cap changes, compounding charges and preparation charges.                                                                                          | 2 per month                                     | Purchase only      | January 2018       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                 | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4223      | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) | Drug Infusion Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered when medically necessary. Includes the cassette or bag, diluting solutions, tubing and other administration supplies, port cap changes, compounding charges and preparation charges.                                                                                                     | 2 per month                                     | Purchase only      | December 2024      |
| A4224      | Supplies for maintenance of insulin infusion catheter, per week                                     | Diabetes               | For excess quantities | No                        | Covered for members with external insulin pumps. Refer to manual. A medically unlikely edit of 5 exists for this code.                                                                                                                                                                           | 5 per month                                     | Purchase only      | January 2024       |
| A4225      | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each                  | Diabetes               | For excess quantities | No                        | Covered for members with external insulin pumps. Refer to manual.                                                                                                                                                                                                                                | 31 per month                                    | Purchase only      | November 2016      |
| A4226      | Supplies for maintenance of insulin infusion pump with dosage rate adjustment (Weekly)              | Diabetes               | Always                | No                        | Covered for members with insulin infusion pumps. Refer to manual. A medically unlikely edit of 1 exists for this code.                                                                                                                                                                           | 1 per week                                      | Purchase only      | January 2024       |
| A4230      | Infusion set for external insulin pump, nonneedle cannula type                                      | Diabetes               | For excess quantities | No                        | Covered for members with external insulin pumps. Refer to manual.                                                                                                                                                                                                                                | 20 per month                                    | Purchase only      | September 2018     |
| A4231      | Infusion set for external insulin pump, needle type                                                 | Diabetes               | For excess quantities | No                        | Covered for members with external insulin pumps. Refer to manual.                                                                                                                                                                                                                                | 20 per month                                    | Purchase only      | September 2018     |
| A4232      | Syringe with needle for external insulin pump, sterile, 3cc                                         | Diabetes               | For excess quantities | No                        | Covered for members with external insulin pumps. Refer to manual.                                                                                                                                                                                                                                | 20 per month                                    | Purchase only      | December 2020      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                   | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4233      | Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each | Diabetes | For excess quantities | Yes                       | Covered for diabetic members who own a blood glucose monitor. A medically unlikely edit of 2 exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 6 per year before authorization is required.                                              | 2 per dispensing, up to 6 per year              | Purchase only      | January 2024       |
| A4234      | Replacement battery, J cell, for use with medically necessary home blood glucose monitor owned by patient, each                       | Diabetes | For excess quantities | Yes                       | Covered for diabetic members who own a blood glucose monitor. A medically unlikely edit of 2 exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 6 per year before authorization is required.                                              | 2 per dispensing, up to 6 per year              | Purchase only      | January 2024       |
| A4235      | Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each | Diabetes | For excess quantities | Yes                       | Covered for diabetic members who own a blood glucose monitor. A medically unlikely edit of 2 exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 6 per year before authorization is required.                                              | 2 per dispensing, up to 6 per year              | Purchase only      | January 2024       |
| A4236      | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each                 | Diabetes | For excess quantities | Yes                       | Covered for diabetic members who own a blood glucose monitor. A medically unlikely edit of 2 exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 6 per year before authorization is required.                                              | 2 per dispensing, up to 6 per year              | Purchase only      | January 2024       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                           | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4238      | Adjunctive CGM supply allowance, includes all supplies and accessories, 1 month supply = 1 unit of service    | Diabetes               | Always                | Yes                       | Covered for insulin dependent diabetics with a history of hypoglycemic unawareness. Refer to manual. A medically unlikely edit of 1 exists for this code.                                                                                                                                        | 1 unit per month                                | Purchase only      | January 2024       |
| A4239      | Nonadjunctive CGM supply allowance, includes all supplies and accessories, 1 month supply = 1 unit of service | Diabetes               | Always                | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual. A medically unlikely edit of 1 exists for this code.                                              | 1 unit per month                                | Purchase only      | January 2024       |
| A4244      | Alcohol or peroxide, per pint                                                                                 | Miscellaneous Supplies | For excess quantities | Yes                       | Covered when medically necessary for injections or sterilizing equipment.                                                                                                                                                                                                                        | 5 pints per month                               | Purchase only      | December 2008      |
| A4245      | Alcohol wipes, per box                                                                                        | Miscellaneous Supplies | For excess quantities | Yes                       | Covered when medically necessary for injections or sterilizing equipment. Prior authorization required for over 6 boxes per month.                                                                                                                                                               | 6 boxes per month                               | Purchase only      | December 2008      |
| A4246      | Betadine or pHisoHex solution, per pint                                                                       | Renal Dialysis         | No                    | No                        | Covered when dispensed by approved dialysis equipment supplier. Indications other than dialysis must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                         | Medical necessity                               | Purchase only      | December 2008      |
| A4247      | Betadine or iodine swabs or wipes, per box                                                                    | Renal Dialysis         | No                    | No                        | Covered when dispensed by approved dialysis equipment supplier. For indications other than dialysis, must be                                                                                                                                                                                     | Medical necessity                               | Purchase only      | December 2008      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                     | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                         |                        |                       |                           | billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                                                                                                                                          |                                                 |                    |                    |
| A4248      | Chlorhexidine containing antiseptic, 1 ml                                                               | Miscellaneous Supplies |                       |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                                                                                                 |                                                 |                    | December 2008      |
| A4250      | Urine test or reagent strips or tablets (100 tablets or strips)                                         | Diabetes               | For excess quantities | Yes                       | Covered for diabetic members who choose not to use blood glucose monitoring or for diabetic members at risk for ketoacidosis. Also can be covered for members who are reliant on nasogastric or nasojoule tube feedings to verify correct tube placement. A medically unlikely edit of 2 exists for this code. No more than 2 units may be dispensed per date of service. | 2 boxes per month                               | Purchase only      | January 2024       |
| A4252      | Blood ketone test or reagent strip, each                                                                | Diabetes               | Always                | Yes                       | Covered for diabetics at risk of ketoacidosis for whom urine ketone testing is not sufficient. Refer to manual.                                                                                                                                                                                                                                                           | 90 per month                                    | Purchase only      | September 2024     |
| A4253      | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (1 unit = 50 strips) | Diabetes               |                       | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual. A medically unlikely edit of 4 exists for this code.                                                                                                                       | 4 per month                                     |                    | January 2024       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                             | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------|----------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4255      | Platforms for home blood glucose monitor, 50 per box                            | Diabetes | For excess quantities | Yes                       | Covered for diabetic members who do home blood glucose monitoring. A medically unlikely edit exists for this code. MHCP policy allows up to 1 per month before authorization is required.                                                                                                                 | 1 per month                                     | Purchase only      | January 2024       |
| A4256      | Normal, low and high calibrator solution / chips                                | Diabetes |                       | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. A medically unlikely edit of 1 exists for this code. MHCP policy allows up to 1 per month before authorization is required. | 1 per month                                     |                    | January 2024       |
| A4257      | Replacement lens shield cartridge for use with laser skin piercing device, each | Diabetes | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for diabetic members who own and use a laser skin piercing device. A medically unlikely edit exists for this code. MHCP policy allows up to 1 per month before authorization is required.                                                                                                         | 1 per month                                     | Purchase only      | January 2024       |
| A4258      | Spring-powered device for lancet, each                                          | Diabetes |                       | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual. A medically unlikely edit of 1 exists for this code.                                                       | 1 per month                                     |                    | January 2024       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                     | Category        | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------|-----------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4259      | Lancets, per box                                                                        | Diabetes        |                       | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual. A medically unlikely edit of 2 exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 4 per month before authorization is required. | 2 per dispensing, up to 4 per month             |                    | January 2025       |
| A4261      | Cervical cap for contraceptive use                                                      | Family Planning | For excess quantities | No                        | Covered for female members when prescribed for contraception. A medically unlikely edit of 1 exists for this code.                                                                                                                                                                                                                                                                    | 1 per year                                      | Purchase only      | January 2024       |
| A4264      | Permanent implantable contraceptive intratubal occlusion device (s) and delivery system | Family Planning | For excess quantities | No                        | Covered when implanted by a physician. Cannot be dispensed by medical supplier or pharmacy. A medically unlikely edit of 1 exists for this code. MHCP policy allows up to 2 per lifetime before authorization is required.                                                                                                                                                            | 2 per lifetime                                  | Purchase only      | January 2024       |
| A4265      | Paraffin, per lb.                                                                       | Wound Care      | For excess quantities | Yes                       | Covered when used as part of a home therapy treatment plan. A medically unlikely edit of 2 exists for this code. MHCP policy allows up to 1 per month before authorization is required.                                                                                                                                                                                               | 1 lb. per month                                 | Purchase only      | January 2024       |
| A4266      | Diaphragm for contraceptive use                                                         | Family Planning | For excess quantities | No                        | Covered for female members when prescribed for contraception. A medically unlikely edit of 1 exists for this code.                                                                                                                                                                                                                                                                    | 1 per year                                      | Purchase only      | January 2024       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                            | Category        | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------|-----------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4267      | Contraceptive supply, condom, male, each                                       | Family Planning | For excess quantities | No                        | Covered for male or female members when prescribed for contraception or disease prevention.                                                                                                                                                                                                                                                                                                 | 90 per month                                    | Purchase only      | January 2008       |
| A4268      | Contraceptive supply, condom, female, each                                     | Family Planning | For excess quantities | No                        | Covered for female members when prescribed for contraception or disease prevention.                                                                                                                                                                                                                                                                                                         | 90 per month                                    | Purchase only      | January 2008       |
| A4269      | Contraceptive supply, spermicide (for example, foam, gel), each                | Family Planning | For excess quantities | No                        | Covered for male or female members when prescribed for contraception.                                                                                                                                                                                                                                                                                                                       | 6 per month                                     | Purchase only      | January 2008       |
| A4280      | Adhesive skin support attachment for use with external breast prosthesis, each | Prosthetics     | For excess quantities | No                        | Covered for members with external breast prostheses. A medically unlikely edit of 20 exists for this code. No more than 20 units may be dispensed per date of service. MHCP policy allows up to 60 per month before authorization is required.                                                                                                                                              | 20 per dispensing, up to 60 per month           | Purchase only      | January 2024       |
| A4281      | Tubing for breast pump, replacement                                            | Breast Pump     | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps. A medically unlikely edit of 1 exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 2 per year before authorization is required. Replacement parts are only covered when the specific part of the pump no longer functions properly. | 1 per dispensing, up to 2 per year              | Purchase only      | January 2025       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                      | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------|-------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4282      | Adapter for breast pump, replacement                                     | Breast Pump | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps. A medically unlikely edit of 1 exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 2 per year before authorization is required. Replacement parts are only covered when the specific part of the pump no longer functions properly. | 1 per dispensing, up to 2 per year              | Purchase only      | January 2025       |
| A4283      | Cap for breast pump bottle, replacement                                  | Breast Pump | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps. Replacement parts are only covered when the specific part of the pump no longer functions properly.                                                                                                                                                                                      | 1 per dispensing, up to 2 per year              | Purchase only      | January 2025       |
| A4284      | Breast shield and splash protector for use with breast pump, replacement | Breast Pump | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps. A medically unlikely edit of 1 exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 2 per year before authorization is required. Replacement parts are only covered when the specific part of the pump no longer functions properly. | 1 per dispensing, up to 2 per year              | Purchase only      | January 2025       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                             | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4285      | Polycarbonate bottle for use with breast pump, replacement                      | Breast Pump            | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps. Replacement parts are only covered when the specific part of the pump no longer functions properly.                                                                                                                                                                                      | 1 per dispensing, up to 2 per year              | Purchase only      | January 2025       |
| A4286      | Locking ring for breast pump, replacement                                       | Breast Pump            | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps. A medically unlikely edit of 1 exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 2 per year before authorization is required. Replacement parts are only covered when the specific part of the pump no longer functions properly. | 1 per dispensing, up to 2 per year              | Purchase only      | January 2025       |
| A4287      | Disposable collection and storage bag for breast milk, any size, any type, each | Breast Pump            | For excess quantities | No                        | Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps.                                                                                                                                                                                                                                                                                          | 186 per month                                   | Purchase only      | April 2024         |
| A4305      | Disposable drug delivery system, flow rate of 50 ml or greater per hour         | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring drug infusion using a disposable system.                                                                                                                                                                                                                                                                                                                      | 10 per dispensing                               | Purchase only      | May 2010           |
| A4306      | Disposable drug delivery system, flow rate of less than 50 ml per hour          | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring drug infusion using a disposable system.                                                                                                                                                                                                                                                                                                                      | 10 per dispensing                               | Purchase only      | May 2010           |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                              | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4310      | Insertion tray without drainage bag and without catheter (accessories only)                                                                                      | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and nonsterile or sterile gloves (A4927 or A4930).                                                                                           | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |
| A4311      | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and nonsterile or sterile gloves (A4927 or A4930) and catheter (A4338).                                                                      | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |
| A4312      | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone                                                                  | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and nonsterile or sterile gloves (A4927 or A4930) and catheter (A4344).                                                                      | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |
| A4313      | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation                                                   | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and nonsterile or sterile gloves (A4927 or A4930) and catheter (A4346).                                                                      | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                           | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4314      | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) nonsterile or sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and catheter (A4338).                                               | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |
| A4315      | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone                                                                  | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) nonsterile or sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and catheter (A4344).                                               | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |
| A4316      | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation                                                   | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters with a history of obstruction of the catheter. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) nonsterile or sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and catheter (A4346). | 1 per insertion, up to 31 per month             | Purchase only      | January 2025       |
| A4320      | Irrigation tray with bulb or piston syringe, any purpose                                                                                                      | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheter or other medical condition requiring irrigation. Most members can be                                                                                                                                                                                                          | 62 per month                                    | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                     | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                         |                               |                       |                           | served with one unit per week. Includes A4322.                                                                                                                                                                                                                                                                                                              |                                                 |                    |                    |
| A4321      | Therapeutic agent for urinary catheter irrigation                       |                               |                       |                           | Therapeutic solutions with active ingredients and legend sterile saline solutions must be billed by a pharmacy as a drug.                                                                                                                                                                                                                                   |                                                 |                    | April 2009         |
| A4322      | Irrigation syringe, bulb or piston, each                                | Urological and Bowel Supplies | For excess quantities | Yes                       | Covered for members with indwelling catheter or other medical condition requiring irrigation. Most members can be served with one unit per week. Included in A4320. A medically unlikely edit of 12 exists for this code. No more than 12 units may be dispensed per date of service. MHCP policy allows for 62 per month before authorization is required. | 12 per dispensing, up to 62 per month           | Purchase only      | April 2025         |
| A4326      | Male external catheter with integral collection chamber, any type, each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for male members with urinary incontinence who do not have an indwelling catheter. A medically unlikely edit of 30 exists for this code. MHCP policy allows for 30 per month before authorization is required.                                                                                                                                      | 30 per month                                    | Purchase only      | January 2025       |
| A4327      | Female external urinary collection device; meatal cup, each             | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for female members with urinary incontinence who do not have an indwelling catheter. A medically unlikely edit of 2 exists for this code. No more than                                                                                                                                                                                              | 2 per dispensing, up to 4 per month             | Purchase only      | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                  | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                      |                               |                       |                           | 2 units may be dispensed per date of service. MHCP policy allows for 4 per month before authorization is required.                                                                                                                                                                               |                                                 |                    |                    |
| A4328      | Female external urinary collection device; pouch, each                                                               | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for female members with urinary incontinence who do not have an indwelling catheter. A medically unlikely edit of 31 exists for this code. MHCP policy allows for 31 per month before authorization is required.                                                                         | 31 per month                                    | Purchase only      | January 2025       |
| A4330      | Perianal fecal collection pouch with adhesive, each                                                                  | Urological and Bowel Supplies | For excess quantities | Y- NF<br>N-ICF/DD         | Covered for members with fecal incontinence.                                                                                                                                                                                                                                                     | 31 per month                                    | Purchase only      | April 2009         |
| A4331      | Extension drainage tubing, any type, with connector or adaptor, for use with urinary leg bag or urostomy pouch, each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary incontinence and leg bag or urostomy pouch. Generally, tubing may be needed once per week, but may be replaced daily for frequent UTIs or other medical conditions.                                                                                             | 31 per month                                    | Purchase only      | April 2009         |
| A4332      | Lubricant, individual sterile packet, each                                                                           | Urological and Bowel Supplies | For excess quantities | Yes                       | Covered for members who use catheters with sterile insertion, as medically necessary for other diagnoses. 1 packet per sterile catheterization is covered. A medically unlikely edit exists on this code. No more than 200 units may be dispensed per date of service. MHCP policy allows        | 200 units per dispensing, up to 288 per month   | Purchase only      | February 2021      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                               | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                   |                               |                       |                           | for 288 per month before authorization is required.                                                                                                                                                                                                                                                                   |                                                 |                    |                    |
| A4333      | Urinary catheter anchoring device, adhesive skin attachment, each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who use indwelling catheters. Use is expected to be 1 every 2-3 days, 1 each day may be needed in some cases. A medically unlikely edit exists for this code. No more than 12 units may be dispensed per date of service. MHCP policy allows up to 31 per month before authorization is required. | 12 per dispensing, up to 31 per month           | Purchase only      | July 2023          |
| A4334      | Urinary catheter anchoring device, leg strap, each                | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who use catheters. Typical use is expected to be 1 each month, 1 each week may be needed in some cases.                                                                                                                                                                                           | 5 per month                                     | Purchase only      | February 2018      |
| A4335      | Incontinence supply, miscellaneous                                | Urological and Bowel Supplies | Over \$400            | Y                         | Covered for members with incontinence. Only to be used when a more specific code is not available. Refer to manual for information about billing Miscellaneous Supplies.                                                                                                                                              | Medical necessity                               | Purchase only      | April 2009         |
| A4336      | Incontinence supply, urethral insert, any type, each              | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary incontinence.                                                                                                                                                                                                                                                                        | 200 per month                                   | Purchase only      | January 2010       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HPCS code | Description of code                                                                                                                  | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed)         | Rental or purchase | Policy review date |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|--------------------|
| A4337     | Incontinence supply, rectal insert, any type, each                                                                                   | Urological and Bowel Supplies |                       | No                        | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                         |                    | September 2016     |
| A4338     | Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, or similar), each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month.                                                                                                                                                                                        | 1 indwelling catheter per insertion, up to 31 per month | Purchase only      | November 2016      |
| A4340     | Indwelling catheter; Specialty type (for example coude, mushroom, wing, or similar), each                                            | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month.                                                                                                                                                                                        | 1 indwelling catheter per insertion, up to 31 per month | Purchase only      | November 2016      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                        | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed)         | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|--------------------|
| A4344      | Indwelling catheter, Foley type, two-way, all silicone, each               | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month.                                                                                                                                                                                        | 1 indwelling catheter per insertion, up to 31 per month | Purchase only      | November 2016      |
| A4346      | Indwelling catheter, Foley type, three-way for continuous irrigation, each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who use indwelling catheter and have a history of obstruction of the catheter. Generally, 1 indwelling catheter is appropriate per month.                                                                                                                                    | 1 indwelling catheter per insertion, up to 31 per month | Purchase only      | November 2016      |
| A4349      | Male external catheter with or without adhesive, disposable, each          | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for male members with urinary incontinence. Most members can be served with 2 per day. A medically unlikely edit exists on this code. No more than 35 units may be dispensed per date of service. MHCP policy allows for 90 per month before authorization is required.                  | 35 per dispensing, up to 90 per month                   | Purchase only      | January 2023       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                             | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed)                                       | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|--------------------|
| A4351      | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each       | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who use intermittent catheterization. Most members can be served with 150 - 180 catheters per month. Additional quantities may be needed for members with a history of frequent UTIs. Documentation must include frequency of needed catheterization and reason for frequency. A medically unlikely edit exists on this code. No more than 200 units may be dispensed per date of service. MHCP policy allows for 300 per month before authorization is required.                       | 200 intermittent catheters per dispensing, up to 300 intermittent catheters per month | Purchase only      | January 2023       |
| A4352      | Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who use intermittent catheterization. Most members can be served with 150 - 180 catheters per month. Additional quantities may be needed for members with a history of frequent UTIs. Documentation must include frequency of needed catheterization, reason for frequency and reason for coude tip. A medically unlikely edit exists on this code. No more than 200 units may be dispensed per date of service. MHCP policy allows for 300 per month before authorization is required. | 200 intermittent catheters per dispensing, up to 300 intermittent catheters per month | Purchase only      | January 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                    | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                                                       | Quantity limits (maximum that may be dispensed)                                 | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------|-------------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|--------------------|
| A4353      | Intermittent urinary catheter, with insertion supplies | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who use intermittent catheterization. Most members can be served with 150 - 180 catheters per month. Additional quantities may be needed for members with a history of frequent UTIs. Documentation must include frequency of needed catheterization, reason for frequency and reason for sterile catheterization. Includes sterile lubricant packet (A4332) and sterile or nonsterile gloves (A4930 or A4927). A medically unlikely edit exists on this code. No more than 200 units may be dispensed per date of service. MHCP policy allows for 300 per month before authorization is required. | 200 intermittent catheters per dispensing, 300 intermittent catheters per month | Purchase only      | January 2023       |
| A4354      | Insertion tray with drainage bag but without catheter  | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with indwelling catheters. Generally, 1 indwelling catheter or insertion tray is appropriate per month. Up to 3 indwelling catheters or insertion trays per month are covered without authorization. Includes sterile lubricant packet (A4332) and nonsterile or sterile gloves (A4927 or A4930) and drainage bag (A4357, A4358, A5102, or A5112).                                                                                                                                                                                                                                                 | 1 per insertion, up to 31 per month when authorized                             | Purchase only      | November 2016      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                         | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4355      | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with three-way indwelling Foley Catheters when the member has a history of obstruction of the catheter. Continuous irrigation is rarely necessary for more than 2 consecutive weeks. A medically unlikely edit exists for this code. No more than 4 units may be dispensed per date of service. MHCP policy allows for 31 per month before authorization is required. | 4 per dispensing, up to 31 per month            | Purchase only      | February 2021      |
| A4356      | External urethral clamp or compression device (not to be used for catheter clamp), each                     | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for male members with urinary incontinence. A medically unlikely edit of 1 exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows for 1 per month before authorization is required.                                                                                                                                                   | 1 per month                                     | Purchase only      | January 2025       |
| A4357      | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each          | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with catheters. Most members can be served with 1 per month, additional may be needed for members with frequent UTIs or other medical complications. Quantities over 10 units in any combination per month including codes A4357, A4358, or A5112, require PA.                                                                                                        | 31 drainage devices per month when authorized   | Purchase only      | April 2009         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                   | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4358      | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each  | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with catheters. Most members can be served with 2 per month, additional may be needed for members with frequent UTIs or other medical complications. Quantities over 10 units in any combination per month including codes A4357, A4358, or A5112, require PA.               | 31 drainage devices per month when authorized   | Purchase only      | April 2009         |
| A4360      | Disposable external urethral clamp or compression device, with pad and/or pouch, each | Urological and Bowel Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for male members with minimal urinary incontinence.                                                                                                                                                                                                                                      | 31 per month                                    | Purchase only      | January 2010       |
| A4361      | Ostomy faceplate, each                                                                | Ostomy                        | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 2 per month.                                                                                                                                                                                                                  | 4 per month                                     | Purchase only      | January 2008       |
| A4362      | Skin barrier; solid, four by four or equivalent; each                                 | Ostomy                        | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 1 per site per day.                                                                                                                                                                                                           | 31 per month                                    | Purchase only      | January 2008       |
| A4363      | Ostomy clamp, any type, replacement only, each                                        | Ostomy                        | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 1 per site per 3-6 months. A medically unlikely edit of 2 units exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows for 2 per month before authorization is required.         | 2 per month                                     | Purchase only      | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                               | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4364      | Adhesive, liquid or equivalent, any type, per oz. | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 4-6 oz. per site per month. A medically unlikely edit of 4 exists for this code. No more than 4 units may be dispensed per date of service. MHCP policy allows for 4 per month before authorization is required.              | 4 per month                                     | Purchase only      | January 2025       |
| A4366      | Ostomy vent, any type, each                       | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies who use pouches without vent. Maximum use is one per pouch change. A medically unlikely edit of 30 exists for this code. No more than 30 units may be dispensed per date of service. MHCP policy allows for 30 per month before authorization is required.     | 30 per month                                    | Purchase only      | January 2025       |
| A4367      | Ostomy belt, each                                 | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per month.                                                                                                                                                                                                                          | 3 per month                                     | Purchase only      | January 2008       |
| A4368      | Ostomy filter, any type, each                     | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies who use pouches without filters. Maximum use is 1 per pouch change. A medically unlikely edit of 33 exists for this code. No more than 33 units may be dispensed per date of service. MHCP policy allows for 31 per month before authorization is required.    | 31 per month                                    | Purchase only      | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                      | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4369      | Ostomy skin barrier, liquid (spray, brush, etc.), per oz.                                                | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2-3 oz. per month per site. A medically unlikely edit of 4 exists for this code. No more than 4 units may be dispensed per date of service. MHCP policy allows for 4 per month before authorization is required.                               | 4 per month                                     | Purchase only      | January 2025       |
| A4371      | Ostomy skin barrier, powder, per oz.                                                                     | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1-2 oz. per month per site. A medically unlikely edit of 4 exists for this code. No more than 4 units may be dispensed per date of service. MHCP policy allows for 4 per month before authorization is required.                               | 4 per month                                     | Purchase only      | January 2025       |
| A4372      | Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each               | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per day.                                                                                                                                                                                                                            | 31 per month                                    | Purchase only      | January 2008       |
| A4373      | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per day.                                                                                                                                                                                                                            | 31 per month                                    | Purchase only      | January 2008       |
| A4375      | Ostomy pouch, drainable, with faceplate attached, plastic, each                                          | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Includes A4361. A medically unlikely edit exists for this code. No more than 4 units                                                                                                                                                                          | 4 per dispensing,                               | Purchase only      | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                            | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                |          |                       |                           | may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                                                                                                                                              | up to 15 per month                              |                    |                    |
| A4376      | Ostomy pouch, drainable, with faceplate attached, rubber, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per day. Includes A4361. A medically unlikely edit exists for this code. No more than 4 units may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                   | 4 per dispensing, up to 15 per month            | Purchase only      | July 2023          |
| A4377      | Ostomy pouch, drainable, for use on faceplate, plastic, each   | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 15 exists for this code.                                                                                                                                                                                                         | 15 per month                                    | Purchase only      | July 2023          |
| A4378      | Ostomy pouch, drainable, for use on faceplate, rubber, each    | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit exists for this code. No more than 4 units may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                                      | 4 per dispensing, up to 15 per month            | Purchase only      | July 2023          |
| A4379      | Ostomy pouch, urinary, with faceplate attached, plastic, each  | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Includes A4361. A medically unlikely edit of 15 exists for this code.                                                                                                                                                                                 | 15 per month                                    | Purchase only      | July 2023          |
| A4380      | Ostomy pouch, urinary, with faceplate attached, rubber, each   | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. A medically unlikely edit exists for this code. No more than 3 units may be                                                                                                                                                                           | 3 per dispensing,                               | Purchase only      | July 2023          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                              | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                  |          |                       |                           | dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                                                                                                                                                     | up to 15 per month                              |                    |                    |
| A4381      | Ostomy pouch, urinary, for use on faceplate, plastic, each       | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. A medically unlikely edit exists for this code. No more than 10 units may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                             | 10 per dispensing, up to 15 per month           | Purchase only      | July 2023          |
| A4382      | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. A medically unlikely edit exists for this code. No more than 3 units may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                              | 3 per dispensing, up to 15 per month            | Purchase only      | July 2023          |
| A4383      | Ostomy pouch, urinary, for use on faceplate, rubber, each        | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. A medically unlikely edit exists for this code. No more than 3 units may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                              | 3 per dispensing, up to 15 per month            | Purchase only      | July 2023          |
| A4384      | Ostomy faceplate equivalent, silicone ring, each                 | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per week.                                                                                                                                                                                                                           | 8 per month                                     | Purchase only      | January 2008       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                     | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4385      | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each           | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per 2-3 days.                                                                                                                                                                                                                       | 31 per month                                    | Purchase only      | January 2008       |
| A4387      | Ostomy pouch, closed, with barrier attached, with built-in convexity, each                              | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per day.                                                                                                                                                                                                                            | 31 per month                                    | Purchase only      | January 2008       |
| A4388      | Ostomy pouch, drainable, with extended wear barrier attached (one piece), each                          | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per 2-3 days.                                                                                                                                                                                                                       | 31 per month                                    | Purchase only      | January 2008       |
| A4389      | Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each               | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per day.                                                                                                                                                                                                                            | 31 per month                                    | Purchase only      | January 2008       |
| A4390      | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per site per 2-3 days.                                                                                                                                                                                                                       | 31 per month                                    | Purchase only      | January 2008       |
| A4391      | Ostomy pouch, urinary, with extended wear barrier attached (one piece), each                            | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per site per 2-3 days.                                                                                                                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                   | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4392      | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per site per day.                                                                                                                                                                                                                    | 31 per month                                    | Purchase only      | January 2008       |
| A4393      | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per site per 2-3 days.                                                                                                                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |
| A4394      | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce                 | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 27 exists on this code.                                                                                                                                                                                                          | 27 per month                                    | Purchase only      | July 2023          |
| A4395      | Ostomy deodorant for use in ostomy pouch, solid, per tablet                                           | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2-3 tabs per day per site.                                                                                                                                                                                                                     | 100 per month                                   | Purchase only      | January 2008       |
| A4396      | Ostomy belt with peristomal hernia support                                                            | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 3 months per site. A medically unlikely edit of 3 units exists for this code.                                                                                                                                                            | 3 per month                                     | Purchase only      | April 2017         |
| A4398      | Ostomy irrigation supply, bag, each                                                                   | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 3 months. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                      | 1 per month                                     | Purchase only      | January 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)  | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4399      | Ostomy irrigation supply; cone/catheter, with or without brush | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 3 months per site. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                             | 2 per month                                     | Purchase only      | April 2017         |
| A4400      | Ostomy irrigation set                                          | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A4400 should be used the first time a member receives irrigation supplies. After the first time, dispense only those supplies that are needed and bill with A4397, A4398 or A4399 following those guidelines.                                                  | 1 per site                                      | Purchase only      | January 2008       |
| A4402      | Lubricant, per oz.                                             | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for members with ostomies or who catheterize, or when medically necessary for other members. A medically unlikely edit of 8 exists for this code. No more than 8 units may be dispensed per date of service. MHCP policy allows up to 8 units per month before authorization is required. | 8 per month                                     | Purchase only      | January 2025       |
| A4404      | Ostomy ring, each                                              | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 10 exists for this code. No more than 10 units may be dispensed per date of service. MHCP policy allows up to 15 units per month before authorization is required.                                                                | 10 per dispensing, up to 15 per month           | Purchase only      | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                   | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4405      | Ostomy skin barrier, nonpectin based, paste, per oz.                                                                                  | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 8 exists for this code. No more than 8 units may be dispensed per date of service. MHCP policy allows up to 16 per month before authorization is required.                                                                       | 8 per dispensing, up to 16 per month            | Purchase only      | January 2025       |
| A4406      | Ostomy skin barrier, pectin-based, paste, per oz.                                                                                     | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 8 exists for this code. No more than 8 units may be dispensed per date of service. MHCP policy allows up to 16 per month before authorization is required.                                                                       | 8 per dispensing, up to 16 per month            | Purchase only      | January 2025       |
| A4407      | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4x4 inches or smaller, each  | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Members who need to change the barrier more than once daily should not be using extended wear barriers.                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |
| A4408      | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4x4 inches, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Members who need to change the barrier more than once daily should not be using extended wear barriers.                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                      | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4409      | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each  | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Members who need to change the barrier more than once daily should not be using extended wear barriers.                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |
| A4410      | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4x4 inches, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Members who need to change the barrier more than once daily should not be using extended wear barriers.                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |
| A4411      | Ostomy skin barrier, solid 4x4 inches or equivalent, extended wear, with built-in convexity, each                                        | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Members who need to change the barrier more than once daily should not be using extended wear barriers.                                                                                                               | 31 per month                                    | Purchase only      | January 2008       |
| A4412      | Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), without filter, each                            | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 4-5 days per site.                                                                                                                                                                                                                       | 31 per month                                    | Purchase only      | January 2008       |
| A4413      | Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), with filter, each                               | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 4-5 days per site.                                                                                                                                                                                                                       | 31 per month                                    | Purchase only      | January 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                       | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4414      | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each  | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per day per site. A medically unlikely edit exists for this code. No more than 20 units may be dispensed per date of service. MHCP policy allows up to 31 units per month before authorization is required.                                  | 20 per dispensing, up to 31 per month           | Purchase only      | July 2023          |
| A4415      | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per day per site. A medically unlikely edit exists for this code. No more than 20 units may be dispensed per date of service. MHCP policy allows up to 31 units per month before authorization is required.                                  | 20 per dispensing, up to 31 per month           | Purchase only      | July 2023          |
| A4416      | Ostomy pouch, closed, with filter (one piece), each                                                                       | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2 per day per site. A medically unlikely edit of 60 exists for this code.                                                                                                                                                                      | 60 per month                                    | Purchase only      | July 2023          |
| A4417      | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each                       | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2 per day per site. A medically unlikely edit of 60 exists for this code.                                                                                                                                                                      | 60 per month                                    | Purchase only      | July 2023          |
| A4418      | Ostomy pouch, closed; without barrier attached, with filter (one piece), each                                             | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2 per day per site. A medically unlikely edit of 60 exists for this code.                                                                                                                                                                      | 60 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4419      | Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each                     | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2 per day per site. A medically unlikely edit of 60 exists for this code.                                                                                                                                                                      | 60 per month                                    | Purchase only      | July 2023          |
| A4420      | Ostomy pouch, closed; for use on barrier with locking flange (two piece), each                                     | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2 per day per site.                                                                                                                                                                                                                            | 62 per month                                    | Purchase only      | September 2008     |
| A4421      | Ostomy supply, miscellaneous                                                                                       | Ostomy   | Over \$400            | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Only to be used when a more specific code is not available. Refer to manual for information about billing Miscellaneous Supplies.                                                                                                                             | Medical necessity                               | Purchase only      | January 2008       |
| A4422      | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2-3 per day. If product is not available in packs of less than 100, providers may dispense 100 at a time, but should not dispense additional until needed.                                                                                     | 100 per month                                   | Purchase only      | January 2008       |
| A4423      | Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each                        | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 2 per day per site. A medically unlikely edit of 60 exists for this code.                                                                                                                                                                      | 60 per month                                    | Purchase only      | July 2023          |
| A4424      | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each                                      | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 1-2 days per site. A                                                                                                                                                                                                                     | 20 per month                                    | Purchase only      | July 2023          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                           | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                               |          |                       |                           | medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                                                              |                                                 |                    |                    |
| A4425      | Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each      | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                 | 20 per month                                    | Purchase only      | July 2023          |
| A4426      | Ostomy pouch, drainable; for use on barrier locking flange, (two-piece system), each                          | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                 | 20 per month                                    | Purchase only      | July 2023          |
| A4427      | Ostomy pouch, drainable; for use on barrier locking flange, with filter (two-piece system), each              | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                 | 20 per month                                    | Purchase only      | July 2023          |
| A4428      | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                    | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4429      | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each               | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A4430      | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A4431      | Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (one piece), each                                        | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A4432      | Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each                    | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per 1-2 days per site.                                                                                                                                                                                                               | 31 per month                                    | Purchase only      | December 2024      |
| A4433      | Ostomy pouch, urinary; for use on barrier with                                                                                         | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per day per site. A                                                                                                                                                                                                                          | 20 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                               | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed)    | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------|--------------------|
|            | locking flange (two piece), each                                                                                  |                        |                       |                           | medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                                                              |                                                    |                    |                    |
| A4434      | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each  | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with urinary ostomies. Typical use is 1 per 1-2 days per site. A medically unlikely edit of 20 exists for this code.                                                                                                                                                         | 20 per month                                       | Purchase only      | July 2023          |
| A4435      | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for member with ostomies. Typical use is 1 per 1-2 days per site. Should not be billed with barriers. A medically unlikely edit of 20 exists for this code.                                                                                                                              | 20 per month                                       | Purchase only      | July 2023          |
| A4436      | Irrigation supply; sleeve, reusable, per month                                                                    | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies.                                                                                                                                                                                                                                                               | 10 per month                                       | Purchase only      | January 2022       |
| A4437      | Irrigation supply; sleeve, disposable, per month                                                                  | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies.                                                                                                                                                                                                                                                               | 31 per month                                       | Purchase only      | January 2022       |
| A4450      | Tape, nonwaterproof, per 18 sq. inches                                                                            | Miscellaneous Supplies | For excess quantities |                           | Covered for patients with wounds or when medically necessary. A medically unlikely edit exists for this code. No more than 80 units may be dispensed per date of service. MHCP policy allows up to 400 units per month before authorization is required.                                         | 80 units per dispensing, up to 400 units per month | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                              | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed)     | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------|--------------------|
| A4452      | Tape, waterproof, per 18 sq. inches                                                              | Miscellaneous Supplies        | For excess quantities | Yes                       | Covered for patients with wounds or when medically necessary. A medically unlikely edit exists for this code. No more than 120 units may be dispensed per date of service. MHCP policy allows up to 400 units per month before authorization is required.                                        | 120 units per dispensing, up to 400 units per month | Purchase only      | July 2023          |
| A4453      | Rectal catheter with or without balloon, for use with any type transanal irrigation system, each | Urological and Bowel supplies | Always                | Y - NF<br>N-ICF/DD        | Covered as accessory units to A4459.                                                                                                                                                                                                                                                             | 31 per month                                        | Purchase only      | March 2025         |
| A4455      | Adhesive remover or solvent (for tape, cement or other adhesive), per oz.                        | Miscellaneous Supplies        | For excess quantities | Yes                       | Covered for patients using adhesive on the skin.                                                                                                                                                                                                                                                 | 15 per month                                        | Purchase only      | February 2008      |
| A4456      | Adhesive remover, wipes, any type, each                                                          | Ostomy                        | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 3-4 wipes per day per site. A medically unlikely edit exists for this code. No more than 50 units may be dispensed per date of service. MHCP policy allows up to 250 units per month before authorization is required.        | 50 units per dispensing, up to 250 per month        | Purchase only      | July 2023          |
| A4458      | Enema bag with tubing, reusable                                                                  | Miscellaneous Supplies        | For excess quantities | Yes                       | Covered for patients with constipation or when medically necessary. A medically unlikely edit of 1 exists for this code.                                                                                                                                                                         | 1 per 3 months                                      | Purchase only      | February 2008      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                    | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4459      | Manual transanal irrigation system, includes water reservoir pump, tubing, and accessories, without catheter, any type | Miscellaneous Supplies | Always                | Y - NF<br>N-ICF/DD        | Covered when prescribed by a physician for members age two years or older for neurogenic bowel dysfunction who suffer from fecal incontinence, chronic constipation, or time-consuming bowel management procedures. Other conservative bowel management alternatives must have been tried and been proven ineffective. Additional catheters and related supplies are billed under HCPCS code A4453. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. | 1 per dispensing, up to 4 per year              | Purchase only      | March 2025         |
| A4461      | Surgical dressing holder, nonreusable, each                                                                            | Wound Care             | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for patients with dressings on the abdomen or for whom adhesives are contraindicated. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 31 units per month before authorization is required.                                                                                                                                                                                                                        | 2 per dispensing, up to 31 per month            | Purchase only      | July 2023          |
| A4463      | Surgical dressing holder, reusable, each                                                                               | Wound Care             | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for patients with dressings on the abdomen or for whom adhesives are contraindicated. A medically unlikely edit of 3 units exists for this for this code.                                                                                                                                                                                                                                                                                                                                             | 3 per month                                     | Purchase only      | July 2012          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                              | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4465      | Nonelastic binder for extremity                                                                  | Miscellaneous Supplies   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for patients with lymphedema. Typical use is one per affected extremity. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                      | 2 per month                                     | Purchase only      | February 2021      |
| A4466      | Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each | Orthotics                |                       |                           | Not valid for dates of service after Dec. 31, 2016.                                                                                                                                                                                                                                              |                                                 | Purchase only      | November 2016      |
| A4467      | Belt, strap, sleeve, garment, or covering, any type                                              | Orthotics                | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring support of a weak body part, but not needing the support of a rigid support.                                                                                                                                                                                       | 2 per year                                      | Purchase only      | November 2016      |
| A4468      | Exsufflation belt, includes all accessories and supplies                                         | Positive Airway Pressure |                       |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | December 2023      |
| A4481      | Tracheostoma filter, any type, any size, each                                                    | Respiratory              | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for patients with tracheostomy. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 62 exists for this code. | 62 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                          | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4483      | Moisture exchanger, disposable, for use with invasive mechanical ventilation | Respiratory            | For excess quantities | No                        | Covered for patients using invasive ventilation. Most members can be served with 60 per month. A medically unlikely edit exists for this code. No more than 10 units may be dispensed per date of service. MHCP policy allows up to 90 per month before authorization is required.                             | 10 per dispensing, up to 90 per month           | Purchase only      | July 2023          |
| A4490      | Surgical stockings above knee length, each                                   | Miscellaneous Supplies | For excess quantities | No                        | Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic.                                                            | 4 units per 6 months                            | Purchase only      | October 2008       |
| A4495      | Surgical stockings thigh length, each                                        | Miscellaneous Supplies | For excess quantities | No                        | Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic. A medically unlikely edit of 4 units exists for this code. | 4 units per 6 months                            | Purchase only      | October 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                  | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4500      | Surgical stockings below knee length, each                                                                                           | Miscellaneous Supplies | For excess quantities | No                        | Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic. A medically unlikely edit of 4 units exists for this code. | 4 units per 6 months                            | Purchase only      | October 2008       |
| A4510      | Surgical stockings full length, each                                                                                                 | Miscellaneous Supplies | For excess quantities | No                        | Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic. A medically unlikely edit of 4 units exists for this code. | 4 units per 6 months                            | Purchase only      | October 2008       |
| A4520      | Incontinence garment, any type (for example brief, diaper), each                                                                     | Incontinence           | Always                |                           | Not covered. Use more specific codes for Incontinence garments (T4521-T4543).                                                                                                                                                                                                                                  |                                                 |                    | October 2008       |
| A4545      | Supplies and accessories for external tibial nerve stimulator (for example, socks, gel pads, electrodes, etc.), needed for one month | Incontinence           | For excess quantities | No                        | Covered for treatment of overactive bladder, urinary urgency, or related incontinent diagnoses.                                                                                                                                                                                                                | 1 per month                                     | Purchase only      | December 2024      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4550      | Surgical trays                                                                                                 | Miscellaneous Supplies | Always                |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                |                                                 |                    | October 2021       |
| A4553      | Nondisposable underpads, all sizes                                                                             | Incontinence           | Always                | Yes                       | Not typically covered as it is not considered the standard of care. Disposable underpads are covered.                                                                                                                                                                                            |                                                 |                    | November 2016      |
| A4554      | Disposable underpads, all sizes                                                                                | Incontinence           |                       |                           | Not typically covered as it is not considered the standard of care. Disposable underpads are covered. Use either HCPCS T4541 or T4542.                                                                                                                                                           |                                                 |                    | October 2008       |
| A4555      | Electrode or transducer for use with electrical stimulation device used for cancer treatment, replacement only | Electrical Stimulators |                       |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | February 2025      |
| A4556      | Electrodes (for example, apnea monitor), per pair                                                              | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for patients with medically necessary Apnea Monitors, etc. With typical care, electrodes can generally be reused repeatedly. Most members can be served with no more than 8 pair per month. Not to be used for members getting monthly TENS supplies (A4595).                            | 32 pairs per month                              | Purchase only      | October 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                             | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                   | Quantity limits (maximum that may be dispensed)    | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------|--------------------|
| A4557      | Lead wires (for example, apnea monitor), per pair                               | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for patients with medically necessary Apnea Monitors, TENS units, etc. With typical care, lead wires can generally be reused repeatedly. Most members can be served with no more than 2 pair of leads per 6 months. Refer to manual. For quantity limits when used with specific equipment, TENS. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows for 4 pairs per 6 months before authorization is required. | 2 pairs per dispensing, up to 4 pairs per 6 months | Purchase only      | January 2011       |
| A4558      | Conductive gel or paste, for use with electrical device (TENS, NMES), per ounce | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for use in the home by patients with medically necessary Apnea Monitors, etc. Not to be used for members getting monthly TENS supplies (A4595).                                                                                                                                                                                                                                                                                                                                            | 10 per month                                       | Purchase only      | October 2008       |
| A4559      | Coupling gel or paste, for use with ultrasound device                           | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for use in the home by patients with medically necessary ultrasound device. A medically unlikely edit exists on this code No more than 2 units may be dispensed per date of service. MHCP policy allows for 10 per month before authorization is required.                                                                                                                                                                                                                                 | 2 per dispensing, up to 10 per month               | Purchase only      | October 2008       |
| A4561      | Pessary, rubber, any type                                                       | Miscellaneous Supplies | For excess quantities | No                        | Covered for members with prolapsed bladder or uterus. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                                                                                                                                                                                                                    | 1 per 6 months                                     | Purchase only      | October 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                 | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4562      | Pessary, nonrubber, any type                                                                                                        | Miscellaneous Supplies | For excess quantities | No                        | Covered for members with prolapsed bladder or uterus. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                  | 1 per 6 months                                  | Purchase only      | October 2008       |
| A4564      | Pessary, disposable, any type                                                                                                       | Miscellaneous Supplies | For excess quantities | No                        | Covered for members with prolapsed bladder or uterus.                                                                                                                                                                                                                                            | 1 per 6 months                                  | Purchase only      | March 2024         |
| A4565      | Slings                                                                                                                              | Miscellaneous Supplies | For excess quantities | No                        | Covered when needed to support an impaired or injured body part. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                      | 2 per month                                     | Purchase only      | October 2008       |
| A4566      | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment | Orthotics              | For excess quantities | No                        | Covered when needed for immobilization or to support injured, post-surgical, or weak areas of the shoulder girdle. A medically unlikely edit of 2 units exists for this code.                                                                                                                    | 2 per year                                      | Purchase only      | April 2017         |
| A4570      | Splint                                                                                                                              | Miscellaneous Supplies | For excess quantities | No                        | Covered when need to support an impaired or injured body part. Most members can be served with 2 per incident or injury (one to use, one to wash). A medically unlikely edit of 2 units exists for this code.                                                                                    | 2 per month                                     | Purchase only      | October 2008       |
| A4575      | Topical hyperbaric oxygen chamber, disposable                                                                                       | Wound Care             |                       |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | June 2007          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                          | Category                                       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4580      | Cast supplies (for example, plaster)                                         | Miscellaneous Supplies                         |                       |                           | Not typically covered as it is included in payment for the service.                                                                                                                                                                                                                                                                        |                                                 |                    | October 2008       |
| A4590      | Special casting material (for example, fiberglass)                           | Miscellaneous Supplies                         |                       |                           | Not typically covered as it is included in payment for the service.                                                                                                                                                                                                                                                                        |                                                 |                    | October 2008       |
| A4595      | Electrical stimulator supplies, 2 lead, per month, (for example, TENS, NMES) | TENS                                           | For excess quantities | No                        | Covered for members using medically necessary TENS units. Includes all supplies necessary for use of the TENS unit for one month, including adhesive, adhesive remover, batteries, conductive paste or gel and electrodes. Not to be billed with A4556, A4558, A4630. One unit covered for 2 lead TENS, two units covered for 4 lead TENS. | 2 per month                                     | Purchase only      | December 2008      |
| A4600      | Sleeve for intermittent limb compression device, replacement only, each      | Pneumatic and Nonpneumatic Compression Devices | For excess quantities | No                        | Covered for members with patient-owned intermittent limb compression device. A medically unlikely edit of 2 units exists for this code. Refer to manual.                                                                                                                                                                                   | 2 per year                                      | Purchase only      | February 2025      |
| A4601      | Lithium-ion battery for nonprosthetic use, replacement                       | Miscellaneous Supplies                         | For excess quantities | No                        | Covered for use in patient-owned equipment other than prostheses. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows for 2 units per 3 months before authorization is required.                                                                                  | 1 per dispensing, up to 2 per 3 months          | Purchase only      | October 2008       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                 | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4602      | Lithium-ion battery for external infusion pump owned by patient                     | Miscellaneous Supplies   | For excess quantities | No                        | Covered for use in patient-owned infusion pumps. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                                                                                                                                                                        | 1 per month                                     | Purchase only      | January 2021       |
| A4604      | Tubing with integrated heating element for use with positive airway pressure device | Positive Airway Pressure | For excess quantities | No                        | Covered for use with humidified positive airway pressure devices. Typical use is 1 per 3 months. Up to 4 per month may be necessary for individuals using PAP via trach or invasive ventilation who are at high risk of infection. Maintain documentation of medical need for quantity dispensed. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 4 per month before authorization is required. | 1 per dispensing, up to 4 per month             | Purchase only      | July 2012          |
| A4605      | Tracheal suction catheter, closed system, each                                      | Respiratory              | For excess quantities | No                        | Covered for ventilator dependent members with tracheostomy who require closed suctioning to prevent hypoxemia. Most members can be served with one per week, one per day may be required for medically fragile patients to prevent infection. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or                                           | 31 per month                                    | Purchase only      | January 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                    | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                        |             |                       |                           | customization. A medically unlikely edit of 31 exists for this code.                                                                                                                                                                                                                                                                                                           |                                                 |                    |                    |
| A4606      | Oxygen probe for use with oximeter device, replacement | Respiratory | For excess quantities | No                        | Covered for members with medically necessary oximeter device. When dispensing reusable, rather than disposable, probes, use modifier U3 and include a description "reusable oximeter probe." A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 10 per month before authorization is required. | 1 per dispensing, up to 10 per month            | Purchase only      | Feb 2021           |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                           | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------|-----------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4608      | Transtracheal oxygen catheter, each                           | Tracheostomy Supplies | For excess quantities | No                        | Covered for members requiring transtracheal oxygen administration. Typical usage is one per 3 months. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. | 1 per month                                     | Purchase only      | October 2008       |
| A4611      | Battery, heavy duty; replacement for patient-owned ventilator | Respiratory           | For excess quantities | No                        | Covered for members with patient owned ventilators. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                  | 2 per year                                      | Purchase only      | April 2017         |
| A4612      | Battery cables, replacement for patient-owned ventilator      | Respiratory           | For excess quantities | No                        | Covered for members with patient owned ventilators. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                  | 2 per year                                      | Purchase only      | July 2012          |
| A4613      | Battery charger; replacement for patient-owned ventilator     | Respiratory           | For excess quantities | No                        | Covered for members with patient owned ventilators. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                                   | 1 per year                                      | Purchase only      | October 2008       |
| A4614      | Peak expiratory flow rate meter, hand held                    | Respiratory           | For excess quantities | Yes                       | Covered for patients with asthma or similar conditions requiring regular tracking of peak expiratory flow. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                            | 1 per year                                      | Purchase only      | October 2008       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code      | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------|-------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4615      | Cannula, nasal           | Respiratory | For excess quantities | No                        | Covered for members with respiratory equipment. Most members can be served with one per month. Additional may be required for members with respiratory infections or nasal discharge.                                                                                                                                                                                        | 4 per month                                     | Purchase only      | October 2008       |
| A4616      | Tubing (oxygen) per foot | Respiratory | For excess quantities | No                        | Covered for members with respiratory equipment. Not separately billable for members receiving oxygen service.                                                                                                                                                                                                                                                                | 90 feet per month                               | Purchase only      | October 2008       |
| A4617      | Mouthpiece               | Respiratory | For excess quantities | No                        | Covered for members receiving medication via nebulizer. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                                                                                            | 1 per month                                     | Purchase only      | October 2008       |
| A4618      | Breathing circuits       | Respiratory | For excess quantities | No                        | Covered for members with respiratory equipment. Most members can be served with 1 every 3 -4 days. Breathing circuits are included with ventilator rental and are not separately billable. A medically unlikely edit exists on this code. No more than 4 units may be dispensed per date of service. MHCP policy allows up to 12 per month before authorization is required. | 4 per dispensing, up to 12 per month            | Purchase only      | January 2023       |
| A4619      | Face tent                | Respiratory | For excess quantities | No                        | Covered for members receiving oxygen who cannot tolerate mask/cannula. Most members can be served with one per month. Additional may be required for members with respiratory infections or nasal discharge.                                                                                                                                                                 | 4 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4620      | Variable concentration mask                                        | Respiratory           | For excess quantities | No                        | Covered for members with respiratory equipment who do not require a fixed concentration of oxygen. Not separately billable for members receiving oxygen service. A medically unlikely edit of 1 exists for this code.                                                                                                                                                                                                          | 1 per month                                     | Purchase only      | March 2021         |
| A4623      | Tracheostomy, inner cannula                                        | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostomy. Most members can be served with 1 per day, additional may be required for members with vulnerability to infection. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization.                                                            | 62 per month                                    | Purchase only      | December 2016      |
| A4624      | Tracheal suction catheter, any type other than closed system, each | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostomy. Most members can be served with 2 - 3 per day, additional may be required for members with vulnerability to infection. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 270 exists for this code. | 200 per month                                   | Purchase only      | January 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                        | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------|-----------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4625      | Tracheostomy care kit for new tracheostomy | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with new tracheostomy for up to 14 days following surgery. Includes plastic tray, basin, sterile gloves (A4930), tube brush (A4626), 3 pipe cleaners, 1 pre-cut trach dressing, 1 roll of gauze, four 4x4-inch sponges, 2 cotton tip applicators (S8189), 30-inch twill tape. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 31 units exists for this code. | 31 per surgical tracheostomy                    | Purchase only      | March 2021         |
| A4626      | Tracheostomy cleaning brush, each          | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostomy. Not to be billed with A4625 or A4629. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 31 per month before authorization is required.                                                                                               | 2 per dispensing, up to 31 per month            | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                               | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4627      | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members using metered dose inhalers. Most members can be served with 1 per 3 months. A second spacer is covered for members who keep a metered dose inhaler at school or work. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                          | 2 per 3 months                                  | Purchase only      | March 2021         |
| A4628      | Oropharyngeal suction catheter, each                                              | Tracheostomy Supplies  | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring oropharyngeal suctioning. Because oropharyngeal suctioning is not sterile, most members can be served with 1 every 2-3 days. A medically unlikely edit of 36 exists for this code.                                                                                                                                                                                                                                               | 12 per month                                    | Purchase only      | January 2023       |
| A4629      | Tracheostomy care kit for established tracheostomy                                | Tracheostomy Supplies  | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostomy more than 14 days established. Includes tube brush (A4626), 2 pipe cleaners, 2 cotton tip applicators (S8189), 30-inch twill tape, two 4x4-inch sponges. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 31 exists for this code. | 31 per month                                    | Purchase only      | January 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4630      | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient | TENS                   | For excess quantities | No                        | Covered for use with patient owned TENS unit. Included in A4695.                                                                                                                                                                                                                                 | 2 per 6 months                                  | Purchase only      | December 2008      |
| A4633      | Replacement bulb or lamp for ultraviolet light therapy system, each                                | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for use in patient owned ultraviolet light therapy system. A medically unlikely edit of 6 units exists for this code.                                                                                                                                                                    | 6 per year                                      | Purchase only      | March 2021         |
| A4634      | Replacement bulb for therapeutic light box, tabletop model                                         | SAD Lights             | For excess quantities | Yes                       | Covered for use in patient owned SAD light.                                                                                                                                                                                                                                                      | 1 per year                                      | Purchase only      | December 2008      |
| A4635      | Underarm pad, crutch, replacement, each                                                            | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for use on patient owned crutches. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                            | 2 per 6 months                                  | Purchase only      | March 2021         |
| A4636      | Replacement, handgrip, cane, crutch or walker, each                                                | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for use on patient owned equipment. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                           | 2 per 6 months                                  | Purchase only      | March 2021         |
| A4637      | Replacement, tip, cane, crutch, walker, each                                                       | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for use on patient owned equipment. A medically unlikely edit of 4 units exists for this code.                                                                                                                                                                                           | 4 per 6 months                                  | Purchase only      | March 2021         |
| A4638      | Replacement battery for patient-owned ear pulse generator                                          | Miscellaneous Supplies |                       |                           | Not typically covered as it is included in payment for the service.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                        | Category                           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4639      | Replacement pad for infrared heating pad system                                            | Miscellaneous Supplies             |                       |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| A4640      | Replacement pad for use with medically necessary alternating pressure pad owned by patient | Pressure Reducing Support Surfaces | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for use with patient owned alternating pressure pad for members meeting criteria for Group 1 Pressure Reducing Support Surfaces. Refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                                              | 1 per 6 months                                  | Purchase only      | March 2021         |
| A4649      | Surgical Supply; miscellaneous                                                             | Miscellaneous Supplies             | Over \$400            | Y - NF<br>N-ICF/DD        | Only to be used when a more specific code is not available. Refer to manual. For billing information.                                                                                                                                                                                            | Medical necessity                               | Purchase only      | March 2021         |
| A4651      | Calibrated microcapillary tube, each                                                       | Renal Dialysis                     | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4652      | Microcapillary tube sealant                                                                | Renal Dialysis                     | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4653      | Peritoneal dialysis catheter anchoring device, belt, each                                  | Renal Dialysis                     | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4657      | Syringe, with or without needle, each                                                      | Miscellaneous Supplies             | For excess quantities | No                        | Covered when medically necessary, or as part of Method II dialysis billing. Refer to manual. For dialysis billing.                                                                                                                                                                               | 400 per month                                   | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                         | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4660      | Sphygmomanometer or blood pressure apparatus with cuff and stethoscope                      | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for members for whom frequent monitoring of blood pressure is medically necessary, or as part of Method II dialysis billing. Refer to manual for dialysis billing. A medically unlikely edit of 1 unit exists for this code.                                                             | 1 per 5 years                                   | Purchase only      | March 2021         |
| A4663      | Blood pressure cuff only                                                                    | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for use with member owned sphygmomanometer. Not to be billed with A4660 or A4670.                                                                                                                                                                                                        | 1 per year                                      | Purchase only      | March 2021         |
| A4670      | Automatic blood pressure monitor                                                            | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for members for whom frequent monitoring of blood pressure is medically necessary, or as part of Method II dialysis billing. Refer to manual for dialysis billing.                                                                                                                       | 1 per 3 years                                   | Purchase only      | March 2021         |
| A4671      | Disposable cyler set used with cyler dialysis machine, each                                 | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4672      | Drainage extension line, sterile, for dialysis, each                                        | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4673      | Extension line with easy lock connectors, used with dialysis                                | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4674      | Chemicals or antiseptics solutions used to clean or sterilize dialysis equipment, per 8 oz. | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                          | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------|----------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4680      | Activated carbon filter for hemodialysis, each                                               | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4690      | Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each                  | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4706      | Bicarbonate concentrate, solution, for hemodialysis, per gallon                              | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4707      | Bicarbonate concentrate, powder, for hemodialysis, per packet                                | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4708      | Acetate concentrate solution, for hemodialysis, per gallon                                   | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4709      | Acid concentrate, solution, for hemodialysis, per gallon                                     | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4714      | Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4719      | "Y set" tubing for peritoneal dialysis                                                       | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4720      | Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis   | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4721      | Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc, but less than or equal to 1999cc, for peritoneal dialysis  | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4722      | Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc, but less than or equal to 2999cc, for peritoneal dialysis | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                            | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4723      | Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc, but less than or equal to 3999cc, for peritoneal dialysis | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4724      | Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc, but less than or equal to 4999cc, for peritoneal dialysis | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4725      | Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc, but less than or equal to 5999cc, for peritoneal dialysis | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4726      | Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis                                   | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                  | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------|----------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4728      | Dialysate solution, nondextrose containing, 500 ml                   | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4730      | Fistula cannulation set for hemodialysis, each                       | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4736      | Topical anesthetic, for dialysis, per gram                           | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4737      | Injectable anesthetic, for dialysis, per 10 ml                       | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4740      | Shunt accessory, for hemodialysis, any type, each                    | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4750      | Blood tubing, arterial or venous, for hemodialysis, each             | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4755      | Blood tubing, arterial and venous combined, for hemodialysis, each   | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4760      | Dialysate solution test kit, for peritoneal dialysis, any type, each | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                          | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|----------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4765      | Dialysate concentrate, powder, additive for peritoneal dialysis, per packet  | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4766      | Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4770      | Blood collection tube, vacuum, for dialysis, per 50                          | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4771      | Serum clotting time tube, for dialysis, per 50                               | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4772      | Blood glucose test strips, for dialysis, per 50                              | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. For conditions other than dialysis, use A4253. Refer to manual.                                                                                                                                                                                   | 5 boxes of 50 per month                         | Purchase only      | January 2009       |
| A4773      | Occult blood test strips, for dialysis, per 50                               | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4774      | Ammonia test strips, for dialysis                                            | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4780      | Contracts, repair and maintenance, for hemodialysis equipment                | Renal Dialysis | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                         | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4802      | Protamine sulfate, for hemodialysis, per 50 mg              | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4860      | Disposable catheter tips for peritoneal dialysis, per 10    | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4870      | Plumbing or electrical work for home hemodialysis equipment | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4911      | Drain bag or bottle, for dialysis, each                     | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4913      | Miscellaneous dialysis supplies, not otherwise specified    | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4918      | Venous pressure clamp, for hemodialysis, each               | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4927      | Gloves, nonsterile, per 100                                 | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for use by the member or by caregivers when ordered by the prescribing provider for use in performing cares for the member. Refer to manual.                                                                                                                                             | 4 boxes of 100 per month                        | Purchase only      | November 2008      |
| A4928      | Tourniquet, for dialysis, each                              | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Refer to manual.                                                                                                                                                                                                                                  | Medical necessity                               | Purchase only      | January 2009       |
| A4928      | Surgical mask, per 20                                       | Renal Dialysis         | For excess quantities | No                        | Covered as part of Method II dialysis billing. Only billable by Method II dialysis providers. Refer to manual.                                                                                                                                                                                   | Medical necessity                               | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A4930      | Gloves, sterile, per pair                                      | Miscellaneous Supplies | For excess quantities | Yes                       | Covered when ordered by the physician for use during sterile procedures. Refer to manual.                                                                                                                                                                                                        | 200 pair per month                              | Purchase only      | January 2009       |
| A4931      | Oral thermometer, reusable, any type, each                     | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for members with medical necessity to regularly monitor temperature. Not covered as a routine "just in case" supply. A medically unlikely edit of 1 unit exists for this code.                                                                                                           | 1 per year                                      | Purchase only      | March 2021         |
| A4932      | Rectal thermometer, reusable, any type, each                   | Miscellaneous Supplies | For excess quantities | Yes                       | Covered for members with medical necessity to regularly monitor temperature. Not covered as a routine "just in case" supply. A medically unlikely edit of 1 unit exists for this code.                                                                                                           | 1 per year                                      | Purchase only      | March 2021         |
| A5051      | Ostomy pouch, closed; with barrier attached (1 piece), each    | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems. A medically unlikely edit of 60 exists for this code.                                                                                       | 60 per month                                    | Purchase only      | July 2023          |
| A5052      | Ostomy pouch, closed; without barrier attached (1 piece), each | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems. A medically unlikely edit of 60 exists for this code.                                                                                       | 60 per month                                    | Purchase only      | July 2023          |
| A5053      | Ostomy pouch, closed; for use on faceplate, each               | Ostomy                 | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high                                                                                                                                                                          | 60 per month                                    | Purchase only      | July 2023          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                        | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                            |          |                       |                           | output or adhesion problems. A medically unlikely edit of 60 exists for this code.                                                                                                                                                                                                               |                                                 |                    |                    |
| A5054      | Ostomy pouch, closed; for use on barrier with flange (2 piece), each                       | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems. A medically unlikely edit of 60 exists for this code.                                                                                       | 60 per month                                    | Purchase only      | July 2023          |
| A5055      | Stoma cap                                                                                  | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 1 per day. A medically unlikely edit of 31 exists for this code.                                                                                                                                                              | 31 per month                                    | Purchase only      | July 2023          |
| A5056      | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Not to be billed with A4368. A medically unlikely edit of 40 units exists for this code.                                                                                                                              | 40 per month                                    | Purchase only      | March 2021         |
| A5057      | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Typical use is 1 per 2-3 days per site. Not to be billed with A4368. A medically unlikely edit of 40 units exists for this code.                                                                                                                              | 40 per month                                    | Purchase only      | March 2021         |
| A5061      | Ostomy pouch, drainable; with barrier attached, (1 piece), each                            | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                            | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5062      | Ostomy pouch, drainable; without barrier attached, (1 piece), each             | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5063      | Ostomy pouch, drainable; for use on barrier with flange (2-piece system), each | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5071      | Ostomy pouch, urinary; with barrier attached (1 piece), each                   | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5072      | Ostomy pouch, urinary; without barrier attached (1 piece), each                | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5073      | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each          | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5081      | Stoma plug or seal, any type                                                   | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with continent stomas. Most members can be served with one per day. A medically unlikely edit of 31 exists for this code.                                                                                                                                                    | 31 per month                                    | Purchase only      | July 2023          |
| A5082      | Continent device, catheter for continent stoma                                 | Ostomy   | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with continent stomas. Most members can be served with one per month.                                                                                                                                                                                                        | 31 per month                                    | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category   | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5083      | Continent device, stoma absorptive cover for continent stoma                         | Ostomy     | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for member with Continent Intestinal Reservoir. A medically unlikely edit of 150 exists for this code.                                                                                                                                                                                   | 150 per month                                   | Purchase only      | July 2023          |
| A5093      | Ostomy Accessory Convex Insert                                                       | Ostomy     | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit exists for this code. No more than 10 units may be dispensed per date of service. MHCP policy allows up to 90 per month before authorization is required.                                                                           | 10 per dispensing, up to 90 per month           | Purchase only      | July 2023          |
| A5102      | Bedside drainage bottle, with or without tubing, rigid or expandable, each           | Urological | For excess quantities | Yes                       | Covered for members with catheters. Most members can be served with 1 per month, additional may needed for members with a documented history of frequent UTIs or other medical complications. Quantities over 10 per month require PA.                                                           | 31 drainage devices per month when authorized   | Purchase only      | March 2021         |
| A5105      | Urinary suspensory with leg bag, with or without tube, each                          | Urological | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members who are incontinent of bladder. Most members can be served with 3-5 per month.                                                                                                                                                                                               | 5 per month                                     | Purchase only      | March 2021         |
| A5112      | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each | Urological | For excess quantities | Yes                       | Covered for members with catheters. Most members can be served with 1 per month, additional may be needed for members with frequent UTIs or other medical complications. Quantities over 10 units in any combination per month including codes A4357, A4358 or A5112 require PA.                 | 31 drainage devices per month when authorized   | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                               | Category   | Auth. required             | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------|------------|----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5113      | Leg strap; latex, replacement only, per set                       | Urological | For excess quantities      | Y - NF<br>N-ICF/DD        | Most members can be served with 1 per 3 months. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                        | 1 per month                                     | Purchase only      | March 2021         |
| A5114      | Leg strap; foam or fabric, replacement only, per set              | Urological | For excess quantities      | Y - NF<br>N-ICF/DD        | Most members can be served with 2 per month.                                                                                                                                                                                                                                                     | 3 per month                                     | Purchase only      | March 2021         |
| A5120      | Skin barrier, wipes or swabs, each                                | Ostomy     | For excess quantities      | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. Most members can be served with 6-7 per day.                                                                                                                                                                                                                  | 250 per month                                   | Purchase only      | March 2021         |
| A5121      | Skin barrier; solid, 6x6 inches or equivalent; each               | Ostomy     | For excess quantities      | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5122      | Skin barrier; solid 8x8 inches or equivalent; each                | Ostomy     | For excess quantities      | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5126      | Adhesive or nonadhesive; disk or foam pad                         | Ostomy     | For excess quantities      | Y - NF<br>N-ICF/DD        | Covered for members with ostomies. A medically unlikely edit of 20 exists for this code.                                                                                                                                                                                                         | 20 per month                                    | Purchase only      | July 2023          |
| A5131      | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. | Ostomy     | For excess quantities only | Y - NF<br>N-ICF/DD        | Covered for members with incontinence or ostomy devices. Most members can be served with 2 bottles per month. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to                                                 | 3 per month                                     | Purchase only      | July 2024          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                           | Category | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                               |          |                                         |                           | 3 per month before authorization is required.                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                    |                    |
| A5200      | Percutaneous catheter or tube anchoring device, adhesive skin attachment                                                                                                      | Ostomy   | For excess quantities                   | No                        | Covered for members with percutaneous catheter. Most members can be served with 2 per month.                                                                                                                                                                                                                                                                                                                               | 5 per month                                     | Purchase only      | January 2009       |
| A5500      | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity inserts, per shoe | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. Cannot be billed with A5501. | 4 shoes per calendar year                       | Purchase only      | March 2021         |
| A5501      | For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from casts of patient's foot (custom-molded shoe), per shoe                   | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time.                              | 4 shoes per calendar year                       | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                       | Category | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5503      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. | 4 shoes per calendar year                       | Purchase only      | March 2021         |
| A5504      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedges, per shoe                        | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. | 4 shoes per calendar year                       | Purchase only      | March 2021         |
| A5505      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe                | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. | 4 shoes per calendar year                       | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5506      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe    | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. | 4 shoes per calendar year                       | Purchase only      | March 2021         |
| A5507      | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. | 4 shoes per calendar year                       | Purchase only      | March 2021         |
| A5508      | For diabetics only, deluxe feature of off-the-shelf depth-inlay or custom-molded shoe, per shoe                                                | Footwear | For excess quantities                   |                           | Not covered - deluxe features are not an efficient use of Medicaid funds. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                                                          |                                                 |                    | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                                                                          | Category | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5510      | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density inserts prefabricated, per shoe                                                                                                                                                                                       | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. Cannot be billed with A5512, A5513, or A5514.                                                                 | 4 units (2 pair) per calendar year              | Purchase only      | March 2021         |
| A5512      | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 3 to 4 months. A maximum of 6 units may be dispensed at a time. Cannot be billed with A5510, A5513, or A5514. A medically unlikely edit of 6 units exists for this code. | 6 inserts per calendar year                     | Purchase only      | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                                | Category | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5513      | For diabetics only, multiple density insert, custom-molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | Footwear | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 3 to 4 months. A maximum of 6 units may be dispensed at a time. Cannot be billed with A5510, A5512, or A5514. A medically unlikely edit of 6 units exists for this phone. | 6 inserts per calendar year                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                                                                                                                                                        | Category           | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A5514      | For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | Footwear           | For excess quantities - refer to manual | No                        | Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 3 to 4 months. A maximum of 6 units may be dispensed at a time. Cannot be billed with A5510, A5512, or A5513. A medically unlikely edit of 6 units exists for this code. | 6 inserts per calendar year                     | Purchase only      | March 2021         |
| A6000      | Noncontact wound-warming wound cover for use with the noncontact wound warming device and warming card                                                                                                                                                                                                                                                                     | Wound Care         |                                         |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                    | March 2021         |
| A6010      | Collagen based wound filler, dry form, sterile, per gram of collagen                                                                                                                                                                                                                                                                                                       | Surgical Dressings | For excess quantities                   | Y - NF<br>N-ICF/DD        | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to once per day. Document medical necessity for the                                                                                                                                                                                                                                                                                                                                                       | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                             | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------|--------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                 |                    |                       |                           | amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. Refer to manual.                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| A6011      | Collagen based wound filler, gel or paste, per gram of collagen | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 336 exists for this code. Refer to manual.                                     | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |
| A6021      | Collagen dressing, sterile, pad size 16 sq. in. or less, each   | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate full-thickness wounds. Usual dressing change for most members is up to one or two times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                  | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6022      | Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate full-thickness wounds. Usual dressing change for most members is up to one or two times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6023      | Collagen dressing, sterile, pad size more than 48 sq. in., each                                      | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate full-thickness wounds. Usual dressing change for most members is up to one or two times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6024      | Collagen dressing wound filler, sterile, per 6 in.                                                   | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed.                                                                                                                                                                                                                       | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                             | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                 |                    |                       |                           | Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. Refer to manual.                                                                                                                                                                                                                                              |                                                 |                    |                    |
| A6025      | Gel sheet for dermal or epidermal application (silicone, hydrogel, other), each | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds with little or no drainage. Usual dressing change for most members is up to one or two times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. Refer to manual.                                            | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6154      | Wound pouch, each                                                               | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 15 per month                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                               | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6196      | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing                                        | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 558 exists for this code. Refer to manual. | 30 per wound, up to 558 per month               | Purchase only      | March 2025         |
| A6197      | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 558 exists for this code. Refer to manual. | 30 per wound, up to 558 per month               | Purchase only      | March 2025         |
| A6198      | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing                                      | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for                                                                                                                            | 30 per wound, up to 558 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                      |                    |                       |                           | quantities that exceed the monthly quantity limit. A medically unlikely edit of 558 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                     |                                                 |                    |                    |
| A6199      | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches        | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 336 exists for this code. Refer to manual.         | 60 per wound, up to 336 per month               | Purchase only      | March 2025         |
| A6203      | Composite dressing, pad size 16 sq. in. or less, with adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                         | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6204      | Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6205      | Composite dressing, pad size more than 48 sq. in., with adhesive border, each dressing                                      | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, or ulcers. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6206      | Contact layer, sterile, 16 sq. in. or less, each dressing                                                                   | Surgical Dressings | For excess quantities | Yes                       | Covered for members with open wounds. Usual dressing change for most members is up to once per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity                                                                                                      | 30 per wound                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                       | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                        | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                           |                    |                       |                           | limit. A medically unlikely edit of 45 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                           |                                                 |                    |                    |
| A6207      | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing          | Surgical Dressings | For excess quantities | Yes                       | Covered for members with open wounds. Usual dressing change for most members is up to once per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 30 exists for this code. Refer to manual. | 30 per wound                                    | Purchase only      | March 2025         |
| A6208      | Contact layer, sterile, more than 48 sq. in., each dressing                                               | Surgical Dressings | For excess quantities | Yes                       | Covered for members with open wounds. Usual dressing change for most members is up to once per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 45 exists for this code. Refer to manual. | 30 per wound                                    | Purchase only      | March 2025         |
| A6209      | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing. | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being                                                                                                                                                                         | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                              | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                  |                    |                       |                           | dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual.                                                                                                                                                                                                 |                                                 |                    |                    |
| A6210      | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing. | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6211      | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.                                      | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically                                                             | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                    | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                        |                    |                       |                           | unlikely edit of 126 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                         |                                                 |                    |                    |
| A6212      | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.                                        | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6213      | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically                                                             | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                               | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                   |                    |                       |                           | unlikely edit of 126 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                         |                                                 |                    |                    |
| A6214      | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing. | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6215      | Foam dressing, wound filler, sterile, per gram                                                                    | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically                                                             | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                    | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                        |                    |                       |                           | unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                    |                    |
| A6216      | Gauze, nonimpregnated, nonsterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, tracheostomies, or other medical conditions requiring gauze pads that do not require sterile gauze pads. Usual dressing change for most members for wound care is up to three times per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 837 exists for this code. Refer to manual. | 200 per wound, up to 837 per month              | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                           | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6217      | Gauze, nonimpregnated, nonsterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, tracheostomies, or other medical conditions requiring gauze pads that do not require sterile gauze pads. Usual dressing change for most members for wound care is up to three times per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 837 exists for this code. Refer to manual. | 200 per wound, up to 837 per month              | Purchase only      | March 2025         |
| A6218      | Gauze, nonimpregnated, nonsterile, pad size more than 48 sq. in., without adhesive border, each dressing                                      | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, tracheostomies, or other medical conditions requiring gauze pads that do not require sterile gauze pads. Usual dressing change for most members for wound care is up to three times per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that                                                                                                            | 200 per wound, up to 837 per month              | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                              | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                  |                    |                       |                           | exceed the monthly quantity limit. A medically unlikely edit of 837 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                    |                    |
| A6219      | Gauze, nonimpregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                        | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring sterile gauze pads. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6220      | Gauze, nonimpregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring sterile gauze pads. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed.                                                                                                                                                                                                          | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                 | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                     |                    |                       |                           | Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                              |                                                 |                    |                    |
| A6221      | Gauze, nonimpregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                         | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring sterile gauze pads. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6222      | Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically                                                                                                                                                                                                                                        | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                            | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                |                    |                       |                           | necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                |                                                 |                    |                    |
| A6223      | Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                   | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6224      | Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6228      | Gauze, impregnated, water or typical saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                             | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water or saline separately. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9.                                       | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                            | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                                                                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                |                    |                       |                           | MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                    |                    |
| A6229      | Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water or saline separately. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                   | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                                                                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6230      | Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water or saline separately. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6231      | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. for less, each dressing                                          | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water or                                                                                                                                                                                                                                                                                        | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                    | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                                                                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                        |                    |                       |                           | saline separately. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                    |                    |
| A6232      | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 16 sq. in. but less than 48 sq. in., each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water or saline separately. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                              | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                                                                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6233      | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing    | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water or saline separately. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6234      | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                    | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                         | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                       | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6235      | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6236      | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                          | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6237      | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                      | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for                                                                                                                            | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                               | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                       | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                   |                    |                       |                           | quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                             |                                                 |                    |                    |
| A6238      | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6239      | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                          | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                          | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                       | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6240      | Hydrocolloid dressing, wound filler, paste, sterile, per oz.                                                 | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6241      | Hydrocolloid dressing, wound filler, dry form, sterile, per gram                                             | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal to moderate exudate wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6242      | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities                                                                                                                      | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                     | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                  | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                         |                    |                       |                           | that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                   |                                                 |                    |                    |
| A6243      | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6244      | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                          | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                           | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6245      | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                            | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6246      | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6247      | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                          | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for                                                                                                                            | 30 per wound, up to 129 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                      | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                          |                    |                       |                           | quantities that exceed the monthly quantity limit. A medically unlikely edit of 129 exists for this code. Refer to manual.                                                                                                                                                                                                                 |                                                 |                    |                    |
| A6248      | Hydrogel dressing, wound filler, gel, per fluid ounce                                                                    | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. Refer to manual. | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |
| A6250      | Skin sealants, protectants, moisturizers, ointments, any type, any size                                                  | Renal Dialysis     | For excess quantities | No                        | Covered when dispensed by approved dialysis equipment supplier. For indications other than dialysis, must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                              | Medical necessity                               | Purchase only      | January 2009       |
| A6251      | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for                                                           | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                 | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                     |                    |                       |                           | quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| A6252      | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |
| A6253      | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                          | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual. | 30 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                       | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6254      | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                            | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once every other day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 144 exists for this code. Refer to manual. | 30 per wound, up to 144 per month               | Purchase only      | March 2025         |
| A6255      | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once every other day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 144 exists for this code. Refer to manual. | 30 per wound, up to 144 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                              | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6256      | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavy exudate full-thickness wounds. Usual dressing change for most members is up to once every other day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 144 exists for this code. Refer to manual.         | 30 per wound, up to 144 per month               | Purchase only      | March 2025         |
| A6257      | Transparent film, sterile, 16 sq. in. or less, each dressing                                                                     | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate open partial-thickness or closed wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6258      | Transparent film, sterile, more than 16 sq. in. but less than 48 sq. in., each dressing                                          | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate open partial-thickness or closed wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the                                                                                                                                                                                                                                  | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                  | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                      |                    |                       |                           | amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual.                                                                                                                                                                                            |                                                 |                    |                    |
| A6259      | Transparent film, sterile, more than 48 sq. in., each dressing       | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with minimal exudate open-partial thickness or closed wounds. Usual dressing change for most members is up to three times per week. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 126 exists for this code. Refer to manual. | 30 per wound, up to 126 per month               | Purchase only      | March 2025         |
| A6260      | Wound cleansers, any type, any size                                  | Wound Care         | For excess quantities | Yes                       | Covered for members with wounds. If a legend wound cleanser is prescribed, refer to pharmacy policy. Typical use is 1 per week. Use A1-A9 modifiers as appropriate.                                                                                                                                                                                                                                                         | 10 per month                                    | Purchase only      | January 2011       |
| A6261      | Wound filler, gel or paste, per fluid ounce, not otherwise specified | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds requiring fillers. Only to be used when a more specific code is not available for wound filler prescribed by the physician. Usual dressing change for most members is up to once per day. Document medical                                                                                                                                                                                  | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                      | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                       | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                          |                    |                       |                           | necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. Refer to manual.                                                                                                                                                                                                                                            |                                                 |                    |                    |
| A6262      | Wound filler, dry form, per gram, other otherwise specified.                                             | Surgical Dressings | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds requiring fillers. Only to be used when a more specific code is not available for wound filler prescribed by the physician. Usual dressing change for most members is up to once per day. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. Refer to manual. | 15 per wound, up to 90 per month                | Purchase only      | March 2025         |
| A6266      | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard. | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring impregnated gauze for moisture or antimicrobial properties. Usual dressing change for most members for wound care is up to once per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP                       | 50 per wound, up to 279 per month               | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                           | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                               |                    |                       |                           | policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 279 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                    |                    |
| A6402      | Gauze, nonimpregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                           | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring nonimpregnated sterile gauze pads. Usual dressing change for most members for wound care is up to three times per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 837 exists for this code. Refer to manual. | 200 per wound, up to 837 per month              | Purchase only      | March 2025         |
| A6403      | Gauze, nonimpregnated, nonsterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, tracheostomies, or other medical conditions requiring gauze pads that do not require sterile gauze pads. Usual dressing change for most members for wound care is up to three times per day. For other indications, more frequent changes may be medically necessary.                                                                                                                                                                                                                                     | 200 per wound, up to 837 per month              | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                      | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                          |                    |                       |                           | Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 837 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                                         |                                                 |                    |                    |
| A6404      | Gauze, nonimpregnated, nonsterile, pad size more than 48 sq. in., without adhesive border, each dressing | Surgical Dressings | For excess quantities | Yes                       | Covered for members with wounds, lesions, ulcers, or other medical conditions requiring nonimpregnated sterile gauze pads. Usual dressing change for most members for wound care is up to three times per day. For other indications, more frequent changes may be medically necessary. Document medical necessity for the amount being dispensed. Providers must use modifiers A1 to A9. MHCP policy requires authorization for quantities that exceed the monthly quantity limit. A medically unlikely edit of 837 exists for this code. Refer to manual. | 200 per wound, up to 837 per month              | Purchase only      | March 2025         |
| A6407      | Packing strips, nonimpregnated, sterile, up to 2 inches in width, per linear yard                        | Wound Care         | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with wounds that require packing for wet-to-dry treatment. Typical use depends on size of wound, most members can be served with 30 yards per month. Use A1-A9 modifiers as                                                                                                                                                                                                                                                                                                                                                             | 40 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                |                        |                       |                           | appropriate. A medically unlikely edit of 40 exists for this code.                                                                                                                                                                                                                               |                                                 |                    |                    |
| A6410      | Eye pad, sterile, each                                                                                                         | Miscellaneous Supplies | For excess quantities | Yes                       | Covered to protect an injured eye from further injury. A medically unlikely edit exists for this code. No more than 20 units may be dispensed per date of service. MHCP policy allows up to 30 per month before authorization is required.                                                       | 20 per dispensing, up to 30 per month           | Purchase only      | July 2023          |
| A6411      | Eye pad, nonsterile, each                                                                                                      | Miscellaneous Supplies | For excess quantities | Yes                       | Covered to protect an injured eye from further injury.                                                                                                                                                                                                                                           | 30 per month                                    | Purchase only      | January 2009       |
| A6412      | Eye pad, occlusive, each                                                                                                       | Miscellaneous Supplies | For excess quantities | Yes                       | Covered to protect an eye from damage due to light, or to treat conditions such as amblyopia.                                                                                                                                                                                                    | 30 per month                                    | Purchase only      | January 2009       |
| A6413      | Adhesive bandage, first-aid type, any size, each                                                                               | Wound Care             |                       |                           | Not covered - not efficient use of Medicaid funds.                                                                                                                                                                                                                                               |                                                 |                    | December 2007      |
| A6441      | Padding bandage, nonelastic, nonwoven or nonknitted, width greater than or equal to 3 inches and less than 5 inches, per yard. | Wound Care             | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to pad and protect the wound surface. Most members can be served with 30 yards per month per wound. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code.                                                                                            | 60 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                     | Category   | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6442      | Conforming bandage, nonelastic, knitted or woven, nonsterile, width less than 3 inches, per yard.                                       | Wound Care | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code.                                                                                      | 60 per month                                    | Purchase only      | July 2023          |
| A6443      | Conforming bandage, nonelastic, knitted or woven, nonsterile, width greater than or equal to 3 inches and less than 5 inches, per yard. | Wound Care | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 120 exists for this code.                                                                                     | 120 per month                                   | Purchase only      | July 2023          |
| A6444      | Conforming bandage, nonelastic, knitted or woven, nonsterile, width greater than or equal to 5 in., per yd.                             | Wound Care | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 90 exists for this code.                                                                                      | 90 per month                                    | Purchase only      | July 2023          |
| A6445      | Conforming bandage, nonelastic, knitted or woven, sterile, width less than 3 in., per yd.                                               | Wound Care | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.                                                                                                                                            | 120 per month                                   | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6446      | Conforming bandage, nonelastic, knitted or woven, sterile, width greater than or equal to 3 inches and less than 5 inches, per yd. | Wound Care             | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.                                                                                                                                                    | 120 per month                                   | Purchase only      | January 2009       |
| A6447      | Conforming bandage, nonelastic, knitted or woven, sterile, width greater than or equal to 5 inches, per yard.                      | Wound Care             | For excess quantities | Y - NF<br>N-ICF/DD        | Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 120 exists for this code.                                                                                             | 120 per month                                   | Purchase only      | July 2023          |
| A6448      | Light compression bandage, elastic, knitted or woven, width less than 3 inches, per yard.                                          | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. | 60 per month                                    | Purchase only      | January 2009       |
| A6449      | Light compression bandage, elastic, knitted or woven, width greater than or equal to 3 inches and less than 5 inches, per yard.    | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. Members using a multi-layer bandage system may need to change                                                                    | 60 per month                                    | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                 | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                     |                        |                       |                           | dressings up to twice per day. Use A1-A9 modifiers as appropriate.                                                                                                                                                                                                                                                                                             |                                                 |                    |                    |
| A6450      | Light compression bandage, elastic, knitted or woven, width greater than or equal to 5 inches, per yard.                                                                                            | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code. | 60 per month                                    | Purchase only      | July 2023          |
| A6451      | Moderate compression bandage, elastic, knitted or woven, load resistance of 1.25 to 1.34 ft.-lbs. at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per yard. | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code. | 60 per month                                    | Purchase only      | July 2023          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                           | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6452      | High compression bandage, elastic, knitted or woven, load resistance greater than or equal to 1.35 ft.-lbs. at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per yard. | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code.     | 60 per month                                    | Purchase only      | July 2023          |
| A6453      | Self-adherent bandage, elastic, nonknitted or nonwoven, width less than 3 inches, per yard.                                                                                                                   | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 1 - 2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code. | 60 per month                                    | Purchase only      | July 2023          |
| A6454      | Self-adherent bandage, elastic, nonknitted or nonwoven, width greater than or equal to 3 inches and less than 5 inches, per yard.                                                                             | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 1-2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 60 exists for this code.   | 60 per month                                    | Purchase only      | July 2023          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                     | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6455      | Self-adherent bandage, elastic, nonknitted or nonwoven, width greater than or equal to 5 inches, per yard.                              | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 1-2 per week. Members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 30 exists for this code. | 30 per month                                    | Purchase only      | July 2023          |
| A6456      | Zinc paste impregnated bandage, nonelastic, knitted or woven, width greater than or equal to 3 inches and less than 5 inches, per yard. | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members for whom a soft, flexible wrap is required. Most members can be served with 30 yards per month. Use A1-A9 modifiers as appropriate.                                                                                                                                                                                                          | 60 per month                                    | Purchase only      | January 2009       |
| A6457      | Tubular dressing with or without elastic, any width, per linear yd.                                                                     | Wound Care             | For excess quantities | Yes                       | Covered for members who require a tubular dressing to secure a dressing. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 25 exists for this code.                                                                                                                                                                                               | 25 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                      | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6460      | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                        | Wound Care     | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 1 unit exists for this code. Bill with a date span when necessary. | 1 per day,<br>30 per month                      | Purchase only      | March 2021         |
| A6461      | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Wound Care     | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate. A medically unlikely edit of 1 unit exists for this code. Bill with a date span if needed.      | 1 per day                                       | Purchase only      | March 2021         |
| A6501      | Compression burn garment, bodysuit (head to foot), custom fabricated                                                                                     | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                         | 2 per month                                     | Purchase only      | March 2021         |
| A6502      | Compression burn garment, chin strap, custom fabricated                                                                                                  | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                         | 2 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                               | Category       | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------|----------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6503      | Compression burn garment, facial hood, custom fabricated          | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                               | 2 per month                                     | Purchase only      | March 2021         |
| A6504      | Compression burn garment, glove to wrist, custom fabricated       | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 2 per 3 months. A medically unlikely edit of 4 units exists for this code.                                                                                                                                               | 4 per month                                     | Purchase only      | March 2021         |
| A6505      | Compression burn garment, glove to elbow, custom fabricated       | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 2 per 3 months. A medically unlikely edit of 4 units exists for this code.                                                                                                                                               | 4 per month                                     | Purchase only      | March 2021         |
| A6506      | Compression burn garment, glove to axilla, custom fabricated      | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 2 per 3 months. A medically unlikely edit of 4 units exists for this code.                                                                                                                                               | 4 per month                                     | Purchase only      | March 2021         |
| A6507      | Compression burn garment, foot to knee length, custom fabricated  | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 2 per 3 months. A medically unlikely edit of 4 units exists for this code.                                                                                                                                               | 4 per month                                     | Purchase only      | March 2021         |
| A6508      | Compression burn garment, foot to thigh length, custom fabricated | Burn Treatment | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 2 per 3 months. A medically unlikely edit of 4 units exists for this code.                                                                                                                                               | 4 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                               | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6509      | Compression burn garment, upper trunk to waist, including arm openings (vest), custom fabricated  | Burn Treatment      | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                               | 2 per month                                     | Purchase only      | March 2021         |
| A6510      | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated | Burn Treatment      | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                               | 2 per month                                     | Purchase only      | March 2021         |
| A6511      | Compression burn garment, lower trunk including leg openings (panty), custom fabricated           | Burn Treatment      | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                               | 2 per month                                     | Purchase only      | March 2021         |
| A6512      | Compression burn garment, not otherwise classified                                                | Burn Treatment      | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months.                                                                                                                                                                                                          | 1 per month                                     | Purchase only      | March 2021         |
| A6513      | Compression burn mask, face and/or neck, plastic or equal, custom fabricated                      | Burn Treatment      | For excess quantities | No                        | Covered for members with burn injuries. Most members can be served with 1 per 3 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                               | 2 per month                                     | Purchase only      | March 2021         |
| A6515      | Gradient compression wrap with adjustable straps, full leg, each, custom                          | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate.                                                                                                                                              | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                            | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                |                     |                       |                           | A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                                                                                                                                                                      |                                                 |                    |                    |
| A6516      | Gradient compression wrap with adjustable straps, foot, each, custom           | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6517      | Gradient compression wrap with adjustable straps, below knee, each, custom     | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6518      | Gradient compression wrap with adjustable straps, arm, each, custom            | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6519      | Gradient compression garment, not otherwise specified, for nighttime use, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression only when a more specific code is not available. Use modifiers LT and RT as appropriate.                                                                                                                                                               | 2 units per 2 years                             | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                          | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6520      | Gradient compression garment, glove, padded, for nighttime use, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6521      | Gradient compression garment, glove, padded, for nighttime use, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6522      | Gradient compression garment, arm, padded, for nighttime use, each           | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6523      | Gradient compression garment, glove, padded, for nighttime use, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                       | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6524      | Gradient compression garment, lower leg and foot, padded, for nighttime use, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6525      | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6526      | Gradient compression garment, full leg and foot, padded, for nighttime use, each          | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6527      | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each  | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6528      | Gradient compression garment, bra, for nighttime use, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6529      | Gradient compression garment, bra, for nighttime use, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 units exists for this code. Refer to manual.                                                                  | 2 units per 2 years                             | Purchase only      | March 2025         |
| A6530      | Gradient compression stocking, below knee, 18-30 mm Hg, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6531      | Gradient compression stocking, below knee, 30-40 mm Hg, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                            | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6532      | Gradient compression stocking, below knee, 40-50 mm Hg, each   | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6533      | Gradient compression stocking, thigh length, 18-30 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6534      | Gradient compression stocking, thigh length, 30-40 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6535      | Gradient compression stocking, thigh length, 40-50 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                         | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6536      | Gradient compression stocking, full-length or chap style, 18-30 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6537      | Gradient compression stocking, full-length or chap style, 30-40 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6538      | Gradient compression stocking, full-length or chap style, 40-50 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6539      | Gradient compression stocking, waist length, 18-30 mm Hg, each              | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                  | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6540      | Gradient compression stocking, waist length, 30-40 mm Hg, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6541      | Gradient compression stocking, waist length, 40-50 mm Hg, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6544      | Gradient compression stocking, garter belt                           | Compression Devices | For excess quantities | No                        | Covered for members with gradient compression stockings who require a garter belt to secure the stockings. Most members can be served with 1 per 6 months. A medically unlikely edit of 1 unit exists for this code.                                                                             | 1 per 3 months                                  | Purchase only      | March 2021         |
| A6545      | Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each | Compression Devices | For excess quantities | No                        | Covered when medically necessary for treatment of venous disease of the lower extremities including active venous stasis ulcers and lymphedema. Most members can be served with 2 units per 6 months for each leg.                                                                               | 4 units per 3 months                            | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                        | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6549      | Gradient compression garment, not otherwise specified, for daytime use, each                               | Compression Devices | For excess quantities | No                        | Covered for members requiring compression only when a more specific code is not available. Most members can be served with 4 units per 6 months. A medically unlikely edit of 4 exists for this code.                                                                                                      | 4 units per 3 months                            | Purchase only      | March 2025         |
| A6550      | Wound Care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories | Wound Care          | For excess quantities | No                        | Covered for members using approved negative pressure wound therapy (E2402). Typical care requires changing dressings used with negative pressure wound therapy 3 times per week per wound. Includes all dressings and tubing required for treatment. A medically unlikely edit of 15 exists for this code. | 15 per month                                    | Purchase only      | July 2023          |
| A6552      | Gradient compression stocking, below knee, 30-40 mm Hg, each                                               | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                            | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6553      | Gradient compression stocking, below knee, 30-40 mm Hg, custom, each                                       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                            | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                          | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6554      | Gradient compression stocking, below knee, 40 mm Hg or greater, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6555      | Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6556      | Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6557      | Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                      | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6558      | Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each           | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6559      | Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6560      | Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6561      | Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                            | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6562      | Gradient compression stocking, waist length, 18-30 mm Hg, custom, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6563      | Gradient compression stocking, waist length, 30-40 mm Hg, custom, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6564      | Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6565      | Gradient compression gauntlet, custom, each                                    | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                        | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6566      | Gradient compression garment, neck/head, each              | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6567      | Gradient compression garment, neck/head, custom, each      | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6568      | Gradient compression garment, torso/shoulder, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6569      | Gradient compression garment, torso/shoulder, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                        | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6570      | Gradient compression garment, genital region, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. A medically unlikely edit of 6 units exists for this code.                                                                                                                           | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6571      | Gradient compression garment, genital region, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. A medically unlikely edit of 6 units exists for this code.                                                                                                                           | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6572      | Gradient compression garment, toe caps, each               | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6573      | Gradient compression garment, toe caps, custom, each       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                 | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6574      | Gradient compression arm sleeve and glove combination, custom, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6575      | Gradient compression arm sleeve and glove combination, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6576      | Gradient compression arm sleeve, custom, medium weight, each        | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6577      | Gradient compression arm sleeve, custom, heavy weight, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                     | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6578      | Gradient compression arm sleeve, each                   | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6579      | Gradient compression glove, custom, medium weight, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6580      | Gradient compression glove, custom, heavy weight, each  | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6581      | Gradient compression glove, each                        | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                       | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6582      | Gradient compression gauntlet, each                                       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6583      | Gradient compression wrap with adjustable straps, below knee, each        | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6584      | Gradient compression wrap with adjustable straps, not otherwise specified | Compression Devices | For excess quantities | No                        | Covered for members requiring compression only when a more specific code is not available. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code.                                                                                                    | 3 units per 6 months                            | Purchase only      | December 2024      |
| A6585      | Gradient compression wrap with adjustable straps, above knee, each        | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                              | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6586      | Gradient compression wrap with adjustable straps, full leg, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6587      | Gradient compression wrap with adjustable straps, foot, each     | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6588      | Gradient compression wrap with adjustable straps, arm, each      | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                  | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6589      | Gradient pressure wrap with adjustable straps, bra, each         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. A medically unlikely edit of 6 units exists for this code. Refer to manual.                                                                                                          | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6593      | Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 1 per month                                     | Purchase only      | December 2024      |
| A6594      | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each    | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6595      | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each    | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6596      | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each          | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6597      | Gradient compression bandage roll, elastic long stretch, per linear yard, any width, each          | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                         | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6598      | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each                 | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6599      | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each                | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6600      | Gradient compression bandaging supply, high-density foam sheet, per 250 sq. cm, each                        | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6601      | Gradient compression bandaging supply, high-density foam pad, any size or shape, each                       | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6602      | Gradient compression bandaging supply, high-density foam roll for bandage, per linear yard, any width, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                          | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6603      | Gradient compression bandaging supply, low-density channel foam sheet, per 250 sq. cm, each                  | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6604      | Gradient compression bandaging supply, low-density flat foam sheet, per 250 sq. cm, each                     | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6605      | Gradient compression bandaging supply, padded foam, per linear yard, any width, each                         | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6606      | Gradient compression bandaging supply, padded textile, per linear yard, any width, each                      | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6607      | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                 | Category            | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A6608      | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 100 per month                                   | Purchase only      | March 2025         |
| A6609      | Gradient compression bandaging supply, not otherwise specified                                                      | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system.                                                                                                                                                                                      | 1 per month                                     | Purchase only      | December 2024      |
| A6610      | Gradient compression stocking, below knee, 18-30 mm Hg, custom, each                                                | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code.                                                                                   | 3 units per 6 months                            | Purchase only      | March 2025         |
| A6611      | Gradient compression wrap with adjustable straps, above knee, each, custom                                          | Compression Devices | For excess quantities | No                        | Covered for members requiring compression for lymphedema and other complications of the circulatory system. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 units exists for this code.                                                                                   | 3 units per 6 months                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                             | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7000      | Canister, disposable, used with suction pump    | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members using suction pumps. Most members can be served with 10 per month. Members with frequent suctioning may require additional. When used with negative pressure wound therapy device, additional canisters are appropriate when wound exudate exceeds 90 ml per day.            | 30 per month                                    | Purchase only      | March 2021         |
| A7001      | Canister, nondisposable, used with suction pump | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members using suction pumps. Most members can be served with 1 per 2-3 months. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                             | 1 per month                                     | Purchase only      | March 2021         |
| A7002      | Tubing, used with suction pump, each            | Miscellaneous Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members using suction pumps. Most members can be served with 1-2 per month. Members with 2 suction pumps or with significant risk of infection may need 4 per month. A medically unlikely edit of 10 exists on this code.                                                            | 4 per month                                     | Purchase only      | January 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                               | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                  | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------|-----------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7003      | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using E0570. Most members can be served with 1 per week, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes lid, jar, baffles, tubing, T-piece and mouthpiece. Used with A7003. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 15 per month before authorization is required. | 2 per dispensing, up to 15 per month            | Purchase only      | March 2021         |
| A7004      | Small volume nonfiltered nebulizer, disposable                                    | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using E05701. Most members can be served with 1 per week, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes lid, jar, and baffles. Used with A7003. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 15 per month before authorization is required.                            | 2 per dispensing, up to 15 per month            | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7005      | Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using K0730 or E0570. Most members can be served with 1 per 6 months, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes lid, jar, baffles, tubing, T-piece and mouthpiece. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 3 per month before authorization is required. | 1 per dispensing, up to 3 per month             | Purchase only      | March 2021         |
| A7006      | Administration set, with small volume filtered pneumatic nebulizer                   | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using E0565, E0570, E0572 or E0585. Most members can be served with 1 per month, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes filter, lid, jar, baffles, tubing, T-piece and mouthpiece.                                                                                                                                                               | 1 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                         | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                     | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------|-----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7007      | Large volume nebulizer, disposable, unfilled, used with aerosol compressor  | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of humidified gas and medications using E0565. Most members can be served with 2 per month, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Not to be billed with E0585. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 6 per month before authorization is required. | 2 per dispensing, up to 6 per month             | Purchase only      | January 2009       |
| A7008      | Large volume nebulizer, disposable, prefilled, used with aerosol compressor | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of humidified gas and medications using E0565 only when there is a compelling reason why neither the patient nor the caregiver can perform the fill. Not to be billed with E0585.                                                                                                                                                                                                                                                                                             | 31 per month                                    | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                          | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|-----------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7009      | Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with cystic fibrosis or other serious conditions using large volume ultrasonic nebulizers (E0575) for delivery of medically necessary Tobramycin. Because there is no proven medical benefit to nebulizing particles of other drugs to diameters smaller than achievable with a pneumatic model, ultrasonic nebulizers and associated supplies are not covered for members with other diagnoses. Most members can be served with 1 every 2-3 months. A medically unlikely edit of 1 unit exists for this code. | 1 per month                                     | Purchase only      | March 2021         |
| A7010      | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet    | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of humidified gas and medications using E0565 or E0585. Most members can be served with 1 per 2 months. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                                                                                                          | 2 per month                                     | Purchase only      | March 2021         |
| A7012      | Water collection device used with large volume nebulizer                     | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of humidified gas and medications using E0565 or E0585. Most members can be served with 2 per month. A medically unlikely edit exists for this code. A medically unlikely edit exists for this code. No more than 2 units may be                                                                                                                                                                                                                                            | 2 per dispensing, up to 4 per month             | Purchase only      | January 2009       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                 | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------|-----------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                     |           |                       |                           | dispensed per date of service. MHCP policy allows up to 4 per month before authorization is required.                                                                                                                                                                                                                                                                                                                                                 |                                                 |                    |                    |
| A7013      | Filter, disposable, with aerosol compressor or ultrasonic generator | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using E0565, E0570, E0572, E0574 or E0585. Most members can be served with 2 per month, additional quantities may be required for children receiving nebulizer treatments at school and home. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 4 per month before authorization is required. | 2 per dispensing, up to 4 per month             | Purchase only      | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                         | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------|-----------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7014      | Filter, nondisposable, used with aerosol compressor or ultrasonic generator | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using E0565, E0570, E0572, or E0585, or for members with cystic fibrosis or other serious conditions using ultrasonic nebulizers (E0574, E0575) for delivery of medically necessary Tobramycin. Most members can be served with 1 per 2 -3 months, additional quantities may be required for children receiving nebulizer treatments at school and home. A medically unlikely edit of 1 unit exists for this code. | 1 per month                                     | Purchase only      | March 2021         |
| A7015      | Aerosol mask, used with DME nebulizer                                       | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications. Most members can be served with 1 per month. A medically unlikely edit exists. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 15 per month before authorization is required.                                                                                                                                                                                                  | 1 per dispensing, up to 15 per month            | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                               | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7016      | Dome and mouthpiece, used with small volume ultrasonic nebulizer                     | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with cystic fibrosis or other serious conditions using small volume ultrasonic nebulizers (E0574) for delivery of medically necessary Tobramycin. Because there is no proven medical benefit to nebulizing particles of other drugs to diameters smaller than achievable with a pneumatic model, ultrasonic nebulizers and associated supplies are not covered for members with other diagnoses. Most members can be served with 1 per 6 months. A medically unlikely edit of 1 unit exists for this code. | 1 per 3 months                                  | Purchase only      | March 2021         |
| A7017      | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring nebulized administration of medications using E0565. Most members can be served with 1 per 2-3 years. Not to be billed with E0585. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                                                                                                                                     | 1 per year                                      | Purchase only      | March 2021         |
| A7018      | Water, distilled, used with large volume nebulizer, 1000 ml                          | Nebulizer | For excess quantities | Yes                       | Covered for members requiring nebulized administration of medications using E0565 or E0585, or for members with cystic fibrosis or other serious conditions using E0575 for delivery of medically necessary Tobramycin. Most members can be served with 20 units (20 liters) per month.                                                                                                                                                                                                                                        | 30 units (30 liters) per month                  | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                       | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7020      | Interface for cough-stimulating device, includes all components, replacement only                         | Respiratory              | For excess quantities | No                        | Covered when needed for use with a patient-owned cough-stimulating device (E0482). Cannot be billed with E0482. Most patients can be served with 1 every 2 months. Breathing circuit includes tubing, filter and patient interface (face mask, mouthpiece or tracheal adapter). A medically unlikely edit of 1 unit exists for this code. Refer to manual. | 1 per month                                     | Purchase only      | February 2025      |
| A7023      | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical                             | Respiratory              |                       |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                                                   |                                                 |                    | December 2023      |
| A7025      | High-frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each | Airway Clearance Devices | Always                | No                        | Covered for members with patient-owned high-frequency chest wall oscillation air-pulse generator systems (E0483). Cannot be billed with E0483. Documentation must state reason for replacement and when warranty period ended. A medically unlikely edit of 1 unit exists for this code. Refer to manual.                                                  | 1 per 5 years                                   | Purchase only      | February 2025      |
| A7026      | High-frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each | Airway Clearance Devices | For excess quantities | No                        | Covered for members with patient-owned high-frequency chest wall oscillation air-pulse generator systems (E0483). Cannot be billed with E0483. Hoses are expected to last 2 years. A medically unlikely edit of 1 unit exists for this code. Refer to manual.                                                                                              | 1 per year                                      | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                        | Category                 | Auth. required             | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------|--------------------------|----------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7027      | Combination oral or nasal mask, used with continuous positive airway pressure device, each | Positive Airway Pressure | For excess quantities only | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the PAP device is still in use, and that a new mask is required because the existing mask is damaged or otherwise worn out. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 3 per year before authorization is required. | 1 per dispensing, up to 3 per year              | Purchase only      | March 2021         |
| A7028      | Oral cushion for combination oral or nasal mask, replacement only, each                    | Positive Airway Pressure | For excess quantities only | No                        | Covered for members with PAP device and combination oral or nasal mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1-2 months. Suppliers must verify with the member that the PAP device is still in use, and that a new oral cushion is required because the existing cushion is damaged or otherwise worn out. A medically unlikely edit of 2 exists for this code.                                                                            | 2 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                      | Category                 | Auth. required             | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                       | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------|--------------------------|----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7029      | Nasal pillows for combination oral or nasal mask, replacement only, pair | Positive Airway Pressure | For excess quantities only | No                        | Covered for members with PAP device and combination oral or nasal mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 pair per 1-2 months. Suppliers must verify with the member that the PAP device is still in use, and that new nasal pillows are required because the existing pillows are damaged or otherwise worn out. 1 unit equals 1 pair of nasal pillows. A medically unlikely edit of 2 units exists for this code.                          | 2 units (2 pairs) per month                     | Purchase only      | March 2021         |
| A7030      | Full face mask used with positive airway pressure device, each           | Positive Airway Pressure | For excess quantities only | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the CPAP device is still in use, and that a new mask is required because the existing mask is damaged or otherwise worn out. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 3 per year before authorization is required. | 1 per dispensing, up to 3 per year              | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                             | Category                 | Auth. required             | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                        | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------|--------------------------|----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7031      | Face mask interface, replacement for full face mask, each       | Positive Airway Pressure | For excess quantities only | No                        | Covered for members with PAP device and full-face mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1 - 2 months. Suppliers must verify with the member that the PAP device is still in use, and that a new interface is required because the existing interface is damaged or otherwise worn out. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 2 per month before authorization is required. | 1 per dispensing, up to 2 per month             | Purchase only      | March 2021         |
| A7032      | Cushion for use on nasal mask interface, replacement only, each | Positive Airway Pressure | For excess quantities      | No                        | Covered for members with PAP device and nasal mask interface due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1-2 months. Suppliers must verify with the member that the PAP device is still in use, and that a new cushion is required because the existing cushion is damaged or otherwise worn out. A medically unlikely edit of 2 units exists for this code.                                                                                                                       | 2 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                          | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7033      | Pillow for use on nasal cannula type interface, replacement only, pair                                       | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device and nasal cannula interface due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1-2 months. Suppliers must verify with the member that the PAP device is still in use, and that new pillows are required because the existing pillows are damaged or otherwise worn out. 1 unit = 1 pair. A medically unlikely edit of 2 units exists for this code.                                                                 | 2 units (2 pairs) per month                     | Purchase only      | March 2021         |
| A7034      | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the PAP device is still in use, and that a new mask is required because the existing mask is damaged or otherwise worn out. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 3 per year before authorization is required. | 1 per dispensing, up to 3 per year              | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                 | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------|--------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7035      | Headgear used with positive airway pressure device  | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per year. Suppliers must verify with the member that the PAP device is still in use, and that a new headgear is required because the existing headgear is damaged or otherwise worn out. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 3 per year before authorization is required. | 1 per dispensing, up to 3 per year              | Purchase only      | March 2021         |
| A7036      | Chinstrap used with positive airway pressure device | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per year. Suppliers must verify with the member that the PAP device is still in use, and that a new chinstrap is required because the existing chinstrap is damaged or otherwise worn out. A medically unlikely edit of 1 unit exists for this code.                                                                                                                     | 1 per 6 months                                  | Purchase only      | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                              | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                  | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7037      | Tubing used with positive airway pressure device                 | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 3 months. Suppliers must verify with the member that the PAP device is still in use, and that new tubing is required because the existing tubing is damaged or otherwise worn out. A medically unlikely edit of 1 unit exists for this code. | 1 per month                                     | Purchase only      | March 2021         |
| A7038      | Filter, disposable, used with positive airway pressure device    | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 2 per month. Suppliers must verify with the member that the PAP device is still in use. A medically unlikely edit of 2 units exists for this code.                                                                                                 | 2 per month                                     | Purchase only      | March 2021         |
| A7039      | Filter, nondisposable, used with positive airway pressure device | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the PAP device is still in use. A medically unlikely edit exists for this code. No more than 1                                                                                          | 1 per dispensing, up to 3 per year              | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                       | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                           |                          |                       |                           | unit may be dispensed per date of service. MHCP policy allows up to 3 per year before authorization is required.                                                                                                                                                                                                                                                                                                                                            |                                                 |                    |                    |
| A7040      | One way chest drain valve                                                 | Miscellaneous Supplies   | For excess quantities | No                        | Covered for members with chest tube. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                                                                                                                                                             | 1 per month                                     | Purchase only      | March 2021         |
| A7041      | Water seal drainage container and tubing for use with implanted chest tub | Miscellaneous Supplies   | For excess quantities | No                        | Covered for members with chest tube. A medically unlikely edit of 2 units exists for this code.                                                                                                                                                                                                                                                                                                                                                             | 1 per month                                     | Purchase only      | March 2021         |
| A7044      | Oral interface used with positive airway pressure device, each            | Positive Airway Pressure | For excess quantities | No                        | Covered for members with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 3-4 months. Suppliers must verify with the member that the PAP device is still in use. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 3 per year before authorization is required. | 1 per dispensing, up to 3 per year              | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                        | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7045      | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only | Positive Airway Pressure | For excess quantities | No                        | Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members need no more than 1 per year. Suppliers must verify with the member that the PAP device is still in use. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                                                                                                                | 1 per 6 months                                  | Purchase only      | March 2021         |
| A7046      | Water chamber for humidifier, used with positive airway pressure device, replacement, each                 | Positive Airway Pressure | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members need no more than 1 per 3-6 months. Members who receive positive airway pressure via invasive interface may need 1 per month or 1 per week if there is significant risk of infection. Suppliers must verify with the member that the PAP device is still in use. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 5 per month before authorization is required. | 1 per dispensing, up to 5 per month             | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                             | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                  | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7047      | Oral interface used with respiratory suction pump, each                                                                                         | Respiratory            | For excess quantities | No                        | Covered for members with medically necessary respiratory suction pumps who require an oral interface. MUE of 1 per day, bill with date span if needed. Prior authorization required for greater than 5 units.                                                                                                                     | 5 per month                                     | Purchase only      | March 2021         |
| A7048      | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each | Miscellaneous Supplies | For excess quantities | No                        | Covered for member with implanted catheter. A medically unlikely edit of 10 units exists for this code.                                                                                                                                                                                                                           | 4 per month                                     | Purchase only      | March 2021         |
| A7501      | Tracheostoma valve, including diaphragm, each                                                                                                   | Tracheostomy Supplies  | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with laryngectomy. Typical use is one per year. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 2 units exists for this code. | 2 per 6 months                                  | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                      | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7502      | Replacement diaphragm or faceplate for tracheostoma valve, each                                          | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with laryngectomy. Typical use is one per year. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 1 unit exists for this code.                                                    | 1 per 6 months                                  | Purchase only      | March 2021         |
| A7503      | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per 3 months. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 1 unit exists for this code. | 1 per month                                     | Purchase only      | March 2021         |
| A7504      | Filter for use in a tracheostoma heat and moisture exchange system, each                                 | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per day. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 62 units exists for this code.           | 62 per month                                    | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                       | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7505      | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system or a tracheostoma valve. Typical use is one per month. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 2 units exists for this code. | 2 per month                                     | Purchase only      | March 2021         |
| A7506      | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each               | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system or a tracheostoma valve. Typical use is one per day. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization.                                                       | 62 per month                                    | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                             | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7507      | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each         | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per day. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 62 exists for this code. | 62 per month                                    | Purchase only      | March 2021         |
| A7508      | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system or with a tracheostoma valve, each | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per 2-3 days. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization.                                                  | 62 per month                                    | Purchase only      | April 2017         |
| A7509      | Filter holder and integrated filter and adhesive, for use as a tracheostoma heat and moisture exchange system, each             | Tracheostomy Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per day. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization.                                                       | 62 per month                                    | Purchase only      | April 2017         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                            | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7520      | Tracheostomy or laryngectomy tube, noncuffed, polyvinylchloride (PVC), silicone or equal, each | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostoma. Usual quantity is two per month. An MUE exists for this code. No more than 2 units may be dispensed per date of service, use date span if needed. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 5 per month before authorization is required. | 2 per dispensing, up to 5 per month             | Purchase only      | March 2021         |
| A7521      | Tracheostomy or laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each    | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostoma. Usual quantity is two per month. Please use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 5 per month before authorization is required.                                                                                                            | 1 per dispensing, up to 5 per month             | Purchase only      | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                        | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                     | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7522      | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostoma. Usual quantity is one per month. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 1 unit exists for this code. | 1 per month                                     | Purchase only      | March 2021         |
| A7523      | Tracheostomy shower protector, each                                                        | Tracheostomy Supplies | For excess quantities | Yes                       | Covered for members with tracheostoma. Usual quantity is one per year. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization.                                                            | 1 per 6 months                                  | Purchase only      | March 2021         |
| A7524      | Tracheostomy stent or stud or button, each                                                 | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostoma. Usual quantity is one per year. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 1 unit exists for this code.  | 1 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                      | Category              | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------|-----------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7525      | Tracheostomy mask, each                  | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostoma who use a nebulizer. Usual quantity is one per month. Members who are documented to be particularly vulnerable to infection may require additional quantities. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit exists for this code. No more than 3 units may be dispensed per date of service. MHCP policy allows up to 31 per month before authorization is required. | 3 per dispensing, up to 31 per month            | Purchase only      | March 2021         |
| A7526      | Tracheostomy tube collar or holder, each | Tracheostomy Supplies | For excess quantities | No                        | Covered for members with tracheostoma. Usual quantity is one per day. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization.                                                                                                                                                                                                                                                                                                                   | 31 per month                                    | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                              | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A7527      | Tracheostomy or laryngectomy tube or stop, each                                  | Tracheostomy Supplies  | For excess quantities | No                        | Covered for members with tracheostoma. Usual quantity is one per 2 - 3 months. Use the U3 modifier for any specialized or customized tracheostomy tubes and supplies. You must maintain documentation of unique medical necessity to justify the specialization or customization. A medically unlikely edit of 2 units exists for this code. | 2 per month                                     | Purchase only      | March 2021         |
| A8000      | Helmet, protective, soft, prefabricated, includes all components and accessories | Miscellaneous Supplies | For excess quantities | No                        | Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. Members under age 2 may need more frequent replacements. A medically unlikely edit of 1 unit exists for this code.                                                  | 1 per 3 months                                  | Purchase only      | March 2021         |
| A8001      | Helmet, protective, hard, prefabricated, includes all components and accessories | Miscellaneous Supplies | For excess quantities | No                        | Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. Members under age 2 may need more frequent replacements. A medically unlikely edit of 1 unit exists for this code.                                                  | 1 per 3 months                                  | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A8002      | Helmet, protective, soft, custom fabricated, includes all components and accessories | Miscellaneous Supplies | For excess quantities | No                        | Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. Members under age 2 may need more frequent replacements. Document why a prefabricated helmet will not work for the member. A medically unlikely edit of 1 unit exists for this code. | 1 per 3 months                                  | Purchase only      | March 2021         |
| A8003      | Helmet, protective, hard, custom fabricated, includes all components and accessories | Miscellaneous Supplies | For excess quantities | No                        | Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. Members under age 2 may need more frequent replacements. Document why a prefabricated helmet will not work for the member. A medically unlikely edit of 1 unit exists for this code. | 1 per 3 months                                  | Purchase only      | March 2021         |
| A8004      | Soft interface for helmet, replacement only                                          | Miscellaneous Supplies | For excess quantities | No                        | Covered for members with protective helmets because they are at risk of head injury due to medical condition such as seizures or developmental disability. Most members can be billed with 1 per 6 months. Not to be billed with A8000-A8003. A medically unlikely edit of 1 unit exists for this code.                                                       | 1 per 6 months                                  | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HPCS code | Description of code                                                                           | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                     | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|-----------|-----------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A9155     | Artificial saliva, 30 ml                                                                      | Miscellaneous Supplies | For excess quantities | No                        | Covered for members with mucositis caused by radiation therapy or chemotherapy, or with chronic dryness of the mouth or throat which has not responded to other treatments. Most individuals can be served with 120 units per month (treatment 4 times daily). Request prior authorization if quantity greater than 150 units per month is required. | 150 units per month                             | Purchase only      | March 2021         |
| A9270     | Noncovered item or service                                                                    | Miscellaneous Supplies |                       |                           | Not covered by definition. For members for whom MHCP is not the first payer, do not bill A9270 to first payer and then change HPCS when billing MHCP. Coding on remittance advice from primary payers must match coding on claim to MHCP.                                                                                                            |                                                 |                    | March 2021         |
| A9272     | Wound suction, disposable, includes dressings, all accessories and components, any type, each | Wound Care             |                       |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                                             |                                                 |                    | February 2025      |
| A9273     | Hot water bottle, ice cap or collar, heat or cold wrap, any type                              | Cold or Heat Therapy   | For excess quantities | Yes                       | Effective Jan. 1, 2011, replaces E0220, E0230 and E0238. Covered for members who require application of heat or cold for treatment of a medical condition.                                                                                                                                                                                           | 1 heat and 1 cold device per year               | Purchase only      | January 2011       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                     | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A9274      | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories                                    | Diabetes | Always                | No                        | Covered for members who meet criteria for ambulatory infusion pump but have medical necessity for tubeless option. Refer to policy for details.                                                                                                                                                  | 10 per month                                    | Purchase only      | September 2021     |
| A9275      | Home glucose disposable meter, includes test strips                                                                                     | Diabetes | For excess quantities | Yes                       | Covered for insulin dependent diabetics. Refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                              | 1 per dispensing                                | Purchase only      | March 2021         |
| A9276      | Sensor, invasive (for example, subcutaneous), disposable, for use with interstitial continuous glucose monitor, one unit = 1 day supply | Diabetes |                       |                           | Not covered.                                                                                                                                                                                                                                                                                     |                                                 |                    | January 2023       |
| A9277      | Transmitter, external, for use with interstitial continuous glucose monitor                                                             | Diabetes |                       |                           | Not covered.                                                                                                                                                                                                                                                                                     |                                                 |                    | January 2023       |
| A9278      | Receiver (monitor), external, for use with interstitial continuous glucose monitoring system                                            | Diabetes |                       |                           | Not covered.                                                                                                                                                                                                                                                                                     |                                                 |                    | January 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A9279      | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified | Miscellaneous Supplies | Always                | No                        | Covered for members requiring monitoring device. Use modifier U2 for seizure detection devices. Refer to manual.                                                                                                                                                                                 | 1 per 5 years                                   | Purchase only      | February 2025      |
| A9280      | Alert or alarm device                                                                                                                          | Miscellaneous Supplies |                       |                           | Not covered. Replacement or repair of alert or alarm feature of DME item should be billed with the HCPCS code of that item and appropriate modifiers.                                                                                                                                            |                                                 |                    | January 2009       |
| A9282      | Wig, any type, each                                                                                                                            | Prosthetics            | For excess quantities | No                        | Covered for members with hair loss due to any medical condition or treatment. A medically unlikely edit of 1 unit exists for this code. Coverage is limited to \$1,000 per calendar year.                                                                                                        | 1 per year                                      | Purchase only      | February 2025      |
| A9283      | Foot pressure off loading or supporting device, any type, each                                                                                 | Wound Care             | For excess quantities | Yes                       | Covered for pressure reduction for existing pressure ulcers on the foot. Refer to manual. A medically unlikely edit of 2 exists for this code.                                                                                                                                                   | 2 per year                                      | Rental or Purchase | March 2021         |
| A9284      | Spirometer, nonelectronic, includes all accessories                                                                                            | Respiratory            | Always                | Y - NF<br>N-ICF/DD        | Covered with medical necessity, refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                       | 1 per year                                      | Rental or Purchase | March 2021         |
| A9285      | Inversion or eversion correction device                                                                                                        | Orthotics              | Always                |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                   | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| A9286      | Hygienic item or device, disposable or nondisposable, any type, each                                                                                  | Miscellaneous Supplies | Always                |                           | Not covered. Not medical in nature.                                                                                                                                                                                                                                                                                                |                                                 |                    | November 2016      |
| A9900      | Miscellaneous DME supply, accessory or service component of another HCPCS code                                                                        | Miscellaneous Supplies |                       | Y - NF<br>N-ICF/DD        | Not covered as of Jan. 1, 2022. Use A4453 to bill accessory units for anal irrigation.                                                                                                                                                                                                                                             |                                                 |                    | January 2022       |
| A9901      | DME delivery, set up, or dispensing service component of another HCPCS code                                                                           | Miscellaneous Supplies |                       |                           | Not covered. Delivery and set up is included in all DMEPOS rates.                                                                                                                                                                                                                                                                  |                                                 |                    | March 2021         |
| A9999      | Miscellaneous DME supply or accessory, not otherwise specified.                                                                                       | Miscellaneous Supplies | Over \$400            | Y - NF<br>N-ICF/DD        | Only to be used when a more specific code is not available. PA required for items when the submitted charge is over \$400. Refer to manual for billing information.                                                                                                                                                                | Medical necessity                               | Rental or Purchase | January 2009       |
| B4034      | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding or flushing syringe, administration set tubing, dressings, tape | Nutritional Products   | For excess quantities | Y - NF<br>N-ICF/DD        | 31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036, B4148) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding or flushing syringe, administration | 51 in any combination                           | Purchase only      | October 2023       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                   | Category             | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                       |                      |                       |                           | set tubing, dressings, tape under B9998. Refer to manual.                                                                                                                                                                                                                                                                                                                                    |                                                 |                    |                    |
| B4035      | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding or flushing syringe, administration set tubing, dressings, tape    | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | 31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036, B4148) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding or flushing syringe, administration set tubing, dressings, tape under B9998. Refer to manual. | 51 in any combination                           | Purchase only      | October 2023       |
| B4036      | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding or flushing syringe, administration set tubing, dressings, tape | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | 31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036, B4148) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding or flushing syringe, administration                                                           | 51 in any combination                           | Purchase only      | October 2023       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code               | Category             | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------|----------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                   |                      |                       |                           | set tubing, dressings, tape under B9998. Refer to manual.                                                                                                                                                                                                                                        |                                                 |                    |                    |
| B4081      | Nasogastric tubing with stylet    | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring enteral nutrition through nasogastric tubing. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 31 per month before authorization is required.                                    | 1 per dispensing, up to 31 per month            | Purchase only      | March 2021         |
| B4082      | Nasogastric tubing without stylet | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring enteral nutrition through nasogastric tubing. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows up to 31 per month before authorization is required.                                    | 1 per dispensing, up to 31 per month            | Purchase only      | March 2021         |
| B4083      | Stomach tube, levine type         | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring levine type stomach tube. A medically unlikely edit exists for this code. No more than 1 unit may be dispensed per date of service.                                                                                                                                | 1 per dispensing, up to 31 per month            | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                               | Category             | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                      | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------|----------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                   |                      |                       |                           | MHCP policy allows up to 31 per month before authorization is required.                                                                                                                                                                                                                                                                                                               |                                                 |                    |                    |
| B4087      | Gastrostomy/Jejunostomy tube, standard, any material, any type    | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring enteral nutrition through gastrostomy / jejunostomy tube. Most individuals require one feeding tube every 2 - 3 months. Up to 2 tubes per month may be medically necessary for some individuals. Refer to policy.                                                                                                                                       | 2 units per month                               | Purchase only      | March 2021         |
| B4088      | Gastrostomy/Jejunostomy tube, low profile, any material, any type | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring enteral nutrition through gastrostomy/jejunostomy tube. Most individuals require one feeding tube every 2-3 months. Up to 2 tubes per month may be medically necessary for some individuals. Low-profile tubes may be medically necessary for infants and children and some other individuals. Use U3 modifier when billing for a kit. Refer to policy. | 2 units per month                               | Purchase only      | March 2021         |
| B4100      | Food thickener, administered orally, per oz.                      | Nutritional Products | Always                | Yes                       | Covered for individuals who are unable to safely swallow liquids, covered with authorization only. Refer to manual.                                                                                                                                                                                                                                                                   | 96 units per month                              | Purchase only      | January 2013       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                    | Category             | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4102      | Enteral formula, for adults, used to replace fluids and electrolytes (for example, clear liquids), 500 ml = 1 unit     | Nutritional Products | Always         | No                        | Covered for members who cannot absorb adequate nutrients or who require fluids. Refer to manual.                                                                                                                                                                                                 | Medical necessity                               | Purchase only      | September 2024     |
| B4103      | Enteral formula, for pediatrics, used to replace fluids and electrolytes (for example, clear liquids), 500 ml = 1 unit | Nutritional Products | Always         | No                        | Covered for members who cannot absorb adequate nutrients or who require fluids. Refer to manual.                                                                                                                                                                                                 | Medical necessity                               | Purchase only      | September 2024     |
| B4104      | Additive for enteral formula (for example, fiber)                                                                      | Nutritional Products |                |                           | Not covered. Does not meet the definition of a nutritional product in Statute or Rule. May be covered as a pharmacy benefit using NDC code.                                                                                                                                                      |                                                 |                    | July 2009          |
| B4105      | In-line cartridge containing digestive enzymes for enteral feeding, each                                               | Nutritional Products | Always         | No                        | Covered for members age 2 and older who receive tube feeding and are diagnosed with exocrine pancreatic insufficiency or fat malabsorption. Refer to manual.                                                                                                                                     | 93 per month                                    | Purchase only      | August 2024        |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                  | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4148      | Enteral Feeding Supply Kit; Elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape                                                                       | Nutritional Products | For excess quantities       | Y - NF<br>N-ICF/DD        | 31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036, B4148) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding or flushing syringe, administration set tubing, dressings, tape under B9998. Refer to manual. | 51 per month                                    | Purchase only      | October 2023       |
| B4149      | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Member must be at least one year old. Refer to manual.                                                                                                                                                                                                                                                                                      | 1,050 units per month                           | Purchase only      | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                            | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4150      | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                                                           | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Member must be at least one year old. Refer to manual.                                                                                                                                                                                          | 1,050 units per month                           | Purchase only      | July 2009          |
| B4152      | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Member must be at least one year old. Refer to manual.                                                                                                                                                                                          | 1,050 units per month                           | Purchase only      | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                             | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4153      | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                                                       | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Member must be at least one year old. Refer to manual.                                                                                                                                                                                          | 1,050 units per month                           | Purchase only      | July 2009          |
| B4154      | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Member must be at least one year old. Refer to manual.                                                                                                                                                                                          | 1,050 units per month                           | Purchase only      | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                                                                        | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4155      | Enteral formula, nutritionally incomplete or modular nutrients, includes specific nutrients, carbohydrates (for example, glucose polymers), proteins or amino acids (for example, glutamine, arginine), fat (for example, medium chain triglycerides), or combination, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Member must be at least one year old. Refer to manual.                                                                                                                                                                                          | 1,050 units per month                           | Purchase only      | July 2009          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                                             | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4157      | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Refer to manual.                                                                                                                                                                                                                                | 1,050 units per month                           | Purchase only      | July 2009          |
| B4158      | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit                | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Refer to manual.                                                                                                                                                                                                                                | 1,050 units per month                           | Purchase only      | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                            | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4159      | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit                                     | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Refer to manual.                                                                                                                                                                                                                                | 1,050 units per month                           | Purchase only      | July 2009          |
| B4160      | Enteral formula, for pediatrics, nutritionally complete, calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Refer to manual.                                                                                                                                                                                                                                | 1,050 units per month                           | Purchase only      | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                 | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4161      | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                     | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Refer to manual.                                                                                                                                                                                                                                | 1,050 units per month                           | Purchase only      | July 2009          |
| B4162      | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Nutritional Products | Sometimes - refer to manual | Yes                       | Covered for members with specific medical needs. Refer to manual.                                                                                                                                                                                                                                | 1,050 units per month                           | Purchase only      | July 2009          |
| B4164      | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less                                                                                                                                                                                | Nutritional Products |                             |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual. A medically unlikely edit of 31 units exists for this code.                                                                                                                                            |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                      | Category             | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------|----------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | (500 ml = 1 unit), home mix                                                              |                      |                |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| B4168      | Parenteral nutrition solution: amino acid, 3.5%, (500 ml = 1 unit), home mix             | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4172      | Parenteral nutrition solution: amino acid, 5.5% through 7% (500 ml = 1 unit), home mix   | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4176      | Parenteral nutrition solution: amino acid, 7% through 8.5% (500 ml = 1 unit), home mix   | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4178      | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                        | Category             | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4180      | Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix                                                                                      | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4185      | Parenteral nutrition solution, per 10 grams lipids                                                                                                                                         | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4189      | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4193      | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                         | Category             | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4197      | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 g of protein, premix | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4199      | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 g of protein, premix  | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| B4216      | Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day                                                                                        | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                             | Category             | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B4220      | Parenteral nutrition supply kit; premix, per day                                                                                                                                                                | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving premixed parenteral nutrition. A medically unlikely edit of 31 units exists for this code.                                                                                                                                                                         | 31 per month                                    | Purchase only      | March 2021         |
| B4222      | Parenteral nutrition supply kit; home mix, per day                                                                                                                                                              | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving home mix parenteral nutrition. A medically unlikely edit of 31 units exists for this code.                                                                                                                                                                         | 31 per month                                    | Purchase only      | March 2021         |
| B4224      | Parenteral nutrition administration kit, per day                                                                                                                                                                | Nutritional Products | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving parenteral nutrition. A medically unlikely edit of 31 units exists for this code.                                                                                                                                                                                  | 31 per month                                    | Purchase only      | March 2021         |
| B5000      | parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, renal - Aminosyn RF, NephroAmine, RenAmine - premix | Nutritional Products |                       |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                      | Category             | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B5100      | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | July 2009          |
| B5200      | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix  | Nutritional Products |                |                           | Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.                                                                                                                                                                                                        |                                                 |                    | July 2009          |
| B9000      | Enteral nutrition infusion pump - without alarm                                                                                                                                                          |                      |                | Y - NF<br>N-ICF/DD        | Not valid for dates of service after Dec. 31, 2016                                                                                                                                                                                                                                               |                                                 |                    | November 2016      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                             | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                        | Quantity limits (maximum that may be dispensed) | Rental or purchase        | Policy review date |
|------------|-------------------------------------------------|----------------------|-----------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|--------------------|
| B9002      | Enteral nutrition infusion pump - any type      | Nutritional Products | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members receiving enteral nutrition through a feeding tube for whom gravity or syringe feeding is not appropriate. Authorization is required for maintenance service or repair only. For rental, use modifier KH for the first month, KI for the second and third months, and KJ for months 4-13. A medically unlikely edit of 1 unit exists for this code. | 1 per 5 years                                   | Capped Rental or Purchase | December 2024      |
| B9004      | Parenteral nutrition infusion pump - portable   | Nutritional Products | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members receiving parenteral nutrition. Authorization is required for maintenance service or repair only. For rental, use modifier KH for the first month, KI for the second and third months, and KJ for months 4-13. A medically unlikely edit of 1 unit exists for this code.                                                                            | 1 per 5 years                                   | Capped Rental or Purchase | December 2024      |
| B9006      | Parenteral nutrition infusion pump - Stationary | Nutritional Products | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members receiving parenteral nutrition. Authorization is required for maintenance service or repair only. For rental, use modifier KH for the first month, KI for the second and third months, and KJ for months 4-13. A medically unlikely edit of 1 unit exists for this code.                                                                            | 1 per 5 years                                   | Capped Rental or Purchase | December 2024      |
| B9998      | Not otherwise classified for enteral supplies   | Nutritional Products | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members receiving enteral nutrition when a more specific code is not available. Refer to manual.                                                                                                                                                                                                                                                            | Refer to manual.                                | Rental or Purchase        | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                        | Category                    | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| B9999      | Not otherwise classified for parenteral supplies                                           | Nutritional Products        | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members receiving parenteral nutrition when a more specific code is not available. Refer to manual.                                                                                                                                                                                  | Refer to manual.                                | Rental or Purchase | July 2009          |
| C1839      | Iris prosthesis                                                                            | Prosthetics                 | Always                      | No                        | Covered for treatment of aniridia for members age 3 years and older. Not covered for members with certain eye conditions or pregnant women. CPT code 66683 is for prosthesis implantation. Refer to manual.                                                                                      | 1 per device                                    | Purchase only      | April 2025         |
| E0100      | Cane, includes all materials adjustable or fixed, with tip                                 | Ambulatory Assist Equipment | For excess quantities       | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                               | 1 per year                                      | Rental or Purchase | March 2021         |
| E0105      | Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips | Ambulatory Assist Equipment | For excess quantities       | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                               | 1 per year                                      | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                    | Category                    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0110      | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                               | 1 pair per year                                 | Rental or Purchase | March 2021         |
| E0111      | Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tips and handgrips            | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when only one crutch is being dispensed. Refer to manual. A medically unlikely edit of 2 units exists for this code.                      | 2 per year                                      | Rental or Purchase | March 2021         |
| E0112      | Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips                                     | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual. A medically unlikely edit of 1 unit exists for this code.                                                               | 1 pair per year                                 | Rental or Purchase | March 2021         |
| E0113      | Crutch, underarm, wood, adjustable or fixed, each, with pads, tips, handgrips                                          | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when only one crutch is being dispensed. Refer to manual. A medically unlikely edit of 2 units exists.                                    | 2 per year                                      | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                   | Category                    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)    | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0114      | Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, handgrips                            | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual. A medical unlikely edit of 1 unit exists for this code.                                                                    | 1 pair per year                                 | Rental or Purchase | March 2021         |
| E0116      | Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual. A medically unlikely edit of 2 units exists for this code.                                                                 | 2 per year                                      | Rental or Purchase | March 2021         |
| E0117      | Crutch, underarm, articulating, spring assisted, each                                                                 | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when standard crutches will not meet the member's medical needs. Refer to manual. A medically unlikely edit of 2 units exists for this code. | 2 per year                                      | Rental or Purchase | March 2021         |
| E0118      | Crutch substitute, lower leg platform, with or without wheels, each                                                   | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when standard crutches will not meet the member's medical needs. Refer to manual.                                                            | 1 per year                                      | Capped Rental only | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                  | Category                    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                      |                             |                       |                           | This item is a capped rental. A medically unlikely edit of 1 unit exists for this code.                                                                                                                                                                                                          |                                                 |                    |                    |
| E0130      | Walker, rigid (pickup), adjustable or fixed height   | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0135      | Walker, folding (pickup), adjustable or fixed height | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                              | Category                    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0140      | Walker, with trunk support, adjustable or fixed height, any type | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who require trunk support. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.      | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0141      | Walker, rigid, wheeled, adjustable or fixed height               | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0143      | Folding walker, wheeled, adjustable or fixed height              | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                              | Category                    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)     | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0144      | Walker, enclosed, 4 sided framed, rigid or folding, wheeled, with posterior seat | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who require the enclosed walker. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.    | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0147      | Walker, heavy duty, multiple-braking system, variable wheel resistance           | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who have another medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker. | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0148      | Walker, heavy duty, without wheels, rigid or folding, any type, each             | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who have another medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker. | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                   | Category                    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)     | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------|-----------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0149      | Walker, heavy duty, wheeled, rigid or folding, any type, each         | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who have another medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker. | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0152      | Walker, battery powered, wheeled, folding, adjustable or fixed height | Ambulatory Assist Equipment |                       |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                    |                                                 |                    | February 2025      |
| E0153      | Platform attachment, forearm crutch, each                             | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members using forearm crutch.                                                                                                                                                                                                                                                            | 2 per year                                      | Rental or Purchase | March 2021         |
| E0154      | Platform attachment, walker, each                                     | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members requiring a platform attachment for a walker.                                                                                                                                                                                                                                    | 2 per year                                      | Rental or Purchase | March 2021         |
| E0155      | Wheel attachment, rigid pick-up walker, per pair                      | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for addition to member owned walker.                                                                                                                                                                                                                                                         | 2 per year                                      | Purchase only      | March 2021         |
| E0156      | Seat attachment, walker                                               | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members requiring a seat for use with a walker.                                                                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0157      | Crutch attachment, walker, each                                       | Ambulatory Assist Equipment | For excess quantities | Yes                       | Covered for members requiring a crutch attachment for use with a walker.                                                                                                                                                                                                                             | 2 per year                                      | Rental or Purchase | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                          | Category                    | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0158      | Leg extensions for walker, per set of 4                                                      | Ambulatory Assist Equipment | For excess quantities       | Yes                       | Covered for members requiring leg extensions to make a walker the correct height for safe use.                                                                                                                                                                                                   | 1 set per 3 years                               | Rental or Purchase | March 2021         |
| E0159      | Brake attachment for wheeled walker, replacement, each                                       | Ambulatory Assist Equipment | For excess quantities       | Yes                       | Covered to replace hand or glide-type brakes on member owned walker.                                                                                                                                                                                                                             | 2 per 2 years                                   | Rental or Purchase | March 2021         |
| E0160      | Sitz type bath or equipment, portable, used with or without commode                          | Bath and Toilet Equipment   | For excess quantities       | Yes                       | Covered for members with a current or past infection or injury of the perineal area.                                                                                                                                                                                                             | 1 per year                                      | Rental or Purchase | March 2021         |
| E0161      | Sitz type bath or equipment, portable, used with or without commode, with faucet attachments | Bath and Toilet Equipment   | For excess quantities       | Yes                       | Covered for members with a current or past infection or injury of the perineal area.                                                                                                                                                                                                             | 1 per year                                      | Rental or Purchase | March 2021         |
| E0162      | Sitz bath chair                                                                              | Bath and Toilet Equipment   | For excess quantities       | Yes                       | Covered for members with a current or past infection or injury of the perineal area.                                                                                                                                                                                                             | 1 per year                                      | Rental or Purchase | March 2021         |
| E0163      | Commode chair, mobile or stationary, with fixed arms                                         | Bath and Toilet Equipment   | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely and promptly access the bathrooms in their homes due to medical conditions. Refer to manual.                                                                                                                                                        | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0165      | Commode chair, mobile or stationary, with detachable arms                                    | Bath and Toilet Equipment   | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely and promptly access the bathrooms in their homes due to medical conditions. Refer to manual.                                                                                                                                                        | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                     | Category                  | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0167      | Pail or pan for use with commode chair, replacement only                                                | Bath and Toilet Equipment | For excess quantities       | Yes                       | Covered for members with commodes.                                                                                                                                                                                                                                                               | 1 per 3 months                                  | Rental or Purchase | March 2021         |
| E0168      | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | Bath and Toilet Equipment | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely and promptly access the bathrooms in their homes due to medical conditions. Refer to manual.                                                                                                                                                        | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0170      | Commode chair with integrated seat lift mechanism, electric, any type                                   | Bath and Toilet Equipment | Always                      | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a commode, but who are unable to safely raise or lower himself to use the commode. Refer to manual.                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0171      | Commode chair with integrated seat lift mechanism, nonelectric, any type                                | Bath and Toilet Equipment | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a commode, but who are unable to safely raise or lower himself to use the commode. Refer to manual.                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0172      | Seat lift mechanism placed over or on top of toilet, any type                                           | Bath and Toilet Equipment | Always                      | Y - NF<br>N-ICF/DD        | Covered for members who are unable to safely raise or lower themselves to use the toilet in their bathrooms when less costly alternatives do not meet the member's needs. Refer to manual.                                                                                                       | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0175      | Footrest for use with commode chair                                                                     | Bath and Toilet Equipment | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members who require support for the feet when using a commode chair.                                                                                                                                                                                                                 | 2 per year                                      | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                            | Category                           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0181      | Powered pressure reducing mattress overlay or pad, alternating, with pump, includes heavy duty | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0182      | Pump for alternating pressure pad, for replacement only                                        | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface, and who own an alternating pressure pad. Refer to manual.                                                                                                                                                 | 1 per 3 years                                   | Purchase only      | March 2021         |
| E0184      | Dry pressure mattress                                                                          | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0185      | Gel or gel-like pressure pad for mattress, standard mattress length and width                  | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0186      | Air pressure mattress                                                                          | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                          | Category                           | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0187      | Water pressure mattress                                                                      | Pressure Reducing Support Surfaces | For excess quantities       | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0188      | Synthetic sheepskin pad                                                                      | Pressure Reducing Support Surfaces | For excess quantities       | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per year                                      | Rental or Purchase | March 2021         |
| E0189      | Lambswool sheepskin pad, any size                                                            | Pressure Reducing Support Surfaces | For excess quantities       | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per year                                      | Rental or Purchase | March 2021         |
| E0190      | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | Positioning Equipment              | Sometimes - refer to manual | No                        | Covered for members who require significant postural support which cannot be accommodated with items commonly found in the home. Refer to manual.                                                                                                                                                | 1 per 2 years                                   | Rental or Purchase | March 2021         |
| E0191      | Heel or elbow protector, each                                                                | Positioning Equipment              | For excess quantities       | Yes                       | Covered for members at risk of developing sores on heels and/or elbows due to positioning. A medically unlikely edit of 4 units exists for this code.                                                                                                                                            | 4 per year                                      | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                 | Category                           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0193      | Powered air flotation bed (low air loss therapy)                    | Pressure Reducing Support Surfaces | Always                | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0194      | Air fluidized bed                                                   | Pressure Reducing Support Surfaces | Always                | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a Group 3 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0196      | Gel pressure mattress                                               | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0197      | Air pressure pad for mattress, standard mattress length and width   | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0198      | Water pressure pad for mattress, standard mattress length and width | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                        | Category                           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0199      | Dry pressure pad for mattress, standard mattress length and width          | Pressure Reducing Support Surfaces | For excess quantities | Yes                       | Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per year                                      | Rental or Purchase | March 2021         |
| E0200      | Heat lamp, without stand (table model), includes bulb, or infrared element | Cold or Heat Therapy               | For excess quantities | Yes                       | Covered for members who require application of heat for treatment of a medical condition but who cannot tolerate direct application of heat.                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0202      | Phototherapy (bilirubin) light with photometer                             | Equipment                          | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members under 60 days of age for treatment of jaundice. This code is a daily rental with maximum of one month - a date span is required. Authorization required for instances outside this policy.                                                                                   | 1 month rental only                             | Rental only        | March 2021         |
| E0203      | Therapeutic Light Box, minimum 10,000 Lux, tabletop model                  | SAD Lights                         | Always                | Yes                       | Covered for members with demonstrated seasonal affective disorder. Refer to manual.                                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0205      | Heat lamp, with stand, includes bulb or infrared element                   | Cold or Heat Therapy               |                       |                           | Not covered. Only table-top models (E0200) are covered.                                                                                                                                                                                                                                          |                                                 |                    | March 2021         |
| E0210      | Electric heat pad, standard                                                | Cold or Heat Therapy               | For excess quantities | Yes                       | Covered for members who require application of heat for treatment of a medical condition.                                                                                                                                                                                                        | 1 per 5 years                                   | Purchase only      | March 2021         |
| E0215      | Electric heat pad, moist                                                   | Cold or Heat Therapy               | For excess quantities | Yes                       | Covered for members who require application of heat for treatment of a medical condition.                                                                                                                                                                                                        | 1 per 5 years                                   | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                   | Category             | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0217      | Water circulating heat pad with pump                                                                                                  | Cold or Heat Therapy |                |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0218      | Water circulating cold pad with pump                                                                                                  | Cold or Heat Therapy |                |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0221      | Infrared heating pad system                                                                                                           | Cold or Heat Therapy |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0225      | Hydrocollator unit, includes pads                                                                                                     | Cold or Heat Therapy |                |                           | Not typically covered as it is not considered the standard of care. No evidence of superior outcomes vs. other heating pads. Not appropriate for use without supervision by medical professional.                                                                                                |                                                 |                    | March 2021         |
| E0231      | Noncontact wound-warming wound device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover | Wound Care           |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0232      | Warming card for use with the noncontact device and noncontact wound warming wound cover                                              | Wound Care           |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                            | Category                  | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------|---------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0235      | Paraffin bath unit, portable (refer to medical supply code A4265 for paraffin) | Cold or Heat Therapy      | For excess quantities       | Yes                       | Covered for members for use in the home under supervision of medical professional when standard and moist heating pad have failed.                                                                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0236      | Pump for water circulating pad                                                 | Cold or Heat Therapy      |                             |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0239      | Hydrocollator unit, portable                                                   | Cold or Heat Therapy      |                             |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0240      | Bath or shower chair, with or without wheels, any size                         | Bath and Toilet Equipment | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely use the bathtub or shower in their homes.                                                                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0241      | Bathtub wall rail, each                                                        | Bath and Toilet Equipment |                             |                           | Not typically covered as it is considered home modification.                                                                                                                                                                                                                                     |                                                 |                    | March 2021         |
| E0242      | Bathtub rail, floor base                                                       | Bath and Toilet Equipment |                             |                           | Not typically covered as it is considered home modification.                                                                                                                                                                                                                                     |                                                 |                    | March 2021         |
| E0243      | Toilet rail, each                                                              | Bath and Toilet Equipment |                             |                           | Not typically covered as it is considered home modification.                                                                                                                                                                                                                                     |                                                 |                    | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                           | Category                  | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------|---------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0244      | Raised toilet seat                                                            | Bath and Toilet Equipment | For excess quantities       | Yes                       | Covered for members who are unable to safely raise or lower themselves to use a standard height toilet.                                                                                                                                                                                          | 1 per 3 years                                   | Purchase only      | March 2021         |
| E0245      | Tub stool or bench                                                            | Bath and Toilet Equipment | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely use the bathtub or shower in their homes.                                                                                                                                                                                                           | 1 per 5 years                                   | Purchase only      | March 2021         |
| E0246      | Transfer tub rail attachment                                                  | Bath and Toilet Equipment | Sometimes - refer to manual | Yes                       | Items that attach to the home are home modifications. Members who require home modification should contact their county to ask about waived services. Tub rails that are affixed to the bathtub via pressure may be covered. Authorization is required for submitted charge over \$100.          | 1 per 5 years                                   | Purchase only      | March 2021         |
| E0247      | Transfer bench for tub or toilet with or without commode opening              | Bath and Toilet Equipment | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely transfer from a wheelchair to the toilet or bath or shower chair without the use of a transfer bench.                                                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0248      | Transfer bench, heavy duty, for tub or toilet with or without commode opening | Bath and Toilet Equipment | Sometimes - refer to manual | Yes                       | Covered for members who are unable to safely transfer from a wheelchair to the toilet or bath or shower chair without the use of a transfer bench.                                                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0249      | Pad for water circulating heat unit, for replacement only                     | Cold or Heat Therapy      |                             |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                               | Category      | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------|---------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0250      | Hospital bed, fixed height, with any type side rails, with mattress                               | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0251      | Hospital bed, fixed height, with any type side rails, without mattress                            | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0255      | Hospital bed, variable height, hi-lo, with any type side rails, with mattress                     | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0256      | Hospital bed, variable height, hi-lo, with any type side rails, without mattress                  | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0260      | Hospital bed, semi-electric (head and foot adjustment) with any type side rails, with mattress    | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0261      | Hospital bed, semi-electric (head and foot adjustment) with any type side rails, without mattress | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                        | Category      | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0265      | Hospital bed, total electric (head, foot and height adjustment) with any type side rails, with mattress    | Hospital Beds | Always                      | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0266      | Hospital bed, total electric (head, foot and height adjustment) with any type side rails, without mattress | Hospital Beds | Always                      | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0270      | Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress       | Hospital Beds |                             |                           | Not typically covered as it is considered home modification.                                                                                                                                                                                                                                     |                                                 |                    | March 2021         |
| E0271      | Mattress, innerspring                                                                                      | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for use with member owned hospital bed. Not to be used within 180 days of billing of any code that includes a mattress. Use modifier U3 when a bariatric mattress is being dispensed. Refer to manual.                                                                                   | 1 per 3 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                           | Category                           | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------|------------------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0272      | Mattress, foam rubber                                         | Hospital Beds                      | Sometimes - refer to manual | Yes                       | Covered for use with member owned hospital bed. Not to be used within 180 days of billing of any code that includes a mattress. Use modifier U3 when a bariatric mattress is being dispensed. Refer to manual.                                                                                   | 1 per 2 years                                   | Rental or Purchase | March 2021         |
| E0273      | Bed board                                                     | Hospital Beds                      |                             |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0274      | Over-bed table                                                | Hospital Beds                      |                             |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                |                                                 |                    | March 2021         |
| E0275      | Bed pan, standard, metal or plastic                           | Hospital Beds                      | For excess quantities       | Yes                       | Reusable bed pans are covered for continent members confined to their beds.                                                                                                                                                                                                                      | 1 per year                                      | Purchase only      | March 2021         |
| E0276      | Bed pan, fracture, metal or plastic                           | Hospital Beds                      | For excess quantities       | Yes                       | Reusable bed pans are covered for continent members confined to their beds.                                                                                                                                                                                                                      | 1 per year                                      | Purchase only      | March 2021         |
| E0277      | Powered pressure reducing air mattress                        | Pressure Reducing Support Surfaces | Always                      | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0280      | Bed, cradle, any type                                         | Hospital Beds                      | For excess quantities       | Yes                       | Covered when medically necessary to hold bedding off the member's body.                                                                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0290      | Hospital bed, fixed height, without side rails, with mattress | Hospital Beds                      | For excess quantities       | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                          | Category      | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------|---------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0291      | Hospital bed fixed height without side rails, without mattress                               | Hospital Beds | For excess quantities       | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0292      | Hospital bed variable height, hi-lo, without side rails, with mattress                       | Hospital Beds | For excess quantities       | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0293      | Hospital bed variable height, hi-lo, without side rails, without mattress                    | Hospital Beds | For excess quantities       | Yes                       | Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0294      | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress    | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0295      | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | Hospital Beds | Sometimes - refer to manual | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                  | Category      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0296      | Hospital bed, total-electric (head, foot and height adjustment) without outside rails, with mattress                                                                 | Hospital Beds | Always         | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0297      | Hospital bed, total-electric (head, foot and height adjustment) without side rails, without mattress                                                                 | Hospital Beds | Always         | Yes                       | Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0300      | Pediatric crib, hospital grade, fully enclosed                                                                                                                       | Hospital Beds | Always         | Y - NF<br>N-ICF/DD        | Covered for members who are mobile but cognitively impaired, when unrestricted mobility results in documented injuries if less costly and less restrictive methods have failed. Refer to manual.                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0301      | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress | Hospital Beds | Always         | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a hospital bed and require the heavy-duty bed because of weight.                                                                                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                               | Category      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0302      | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress                              | Hospital Beds | Always                | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a hospital bed and require the heavy-duty bed because of weight.                                                                                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0303      | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress | Hospital Beds | Always                | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a hospital bed and require the heavy-duty bed because of weight.                                                                                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0304      | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress                                 | Hospital Beds | Always                | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a hospital bed and require the heavy-duty bed because of weight.                                                                                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0305      | Bed side rails, half length                                                                                                                                       | Hospital Beds | For excess quantities | Yes                       | Covered when added to patient owned hospital bed. Not to be billed within 180 days of billing any code that includes bedrails.                                                                                                                                                                   | 2 per 5 years                                   | Rental or Purchase | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                         | Category      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0310      | Bed side rails, full length                                                                                                                                 | Hospital Beds | For excess quantities | Yes                       | Covered when added to patient owned hospital bed. Not to be billed within 180 days of billing any code that includes bedrails.                                                                                                                                                                   | 2 per 5 years                                   | Rental or Purchase | March 2021         |
| E0315      | Bed accessory; board, table, or support device, any type                                                                                                    | Hospital Beds |                       |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                |                                                 |                    | March 2021         |
| E0316      | Safety enclosure frame/canopy for use with hospital bed, any type                                                                                           | Hospital Beds | Always                | Y - NF<br>N-ICF/DD        | Covered for members who are mobile but cognitively impaired, when unrestricted mobility results in documented injuries if less costly and less restrictive methods have failed. Refer to manual.                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0325      | Urinal, male, jug type, any material                                                                                                                        | Urological    | For excess quantities | Yes                       | Covered for members who are continent but have limited ability to access a toilet or commode.                                                                                                                                                                                                    | 1 per year                                      | Purchase only      | March 2021         |
| E0326      | Urinal, female, jug type, any material                                                                                                                      | Urological    | For excess quantities | Yes                       | Covered for members who are continent but have limited ability to access a toilet or commode.                                                                                                                                                                                                    | 1 per year                                      | Purchase only      | March 2021         |
| E0328      | Hospital bed, pediatric, manual, 360-degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress | Hospital Beds | Always                | Yes                       | Covered for members who meet criteria for a hospital bed and require the pediatric-size bed because of size.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                            | Category                           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0329      | Hospital bed, pediatric, electric or semi-electric, 360-degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress | Hospital Beds                      | Always                | Yes                       | Covered for members who meet criteria for a hospital bed and require the pediatric-size bed because of size.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0350      | Control unit for electronic bowel irrigation or evacuation system                                                                                                              | Miscellaneous Supplies             |                       |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0352      | Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag or box) for use with the electronic bowel irrigation or evacuation system                 | Miscellaneous Supplies             |                       |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |
| E0370      | Air pressure pad elevator for heel                                                                                                                                             | Footwear                           | For excess quantities | Yes                       | Covered for members at risk of ulcers caused by pressure areas.                                                                                                                                                                                                                                  | 2 per year                                      | Purchase only      | March 2021         |
| E0371      | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width                                                                                 | Pressure Reducing Support Surfaces | Always                | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a Group 2 pressure-reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                         | Category                           | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| E0372      | Powered air overlay for mattress, standard mattress length and width                                                                                        | Pressure Reducing Support Surfaces | Always         | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a Group 2 pressure-reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only  | March 2021         |
| E0373      | Nonpowered advanced pressure reducing mattress                                                                                                              | Pressure Reducing Support Surfaces | Always         | Y - NF<br>N-ICF/DD        | Covered for members who meet criteria for a Group 2 pressure-reducing support surface. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only  | March 2021         |
| E0424      | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | Oxygen                             |                | No                        | Covered through the volume purchase oxygen contract. Refer to manual.                                                                                                                                                                                                                            | 1 per month                                     | Monthly Rental only | March 2021         |
| E0425      | Stationary compressed gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing                    | Oxygen                             |                |                           | Not covered. MHCP covers rental of oxygen equipment only.                                                                                                                                                                                                                                        |                                                 |                     | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                                    | Category | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| E0430      | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing                                                                                                                                       | Oxygen   |                |                           | Not covered. MHCP covers rental of oxygen equipment only.                                                                                                                                                                                                                                        |                                                 |                     | March 2021         |
| E0431      | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing                                                                                                                     | Oxygen   |                | No                        | Covered through the volume purchase oxygen contract. Refer to manual.                                                                                                                                                                                                                            | 1 per month                                     | Monthly Rental only | March 2021         |
| E0433      | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge. | Oxygen   |                | No                        | Covered through the volume purchase oxygen contract. Refer to manual.                                                                                                                                                                                                                            | 1 per month                                     | Monthly Rental only | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                         | Category | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| E0434      | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing.   | Oxygen   |                | No                        | Covered through the volume purchase oxygen contract. Refer to manual.                                                                                                                                                                                                                            | 1 per month                                     | Monthly Rental only | March 2021         |
| E0435      | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing. | Oxygen   |                |                           | Not covered. MHCP covers rental of oxygen equipment only.                                                                                                                                                                                                                                        |                                                 |                     | March 2021         |
| E0439      | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing                              | Oxygen   |                | No                        | Covered through the volume purchase oxygen contract. Refer to manual.                                                                                                                                                                                                                            | 1 per month                                     | Monthly Rental only | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                              | Category | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0440      | Stationary liquid oxygen system, purchase; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing | Oxygen   |                       |                           | Not covered. MHCP covers rental of oxygen equipment only.                                                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| E0441      | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit                                                                                   | Oxygen   | For excess quantities | No                        | Covered for members who use stationary gas systems when use of this code is required by a primary payer. Refer to manual.                                                                                                                                                                        | 1 per month                                     | Purchase only      | March 2021         |
| E0442      | Stationary oxygen contents, liquid, 1 month's supply = 1 unit                                                                                    | Oxygen   | For excess quantities | No                        | Covered for members who use stationary liquid systems when use of this code is required by a primary payer. Refer to manual.                                                                                                                                                                     | 1 per month                                     | Purchase only      | March 2021         |
| E0443      | Portable oxygen contents, Gaseous, 1 month's supply = 1 unit                                                                                     | Oxygen   | For excess quantities | No                        | Covered for members who use portable gas systems when use of this code is required by a primary payer. Refer to manual.                                                                                                                                                                          | 1 per month                                     | Purchase only      | March 2021         |
| E0444      | Portable oxygen contents, liquid, 1 month's supply = 1 unit                                                                                      | Oxygen   | For excess quantities | No                        | Covered for members who use portable liquid systems when use of this code is required by a primary payer. Refer to manual.                                                                                                                                                                       | 1 per month                                     | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                            | Category    | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|-------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0445      | Oximeter device for measuring blood oxygen levels noninvasively                                | Respiratory | Sometimes - refer to manual | No                        | Covered for members requiring monitoring of oxygen levels. Requires authorization for purchase and for maintenance service. For overnight sat checks, use modifiers RR and U4. For spot check, use modifiers RR and U7. For fingertip pulse oximeters, use code E1399 and modifiers NU and U8.   | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0446      | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories | Wound Care  |                             |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0455      | Oxygen tent, excluding croup or pediatric tents                                                | Respiratory | For excess quantities       | No                        | Covered for members requiring oxygen tent for administration of medically necessary oxygen.                                                                                                                                                                                                      | 1 per 3 years                                   | Purchase only      | March 2021         |
| E0457      | Chest shell (cuirass)                                                                          | Respiratory | Sometimes - refer to manual | No                        | Covered for members requiring a chest shell for use with a ventilator.                                                                                                                                                                                                                           | 1 per dispensing, as medically necessary        | Rental or Purchase | March 2021         |
| E0459      | Chest wrap                                                                                     | Respiratory | Sometimes - refer to manual | No                        | Covered for members requiring a chest wrap for use with a ventilator.                                                                                                                                                                                                                            | 1 per dispensing, as medically necessary        | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                               | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| E0462      | Rocking bed, with or without side rails                                                                                                                                                                           | Respiratory | Always                | No                        | May be covered as an alternative to other noninvasive ventilation methods following evaluation by a physician who is skilled in pulmonology.                                                                                                                                                     | 1 per 5 years                                   | Capped Rental only  | March 2021         |
| E0465      | Home ventilator, any type, used with invasive interface, (for example, tracheostomy tube)                                                                                                                         | Respiratory | For excess quantities | No                        | Covered for members requiring invasive ventilation. Ventilators have been found to require frequent and substantial servicing, therefore the 10-month rental limit does not apply. A second ventilator is covered with medical necessity and requires authorization.                             | 1 per month                                     | Monthly Rental only | April 2024         |
| E0466      | Home ventilator, any type, used with noninvasive interface, (for example, mask, chest shell)                                                                                                                      | Respiratory | For excess quantities | No                        | Covered for members requiring ventilation. Ventilators have been found to require frequent and substantial servicing, therefore the 10-month rental limit does not apply. A second ventilator is covered with medical necessity and requires authorization.                                      | 1 per month                                     | Monthly Rental only | April 2024         |
| E0467      | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, | Respiratory | No                    | No                        | Covered for members requiring invasive ventilation. Ventilators have been found to require frequent and substantial servicing, therefore the 10-month rental limit does not apply. All other respiratory equipment is included in payment for E0467. Refer to manual.                            | 1 per month                                     | Monthly Rental only | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                             | Category                 | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
|            | components, and supplies for all functions                                                                                                                                      |                          |                |                           |                                                                                                                                                                                                                                                                                                                 |                                                 |                     |                    |
| E0468      | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components, and supplies for all functions | Respiratory              | No             | No                        | Covered for members requiring invasive ventilation. Ventilators have been found to require frequent and substantial servicing, therefore the 10-month rental limit does not apply. Cough-stimulating devices, ventilators, PAP devices, and oral appliances are included in payment for E0468. Refer to manual. | 1 per month                                     | Monthly Rental only | March 2025         |
| E0469      | Lung expansion airway clearance, continuous high-frequency oscillation, and nebulization device                                                                                 | Airway Clearance Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                        |                                                 |                     | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                   | Category    | Auth. required                 | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0470      | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Respiratory | Sometimes<br>- refer to manual | No                        | Covered for members with obstructive sleep apnea who have failed with CPAP, and for members with other diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.                                                                  | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0471      | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)    | Respiratory | Sometimes<br>- refer to manual | No                        | Covered for members with diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.                                                                                                                                                | 1 per 5 years                                   | Capped Rental only | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                          | Category                 | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0472      | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, for example, tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | Respiratory              | Sometimes - refer to manual | No                        | Covered for members with diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.                                                                                                                                                | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0480      | Percussor, electric or pneumatic, home model                                                                                                                                                                                 | Airway Clearance Devices | For excess quantities       | Y - NF<br>N-ICF/DD        | Purchase is covered only for members requiring long term assistance to clear the lungs. Rental is covered for members requiring short term assistance to clear the lungs, or as a trial prior to purchase.                                                                                       | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0481      | Intrapulmonary percussive ventilation system and related accessories                                                                                                                                                         | Airway Clearance Devices |                             |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0482      | Cough-stimulating device, alternating positive and negative airway pressure                                                                                                                                                  | Airway Clearance Devices | Always                      | No                        | Covered for members with severe lung conditions such as cystic fibrosis, ciliary dyskinesia or bronchiectasis who have failed at other methods of clearing the lungs.                                                                                                                            | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                        | Category                 | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0483      | High-frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | Airway Clearance Devices | Always                      | No                        | Covered for members with cystic fibrosis, chronic bronchiectasis, or neuromuscular conditions who have failed at other methods of clearing the lungs. Refer to manual.                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | October 2024       |
| E0484      | Oscillatory positive expiratory pressure device, nonelectric, any type, each                                                                                                               | Airway Clearance Devices | For excess quantities       | No                        | Covered for members that require assistance with clearing the airways.                                                                                                                                                                                                                           | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0485      | Oral device or appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment                                           | Sleep Apnea              | Sometimes - refer to manual | No                        | Covered for members with sleep apnea. Requires prior authorization if submitted charge is over \$400.                                                                                                                                                                                            | 1 per 5 years                                   | Purchase only      | March 2021         |
| E0486      | Oral device or appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment                                       | Sleep Apnea              | Sometimes - refer to manual | No                        | Covered for members with sleep apnea. Requires prior authorization if submitted charge is over \$400.                                                                                                                                                                                            | 1 per 5 years                                   | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                               | Category    | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| E0487      | Spirometer, electronic, includes all accessories                                                                  | Respiratory | Always                      | Y - NF<br>N-ICF/DD        | Covered with authorization for home monitoring following lung or heart/lung transplant. Refer to manual.                                                                                                                                                                                         | 1 per 5 years                                   | Rental or Purchase  | March 2021         |
| E0500      | IPPB machine, all types with built in nebulization, manual or automatic values, internal or external power source | Respiratory | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members with atelectasis or other conditions where the member's needs cannot be met with a nebulizer or other equipment. E0500 has been found by Medicare to require frequent and substantial servicing, so the 10-month rental limit does not apply.                                | 1 per month                                     | Monthly Rental only | March 2021         |
| E0550      | Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery            | Respiratory | Sometimes - refer to manual | No                        | Covered for members requiring extensive supplemental humidification where less costly alternatives are not appropriate.                                                                                                                                                                          | 1 per 3 years                                   | Rental or Purchase  | March 2021         |
| E0555      | Humidifier, durable glass or autoclavable plastic bottle type, for use with regulator or flowmeter                | Respiratory | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring supplemental humidification during respiratory treatments.                                                                                                                                                                                                         | 1 per 3 months                                  | Purchase only       | March 2021         |
| E0560      | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery                      | Respiratory | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring supplemental humidification during respiratory treatments.                                                                                                                                                                                                         | 1 per year                                      | Purchase only       | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                       | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0561      | Humidifier, nonheated, used with positive airway pressure device                          | Positive Airway Pressure | For excess quantities | No                        | Covered for members requiring humidification during PAP treatment.                                                                                                                                                                                                                               | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0562      | Humidifier, heated, used with positive airway pressure device                             | Positive Airway Pressure | For excess quantities | No                        | Covered for members requiring humidification during PAP treatment.                                                                                                                                                                                                                               | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0565      | Compressor, air power source for equipment which is not self contained or cylinder driven | Nebulizer                | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving nebulized medications.                                                                                                                                                                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0570      | Nebulizer with compressor                                                                 | Nebulizer                | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving nebulized medications. Included in initial dispensing: compressor, mask, mouthpiece, reusable nebulizer, tubing. Separately bill: Disposable mouthpieces, replacement of disposable nebulizer, replacement tubing.                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0572      | Aerosol compressor, adjustable pressure, light duty for intermittent use                  | Nebulizer                | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving nebulized medications. Refer to manual.                                                                                                                                                                                                                            | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                 | Category  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0574      | Ultrasonic or electronic aerosol generator with small volume nebulizer                              | Nebulizer | For excess quantities | Yes                       | Covered for members with cystic fibrosis or other serious conditions receiving medically necessary tobramycin treatment via nebulizer, or for members with pulmonary artery hypertension receiving treprostinil inhalation solution.                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0575      | Nebulizer, ultrasonic, large volume                                                                 | Nebulizer | Always                | Y - NF<br>N-ICF/DD        | Covered for members with cystic fibrosis or other serious conditions receiving medically necessary tobramycin treatment via nebulizer.                                                                                                                                                           | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0580      | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving nebulized medications.                                                                                                                                                                                                                                             | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0585      | Nebulizer with compressor and heater                                                                | Nebulizer | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving nebulized medications.                                                                                                                                                                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                    | Category                 | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                                                                                                                                                | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0600      | Respiratory suction pump, home model, portable or stationary, electric | Respiratory              | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring oral pharyngeal or tracheal suctioning. A portable suction pump can function as a stationary pump. MHCP will not cover both a portable and a stationary pump unless substantial documentation establishes the medical necessity of both. No more than 1 unit can be billed per date of service. Included with rental or purchase: battery, charger, carrying case, overflow valve, durable collection bottles, pump. Separately billable: connecting tubing, suction catheters, disposable collection containers. | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0601      | Continuous positive airway pressure (CPAP) device                      | Positive Airway Pressure | For excess quantities | No                        | Covered for members with obstructive sleep apnea. Refer to manual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0602      | Breast Pump, manual, any type                                          | Breast Pump              | For excess quantities | Yes                       | Covered when ordered by the treating provider for any nursing mother experiencing separation from her infant because of work, school, illness or any other medical reason. Inform members that Breast Pumps are a personal care item that cannot be shared by mothers, but that can be used for future pregnancies. Bill using the mother's MHCP ID number, or the                                                                                                                                                                              | 1 per pregnancy                                 | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                            | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                                                        | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------|-------------|-----------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                |             |                       |                           | infant's MHCP ID number if the mother is ineligible.                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                    |                    |
| E0603      | Breast Pump, electric (AC and or DC), any type | Breast Pump | For excess quantities | No                        | Covered when ordered by the treating provider for any nursing mother experiencing separation from her infant because of work, school, illness or any other medical reason. Inform members that Breast Pumps are a personal care item that cannot be shared by mothers, but that can be used for future pregnancies. Bill using the mother's MHCP ID number, or the infant's MHCP ID number if the mother is ineligible. | 1 per pregnancy                                 | Purchase only      | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                       | Category    | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                             | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0604      | Breast Pump, hospital grade, electric (AC or DC), any type                                                | Breast Pump | Sometimes - refer to manual             | Yes                       | Covered when ordered by the treating provider for any nursing mother experiencing separation from her infant because of work, school, illness or any other medical reason. Bill accessory kits for E0604 Breast Pumps as HCPCS A9999. Bill using the mother's MHCP ID number, or the infant's MHCP ID number if the mother is ineligible. PA required after 3 months rental. | 1 per episode of need                           | Rental only        | June 2023          |
| E0605      | Vaporizer, room type                                                                                      | Equipment   | For excess quantities                   | Yes                       | Covered when medically necessary for treatment of respiratory illness.                                                                                                                                                                                                                                                                                                       | 1 per year                                      | Purchase only      | March 2021         |
| E0606      | Postural drainage board                                                                                   | Respiratory | For excess quantities                   | Yes                       | Covered when medically necessary for treatment of respiratory conditions.                                                                                                                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0607      | Home blood glucose monitor                                                                                | Diabetes    |                                         | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.                                                                                                                                                                               |                                                 |                    | March 2021         |
| E0610      | Pacemaker Monitor, self-contained, (checks battery depletion, includes audible and visible check systems) | Equipment   | If lost, stolen, or irreparably damaged | No                        | Covered for members with pacemakers.                                                                                                                                                                                                                                                                                                                                         | 1 per 5 years                                   | Rental or purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                     | Category                  | Auth. required                          | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0615      | Pacemaker Monitor, self-contained (checks battery depletion and other pacemaker components, includes visible and digital check systems) | Equipment                 | If lost, stolen, or irreparably damaged | No                        | Covered for members with pacemakers.                                                                                                                                                                                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0617      | External Defibrillator with integrated electrocardiogram analysis                                                                       | External Defibrillator    | Always                                  | Yes                       | Covered for members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia. Refer to manual.                                                                                                                                                             | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0618      | Apnea monitor, without recording feature                                                                                                | Apnea Monitors            | Sometimes - refer to manual             | Y - NF<br>N-ICF/DD        | Covered for members under age 2 at risk of morbidity and mortality due to apnea.                                                                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0619      | Apnea Monitor, with recording feature                                                                                                   | Apnea Monitors            | Sometimes - refer to manual             | Y - NF<br>N-ICF/DD        | Covered for members under age 2 at risk of morbidity and mortality due to apnea when a monitor without recording feature will not meet the member's needs. Refer to manual.                                                                                                                      | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0620      | Skin piercing device for collection of capillary blood, laser, each                                                                     | Durable Medical Equipment | Always                                  | Y - NF<br>N-ICF/DD        | Covered when demonstrated to be the least costly, medically appropriate way to meet the member's medical needs.                                                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0621      | Sling or seat, patient lift, canvas or nylon                                                                                            | Patient Lifts             | For excess quantities                   | Yes                       | Covered to replace a worn sling or seat on a patient-owned lift.                                                                                                                                                                                                                                 | 1 per year                                      | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                       | Category                  | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------|---------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0625      | Patient lift, bathroom or toilet, not otherwise classified                                | Bath and Toilet Equipment | Always                | Yes                       | Covered for members unable to safely access the bath or toilet. Refer to manual.                                                                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0627      | Seat lift mechanism, electric, any type.                                                  | Patient Lifts             | Always                | Yes                       | Covered for members who are unable to rise from an armchair but who are able to walk. Refer to manual.                                                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0628      | Separate seat lift mechanism for use with patient-owned furniture, electric               | Patient Lifts             |                       |                           | Not valid for dates of service after Dec. 31, 2016.                                                                                                                                                                                                                                              |                                                 |                    | November 2016      |
| E0629      | Seat lift mechanism, nonelectric, any type                                                | Patient Lifts             | Always                | Yes                       | Covered for members who are unable to rise from an armchair but who are able to walk. Refer to manual.                                                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0630      | Patient lift, hydraulic or mechanical, includes any seat, sling, straps, or pads          | Patient Lifts             | For excess quantities | Yes                       | Covered for members who are unable to safely transfer from chair to bed or similar. Refer to manual.                                                                                                                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0635      | Patient lift, electric, with seat or sling                                                | Patient Lifts             | For excess quantities | Yes                       | Covered for members who are unable to safely transfer from chair to bed or similar. Refer to manual.                                                                                                                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0636      | Multipositional patient support system, with integrated lift, patient accessible controls | Patient Lifts             | Always                | Yes                       | Covered for members who are unable to safely transfer from chair to bed or similar when less costly alternatives cannot meet the member's specific medical needs. Refer to manual.                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                | Category      | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0637      | Combination sit-to-stand frame or table system, any size including pediatric, with seat lift feature, with or without wheels                       | Standers      | Sometimes - refer to manual | No                        | Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0638      | Standing frame or table system, one position (for example, upright, supine or prone stander), any size including pediatric, with or without wheels | Standers      | Sometimes - refer to manual | No                        | Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0639      | Patient lift, moveable from room to room with disassembly and reassembly, includes all components or accessories                                   | Patient Lifts | Always                      | Y - NF<br>N-ICF/DD        | Covered for members who are unable to safely transfer from chair to bed or similar when less costly alternatives cannot meet the member's specific medical needs. Refer to manual.                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0640      | Patient lift, fixed system, includes all components or accessories                                                                                 | Patient Lifts |                             |                           | Not typically covered as it is considered home modification.                                                                                                                                                                                                                                     |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                   | Category                               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0641      | Standing frame or table system, multi-position (for example, three-way stander), any size including pediatric, with or without wheels | Standers                               | Sometimes - refer to manual | No                        | Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0642      | Standing frame or table system, mobile (dynamic stander), any size including pediatric                                                | Standers                               | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0650      | Pneumatic compressor, nonsegmental home model                                                                                         | Pneumatic and Nonpneumatic Compression | Sometimes - refer to manual | No                        | Covered for members with chronic venous insufficiency of the lower extremities or lymphedema and conservative therapy has failed. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                          | 1 per 5 years                                   | Rental or Purchase | February 2025      |
| E0651      | Pneumatic compressor, segmental home model, without calibrated gradient pressure                                                      | Pneumatic and Nonpneumatic Compression | Sometimes - refer to manual | No                        | Covered for members with chronic venous insufficiency of the lower extremities or lymphedema and conservative therapy has failed. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                          | 1 per 5 years                                   | Rental or Purchase | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                           | Category                               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                  | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0652      | Pneumatic compressor, segmental home model, with calibrated gradient pressure | Pneumatic and Nonpneumatic Compression | Always                | No                        | Covered for members with chronic venous insufficiency of the lower extremities or lymphedema and conservative therapy has failed and nonsegmental devices or segmental devices without calibrated gradient pressure cannot meet the member's medical needs. A medically unlikely edit of 1 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | February 2025      |
| E0655      | Nonsegmental pneumatic appliance for use with pneumatic compressors, half arm | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                   | 2 per year                                      | Rental or Purchase | February 2025      |
| E0656      | Segmental pneumatic appliance for use with pneumatic compressor, trunk        | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                                                                   | 1 per year                                      | Rental or Purchase | February 2025      |
| E0657      | Segmental pneumatic appliance for use with pneumatic compressor, chest        | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                                                                   | 1 per year                                      | Rental or Purchase | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                          | Category                               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0660      | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0665      | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0666      | Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0667      | Segmental pneumatic appliance for use with pneumatic compressor, full leg    | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0668      | Segmental pneumatic appliance for use with pneumatic compressor, full arm    | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                | Category                               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0669      | Segmental pneumatic appliance for use with pneumatic compressor, half leg                          | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0670      | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | Pneumatic and Nonpneumatic Compression | Always                | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                                  | 1 per year                                      | Rental or Purchase | February 2025      |
| E0671      | Segmental gradient pressure pneumatic appliance, full leg                                          | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0672      | Segmental gradient pressure pneumatic appliance, full arm                                          | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |
| E0673      | Segmental gradient pressure pneumatic appliance, half leg                                          | Pneumatic and Nonpneumatic Compression | For excess quantities | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 2 per year                                      | Rental or Purchase | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                          | Category                               | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0675      | Pneumatic Compression device, high pressure, rapid inflation or deflation cycle, for arterial insufficiency (unilateral or bilateral system) | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with peripheral artery disease who might otherwise require surgical treatment of the arterial insufficiency. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                           | 1 per 5 years                                   | Capped Rental only | February 2025      |
| E0676      | Intermittent limb compression device (includes all accessories), not otherwise specified                                                     | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with deep venous thrombosis and conservative treatment has failed. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                     | 1 per 5 years                                   | Capped Rental only | February 2025      |
| E0677      | Nonpneumatic sequential compression garment, trunk                                                                                           | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with use of a medically necessary compression device. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | April 2025         |
| E0678      | Nonpneumatic sequential compression garment, full leg                                                                                        | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with use of a medically necessary compression device. Refer to manual.                                                                                                                                                                                                       | 2 per 5 years                                   | Rental or Purchase | April 2025         |
| E0679      | Nonpneumatic sequential compression garment, half leg                                                                                        | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with use of a medically necessary compression device. Refer to manual.                                                                                                                                                                                                       | 2 per 5 years                                   | Rental or Purchase | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                              | Category                               | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------|----------------------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0680      | Nonpneumatic compression controller with sequential calibrated gradient pressure | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with chronic venous insufficiency of the lower extremities or lymphedema and conservative therapy has failed and nonsegmental devices or segmental devices without calibrated gradient pressure cannot meet the member's medical needs. Refer to manual.                     | 1 per 5 years                                   | Rental or Purchase | April 2025         |
| E0681      | Nonpneumatic compression controller without calibrated gradient pressure         | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with chronic venous insufficiency of the lower extremities or lymphedema and conservative therapy has failed and nonsegmental devices or segmental devices without calibrated gradient pressure cannot meet the member's medical needs. Refer to manual.                     | 1 per 5 years                                   | Rental or Purchase | April 2025         |
| E0682      | Nonpneumatic sequential compression garment, full arm                            | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with use of a medically necessary compression device. Refer to manual.                                                                                                                                                                                                       | 2 per 5 years                                   | Rental or Purchase | April 2025         |
| E0683      | Nonpneumatic, nonsequential, peristaltic wave compression pump                   | Pneumatic and Nonpneumatic Compression | Always         | No                        | Covered for members with deep venous thrombosis and conservative treatment has failed. Refer to manual.                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                 | Category               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------|------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0691      | Ultraviolet light therapy system, includes bulbs or lamps, timer and eye protection | Phototherapy           | Always                      | Y - NF<br>N-ICF/DD        | Covered with authorization for treatment of severe psoriasis when conservative treatment is contraindicated.                                                                                                                                                                                     | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0692      | Ultraviolet light therapy system, includes bulbs or lamps, timer and eye protection | Phototherapy           | Always                      | Y - NF<br>N-ICF/DD        | Covered with authorization for treatment of severe psoriasis when conservative treatment is contraindicated.                                                                                                                                                                                     | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0693      | Ultraviolet light therapy system, includes bulbs or lamps, timer and eye protection | Phototherapy           | Always                      | Y - NF<br>N-ICF/DD        | Covered with authorization for treatment of severe psoriasis when conservative treatment is contraindicated.                                                                                                                                                                                     | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0694      | Ultraviolet light therapy system, includes bulbs or lamps, timer and eye protection | Phototherapy           |                             |                           | Not typically covered as it is not considered the standard of care. Not proven to produce better outcomes than less costly systems.                                                                                                                                                              |                                                 |                    | March 2021         |
| E0700      | Safety equipment, device or accessory, any type                                     | Miscellaneous Supplies | Sometimes - refer to manual | Yes                       | Safety equipment that is attached to the home or vehicle is a noncovered home or vehicle modification. Other safety equipment may be covered. Authorization is required if the submitted charge is over \$400. Only one device may be dispensed per date of service.                             | Medical necessity                               | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                    | Category               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                           | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------|------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0705      | Transfer device, any type, each                                                        | Miscellaneous Supplies | Sometimes - refer to manual | Yes                       | Transfer devices that are attached to the home or vehicle are noncovered home or vehicle modifications. Other transfer devices, including transfer belts, may be covered. Authorization is required if the submitted charge is over \$400. Only one device may be dispensed per date of services.                                                                                          | Medical necessity, 1 per dispensing             | Rental or Purchase | March 2021         |
| E0710      | restraints, any type (body, chest, wrist, or ankle)                                    | Miscellaneous Supplies | Always                      | Yes                       | Restraints are covered only as part of written home care plan of care, when needed for no longer than 15 minutes at a time during medical treatment where the member has demonstrated actions that pose a risk to the safe completion of the medical treatment. Restraints are not a substitute for supervision or behavioral intervention and must not be used for caregiver convenience. | Medical necessity                               | Purchase only      | February 2012      |
| E0715      | Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises | Incontinence           | Always                      | No                        | Covered for treatment of stress urinary incontinence. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                                                                                                                                                | 1 per 5 years                                   | Rental or Purchase | December 2024      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                         | Category     | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0716      | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises                         | Incontinence | For excess quantities | No                        | Covered for treatment of stress urinary incontinence. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                                                                                                      | 2 per year                                      | Purchase only      | December 2024      |
| E0720      | Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation                                                    | TENS         | For excess quantities | No                        | Covered for acute pain and for chronic pain other than chronic low back pain. Refer to manual.                                                                                                                                                                                                   | 1 unit per 5 years                              | Rental or Purchase | February 2023      |
| E0730      | Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation                                  | TENS         | For excess quantities | No                        | Covered for acute pain and for chronic pain other than chronic low back pain. Refer to manual.                                                                                                                                                                                                   | 1 unit per 5 years                              | Rental or Purchase | February 2023      |
| E0731      | Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) | TENS         | Always                | No                        | Covered for use with authorized TENS or NMES units when the member's needs cannot be met with conventional electrodes. Refer to manual.                                                                                                                                                          | 1 per 3 years                                   | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                | Category               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------|------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0736      | Transcutaneous tibial nerve stimulator                             | TENS                   | Always                      | No                        | Covered for treatment of overactive bladder, urinary urgency, or related incontinent diagnoses.                                                                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | December 2024      |
| E0740      | Nonimplanted pelvic floor electrical stimulator, complete system.  | Miscellaneous Supplies | Always                      | No                        | Pelvic floor electrical stimulation devices may be covered for members with stress or urge incontinence. Refer to manual.                                                                                                                                                                        | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0744      | Neuromuscular stimulator for scoliosis                             | Electrical Stimulators | Sometimes - refer to manual | No                        | Neuromuscular stimulators may be covered for members with juvenile or adolescent single or double major idiopathic scoliosis. Refer to manual.                                                                                                                                                   | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0745      | Neuromuscular stimulator, electronic shock unit                    | Electrical Stimulators | Always                      | No                        | Covered when criteria are met. Refer to manual.                                                                                                                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0746      | Electromyography (EMG), biofeedback device                         | Electrical Stimulators |                             |                           | Not covered for home use.                                                                                                                                                                                                                                                                        |                                                 |                    | March 2021         |
| E0747      | Osteogenesis stimulator, electrical, noninvasive other than spinal | Bone Growth Stimulator | Always                      | No                        | Covered for treatment of nonfusion of fractures, and for pseudoarthroses. Refer to manual.                                                                                                                                                                                                       | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0748      | Osteogenesis stimulator, electric, noninvasive spinal              | Bone Growth Stimulator | Always                      | No                        | Covered for nonhealing of spinal fusion and as an adjunct treatment for spinal fusion. Refer to manual.                                                                                                                                                                                          | 1 unit per month                                | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                   | Category               | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------|------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0749      | Osteogenesis stimulator, electrical, surgically implanted                                             | Bone Growth Stimulator | Always         | No                        | Covered as an adjunct to spinal fusion. Refer to manual.                                                                                                                                                                                                                                         | 1 per fusion                                    | Rental or Purchase | March 2021         |
| E0755      | Electronic salivary reflex stimulator (intraoral or noninvasive)                                      | Electrical Stimulators |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0760      | Osteogenesis stimulator, low-intensity ultrasound, noninvasive                                        | Bone Growth Stimulator | Always         | No                        | Covered for treatment of nonfusion of fractures. Refer to manual.                                                                                                                                                                                                                                | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0761      | Nonthermal pulsed high frequency radio waves, high peak power electromagnetic energy treatment device | Electrical Stimulators |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0762      | Transcutaneous electrical joint stimulation device system, includes all accessories                   | Electrical Stimulators |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                            | Category               | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0764      | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | Electrical Stimulators |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0765      | FDA approved nerve stimulators, with replaceable batteries, for treatment of nausea and vomiting                                                                                                                               | Electrical Stimulators |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |
| E0766      | Electrical stimulation device used for cancer treatment, includes all accessories, any type                                                                                                                                    | Electrical Stimulators | Yes            | No                        | Covered based on Medicare policy for glioblastoma when all Medicare guidelines are met.                                                                                                                                                                                                          | 1 unit per Month                                | Rental             | September 2020     |
| E0769      | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified                                                                                                                                     | Wound Care             |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                               | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0770      | Functional electrical stimulator, transcutaneous stimulation of nerve and / or muscle groups, any type, complete system, not otherwise specified. | Electrical Stimulators | Always                | No                        | Upper extremity functional Electrical Stimulators may be covered for member with upper limb paralysis due to cervical spine cord injury or chronic upper extremity paresis due to stroke. Refer to manual.                                                                                                                               | 1 per month                                     | Rental or Purchase | March 2021         |
| E0776      | IV Pole                                                                                                                                           | Equipment              | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving IV medications or fluids or nutrition. E0776 is not to be used when dispensing an IV holder that is part of or attached to a wheelchair.                                                                                                                                                                   | 1 per 3 years                                   | Rental or Purchase | March 2021         |
| E0779      | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater                                                                   | Drug Infusion Supplies | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members receiving drug infusion services. Document the following in the member's file at the medical supplier's office: the physician's order which includes the length of need (Number of days per month or total number of months), diagnosis, name of drug, frequency of administration and a copy of the treatment plan. | 1 per episode of need                           | Capped Rental only | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HPCS code | Description of code                                                                                                                 | Category               | Auth. required                           | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0780     | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours                                                      | Drug Infusion Supplies | For excess quantities                    | Y - NF<br>N-ICF/DD        | Covered for members receiving drug infusion services. Document the following in the member's file at the medical supplier's office: the physician's order which includes the length of need (Number of days per month or total number of months), diagnosis, name of drug, frequency of administration and a copy of the treatment plan. | 1 per episode of need                           | Purchase only      | March 2021         |
| E0781     | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient | Drug Infusion Supplies | For excess quantities                    | Y - NF<br>N-ICF/DD        | Covered for members receiving drug infusion services. Document the following in the member's file at the medical supplier's office: the physician's order which includes the length of need (Number of days per month or total number of months), diagnosis, name of drug, frequency of administration and a copy of the treatment plan. | 1 per episode of need                           | Capped Rental only | March 2021         |
| E0784     | External ambulatory infusion pump, insulin                                                                                          | Diabetes               | For excess quantities                    | No                        | Covered for diabetic members for whom self-injection of insulin has provided insufficient control. Refer to manual.                                                                                                                                                                                                                      | 1 per 4 years                                   | Purchase only      | March 2021         |
| E0787     | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing                     | Diabetes               | When broken, lost or irreparably damaged | No                        | Covered for diabetic members for whom self-injection of insulin has provided insufficient control. Refer to manual.                                                                                                                                                                                                                      | 1 per 4 years                                   | Purchase only      | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0791      | Parenteral infusion pump, stationary, single or multichannel                                                       | Nutritional Products | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members receiving parenteral nutrition. Authorization is required for maintenance service or repair only.                                                                                                                                                                            | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0830      | Ambulatory traction device, all types, each                                                                        | Traction Equipment   | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members requiring traction. Authorization needed for submitted charge over \$400.                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | February 2024      |
| E0840      | Traction frame, attached to headboard, cervical traction                                                           | Traction Equipment   | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring cervical traction.                                                                                                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | February 2024      |
| E0849      | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible | Traction Equipment   | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring cervical traction. Authorization required for repairs over \$400.                                                                                                                                                                                                  | 1 per 5 years                                   | Capped Rental only | February 2024      |
| E0850      | Traction stand, freestanding, cervical traction                                                                    | Traction Equipment   | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring cervical traction.                                                                                                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | February 2024      |
| E0855      | Cervical traction equipment not requiring additional stand or frame                                                | Traction Equipment   | For excess quantities       | Yes                       | Covered for members requiring traction.                                                                                                                                                                                                                                                          | 1 per 5 years                                   | Capped Rental only | March 2021         |
| E0856      | Cervical traction device, cervical collar with inflatable air bladder                                              | Traction Equipment   | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring cervical traction.                                                                                                                                                                                                                                                 | 1 unit per month                                | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                            | Category           | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0860      | Traction equipment, overdoor, cervical                                         | Traction Equipment | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring cervical traction.                                                                                                                                                                                                                                                 | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0870      | Traction frame, attached to footboard, extremity traction (for example Buck's) | Traction Equipment | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring extremity traction.                                                                                                                                                                                                                                                | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0880      | Traction stand, freestanding, extremity traction (for example, Buck's)         | Traction Equipment | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring extremity traction.                                                                                                                                                                                                                                                | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0890      | Traction frame, attached to footboard, pelvic traction                         | Traction Equipment | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring pelvic traction.                                                                                                                                                                                                                                                   | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0900      | Traction stand, freestanding, pelvic traction (for example, Buck's)            | Traction Equipment | For excess quantities | Y - NF<br>N-ICF/DD        | Covered for members requiring pelvic traction.                                                                                                                                                                                                                                                   | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0910      | Trapeze bars, also known as Patient Helper, attached to bed, with grab bar     | Orthopedic Devices | For excess quantities | Yes                       | Covered for members who require a device to assist with movement in bed.                                                                                                                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                 | Category           | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0911      | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar        | Orthopedic Devices | Sometimes - refer to manual | No                        | Covered for members who require a device to assist with movement in bed. Authorization required for repairs over \$400.                                                                                                                                                                          | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0912      | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar | Orthopedic Devices | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members who require a device to assist with movement in bed. Authorization required for repairs over \$400.                                                                                                                                                                          | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0920      | Fracture frame, attached to bed, includes weights                                                                   | Orthopedic Devices | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members with fractures requiring traction. Authorization required for repairs over \$400.                                                                                                                                                                                            | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0930      | Fracture frame, freestanding, includes weights                                                                      | Orthopedic Devices | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members with fractures requiring traction. Authorization required for repairs over \$400.                                                                                                                                                                                            | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0935      | Continuous Passive Motion exercise device; for knee only                                                            | Passive Motion     | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members following knee replacement surgery.                                                                                                                                                                                                                                          | 1 unit per day for up to 30 days                | Daily rental       | March 2021         |
| E0936      | Continuous Passive Motion exercise device for use other than knee                                                   | Passive Motion     | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members following joint surgery.                                                                                                                                                                                                                                                     | 1 unit per day for up to 30 days                | Daily rental       | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                     | Category           | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------|--------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0940      | Trapeze bar, freestanding, complete with grab bar       | Orthopedic Devices | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members who require a device to assist with movement in bed.                                                                                                                                                                                                                         | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0941      | Gravity assisted traction device, any type              | Orthopedic Devices | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members who require a device to assist with movement in bed. Authorization required for repairs over \$400.                                                                                                                                                                          | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0942      | Cervical head harness/halter                            | Orthopedic Devices | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring a harness for rehabilitative therapy.                                                                                                                                                                                                                              | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0944      | Pelvic belt or harness or boot                          | Orthopedic Devices | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members with lumbosacral pain.                                                                                                                                                                                                                                                       | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0945      | Extremity belt or harness                               | Orthopedic Devices | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered for members requiring traction of the extremities.                                                                                                                                                                                                                                       | 2 units per month                               | Rental or Purchase | March 2021         |
| E0946      | Fracture frame, dual with cross bars, attached to bed   | Orthopedic Devices | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members requiring traction due to fracture. Authorization required for repairs over \$400.                                                                                                                                                                                           | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0947      | Fracture frame, attachments for complex pelvic traction | Orthopedic Devices | Sometimes - refer to manual | Y - NF<br>N-ICF/DD        | Covered for members requiring traction due to fracture. Authorization required for repairs over \$400.                                                                                                                                                                                           | 1 unit per month                                | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                   | Category           | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------|--------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0948      | Fracture frame, attachments for complex cervical traction                                             | Orthopedic Devices | Sometimes - refer to manual | Y - NF N-ICF/DD           | Covered for members requiring traction due to fracture. Authorization required for repairs over \$400.                                                                                                                                                                                           | 1 unit per month                                | Rental or Purchase | March 2021         |
| E0950      | Wheelchair accessory, tray, each                                                                      | Mobility Devices   | Sometimes - refer to manual | Refer to policy           | Covered for members who use power or manual wheelchairs.                                                                                                                                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0951      | Heel loop or holder, any type, with or without ankle strap, each                                      | Mobility Devices   | Sometimes - refer to manual | Refer to policy           | Covered for members who use power or manual wheelchairs.                                                                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | March 2021         |
| E0952      | Toe loop or holder, any type, each                                                                    | Mobility Devices   | Sometimes - refer to manual | Refer to policy           | Covered for members who use power or manual wheelchairs.                                                                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | March 2021         |
| E0953      | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each | Mobility Devices   | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require accessories for positioning.                                                                                                                                                                                                                 | 4 per year                                      | Rental or Purchase | March 2021         |
| E0954      | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot        | Mobility Devices   | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require accessories for positioning.                                                                                                                                                                                                                 | 2 per year                                      | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                             | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0955      | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each    | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require a headrest for positioning.                                                                                                                                                                                                                  | 1 per year                                      | Rental or Purchase | March 2021         |
| E0956      | Wheelchair accessory, lateral or hip support, any type, including fixed mounting hardware, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require accessories for positioning.                                                                                                                                                                                                                 | 4 per year                                      | Rental or Purchase | March 2021         |
| E0957      | Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require accessories for positioning.                                                                                                                                                                                                                 | 2 per year                                      | Rental or Purchase | March 2021         |
| E0958      | Manual wheelchair accessory, one-arm drive attachment, each                                     | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a manual wheelchair and are unable to use both arms or one leg to propel the wheelchair but are able to self-propel using the one-arm drive attachment. Refer to manual.                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0959      | Manual wheelchair accessory, adapter for amputee, each                                          | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a manual wheelchair require an amputee adapter.                                                                                                                                                                                                                      | 2 per 5 years                                   | Rental or Purchase | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                   | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0960      | Wheelchair accessory, shoulder harness or straps or chest strap, including any type mounting hardware | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require straps for positioning or safety.                                                                                                                                                                                                            | 2 per year                                      | Rental or Purchase | March 2021         |
| E0961      | Manual wheelchair accessory, wheel lock brake extension, each                                         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a manual wheelchair and require a brake lock extension for safety.                                                                                                                                                                                                   | 2 per 5 years                                   | Rental or Purchase | March 2021         |
| E0966      | Manual wheelchair accessory, headrest extension, each                                                 | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a manual wheelchair and require a headrest extension for proper positioning.                                                                                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0967      | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned manual wheelchairs. Cannot be dispensed within 30 days of dispensing a new manual wheelchair.                                                                                                                                                                           | 2 per year                                      | Rental or Purchase | March 2021         |
| E0968      | Commode seat, wheelchair                                                                              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs/ rehab shower commode chairs.                                                                                                                                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0969      | Narrowing device, wheelchair                                                                          | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require wheelchairs but need to access spaces with narrow doors, halls, etc.                                                                                                                                                                                             | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0970      | No. 2 footplates, except for elevating leg rest                                                       | Mobility Devices |                             |                           | Not valid for submission to MHCP.                                                                                                                                                                                                                                                                |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category         | Auth. required                 | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|------------------|--------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0971      | Manual wheelchair accessory, antitipping device, each                                | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for members who use wheelchairs.                                                                                                                                                                                                                                                         | 2 per 5 years                                   | Rental or Purchase | March 2021         |
| E0973      | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for members who require adjustable height armrests for proper positioning.                                                                                                                                                                                                               | 2 per 5 years                                   | Rental or Purchase | March 2021         |
| E0974      | Manual wheelchair accessory, antirollback device, each                               | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for members who use manual wheelchairs.                                                                                                                                                                                                                                                  | 2 per 5 years                                   | Rental or Purchase | March 2021         |
| E0978      | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each                | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for members who use wheelchairs and require a belt for positioning or safety.                                                                                                                                                                                                            | 1 per year                                      | Rental or Purchase | March 2021         |
| E0980      | Safety vest, wheelchair                                                              | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for members who use wheelchairs and require a vest for safety.                                                                                                                                                                                                                           | 1 per year                                      | Rental or Purchase | March 2021         |
| E0981      | Wheelchair accessory, seat upholstery, replacement only, each                        | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 1 per year                                      | Rental or Purchase | March 2021         |
| E0982      | Wheelchair accessory, back upholstery, replacement only, each                        | Mobility Devices | Sometimes<br>- refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 1 per year                                      | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                              | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0983      | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control | Mobility Devices |                             |                           | Not covered                                                                                                                                                                                                                                                                                      |                                                 |                    | February 2024      |
| E0984      | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control   | Mobility Devices |                             |                           | Not covered                                                                                                                                                                                                                                                                                      |                                                 |                    | February 2024      |
| E0985      | Wheelchair accessory, seat lift mechanism                                                                        | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who can safely transfer independently with a seat lift mechanism to assist them with going from a seated to standing position.                                                                                                                                               | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0986      | Manual wheelchair accessory, push-rim activated power assist system.                                             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who are unable to unwilling to use a power wheelchair, but who can no longer self-propel a manual wheelchair due to weakness or stress to shoulders or arms.                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0988      | Manual wheelchair accessory, lever-activated, wheel drive, pair                                                  | Mobility Devices |                             |                           | Not typically covered as it is not considered the standard of care.                                                                                                                                                                                                                              |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                               | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E0990      | Wheelchair accessory, elevating leg rest, complete accessory, each                | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require elevating leg rests for positioning, edema, or other medical reason.                                                                                                                                                                         | 2 per 5 years                                   | Rental or Purchase | March 2021         |
| E0992      | Manual wheelchair accessory, solid seat insert                                    | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use manual wheelchairs.                                                                                                                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E0994      | Armrest, each                                                                     | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs.                                                                                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | March 2021         |
| E0995      | Wheelchair accessory, calf rest or pad, replacement only, each                    | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | March 2021         |
| E1002      | Wheelchair accessory, power seating system, tilt only                             | Mobility Devices | Always                      | Refer to policy           | Covered for members using wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | August 2024        |
| E1003      | Wheelchair accessory, power seating system, recline only, without shear reduction | Mobility Devices | Always                      | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                       | Category         | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1004      | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction                 | Mobility Devices | Always         | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1005      | Wheelchair accessory, power seating system, recline only, with power shear reduction                      | Mobility Devices | Always         | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1006      | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction         | Mobility Devices | Always         | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1007      | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | Mobility Devices | Always         | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1008      | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction      | Mobility Devices | Always         | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                        | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1009      | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each     | Mobility Devices | Always                      | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria. A medically unlikely edit exists on this code. No more than 1 unit may be dispensed per date of service. MHCP policy allows for 2 units before authorization is required.                    | 1 per dispensing, up to 2 per 5 years           | Rental or Purchase | January 2023       |
| E1010      | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair                               | Mobility Devices | Always                      | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | October 2021       |
| E1011      | Modification to pediatric-size wheelchair, width adjustment package, (not to be dispensed with initial chair)                              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who have outgrown the width of a wheelchair that continues to meet their needs in other way.                                                                                                                                                                                 | 1 per year                                      | Purchase only      | March 2021         |
| E1012      | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest or platform, complete system, any type, each | Mobility Devices | Always                      | Refer to policy           | Covered for members using power wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                              | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                  | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1014      | Reclining back, addition to pediatric size wheelchair                                | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members using wheelchairs when medically necessary. Refer to manual for criteria.                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1015      | Shock absorber for manual wheelchair, each                                           | Mobility Devices | Sometimes - refer to manual | Refer to policy           | 1 shock absorber per wheel is covered when needed to minimize jarring of a member who uses a manual wheelchair.                                                                                                                                                                                  | 2 per year                                      | Rental or Purchase | March 2021         |
| E1016      | Shock absorber for power wheelchair, each                                            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | 1 shock absorber per wheel covered when needed to minimize jarring of a member who uses a power wheelchair.                                                                                                                                                                                      | 4 per year                                      | Rental or Purchase | March 2021         |
| E1017      | Heavy-duty shock absorber for heavy-duty or extra-heavy-duty manual wheelchair, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | 1 shock absorber per wheel covered when needed to minimize jarring of a member who uses a heavy-duty or extra-heavy-duty manual wheelchair.                                                                                                                                                      | 2 per year                                      | Rental or Purchase | March 2021         |
| E1018      | Heavy-duty shock absorber for heavy-duty or extra-heavy-duty power wheelchair, each  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | 1 shock absorber per wheel covered when needed to minimize jarring of a member who uses a heavy-duty or extra-heavy-duty power wheelchair. A medically unlikely edit of 2 units exists for this code.                                                                                            | 4 per year                                      | Rental or Purchase | March 2021         |
| E1020      | Residual limb support system for wheelchair, any type                                | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs who require support of any limb.                                                                                                                                                                                                                         | 2 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                            | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1022      | Wheelchair transportation securement system, any type, includes all components and accessories | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who are at risk for unsafe transfers and require a transportation securement system to restrain mobility during personal transportation.                                                                                                                                     | 1 per 3 years                                   | Rental or Purchase | April 2025         |
| E1023      | Wheelchair transit securement system, includes all components and accessories                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who are at risk for unsafe transfers and require a transit securement system to restrain mobility during public transportation.                                                                                                                                              | 1 per 3 years                                   | Rental or Purchase | April 2025         |
| E1028      | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when needed to allow accessories to be moved for transfers or personal or medical cares.                                                                                                                                                                                                 | 6 per year                                      | Rental or Purchase | March 2025         |
| E1029      | Wheelchair accessory, ventilator tray, fixed                                                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a wheelchair and ventilator.                                                                                                                                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1030      | Wheelchair accessory, ventilator tray, gimbaled                                                | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a wheelchair and ventilator.                                                                                                                                                                                                                                         | 1 per 5 years                                   | Rental or Purchase | March 2021         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                             | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1032      | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface          | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when needed to allow accessories to be moved for transfers or personal or medical cares.                                                                                                                                                                                                 | 6 per year                                      | Rental or Purchase | March 2025         |
| E1033      | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type                            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when needed to allow accessories to be moved for transfers or personal or medical cares.                                                                                                                                                                                                 | 6 per year                                      | Rental or Purchase | March 2025         |
| E1034      | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when needed to allow accessories to be moved for transfers or personal or medical cares.                                                                                                                                                                                                 | 6 per year                                      | Rental or Purchase | March 2025         |
| E1035      | Multi-positional patient transfer system, with integrated seat, operated by a caregiver, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                  | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1036      | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by a caregiver, patient weight capacity greater than 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1037      | Transport chair, pediatric                                                                                                                           | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who cannot self-propel a wheelchair and has needs that cannot be met with a less costly manual wheelchair.                                                                                                                                                                   | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1038      | Transport chair, adult size, patient weight capacity up to and including 300 pounds                                                                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who cannot self-propel a wheelchair and has needs that cannot be met with a less costly manual wheelchair.                                                                                                                                                                   | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1039      | Transport chair, adult size, patient weight capacity greater than 300 pounds                                                                         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who cannot self-propel a wheelchair and has needs that cannot be met with a less costly manual wheelchair.                                                                                                                                                                   | 1 per 5 years                                   | Rental or Purchase | March 2021         |
| E1050      | Wheelchair, fully reclining, fixed full-length arms swing away detachable elevating leg rests                                                        | Mobility Devices |                             |                           | Not covered                                                                                                                                                                                                                                                                                      |                                                 |                    | March 2021         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                               | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1060      | Wheelchair, fully reclining, detachable arms desk or full-length swing-away detachable leg rests                  | Mobility Devices |                             |                           | Not covered                                                                                                                                                                                                                                                                                      |                                                 |                    | March 2021         |
| E1070      | Wheelchair, fully reclining, detachable arms (desk or full length) swing-away detachable footrest                 | Mobility Devices |                             |                           | Not covered                                                                                                                                                                                                                                                                                      |                                                 |                    | March 2021         |
| E1083      | Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest                                  | Mobility Devices |                             |                           | Not covered                                                                                                                                                                                                                                                                                      |                                                 |                    | March 2021         |
| E1161      | Manual adult size wheelchair, includes tilt in space                                                              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living and who have a medical condition that requires tilt in space. Refer to manual.                                                                                                                        | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1225      | Wheelchair accessory, manual semi-reclining back (recline greater than 15 degrees but less than 80 degrees), each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a wheelchair and have a medical condition that requires a reclining back. Refer to manual.                                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                       | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1226      | Wheelchair accessory, manual fully reclining back (recline greater than 80 degrees), each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use a wheelchair and have a medical condition that requires a reclining back. Refer to manual.                                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1229      | Wheelchair, pediatric size, not otherwise specified                                       | Mobility Devices | Always                      | Refer to policy           | Covered for members who require a pediatric-size wheelchair that has not been assigned a specific code by the PDAC or that has been coded E1229. Refer to manual.                                                                                                                                | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1231      | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1232      | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1233      | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                 | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1234      | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.                                                                                                                                                           | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1235      | Wheelchair, pediatric size, rigid, adjustable, with seating system                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair. Refer to manual.                                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1236      | Wheelchair, pediatric size, foldable, adjustable, with seating system               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair. Refer to manual.                                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1237      | Wheelchair, pediatric size, rigid, adjustable, without seating system               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair. Refer to manual.                                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1238      | Wheelchair, pediatric size, foldable, adjustable, without seating system            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a pediatric-size wheelchair. Refer to manual.                                                                                                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1239      | Power wheelchair, pediatric size, not otherwise specified                           | Mobility Devices | Always                      | Refer to policy           | Covered for members who require a pediatric-size power wheelchair that has not been assigned a specific code by the PDAC or that has been coded E1239. Refer to manual.                                                                                                                          | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1300      | Whirlpool, portable, (over tub type)                                                | Equipment        |                             |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                |                                                 |                    | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                             | Category  | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------|-----------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1301      | Whirlpool tub, walk-in, portable                                                                                |           |                |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                |                                                 |                    | December 2023      |
| E1310      | Whirlpool, nonportable (built-in type)                                                                          | Equipment |                |                           | Not typically covered as it is considered an item of convenience.                                                                                                                                                                                                                                |                                                 |                    | July 2021          |
| E1352      | Oxygen accessory, flow regulator capable of positive inspiratory pressure                                       | Oxygen    |                |                           | Not covered. A regulator is included in the payment for oxygen equipment.                                                                                                                                                                                                                        |                                                 |                    | July 2021          |
| E1353      | Regulator                                                                                                       | Oxygen    |                |                           | Not covered. A regulator is included in the payment for oxygen equipment.                                                                                                                                                                                                                        |                                                 |                    | July 2021          |
| E1354      | Oxygen Accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each | Oxygen    |                |                           | Not covered separate from equipment rental. MHCP does not purchase oxygen equipment.                                                                                                                                                                                                             |                                                 |                    | July 2021          |
| E1355      | Stand or rack                                                                                                   | Oxygen    |                |                           | Not covered separate from equipment rental. MHCP does not purchase oxygen equipment.                                                                                                                                                                                                             |                                                 |                    | July 2021          |
| E1356      | Oxygen accessory, battery pack or cartridge for portable concentrator, any type, replacement only, each         | Oxygen    |                |                           | Not covered. MHCP does not cover the purchase of portable concentrators.                                                                                                                                                                                                                         |                                                 |                    | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                           | Category                      | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1357      | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each                                                                 | Oxygen                        |                       |                           | Not covered. MHCP does not cover the purchase of portable concentrators.                                                                                                                                                                                                                                                           |                                                 |                    | July 2021          |
| E1358      | Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each                                                                | Oxygen                        |                       |                           | Not covered. MHCP does not cover the purchase of portable concentrators.                                                                                                                                                                                                                                                           |                                                 |                    | July 2021          |
| E1372      | Immersion external heater for nebulizer                                                                                                                       | Respiratory Equipment         | For excess quantities | No                        | Covered when medically necessary.                                                                                                                                                                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E1800      | Dynamic adjustable elbow extension and flexion device, includes soft interface material                                                                       | Mechanical Stretching Devices | Always                | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1801      | Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all | Mechanical Stretching Devices |                       |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                      | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | components and accessories                                                               |                               |                |                           |                                                                                                                                                                                                                                                                                                                                    |                                                 |                    |                    |
| E1802      | Dynamic adjustable forearm pronation/supination device, includes soft interface material | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1803      | Dynamic adjustable elbow extension only device, includes soft interface material         | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1804      | Dynamic adjustable elbow flexion only device, includes soft interface material           | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                    | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1805      | Dynamic adjustable wrist extension and flexion device, includes soft interface material                                                                | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1806      | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | January 2025       |
| E1807      | Dynamic adjustable wrist extension only device, includes soft interface material                                                                       | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1808      | Dynamic adjustable wrist flexion only device, includes soft interface material                                                                         | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or                                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                     | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                         |                               |                |                           | postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                    |                                                 |                    |                    |
| E1810      | Dynamic adjustable knee extension and flexion device, includes soft interface material                                                                                                  | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1811      | Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | March 2025         |
| E1812      | Dynamic knee, extension/flexion device with active resistance control                                                                                                                   | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a                                                                              | 1 per 5 years                                   | Rental or Purchase | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                     | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                         |                               |                |                           | joint. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                                                       |                                                 |                    |                    |
| E1813      | Dynamic adjustable knee extension only device, includes soft interface material         | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1814      | Dynamic adjustable knee flexion only device, includes soft interface material           | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1815      | Dynamic adjustable ankle extension and flexion device, includes soft interface material | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                      | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1816      | Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | March 2025         |
| E1818      | Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories  | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                         |                                                 |                    | March 2025         |
| E1820      | Replacement soft interface material, dynamic adjustable extension/flexion device                                                                                                         | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a                                            | 1 per 5 years                                   | Rental or Purchase | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                            | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                |                               |                |                           | joint. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                                                       |                                                 |                    |                    |
| E1821      | Replacement soft interface material/cuffs for bi-directional static progressive stretch device | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | January 2025       |
| E1822      | Dynamic adjustable ankle extension only device, includes soft interface material               | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1823      | Dynamic adjustable ankle flexion only device, includes soft interface material                 | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1825      | Dynamic adjustable finger extension and flexion device, includes soft interface material       | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                               | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                   |                               |                |                           | history of motion stiffness or loss in a joint. A medically unlikely edit of 3 exists for this code. Refer to manual.                                                                                                                                                                                                              |                                                 |                    |                    |
| E1826      | Dynamic adjustable finger extension only device, includes soft interface material | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 3 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1827      | Dynamic adjustable finger flexion only device, includes soft interface material   | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 3 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1828      | Dynamic adjustable toe extension only device, includes soft interface material    | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                              | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1829      | Dynamic adjustable toe flexion only device, includes soft interface material                                                                     | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1830      | Dynamic adjustable toe extension and flexion device, includes soft interface material                                                            | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1831      | Static progressive stretch toe device, extension or flexion, with or without range of motion adjustment, includes all components and accessories | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | January 2025       |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                               | Category                      | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                   | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E1832      | Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories           | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | March 2025         |
| E1840      | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material                                                                   | Mechanical Stretching Devices | Always         | No                        | Covered for members who suffer from joint stiffness and are not responding to, or as an adjunct to, physical or occupational therapy during the subacute injury or postoperative period or have a documented history of motion stiffness or loss in a joint. A medically unlikely edit of 2 exists for this code. Refer to manual. | 1 per 5 years                                   | Rental or Purchase | January 2025       |
| E1841      | Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories | Mechanical Stretching Devices |                |                           | Not typically covered as it is considered experimental or investigative.                                                                                                                                                                                                                                                           |                                                 |                    | March 2025         |
| E2100      | Blood glucose monitor with integrated voice synthesizer                                                                                                           | Diabetes                      | Always         | Yes                       | Covered for diabetic members with severe visual impairment. Refer to manual.                                                                                                                                                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                      | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2101      | Blood glucose monitor with integrated lancing or blood sample                                            | Diabetes         | Always                      | Yes                       | Covered for diabetic members with impairment of manual dexterity. Refer to manual.                                                                                                                                                                                                               | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E2102      | Adjunctive CGM receiver or monitor                                                                       | Diabetes         | Always                      | Yes                       | Covered for insulin dependent diabetics with a history of hypoglycemic unawareness. Refer to manual. A medically unlikely edit of 1 exists for this code.                                                                                                                                        | 1 per 3 years                                   | Purchase only      | January 2023       |
| E2103      | Nonadjunctive CGM receiver or monitor                                                                    | Diabetes         | Always                      | Yes                       | Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.                                                                                                   | 1 per 3 years                                   | Purchase only      | January 2023       |
| E2206      | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each                       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | July 2021          |
| E2220      | Manual wheelchair accessory, solid (rubber or plastic) propulsion tire, any size, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                        | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2221      | Manual wheelchair accessory, solid (rubber or plastic caster) tire (removable), any size, replacement only, each           | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | July 2021          |
| E2222      | Manual wheelchair accessory, solid (rubber or plastic) caster tire with integrated wheel, any size, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | July 2021          |
| E2224      | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.                             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.                                                                                                                                                                                         | 2 per year                                      | Rental or Purchase | July 2021          |
| E2298      | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type                                   | Mobility Devices | Always                      | Refer to policy           | Covered for members who meet criteria as described in the provider manual. A medically unlikely edit of 1 exists for this code.                                                                                                                                                                  | 1 per 5 years                                   | Rental or Purchase | December 2024      |
| E2301      | Wheelchair accessory, power standing system, any type                                                                      | Mobility Devices | Always                      | Refer to policy           | Covered for members who meet criteria as described in the provider manual.                                                                                                                                                                                                                       | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                            | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2358      | Power wheelchair accessory, group 34 nonsealed lead acid battery, each                                         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use power wheelchairs that require this kind of battery.                                                                                                                                                                                                                 | 2 per year                                      | Rental or Purchase | July 2021          |
| E2359      | Power wheelchair accessory, group 34 sealed lead acid battery, each (for example, gel cell, absorbed glassmat) | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use power wheelchairs that require this kind of battery.                                                                                                                                                                                                                 | 2 per year                                      | Rental or Purchase | July 2021          |
| E2378      | Power wheelchair component, actuator, replacement only                                                         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use power wheelchairs.                                                                                                                                                                                                                                                   | 1 per year                                      | Rental or Purchase | July 2021          |
| E2398      | Wheelchair accessory, dynamic positioning hardware for back                                                    | Mobility Devices | Always                      | Refer to policy           | Covered for members with medical necessity.                                                                                                                                                                                                                                                      | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E2601      | General use wheelchair seat cushion, width less than 22 inches, any depth                                      | Mobility Devices | For excess quantities       | Refer to policy           | Covered for members who use manual or power wheelchairs.                                                                                                                                                                                                                                         | 1 per year                                      | Rental or Purchase | July 2021          |
| E2602      | General use wheelchair seat cushion, width 22 inches or greater, any depth                                     | Mobility Devices | For excess quantities       | Refer to policy           | Covered for members who use manual or power wheelchairs.                                                                                                                                                                                                                                         | 1 per year                                      | Rental or Purchase | July 2021          |
| E2603      | Skin protection wheelchair seat cushion,                                                                       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and are vulnerable to skin breakdown.                                                                                                                                                                                                                    | 1 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                            | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | width less than 22 inches, any depth                                                           |                  |                             |                           | Refer to manual. For complete information regarding mobility devices.                                                                                                                                                                                                                            |                                                 |                    |                    |
| E2604      | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth                 | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. For complete information regarding mobility devices.                                                                                                                                              | 1 per year                                      | Rental or Purchase | July 2021          |
| E2605      | Positioning wheelchair seat cushion, width less than 22 inches, any depth                      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. For complete information regarding mobility devices.                                                                                                                                           | 1 per year                                      | Rental or Purchase | July 2021          |
| E2606      | Positioning wheelchair seat cushion, width 22 inches or greater, any depth                     | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. For complete information regarding mobility devices.                                                                                                                                           | 1 per year                                      | Rental or Purchase | July 2021          |
| E2607      | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual. For complete information regarding mobility devices.                                                                                                         | 1 per year                                      | Rental or Purchase | July 2021          |
| E2608      | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual. For complete information regarding mobility devices.                                                                                                         | 1 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                               | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2609      | Custom fabricated wheelchair seat cushion, any size                                                               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs to provide positioning or pressure relief that cannot be met with a prefabricated cushion. These custom-molded seating systems are fabricated from an impression or digital image of the member using molded-to-patient techniques.                      | 1 per year                                      | Rental or Purchase | July 2021          |
| E2610      | Wheelchair seat cushion, powered                                                                                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual for complete information regarding mobility devices.                                                                                                                                               | 1 per year                                      | Rental or Purchase | July 2021          |
| E2611      | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use manual or power wheelchairs.                                                                                                                                                                                                                                         | 1 per year                                      | Rental or Purchase | July 2021          |
| E2612      | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use manual or power wheelchairs.                                                                                                                                                                                                                                         | 1 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                  | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2613      | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware          | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual for complete information regarding mobility devices.                                                                                                                                            | 1 per year                                      | Rental or Purchase | July 2021          |
| E2614      | Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. For complete information regarding mobility devices.                                                                                                                                           | 1 per year                                      | Rental or Purchase | July 2021          |
| E2615      | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual for complete information regarding mobility devices.                                                                                                                                            | 1 per year                                      | Rental or Purchase | July 2021          |
| E2616      | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual for complete information regarding mobility devices.                                                                                                                                            | 1 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                  | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2617      | Custom fabricated wheelchair seat cushion, any size, including any type mounting hardware                                                            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs to provide positioning or pressure relief that cannot be met with a prefabricated cushion. These custom-molded seating systems are fabricated from an impression or digital image of the member using molded-to-patient techniques.                      | 1 per year                                      | Rental or Purchase | July 2021          |
| E2619      | Replacement cover for wheelchair seat cushion or back cushion, each                                                                                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members with wheelchair seat or back cushions.                                                                                                                                                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| E2620      | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual for complete information regarding mobility devices.                                                                                                                                            | 1 per year                                      | Rental or Purchase | July 2021          |
| E2621      | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and require some positioning assistance. Refer to manual for complete information regarding mobility devices.                                                                                                                                            | 1 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                        | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2622      | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. For complete information regarding mobility devices.                                                                                                                                              | 1 per year                                      | Rental or Purchase | July 2021          |
| E2623      | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth                 | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. For complete information regarding mobility devices.                                                                                                                                              | 1 per year                                      | Rental or Purchase | July 2021          |
| E2624      | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual for complete information regarding mobility devices.                                                                                                          | 1 per year                                      | Rental or Purchase | July 2021          |
| E2625      | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual for complete information regarding mobility devices.                                                                                                          | 1 per year                                      | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                | Category         | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2626      | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable                                                              | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 5 years                                   | Rental or Purchase | March 2025         |
| E2627      | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type                                                  | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 5 years                                   | Rental or Purchase | March 2025         |
| E2628      | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining                                                               | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 5 years                                   | Rental or Purchase | March 2025         |
| E2629      | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 5 years                                   | Rental or Purchase | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                    | Category         | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E2630      | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 5 years                                   | Rental or Purchase | March 2025         |
| E2631      | Wheelchair accessory, addition to mobile arm support, elevating proximal arm                                                                                           | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 3 years                                   | Rental or Purchase | March 2025         |
| E2632      | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control                                                        | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 3 years                                   | Rental or Purchase | March 2025         |
| E2633      | Wheelchair accessory, addition to mobile arm support, supinator                                                                                                        | Mobility Devices | Always         | Refer to policy           | Covered for members requiring an arm support for positioning needs or to complete activities of daily living in a wheelchair.                                                                                                                                                                    | 2 per 3 years                                   | Rental or Purchase | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                      | Category                  | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------|---------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| E8000      | Gait trainer, pediatric size, posterior support, includes all accessories and components | Ambulatory Assist Devices | Always                      | No                        | Covered for members who require moderate to maximum support to walk, and who require the equipment to establish or maintain functional gait. Refer to manual.                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E8001      | Gait trainer, pediatric size, upright support, includes all accessories and components   | Ambulatory Assist Devices | Always                      | No                        | Covered for members who require moderate to maximum support to walk, and who require the equipment to establish or maintain functional gait. Refer to manual.                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| E8002      | Gait trainer, pediatric size, anterior support, includes all accessories and components  | Ambulatory Assist Devices | Always                      | No                        | Covered for members who require moderate to maximum support to walk, and who require the equipment to establish or maintain functional gait. Refer to manual.                                                                                                                                    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0001      | Standard wheelchair                                                                      | Mobility Devices          | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0002      | Standard hemi (low seat) wheelchair                                                      | Mobility Devices          | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0003      | Lightweight wheelchair                                                                   | Mobility Devices          | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                               | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0004      | High-strength, lightweight wheelchair                                                                                                                             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0005      | Ultra-lightweight wheelchair                                                                                                                                      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0006      | Heavy-duty wheelchair                                                                                                                                             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0007      | Extra-heavy-duty wheelchair                                                                                                                                       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0009      | Other manual wheelchair or base                                                                                                                                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.                                                                                                                                                                                     | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0011      | Standard-weight frame motorized or power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Mobility Devices | Sometimes - refer to manual | Refer to policy           | As of March 1, 2008, this code may only be used for repair of a member-owned device that was originally purchased using this code. Refer to manual.                                                                                                                                              |                                                 |                    | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                        | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0012      | Lightweight portable motorized or power wheelchair         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | As of March 1, 2008, this code may only be used for repair of a member-owned device that was originally purchased using this code. Refer to manual.                                                                                                                                              |                                                 |                    | July 2021          |
| K0014      | Other motorized or power wheelchair base                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | As of March 1, 2008, this code may only be used for repair of a member-owned device that was originally purchased using this code. Refer to manual.                                                                                                                                              |                                                 |                    | July 2021          |
| K0015      | Detachable, nonadjustable height armrest, each             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0017      | Detachable, adjustable height armrest, base, each          | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0018      | Detachable, adjustable height armrest, upper portion, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                    | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0019      | Arm pad, replacement only, each        | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than once per year. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual. 2 per dispensing.                                                                                     | 4 per year                                      | Rental or Purchase | July 2021          |
| K0020      | Fixed, adjustable height armrest, pair | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of power wheelchair. Refer to manual. 1 pair per dispensing.                                                                                          | 2 per year                                      | Rental or Purchase | July 2021          |
| K0037      | High mount flip-up footrest, each      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of power wheelchair. Refer to manual.                                                                                                                 | 2 per year                                      | Rental or Purchase | July 2021          |
| K0038      | Leg strap, each                        | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than once per year. Refer to manual.                                                                                                                                                                          | 2 per year                                      | Rental or Purchase | July 2021          |
| K0039      | Leg strap, H style, each               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than once per year. Refer to manual.                                                                                                                                                                          | 2 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                    | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0040      | Adjustable angle footplate, each                       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Refer to manual.                                                                                                                                                                          | 2 per year                                      | Rental or Purchase | July 2021          |
| K0041      | Large-size footplate, each                             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of power wheelchair. Refer to manual.                                                                                                                 | 2 per year                                      | Rental or Purchase | July 2021          |
| K0042      | Standard-size footplate, replacement only, each        | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0043      | Footrest, lower extension tube, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0044      | Footrest, upper hanger bracket, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                              | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0045      | Footrest, complete assembly, replacement only, each              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0046      | Elevating leg rest, lower extension tube, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0047      | Elevating leg rest, upper hanger bracket, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0050      | Ratchet assembly, replacement only                               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                     | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0051      | Cam release assembly, footrest or leg rest, replacement only, each                                                                      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0052      | Swing away, detachable footrests, replacement only, each                                                                                | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0053      | Elevating leg rest, articulating (telescoping), each                                                                                    | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.                                                                                                       | 2 per year                                      | Rental or Purchase | July 2021          |
| K0056      | Seat height of less than 17 inches or equal to or greater than 21 inches for high-strength, lightweight or ultra-lightweight wheelchair | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Because this is a modification to the base chair, it should not require replacement. Refer to manual.                                                                                                                                                 | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                      | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0065      | Spoke protectors, each                                                                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered manual wheelchair. Usually does not require replacement more than every 2-3 years. Refer to manual.                                                                                                                                                               | 2 per year                                      | Rental or Purchase | July 2021          |
| K0069      | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.                                                                                                                | 2 per year                                      | Purchase only      | July 2021          |
| K0070      | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.                                                                                                                | 2 per year                                      | Purchase only      | July 2021          |
| K0071      | Front caster assembly, complete with pneumatic tire, replacement only, each              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.                                                                                                                | 2 per year                                      | Purchase only      | July 2021          |
| K0072      | Front caster assembly, complete with semi-pneumatic tire, replacement only, each         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.                                                                                                                | 2 per year                                      | Purchase only      | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                     | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0073      | Caster pin lock, each                                                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 2 years. Refer to manual.                                                                                                                                                                     | 2 per year                                      | Purchase only      | July 2021          |
| K0077      | Front caster assembly, complete with solid tire, replacement only, each | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.                                                                                                                | 2 per year                                      | Purchase only      | July 2021          |
| K0098      | Drive belt for power wheelchair, replacement only                       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Usually does not require replacement more than once per 2 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.                                                                                                                | 1 per year                                      | Purchase only      | July 2021          |
| K0105      | IV Hanger, each                                                         | Equipment        | No                          | Refer to policy           | Covered for members receiving IV medications or fluids or nutrition.                                                                                                                                                                                                                             | 1 per year                                      | Rental or Purchase | July 2021          |
| K0108      | Wheelchair component or accessory, not otherwise specified              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Only to be used when a more specific code is not available. Refer to manual.                                                                                                                                                                          | Medical necessity                               | Rental or Purchase | July 2021          |
| K0195      | Elevating leg rests, pair (for use with capped rental wheelchair base)  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered when part of a covered wheelchair. Refer to manual.                                                                                                                                                                                                                                      | 1 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                                              | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| K0455      | Infusion pump used for uninterrupted parenteral administration of medication (for example, epoprostenol or trepostinol)                        | Drug Infusion Supplies | Always                      | No                        | Covered when the member is receiving a medication that requires continuous parenteral infusion. Only one pump is covered, but the supplier is responsible for ensuring that there is an appropriate contingency plan to address any emergency situations. K0455 has been found by Medicare to require frequent and substantial servicing, therefore the 10-month rental limit does not apply. | 1 per month during period of infusion           | Monthly Rental only | July 2021          |
| K0462      | Temporary replacement for patient-owned equipment being repaired, any type                                                                     | Equipment              | Sometimes - refer to manual | No                        | Covered when providers do not have appropriate loaner equipment for the member to use while their equipment is being repaired.                                                                                                                                                                                                                                                                | 1 per month                                     | Rental only         | December 2022      |
| K0552      | Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each                                                     | Drug Infusion Supplies | No                          | Y - NF<br>N-ICF/DD        | Covered when medically necessary for members using external drug infusion pump.                                                                                                                                                                                                                                                                                                               | 30 per month                                    | Purchase only       | July 2021          |
| K0553      | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = 1 month's supply | Diabetes               |                             | Yes                       | Not covered.                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                     |                    |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                           | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0554      | Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system     | Diabetes               |                       |                           | Not covered.                                                                                                                                                                                                                                                                                     |                                                 |                    | January 2023       |
| K0601      | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each | Drug Infusion Supplies | For excess quantities | No                        | Covered for member-owned external infusion pumps.                                                                                                                                                                                                                                                | 4 per month                                     | Purchase only      | July 2021          |
| K0602      | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each   | Drug Infusion Supplies | For excess quantities | No                        | Covered for member-owned external infusion pumps.                                                                                                                                                                                                                                                | 4 per month                                     | Purchase only      | July 2021          |
| K0603      | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each     | Drug Infusion Supplies | For excess quantities | No                        | Covered for member-owned external infusion pumps.                                                                                                                                                                                                                                                | 4 per month                                     | Purchase only      | July 2021          |
| K0604      | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each      | Drug Infusion Supplies | For excess quantities | No                        | Covered for member-owned external infusion pumps. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 4 per month before authorization is required.                                                              | 2 per dispensing, up to 4 per month             | Purchase only      | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                           | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0605      | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each      | Drug Infusion Supplies | For excess quantities | No                        | Covered for member-owned external infusion pumps. A medically unlikely edit exists for this code. No more than 2 units may be dispensed per date of service. MHCP policy allows up to 4 per month before authorization is required.                                                              | 2 per dispensing, up to 4 per month             | Purchase only      | July 2021          |
| K0606      | Automatic External Defibrillator, with integrated electrocardiogram analysis, garment type    | External Defibrillator | Always                | No                        | Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia. Refer to manual.                                                                                                                                                       | 1 per 5 years                                   | Capped Rental only | July 2021          |
| K0607      | Replacement battery for automated External Defibrillator, garment type only, each             | External Defibrillator | For excess quantities | No                        | Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia with patient-owned garment type External Defibrillator. Refer to manual.                                                                                                | 1 per year                                      | Purchase only      | July 2021          |
| K0608      | Replacement garment for use with automated External Defibrillator                             | External Defibrillator | For excess quantities | No                        | Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia with patient-owned garment type External Defibrillator. Refer to manual.                                                                                                | 1 per 6 months                                  | Purchase only      | July 2021          |
| K0609      | Replacement electrodes for use with automated External Defibrillator, garment type only, each | External Defibrillator | For excess quantities | No                        | Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia with patient-owned garment type External Defibrillator. Refer to manual.                                                                                                | 1 per 2 years                                   | Purchase only      | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                         | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0669      | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for members for whom a cushion with a specific code is not appropriate.                                                                                                                                                                                                                  | 2 per year                                      | Rental or Purchase | July 2021          |
| K0672      | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each                                      | Orthotics        | Sometimes - refer to manual | No                        | Covered when patient owns a lower extremity orthosis requiring a soft interface replacement.                                                                                                                                                                                                     | 2 per year                                      | Purchase only      | July 2021          |
| K0730      | Controlled dose inhalation drug delivery system                                                                                             | Respiratory      | For excess quantities       | Y - NF<br>N-ICF/DD        | Covered only if there is an approved prior authorization for Ventavis. Enter PA number in notes field.                                                                                                                                                                                           | 1 per month during treatment period             | Capped Rental only | July 2021          |
| K0733      | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (for example, gel cell, absorbed glassmat)                     | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Covered for power wheelchairs requiring this kind of battery. Refer to manual. For complete information regarding mobility devices.                                                                                                                                                              | 2 per year                                      | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                         | Category      | Auth. required                 | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                            | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0738      | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing | Respiratory   | Sometimes<br>- refer to manual | No                        | Covered for members who require portable oxygen and are willing and capable to use the home compressor to fill their own cylinders. MHCP will not pay for portable liquid or portable gas oxygen for members using the home compressor. Refer to manual. For complete information regarding oxygen and the oxygen contract. | 1 per month                                     | Capped Rental only | July 2021          |
| K0739      | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes                                 | Labor/Repairs | Sometimes<br>- refer to manual | No                        | Covered for necessary repairs to patient owned medically necessary equipment.                                                                                                                                                                                                                                               | 48 units per day                                | Purchase only      | July 2021          |
| K0740      | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes                                                                      | Labor/Repairs | Sometimes<br>- refer to manual | No                        | Covered for necessary repairs to patient owned medically necessary equipment.                                                                                                                                                                                                                                               | 48 units per day                                | Purchase only      | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                       | Category   | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0741      | Portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches | Oxygen     |                       |                           | Not covered. Use E0431.                                                                                                                                                                                                                                                                          |                                                 |                    | July 2021          |
| K0742      | Portable oxygen contents, gaseous, 1 month's supply = 1 unit, for cluster headaches, for initial month's supply or to replace used contents               | Oxygen     |                       |                           | Not covered. Use E0443 or S8120.                                                                                                                                                                                                                                                                 |                                                 |                    | July 2021          |
| K0743      | Suction pump, home model, portable, for use on wounds                                                                                                     | Wound Care | Always                | No                        | Covered for members with chronic nonhealing wounds. Refer to manual.                                                                                                                                                                                                                             | 1 per 5 years                                   | Capped Rental only | July 2021          |
| K0744      | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less                                              | Wound Care | For excess quantities | No                        | Covered for members with approved K0743. A medically unlikely edit of 30 exists for this code.                                                                                                                                                                                                   | 30 per month                                    | Purchase only      | July 2023          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                       | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0745      | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches | Wound Care       | For excess quantities       | No                        | Covered for members with approved K0743. A medically unlikely edit of 30 exists for this code.                                                                                                                                                                                                                                                           | 30 per month                                    | Purchase only      | July 2023          |
| K0746      | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches                                         | Wound Care       | For excess quantities       | No                        | Covered for members with approved K0743. A medically unlikely edit of 30 exists for this code.                                                                                                                                                                                                                                                           | 30 per month                                    | Purchase only      | July 2023          |
| K0800      | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds                                                          | Mobility Devices | Sometimes - refer to manual | No                        | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                              | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0801      | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds            | Mobility Devices | Sometimes - refer to manual | No                        | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0802      | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds       | Mobility Devices | Sometimes - refer to manual | No                        | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.         | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0806      | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | No                        | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.         | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                        | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0807      | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds      | Mobility Devices | Sometimes - refer to manual | No                        | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual. For complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0808      | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds | Mobility Devices | Sometimes - refer to manual | No                        | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.  | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0812      | Power operated vehicle, not otherwise classified                                           | Mobility Devices | Sometimes - refer to manual | No                        | As of March 1, 2008, this code may only be used for repair of a member owned device that was originally purchased using this code. Refer to manual.                                                                                                                                                                                                       |                                                 |                    | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0813      | Power wheelchair, group 1 standard, portable, sling or solid seat and back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using appropriately fitted cane or walker. Refer to manual for complete information.    | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0814      | Power wheelchair, group 1 standard, portable, captain’s chair, patient weight capacity up to and including 300 pounds              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information  | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0815      | Power wheelchair, group 1 standard, sling or solid seat and back, patient weight capacity up to and including 300 pounds           | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0816      | Power wheelchair, group 1 standard, captain’s chair, patient weight capacity up to and including 300 pounds                        | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.  | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0820      | Power wheelchair, group 2 standard, portable, sling or solid seat and back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.  | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0821      | Power wheelchair, group 2 standard, portable, captain’s chair, patient weight capacity up to and including 300 pounds              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual. For complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                      | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0822      | Power wheelchair, group 2 standard, sling or solid seat and back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0823      | Power wheelchair, group 2 standard, captain’s chair, patient weight capacity up to and including 300 pounds              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0824      | Power wheelchair, group 2 heavy duty, sling or solid seat and back, patient weight capacity 301 to 450 pounds            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                         | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0825      | Power wheelchair, group 2 heavy duty, captain’s chair, patient weight capacity 301 to 450 pounds                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0826      | Power wheelchair, group 2 very heavy duty, sling or solid seat and back, patient weight capacity 451 to 600 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0827      | Power wheelchair, group 2 very heavy duty, captain’s chair, patient weight capacity 451 to 600 pounds              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                    | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                          | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0828      | Power wheelchair, group 2 extra heavy duty, sling or solid seat and back, patient weight capacity 601 pounds or more                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual. For complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0829      | Power wheelchair, group 2 extra heavy duty, captain’s chair, patient weight capacity 601 pounds or more                                | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.  | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0830      | Power wheelchair, group 2 standard, seat elevator, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Refer to manual for complete information.  | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                          | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0831      | Power wheelchair, group 2 standard, seat elevator, captain’s chair, patient weight capacity up to and including 300 pounds                   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0835      | Power wheelchair, group 2 standard, single-power option, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0836      | Power wheelchair, group 2 standard, single-power option, captain’s chair, patient weight capacity up to and including 300 pounds             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                    | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0837      | Power wheelchair, group 2 heavy duty, single-power option, sling or solid seat or back, patient weight capacity 301 to 450 pounds      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0838      | Power wheelchair, group 2 heavy duty, single-power option, captain’s chair, patient weight capacity 301 to 450 pounds                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0839      | Power wheelchair, group 2 very heavy duty, single-power option, sling or solid seat or back, patient weight capacity 451 to 600 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0840      | Power wheelchair, group 2 extra heavy duty, single-power option, sling or solid seat or back, patient weight capacity 601 pounds or more       | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0841      | Power wheelchair, group 2 standard, multiple-power option, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0842      | Power wheelchair, group 2 standard, multiple-power option, captain’s chair, patient weight capacity up to and including 300 pounds             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                 | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0843      | Power wheelchair, group 2 heavy duty, multiple-power option, sling or solid seat or back, patient weight capacity 301 to 450 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0848      | Power wheelchair, group 3 standard, sling or solid seat or back, patient weight capacity up to and including 300 pounds             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0849      | Power wheelchair, group 3 standard, captain’s chair, patient weight capacity up to and including 300 pounds                         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                               | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0850      | Power wheelchair, group 3 heavy duty, sling or solid seat or back, patient weight capacity 301 to 450 pounds      | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0851      | Power wheelchair, group 3 heavy duty, captain’s chair, patient weight capacity 301 to 450 pounds                  | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0852      | Power wheelchair, group 3 very heavy duty, sling or solid seat or back, patient weight capacity 451 to 600 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                 | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0853      | Power wheelchair, group 3 very heavy duty, captain’s chair, patient weight capacity 451 to 600 pounds               | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0854      | Power wheelchair, group 3 extra heavy duty, sling or solid seat or back, patient weight capacity 601 pounds or more | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0855      | Power wheelchair, group 3 extra heavy duty, captain’s chair, patient weight capacity 601 pounds or more             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                          | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0856      | Power wheelchair, group 3 standard, single-power option, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0857      | Power wheelchair, group 3 standard, single-power option, captain’s chair, patient weight capacity up to and including 300 pounds             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0858      | Power wheelchair, group 3 heavy duty, single-power option, sling or solid seat or back, patient weight capacity 301 to 450 pounds            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0859      | Power wheelchair, group 3 heavy duty, single-power option, captain’s chair, patient weight capacity 301 to 450 pounds                          | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0860      | Power wheelchair, group 3 very heavy duty, single-power option, sling or solid seat or back, patient weight capacity 451 to 600 pounds         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0861      | Power wheelchair, group 3 standard, multiple power option, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                        | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0862      | Power wheelchair, group 3 heavy duty, multiple-power option, sling or solid seat or back, patient weight capacity 301 to 450 pounds        | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0863      | Power wheelchair, group 3 very heavy duty, multiple-power option, sling or solid seat or back, patient weight capacity 451 to 600 pounds   | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0864      | Power wheelchair, group 3 extra heavy duty, multiple power option, sling or solid seat or back, patient weight capacity 601 pounds or more | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                     | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0868      | Power wheelchair, group 4 standard, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes – refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0869      | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0870      | Power wheelchair, group 4 heavy duty, sling or solid seat or back, patient weight capacity 301 to 450 pounds            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                          | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0871      | Power wheelchair, group 4 very heavy duty, sling or solid seat or back, patient weight capacity 451 to 600 pounds                            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0877      | Power wheelchair, group 4 standard, single-power option, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0878      | Power wheelchair, group 4 standard, single-power option, captain’s chair, patient weight capacity up to and including 300 pounds             | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0879      | Power wheelchair, group 4 heavy duty, single-power option, sling or solid seat or back, patient weight capacity 301 to 450 pounds              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0880      | Power wheelchair, group 4 very heavy duty, single-power option, sling or solid seat or back, patient weight capacity 451 to 600 pounds         | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0884      | Power wheelchair, group 4 standard, multiple power option, sling or solid seat or back, patient weight capacity up to and including 300 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                           | Category         | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0885      | Power wheelchair, group 4 standard, multiple-power option, captain’s chair, patient weight capacity up to and including 300 pounds            | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0886      | Power wheelchair, group 4 heavy duty, multiple power option, sling or solid seat/back, patient weight capacity 301 to 450 pounds              | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0890      | Power wheelchair, group 5 pediatric, single-power option, sling or solid seat or back, patient weight capacity up to and including 125 pounds | Mobility Devices | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                             | Category               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                                                                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0891      | Power wheelchair, group 5 pediatric, multiple-power option, sling or solid seat or back, patient weight capacity up to and including 125 pounds | Mobility Devices       | Sometimes - refer to manual | Refer to policy           | Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information. | 1 per 5 years                                   | Rental or Purchase | July 2021          |
| K0898      | Power wheelchair, not otherwise classified                                                                                                      | Mobility Devices       | Sometimes - refer to manual | Refer to policy           | As of March 1, 2008, this code may only be used for repair of a member owned device that was originally purchased using this code. Refer to manual.                                                                                                                                                                                                              |                                                 |                    | July 2021          |
| K0899      | Power mobility device, not coded by SADMERC or does not meet criteria                                                                           | Mobility Devices       |                             |                           | Not covered. Only power mobility devices reviewed and classified by the SADMERC are covered. Refer to manual.                                                                                                                                                                                                                                                    |                                                 |                    | July 2021          |
| K0900      | Customized Durable Medical Equipment, other than wheelchair                                                                                     | Miscellaneous Supplies | Always                      | Refer to policy           | Covered when noncustom equipment cannot meet a member's needs.                                                                                                                                                                                                                                                                                                   | 1 per dispensing, as medically necessary        | Rental or Purchase | July 2021          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                                                                                                                                                        | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| K0903      | For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | Footwear    |                       |                           | Not covered - discontinued code. Replaced with A5514.                                                                                                                                                                                                                                            |                                                 |                    | January 2019       |
| K1005      | Disposable collection and storage bag for breast milk, any size, any type                                                                                                                                                                                                                                                                                                  | Breast Pump | For excess quantities | No                        | Covered for members who are nursing.                                                                                                                                                                                                                                                             | 186 per month                                   | Purchase only      | January 2020       |
| K1034      | Over-the-counter Covid-19 Test                                                                                                                                                                                                                                                                                                                                             | Covid-19    | For excess quantities | No                        | Covered for any member. Refer to policy.                                                                                                                                                                                                                                                         | 8 per month                                     | Purchase only      | July 2022          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                                                 | Category  | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L0621      | Sacroiliac orthosis, flexible, includes straps, closures, may include pendulous abdomen design, prefabricated, off the shelf                                                                                                                                        | Orthotics | Sometimes      | No                        | Covered for members to help facilitate healing of the spine or related soft tissues, help reduce pain, or may need support due to weak spinal muscles or a deformed spine.                                                                                                                       | 1 per year                                      | Purchase only      | August 2022        |
| L2005      | Knee-ankle-foot orthosis, any material, single or double upright, stance control, automatic lock and swing-phase release, any type activation, includes ankle joint, any type, custom fabricated                                                                    | Orthotics | Always         | No                        | Covered for members who require custom fabricated knee-ankle-foot orthosis with automatic lock and swing-phase release. Refer to manual.                                                                                                                                                         | 1 per 5 years                                   | Purchase only      | April 2025         |
| L2006      | Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joints, custom fabricated | Orthotics | Always         | No                        | Covered for members who require custom fabricated knee-ankle-foot orthosis with microprocessor sensory feature. Refer to manual.                                                                                                                                                                 | 1 per 5 years                                   | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L3908      | Wrist hand orthosis                                                  | Orthotics   | Sometimes                                                                                        | No                        | Refer to policy.                                                                                                                                                                                                                                                                                 | 2 sets per year                                 | Purchase only      | December 2020      |
| L5000      | Partial foot, shoe insert with longitudinal arch, toe filler         | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5010      | Partial foot, molded socket, ankle height, with toe filler           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5020      | Partial foot, molded socket, tibial tubercle height, with toe filler | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                 |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5050      | Ankle, Symes, molded socket, solid ankle cushion heel (SACH) foot               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5060      | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5100      | Below knee (BK), molded socket, shin, SACH foot                                 | Prosthetics | For excess quantities,                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore                                                                                                                                                                                                                    | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                          | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                              |             | recreational devices, third device of any type, or new subsequent devices                        |                           | ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                 |                                                 |                    |                    |
| L5105      | Below knee (BK), plastic socket, joints and thigh lacer, SACH foot                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5150      | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5160      | Knee disarticulation (or through knee), molded socket, bent-knee                             | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                            | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | configuration, external knee joints, shin, SACH foot                                                 |             |                                                                                                  |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                         |                                                 |                    |                    |
| L5200      | Above knee (AK), molded socket, single-axis constant-friction knee, shin, SACH foot                  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5210      | Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5220      | Above knee (AK), short prosthesis, no knee joint (stubbies), with                                    | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | articulated ankle/foot, dynamically aligned, each                                                                           |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5230      | Above knee (AK), for proximal femoral focal deficiency, constant-friction knee, shin, SACH foot                             | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5250      | Hip disarticulation, Canadian type; molded socket, hip joint, single-axis constant-friction knee, shin, SACH foot           | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5270      | Hip disarticulation, tilt table type; molded socket, locking hip joint, single-axis constant-friction knee, shin, SACH foot | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                |             |                                                                                                  |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5280      | Hemipelvectomy, Canadian type; molded socket, hip joint, single-axis constant-friction knee, shin, SACH foot   | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5301      | Below knee (BK), molded socket, shin, SACH foot, endoskeletal system                                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5312      | Knee disarticulation (or through knee), molded socket, single-axis knee, pylon, SACH foot, endoskeletal system | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5321      | Above knee (AK), molded socket, open end,                                                                      | Prosthetics | For excess quantities, recreational                                                              | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                            | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                            | Category    | Auth. required                                               | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | SACH foot, endoskeletal system, single-axis knee                                                                                                               |             | devices, third device of any type, or new subsequent devices |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                         |                                                 |                    |                    |
| L5331      | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single-axis knee, SACH foot                                                 | Prosthetics | Always                                                       | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5341      | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single-axis knee, SACH foot                                                      | Prosthetics | Always                                                       | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5400      | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK) | Prosthetics | No                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                               | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5410      | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment                         | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | February 2025      |
| L5420      | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation                           | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | February 2025      |
| L5430      | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                  | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5450      | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)                                            | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | February 2025      |
| L5460      | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)                                            | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | February 2025      |
| L5500      | Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed                             | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 initial prosthesis per device                 | Purchase only      | February 2025      |
| L5505      | Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 initial prosthesis per device                 | Purchase only      | February 2025      |
| L5510      | Preparatory, below knee (BK) PTB type socket,                                                                                                        | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore                                                                                                                                                                                                                    | 1 preparatory                                   | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                    | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model                                                       |             |                |                           | ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                 | prosthesis per device                           |                    |                    |
| L5520      | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed   | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5530      | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5535      | Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket      | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5540      | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH                                               | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | foot, laminated socket, molded to model                                                                                                                            |             |                |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5560      | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model         | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5570      | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed   | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5580      | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5585      | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable                                                                             | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                          | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | system, pylon, no cover, SACH foot, prefabricated adjustable open end socket                                                                                 |             |                |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5590      | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5595      | Preparatory, hip disarticulation/hemipelve ctomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model                                | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5600      | Preparatory, hip disarticulation/hemipelve ctomy, pylon, no cover, SACH foot, laminated socket, molded to patient model                                      | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | February 2025      |
| L5610      | Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system                                                                       | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                           | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                               |             |                |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5611      | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control  | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5613      | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5614      | Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control  | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5615      | Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, fluid swing and stance phase control                                 | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                             |             |                                                                                                  |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5616      | Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction-swing phase control | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5617      | Addition to lower extremity, quick-change self-aligning unit, above knee (AK) or below knee (BK), each                      | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5618      | Addition to lower extremity, test socket, Symes                                                                             | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5620      | Addition to lower extremity, test socket, below knee (BK)                                                                   | Prosthetics | For excess quantities, recreational                                                              | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                            | 2 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                |             | devices, third device of any type, or new subsequent devices                                     |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                                                                                                                                         |                                                 |                    |                    |
| L5622      | Addition to lower extremity, test socket, knee disarticulation | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5624      | Addition to lower extremity, test socket, above knee (AK)      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                           | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5626      | Addition to lower extremity, test socket, hip disarticulation | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5628      | Addition to lower extremity, test socket, hemipelvectomy      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5629      | Addition to lower extremity, below knee, acrylic socket       | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                      |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5630      | Addition to lower extremity, Symes type, expandable wall socket                      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5631      | Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5632      | Addition to lower extremity, Symes type, PTB brim design socket                      | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                          | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                              |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5634      | Addition to lower extremity, Symes type, posterior opening (Canadian) socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5636      | Addition to lower extremity, Symes type, medial opening socket               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                          | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5637      | Addition to lower extremity, below knee (BK), total contact  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5638      | Addition to lower extremity, below knee (BK), leather socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5639      | Addition to lower extremity, below knee (BK), wood socket    | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                               | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                   |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5640      | Addition to lower extremity, knee disarticulation, leather socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5642      | Addition to lower extremity, above knee (AK), leather socket      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5643      | Addition to lower extremity, hip disarticulation, flexible        | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                 | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | inner socket, external frame                                                        |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5644      | Addition to lower extremity, above knee (AK), wood socket                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5645      | Addition to lower extremity, below knee (BK), flexible inner socket, external frame | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5646      | Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5647      | Addition to lower extremity, below knee (BK), suction socket                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5648      | Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                             |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5649      | Addition to lower extremity, ischial containment/narrow M-L socket                          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5650      | Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5651      | Addition to lower extremity, above knee (AK), flexible inner socket, external frame         | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                 |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5652      | Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5653      | Addition to lower extremity, knee disarticulation, expandable wall socket                       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                              | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5654      | Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5655      | Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5656      | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5658      | Addition to lower extremity, socket insert, above knee (AK)<br>(Kemblo, Pelite, Aliplast, Plastazote or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5661      | Addition to lower extremity, socket insert, multidurometer Symes                                               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5665      | Addition to lower extremity, socket insert, multidurometer, below knee (BK)                                    | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                 | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                     |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5666      | Addition to lower extremity, below knee (BK), cuff suspension       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5668      | Addition to lower extremity, below knee (BK), molded distal cushion | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5670      | Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)                                                 | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5671      | Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5672      | Addition to lower extremity, below knee (BK), removable medial brim suspension                                                                 | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                        |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5673      | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5676      | Additions to lower extremity, below knee (BK), knee joints, single axis, pair                                                                                                                          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5677      | Additions to lower extremity, below knee (BK), knee joints, polycentric, pair                                                                                                                          | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                            |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5678      | Additions to lower extremity, below knee (BK), joint covers, pair                                                                                                                                          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5679      | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                       | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5680      | Addition to lower extremity, below knee (BK), thigh lacer, nonmolded                                                                                                                                                                                                                      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5681      | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5682      | Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded                                                                                                                                                                                                        | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 2 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                                                                                                                      |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5683      | Addition to lower extremity, below knee (BK)/above knee (AK), custom-fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5684      | Addition to lower extremity, below knee, fork strap                                                                                                                                                                                                                                                  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new                    | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                      | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                          |             | subsequent devices                                                                               |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5685      | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5686      | Addition to lower extremity, below knee (BK), back check (extension control)                                             | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5688      | Addition to lower extremity, below knee (BK), waist belt, webbing                                                        | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                            |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5690      | Addition to lower extremity, below knee (BK), waist belt, padded and lined | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5692      | Addition to lower extremity, above knee (AK), pelvic control belt, light   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5694      | Addition to lower extremity, above knee                                    | Prosthetics | For excess quantities,                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore                                                                                                                                                                                                                    | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                      | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | (AK), pelvic control belt, padded and lined                                                              |             | recreational devices, third device of any type, or new subsequent devices                        |                           | ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                 |                                                 |                    |                    |
| L5695      | Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5696      | Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint                       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new                    | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                        |             | subsequent devices                                                                               |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5697      | Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5698      | Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | February 2025      |
| L5699      | All lower extremity prostheses, shoulder harness                                       | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 2 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                            | Category    | Auth. required                                | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                |             | device of any type, or new subsequent devices |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5700      | Replacement, socket, below knee (BK), molded to patient model                                                  | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5701      | Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5702      | Replacement, socket, hip disarticulation, including hip joint, molded to patient model                         | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5703      | Ankle, Symes, molded to patient model, socket without solid ankle                                              | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | cushion heel (SACH) foot, replacement only           |             |                                                                                                  |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5704      | Custom-shaped protective cover, below knee (BK)      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5705      | Custom-shaped protective cover, above knee (AK)      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5706      | Custom-shaped protective cover, knee disarticulation | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                              | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                  |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5707      | Custom-shaped protective cover, hip disarticulation              | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5710      | Addition, exoskeletal knee-shin system, single axis, manual lock | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5711      | Addition, exoskeletal knee-shin system, single                   | Prosthetics | For excess quantities,                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore                                                                                                                                                                                                                    | 1 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | axis, manual lock, ultra-light material                                                                    |             | recreational devices, third device of any type, or new subsequent devices                        |                           | ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                 |                                                 |                    |                    |
| L5712      | Addition, exoskeletal knee-shin system, single axis, friction swing and stance-phase control (safety knee) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5714      | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control                 | Prosthetics | For excess quantities, recreational devices, third device of any type, or new                    | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                 | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                     |             | subsequent devices                                                                               |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5716      | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock                   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5718      | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5722      | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                 |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5724      | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control                  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5726      | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5728      | Addition, exoskeletal knee-shin system, single                                                  | Prosthetics | For excess quantities,                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore                                                                                                                                                                                                                    | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | axis, fluid swing and stance phase control                                                                     |             | recreational devices, third device of any type, or new subsequent devices                        |                           | ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                 |                                                 |                    |                    |
| L5780      | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control             | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5781      | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | Prosthetics | For excess quantities, recreational devices, third device of any type, or new                    | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                            |             | subsequent devices                                                                               |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5782      | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5783      | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5785      | Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)                      | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                       | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                           |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5790      | Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)     | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5795      | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5810      | Addition, endoskeletal knee-shin system, single axis, manual lock                                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5811      | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material                     | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5812      | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                               | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                   |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5814      | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5816      | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock                                | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5818      | Addition, endoskeletal knee-shin system, polycentric, friction                                                    | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | swing and stance phase control                                                                       |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5822      | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5824      | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control                      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5826      | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high-activity frame | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5828      | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control                              | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5830      | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control                                     | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                        |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5840      | Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5841      | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5845      | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable                            | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                 | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                     |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5848      | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5850      | Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist                        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5855      | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist                                                                                    | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5856      | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Microprocessor products are not eligible for bathing devices. Refer to manual.                          | 1 per device                                    | Purchase only      | February 2025      |
| L5857      | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type       | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Microprocessor products are not eligible for bathing devices. Refer to manual.                          | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                               | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5858      | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Microprocessor products are not eligible for bathing devices. Refer to manual.                          | 1 per device                                    | Purchase only      | February 2025      |
| L5859      | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)      | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Powered knee-shin systems are not eligible for bathing devices. Refer to manual.                        | 1 per device                                    | Purchase only      | February 2025      |
| L5910      | Addition, endoskeletal system, below knee (BK), alignable system                                                                                                  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5920      | Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system                                                         | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5925      | Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock                                        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5926      | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                        |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5930      | Addition, endoskeletal system, high-activity knee control frame                                        | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. High-activity knee control frames are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | February 2025      |
| L5940      | Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5950      | Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                      | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                          |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5960      | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)                                               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5961      | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 1 exists for this code. Refer to manual.                                                                                        | 1 per device                                    | Purchase only      | February 2025      |
| L5962      | Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system                                                        | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                       |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5964      | Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system     | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5966      | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5968      | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature      | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                             |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5969      | Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s) | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Power-assist ankle systems are not eligible for bathing devices. Refer to manual.                       | 1 per device                                    | Purchase only      | February 2025      |
| L5970      | All lower extremity prostheses, foot, external keel, SACH foot                              | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5971      | All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only      | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                       |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5972      | All lower extremity prostheses, foot, flexible keel                                                                                   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5973      | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Microprocessor products are not eligible for bathing devices. Refer to manual.                          | 1 per device                                    | Purchase only      | February 2025      |
| L5974      | All lower extremity prostheses, foot, single axis ankle/foot                                                                          | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                       |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5975      | All lower extremity prostheses, combination single-axis ankle and flexible keel foot  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5976      | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                       | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5978      | All lower extremity prostheses, foot, multiaxial ankle/foot                               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5979      | All lower extremity prostheses, multiaxial ankle, dynamic-response foot, one-piece system | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5980      | All lower extremity prostheses, flex-foot system                                          | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                 |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L5981      | All lower extremity prostheses, flex-walk system or equal                                       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5982      | All exoskeletal lower extremity prostheses, axial rotation unit                                 | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5984      | All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                         |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L5985      | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5986      | All lower extremity prostheses, multiaxial rotation unit (MCP or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                           | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5987      | All lower extremity prostheses, shank foot system with vertical loading pylon | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                        | 1 per device                                    | Purchase only      | February 2025      |
| L5988      | Addition to lower limb prosthesis, vertical shock-reducing pylon feature      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |
| L5990      | Addition to lower extremity prosthesis, user adjustable heel height           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L5991      | Addition to lower extremity prostheses, osseointegrated external prosthetic connector | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                  | 1 per device                                    | Purchase only      | February 2025      |
| L5999      | Lower extremity prosthesis, not otherwise specified                                   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Authorization is required if submitted charge is more than \$400. Refer to manual. | 1 per device                                    | Purchase only      | February 2025      |
| L6000      | Partial hand, thumb remaining                                                         | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6010      | Partial hand, little and/or ring finger remaining                                     | Prosthetics | For excess quantities, recreational                                                              | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                                            | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                                                |             | devices, third device of any type, or new subsequent devices                                     |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                         |                                                 |                    |                    |
| L6020      | Partial hand, no finger remaining                                                                                                                                                                                              | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6026      | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Myoelectric products are not eligible for bathing devices. Refer to manual.                             | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | device, excludes terminal device(s)                                                                                                                                                        |             |                                                                                                  |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6028      | Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692 | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6029      | Upper extremity addition, test socket/interface, partial hand including fingers                                                                                                            | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |
| L6030      | Upper extremity addition, external frame, partial hand including fingers                                                                                                                   | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                           | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                               |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6031      | Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6032      | Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6033      | Addition to upper extremity prosthesis, partial hand including fingers, acrylic material                                      | Prosthetics | For excess quantities, recreational devices, third device of                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                            | Category    | Auth. required                      | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                |             | any type, or new subsequent devices |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6037      | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers | Prosthetics | No                                  | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | March 2025         |
| L6050      | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad                                                                                                                       | Prosthetics | Always                              | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6055      | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad                                                                                             | Prosthetics | Always                              | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6100      | Below elbow, molded socket, flexible elbow hinge, triceps pad                                                                                                                                  | Prosthetics | For excess quantities, recreational | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                            | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                         |             | devices, third device of any type, or new subsequent devices                                     |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                         |                                                 |                    |                    |
| L6110      | Below elbow, molded socket (Muenster or Northwestern suspension types)  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6120      | Below elbow, molded double wall split socket, step-up hinges, half cuff | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6130      | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6200      | Elbow disarticulation, molded socket, outside locking hinge, forearm                            | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6205      | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6250      | Above elbow, molded double wall socket, internal locking elbow, forearm                         | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                          | Category    | Auth. required                                | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                              |             | device of any type, or new subsequent devices |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6300      | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6310      | Shoulder disarticulation, passive restoration (complete prosthesis)                                          | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6320      | Shoulder disarticulation, passive restoration (shoulder cap only)                                            | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6350      | Interscapular thoracic, molded socket, shoulder bulkhead, humeral                                            | Prosthetics | Always                                        | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                 | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | section, internal locking elbow, forearm                                                                                                                                                            |             |                |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6360      | Interscapular thoracic, passive restoration (complete prosthesis)                                                                                                                                   | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6370      | Interscapular thoracic, passive restoration (shoulder cap only)                                                                                                                                     | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6380      | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | March 2025         |
| L6382      | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting                                                                                                    | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 fitting per device                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                              | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | alignment and suspension of components, and one cast change, elbow disarticulation or above elbow                                                                                                                |             |                |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6384      | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | March 2025         |
| L6386      | Immediate postsurgical or early fitting, each additional cast change and realignment                                                                                                                             | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | March 2025         |
| L6388      | Immediate postsurgical or early fitting, application of rigid dressing only                                                                                                                                      | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 fitting per device                            | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                    | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6400      | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping              | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6450      | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping    | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6500      | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping              | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6550      | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6570      | Interscapular thoracic, molded socket, endoskeletal system,                                            | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                            | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                       | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | including soft prosthetic tissue shaping                                                                                                                                                                                                  |             |                |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                         |                                                 |                    |                    |
| L6580      | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | March 2025         |
| L6582      | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed                   | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | March 2025         |
| L6584      | Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist,                                                                                                                                            | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 preparatory prosthesis per device             | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                                                                      | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model                                                                                                                  |             |                |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6586      | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed                                     | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | March 2025         |
| L6588      | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 preparatory prosthesis per device             | Purchase only      | March 2025         |
| L6590      | Preparatory, shoulder disarticulation or interscapular thoracic,                                                                                                                                                                         | Prosthetics | No             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing                                                                                                                                                                            | 1 preparatory                                   | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed |             |                                                                                                  |                           | devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                         | prosthesis per device                           |                    |                    |
| L6600      | Upper extremity additions, polycentric hinge, pair                                                                                                    | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6605      | Upper extremity additions, single pivot hinge, pair                                                                                                   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6610      | Upper extremity additions, flexible metal hinge, pair                                 | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6611      | Addition to upper extremity prosthesis, external powered, additional switch, any type | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power additions are not eligible for bathing devices. Refer to manual.                         | 1 per device                                    | Purchase only      | March 2025         |
| L6615      | Upper extremity addition, disconnect locking wrist unit                               | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                        |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6616      | Upper extremity addition, additional disconnect insert for locking wrist unit, each    | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6620      | Upper extremity addition, flexion/extension wrist unit, with or without friction       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6621      | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely                                                                                                                                         | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | for use with external powered terminal device                                      |             | third device of any type, or new subsequent devices                                              |                           | edit of 2 exists for this code. External power additions are not eligible for bathing devices. Refer to manual.                                                                                                                                                                                  |                                                 |                    |                    |
| L6623      | Upper extremity addition, spring assisted rotational wrist unit with latch release | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6624      | Upper extremity addition, flexion/extension and rotation wrist unit                | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6625      | Upper extremity addition, rotation wrist unit with cable lock                                        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6628      | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal                          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6629      | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                         |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6630      | Upper extremity addition, stainless steel, any wrist    | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6632      | Upper extremity addition, latex suspension sleeve, each | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |
| L6635      | Upper extremity addition, lift assist for elbow         | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                            |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6637      | Upper extremity addition, nudge control elbow lock                                                         | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6638      | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power additions are not eligible for bathing devices. Refer to manual.                         | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6640      | Upper extremity additions, shoulder abduction joint, pair  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6641      | Upper extremity addition, excursion amplifier, pulley type | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6642      | Upper extremity addition, excursion amplifier, lever type  | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                         |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6645      | Upper extremity addition, shoulder flexion-abduction joint, each                                                                                                        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6646      | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power additions are not eligible for bathing devices. Refer to manual.                         | 1 per device                                    | Purchase only      | March 2025         |
| L6647      | Upper extremity addition, shoulder lock mechanism, body powered actuator                                                                                                | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                          | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                              |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6648      | Upper extremity addition, shoulder lock mechanism, external powered actuator | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power additions are not eligible for bathing devices. Refer to manual.                         | 1 per device                                    | Purchase only      | March 2025         |
| L6650      | Upper extremity addition, shoulder universal joint, each                     | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                      | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6655      | Upper extremity addition, standard control cable, extra  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |
| L6660      | Upper extremity addition, heavy-duty control cable       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |
| L6665      | Upper extremity addition, Teflon, or equal, cable lining | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                             |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6670      | Upper extremity addition, hook to hand, cable adapter                                       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6672      | Upper extremity addition, harness, chest or shoulder, saddle type                           | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6675      | Upper extremity addition, harness, (for example, figure of eight type), single-cable design | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                    | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                        |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6676      | Upper extremity addition, harness, (for example, figure of eight type), dual-cable design              | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6677      | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                       | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6680      | Upper extremity addition, test socket, wrist disarticulation or below elbow               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |
| L6682      | Upper extremity addition, test socket, elbow disarticulation or above elbow               | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |
| L6684      | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                   | 2 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                               | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                   |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6686      | Upper extremity addition, suction socket                                          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6687      | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6688      | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                   | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                       |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6689      | Upper extremity addition, frame type socket, shoulder disarticulation | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6690      | Upper extremity addition, frame type socket, interscapular-thoracic   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                             | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6691      | Upper extremity addition, removable insert, each                | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6692      | Upper extremity addition, silicone gel insert or equal, each    | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6693      | Upper extremity addition, locking elbow, forearm counterbalance | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                           | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                               |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6694      | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism     | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6695      | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6696      | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated                                                                                                                            | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)                                                                                               |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6697      | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6698      | Addition to upper extremity prosthesis, below elbow/above                                                                                                                                                                                                                                               | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | elbow, lock mechanism, excludes socket insert                               |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6703      | Terminal device, passive hand/mitt, any material, any size                  | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6704      | Terminal device, sport/recreational/work attachment, any material, any size | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                            | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6706      | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6707      | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6708      | Terminal device, hand, mechanical, voluntary opening, any material, any size                   | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                       | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                           |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6709      | Terminal device, hand, mechanical, voluntary closing, any material, any size                              | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6711      | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6712      | Terminal device, hook, mechanical, voluntary closing, any material, any                                   | Prosthetics | For excess quantities, recreational devices,                                                     | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                     | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | size, lined or unlined, pediatric                                                       |             | third device of any type, or new subsequent devices                                              |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L6713      | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6714      | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6715      | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement                      | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Terminal power devices are not eligible for bathing devices. Refer to manual.                           | 1 per device                                    | Purchase only      | March 2025         |
| L6721      | Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6722      | Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                       | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6805      | Addition to terminal device, modifier wrist unit                                                                                                          | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6810      | Addition to terminal device, precision pinch device                                                                                                       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6880      | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Myoelectric products are not eligible for bathing devices. Refer to manual.                             | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                    | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6881      | Automatic grasp feature, addition to upper limb electric prosthetic terminal device                                    | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Myoelectric products are not eligible for bathing devices. Refer to manual.                             | 1 per device                                    | Purchase only      | March 2025         |
| L6882      | Microprocessor control feature, addition to upper limb prosthetic terminal device                                      | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Microprocessor products are not eligible for bathing devices. Refer to manual.                          | 1 per device                                    | Purchase only      | March 2025         |
| L6883      | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6884      | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6885      | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6890      | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6895      | Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated                                   | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                  | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L6900      | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6905      | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining    | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6910      | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining          | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                              | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                  |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6915      | Hand restoration (shading and measurements included), replacement glove for above                                                                                                                | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L6920      | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6925      | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal                                                                                  | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External                                                                                                | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                               | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | electrodes, cables, two batteries and one charger, myoelectronic control of terminal device                                                                                                       |             |                |                           | power upper limb devices are not eligible for bathing devices. Refer to manual.                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6930      | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device            | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6935      | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6940      | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal                                                          | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External                                                                                                | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                  | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | switch, cables, two batteries and one charger, switch control of terminal device                                                                                                                                                     |             |                |                           | power upper limb devices are not eligible for bathing devices. Refer to manual.                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6945      | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6950      | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device                      | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6955      | Above elbow, external power, molded inner socket, removable                                                                                                                                                                          | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for                                                                                                                                                                                    | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                         | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device                                                                                              |             |                |                           | recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                                                                                                                              |                                                 |                    |                    |
| L6960      | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6965      | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and                                            | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                                                                                                                                                                  | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | one charger, myoelectronic control of terminal device                                                                                                                                                                                                                |             |                |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L6970      | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device            | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |
| L6975      | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. External power upper limb devices are not eligible for bathing devices. Refer to manual.                | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L7007      | Electric hand, switch or myoelectric controlled, adult      | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electric hands are not eligible for bathing devices. Refer to manual.                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7008      | Electric hand, switch or myoelectric, controlled, pediatric | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electric hands are not eligible for bathing devices. Refer to manual.                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7009      | Electric hook, switch or myoelectric controlled, adult      | Prosthetics | For excess quantities, recreational devices, third device of any type,                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electric hands are not eligible for bathing devices. Refer to manual.                                   | 1 per device                                    | Purchase only      | March 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                            |             | or new subsequent devices                                                                        |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L7040      | Prehensile actuator, switch controlled                     | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Actuators are not eligible for bathing devices. Refer to manual.                                        | 1 per device                                    | Purchase only      | March 2025         |
| L7045      | Electric hook, switch or myoelectric controlled, pediatric | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electric hands are not eligible for bathing devices. Refer to manual.                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7170      | Electronic elbow, Hosmer or equal, switch controlled       | Prosthetics | Always                                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely                                                                                                                                         | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                | Category    | Auth. required | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------------|-------------|----------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                    |             |                |                           | edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                                                                                                                                                                                |                                                 |                    |                    |
| L7180      | Electronic elbow, microprocessor sequential control of elbow and terminal device   | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                       | 1 per device                                    | Purchase only      | March 2025         |
| L7181      | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                       | 1 per device                                    | Purchase only      | March 2025         |
| L7185      | Electronic elbow, adolescent, Variety Village or equal, switch controlled          | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                       | 1 per device                                    | Purchase only      | March 2025         |
| L7186      | Electronic elbow, child, Variety Village or equal, switch controlled               | Prosthetics | Always         | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for                                                                                                                                                                                    | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                  | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                      |                        |                       |                           | recreational devices. A medically unlikely edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                                                                                                                                     |                                                 |                    |                    |
| L7190      | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | Prosthetics            | Always                | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                       | 1 per device                                    | Purchase only      | March 2025         |
| L7191      | Electronic elbow, child, Variety Village or equal, myoelectronically controlled      | Prosthetics            | Always                | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electronic elbow additions are not eligible for bathing devices. Refer to manual.                       | 1 per device                                    | Purchase only      | March 2025         |
| L7259      | Electronic wrist rotator, any type                                                   | Prosthetics            | Always                | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Electronic wrist rotators are not eligible for bathing devices. Refer to manual.                        | 1 per device                                    | Purchase only      | March 2025         |
| L7360      | Six volt battery, each                                                               | Batteries and Chargers | For excess quantities | No                        | Covered for members with member-owned power prosthetic. MHCP covers one                                                                                                                                                                                                                          | 1 per year                                      | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                            | Category               | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------|------------------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                |                        |                       |                           | battery and charger per year only when the original item no longer functions. Refer to manual.                                                                                                                                                                                                   |                                                 |                    |                    |
| L7362      | Battery charger, six volt, each                | Batteries and Chargers | For excess quantities | No                        | Covered for members with member-owned power prosthetic. MHCP covers one battery and charger per year only when the original item no longer functions. Refer to manual.                                                                                                                           | 1 per year                                      | Purchase only      | March 2025         |
| L7364      | Twelve volt battery, each                      | Batteries and Chargers | For excess quantities | No                        | Covered for members with member-owned power prosthetic. MHCP covers one battery and charger per year only when the original item no longer functions. Refer to manual.                                                                                                                           | 1 per year                                      | Purchase only      | March 2025         |
| L7366      | Battery charger, 12 volt, each                 | Batteries and Chargers | For excess quantities | No                        | Covered for members with member-owned power prosthetic. MHCP covers one battery and charger per year only when the original item no longer functions. Refer to manual.                                                                                                                           | 1 per year                                      | Purchase only      | March 2025         |
| L7367      | Lithium ion battery, rechargeable, replacement | Batteries and Chargers | For excess quantities | No                        | Covered for members with member-owned power prosthetic. MHCP covers one battery and charger per year only when the original item no longer functions. Refer to manual.                                                                                                                           | 1 per year                                      | Purchase only      | March 2025         |
| L7368      | Lithium ion battery charger, replacement only  | Batteries and Chargers | For excess quantities | No                        | Covered for members with member-owned power prosthetic. MHCP covers one battery and charger per year only when the                                                                                                                                                                               | 1 per year                                      | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                               | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                   |             |                                                                                                  |                           | original item no longer functions. Refer to manual.                                                                                                                                                                                                                                              |                                                 |                    |                    |
| L7400      | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal) | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7401      | Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7402      | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light                              | Prosthetics | For excess quantities, recreational devices, third                                               | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational                                                                                                                                  | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                         | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | material (titanium, carbon fiber or equal)                                                  |             | device of any type, or new subsequent devices                                                    |                           | devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| L7403      | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7404      | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material       | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                   | 1 per device                                    | Purchase only      | March 2025         |
| L7405      | Addition to upper extremity prosthesis,                                                     | Prosthetics | For excess quantities,                                                                           | No                        | Covered for members who require a prosthetic to replace body parts or restore                                                                                                                                                                                                                    | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                        | Category    | Auth. required                                                                                   | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | shoulder disarticulation/interscapular thoracic, acrylic material          |             | recreational devices, third device of any type, or new subsequent devices                        |                           | ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Refer to manual.                                                                                                                                                 |                                                 |                    |                    |
| L7499      | Upper extremity prosthesis, not otherwise specified                        | Prosthetics | For excess quantities, recreational devices, third device of any type, or new subsequent devices | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Authorization is required if submitted charge is more than \$400. Refer to manual. | 1 per device                                    | Purchase only      | February 2025      |
| L7900      | Male vacuum erection system                                                | Prosthetics | For excess quantities                                                                            | No                        | Covered for members who are unable to obtain an erection.                                                                                                                                                                                                                                                        | 1 per 5 years                                   | Purchase only      | July 2019          |
| L7902      | Tension ring, for vacuum erection device, any type, replacement only, each | Prosthetics | For excess quantities                                                                            | No                        | Covered for members with a patient-owned vacuum erection system who are unable to obtain an erection.                                                                                                                                                                                                            | 1 per year                                      | Purchase only      | July 2019          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                       | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L8000      | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type          | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with three per six months. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 exists for this code. Refer to manual.                                                                                         | 3 units per 6 months                            | Purchase only      | April 2025         |
| L8001      | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                                                                 | 2 units per year                                | Purchase only      | April 2025         |
| L8002      | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type  | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. A medically unlikely edit of 4 exists for this code. Refer to manual.                                                                                                 | 2 units per year                                | Purchase only      | April 2025         |
| L8010      | Breast prosthesis, mastectomy sleeve                                                                      | Prosthetics | For excess quantities | No                        | Covered for members with post-mastectomy lymphedema. Most members can be served with two per six months. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                | 2 units per 6 months                            | Purchase only      | April 2025         |
| L8015      | External breast prosthesis garment, with mastectomy form, post mastectomy                                 | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                      | 2 units per year                                | Purchase only      | April 2025         |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                          | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|------------------------------------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L8020      | Breast prosthesis, mastectomy form                                           | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                      | 2 units per year                                | Purchase only      | April 2025         |
| L8030      | Breast prosthesis, silicone or equal, without integral adhesive              | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                      | 2 units per year                                | Purchase only      | April 2025         |
| L8031      | Breast prosthesis, silicone or equal, with integral adhesive                 | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                      | 2 units per year                                | Purchase only      | April 2025         |
| L8032      | Nipple prosthesis, reusable, any type, each                                  | Prosthetics | For excess quantities | No                        | Covered for members post-mastectomy. Most members can be served with two per year. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                      | 2 units per year                                | Purchase only      | April 2025         |
| L8033      | Nipple prosthesis, custom fabricated, reusable, any material, any type, each | Prosthetics | Always                | No                        | Covered for members post-mastectomy. Documentation must clearly articulate why prefabricated prosthetics do not satisfy the needs of the member. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                        | 2 units per 5 years                             | Purchase only      | April 2025         |
| L8035      | Custom breast prosthesis, post mastectomy, molded to patient model           | Prosthetics | Always                | No                        | Covered for members post-mastectomy. Documentation must clearly articulate why prefabricated prosthetics do not satisfy the needs of the member. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                        | 2 units per 5 years                             | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                 | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L8039      | Breast prosthesis, not otherwise specified          | Prosthetics | Always                | No                        | Covered for members post-mastectomy. L8039 should only be used when there is not a more specific HCPCS code. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                            | 2 per year                                      | Purchase only      | April 2025         |
| L8040      | Nasal prosthesis, provided by a nonphysician        | Prosthetics | For excess quantities | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8041      | Midfacial prosthesis, provided by a nonphysician    | Prosthetics | For excess quantities | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8042      | Orbital prosthesis, provided by a nonphysician      | Prosthetics | For excess quantities | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8043      | Upper facial prosthesis, provided by a nonphysician | Prosthetics | For excess quantities | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8044      | Hemi-facial prosthesis, provided by a nonphysician  | Prosthetics | For excess quantities | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                   | Category    | Auth. required               | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-----------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L8045      | Auricular prosthesis, provided by a nonphysician                                                                      | Prosthetics | For excess quantities        | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8046      | Partial facial prosthesis, provided by a nonphysician                                                                 | Prosthetics | For excess quantities        | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8047      | Nasal septal prosthesis, provided by a nonphysician                                                                   | Prosthetics | For excess quantities        | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. Refer to manual.                                                                                                                                                                | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8048      | Unspecified maxillofacial prosthesis, by report, provided by a nonphysician                                           | Prosthetics | Always                       | No                        | Covered for members with loss or absence of facial tissue due to disease, congenital defect, surgery, or trauma. L8048 should only be used when there is not a more specific HCPCS code. Refer to manual.                                                                                        | 1 per 5 years                                   | Purchase only      | April 2025         |
| L8049      | Repair or modification of maxillofacial prosthesis, labor component, 15-minute increments, provided by a nonphysician | Prosthetics | Sometimes – refer to manual. | No                        | Covered for necessary repairs to member-owned facial prosthetic. A medically unlikely edit of 6 exists for this code. Refer to manual.                                                                                                                                                           | 6 units per day                                 | Purchase only      | April 2025         |
| L8400      | Prosthetic sheath, below knee, each                                                                                   | Prosthetics | For excess quantities        | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 12 exists for this code. Refer to manual.                                                                                                                                 | 6 units per 6 months                            | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                   | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L8410      | Prosthetic sheath, above knee, each                                                   | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 12 exists for this code. Refer to manual.                                                                                                                                 | 6 units per 6 months                            | Purchase only      | April 2025         |
| L8415      | Prosthetic sheath, upper limb, each                                                   | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 6 exists for this code. Refer to manual.                                                                                                                                  | 6 units per 6 months                            | Purchase only      | April 2025         |
| L8417      | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 12 exists for this code. Refer to manual.                                                                                                                                 | 6 units per 6 months                            | Purchase only      | April 2025         |
| L8420      | Prosthetic sock, multiple ply, below knee, each                                       | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 24 exists for this code. Refer to manual.                                                                                                                                 | 12 units per 6 months                           | Purchase only      | April 2025         |
| L8430      | Prosthetic sock, multiple ply, above knee, each                                       | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 24 exists for this code. Refer to manual.                                                                                                                                 | 12 units per 6 months                           | Purchase only      | April 2025         |
| L8435      | Prosthetic sock, multiple ply, upper limb, each                                       | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 12 exists for this code. Refer to manual.                                                                                                                                 | 6 units per 6 months                            | Purchase only      | April 2025         |
| L8440      | Prosthetic shrinker, below knee, each                                                 | Prosthetics | For excess quantities | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                                                       | 3 units per 6 months                            | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                      | Category    | Auth. required                                                                | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.)                 | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|----------------------------------------------------------|-------------|-------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| L8460      | Prosthetic shrinker, above knee, each                    | Prosthetics | For excess quantities                                                         | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                                                                       | 3 units per 6 months                            | Purchase only      | April 2025         |
| L8465      | Prosthetic shrinker, upper limb, each                    | Prosthetics | For excess quantities                                                         | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                                                                       | 3 units per 6 months                            | Purchase only      | April 2025         |
| L8470      | Prosthetic sock, single ply, fitting, below knee, each   | Prosthetics | For excess quantities                                                         | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 24 exists for this code. Refer to manual.                                                                                                                                                 | 12 units per 6 months                           | Purchase only      | April 2025         |
| L8480      | Prosthetic sock, single ply, fitting, above knee, each   | Prosthetics | For excess quantities                                                         | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 24 exists for this code. Refer to manual.                                                                                                                                                 | 12 units per 6 months                           | Purchase only      | April 2025         |
| L8485      | Prosthetic sock, single ply, fitting, upper limb, each   | Prosthetics | For excess quantities                                                         | No                        | Covered for members with member-owned prosthetic. Use modifiers LT and RT as appropriate. A medically unlikely edit of 12 exists for this code. Refer to manual.                                                                                                                                                 | 6 units per 6 months                            | Purchase only      | April 2025         |
| L8499      | Unlisted procedure for miscellaneous prosthetic services | Prosthetics | For excess quantities, recreational devices, third device of any type, or new | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U1 for bathing devices. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Authorization is required if submitted charge is more than \$400. Refer to manual. | 1 per device                                    | Purchase only      | February 2025      |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                                                                                                             | Category                            | Auth. required     | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            |                                                                                                                                                                                                 |                                     | subsequent devices |                           |                                                                                                                                                                                                                                                                                                  |                                                 |                    |                    |
| L8680      | Implantable neurostimulator electrode, each                                                                                                                                                     | Physician and Professional Services |                    |                           | Not covered as DME. Refer to the <a href="#">Physician and Professional Services</a> section of the MHCP Provider Manual for more details.                                                                                                                                                       |                                                 |                    | January 2023       |
| L8686      | Implantable neurostimulator pulse generator, single array, nonrechargeable                                                                                                                      | Physician and Professional Services |                    |                           | Not covered as DME. Refer to the <a href="#">Physician and Professional Services</a> section of the MHCP Provider Manual for more details.                                                                                                                                                       |                                                 |                    | January 2023       |
| L8701      | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | Prosthetics                         | Always             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code. Microprocessor products are not eligible for bathing devices. Refer to manual.                          | 1 per device                                    | Purchase only      | March 2025         |
| L8702      | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor,                                                        | Prosthetics                         | Always             | No                        | Covered for members who require a prosthetic to replace body parts or restore ambulation. Use modifier U2 for recreational devices. A medically unlikely edit of 2 exists for this code.                                                                                                         | 1 per device                                    | Purchase only      | March 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                                             | Category             | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
|            | sensors, all components and accessories, custom fabricated                                                                      |                      |                             |                           | Microprocessor products are not eligible for bathing devices. Refer to manual.                                                                                                                                                                                                                   |                                                 |                    |                    |
| S1040      | Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustments | Orthotics            | Sometimes - refer to manual | No                        | Covered for infants requiring treatment of head deformities. Refer to manual.                                                                                                                                                                                                                    | 1 per dispensing                                | Purchase only      | July 2013          |
| S9435      | Medical foods for inborn errors of metabolism                                                                                   | Nutritional Products | No                          | Yes                       | Covered for members with disorders of amino-acid transport and metabolism when dispensed by an enrolled medical foods supplier. Refer to manual.                                                                                                                                                 | \$525 per month                                 | Purchase only      | February 2009      |
| T4521      | Adult-sized disposable incontinence product, brief or diaper, small, each                                                       | Incontinence         | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4522      | Adult-sized disposable incontinence product, brief or diaper, medium, each                                                      | Incontinence         | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                             | Category     | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------|--------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| T4523      | Adult-sized disposable incontinence product, brief or diaper, large, each                       | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4524      | Adult-sized disposable incontinence product, brief or diaper, extra-large, each                 | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4525      | Adult-sized disposable incontinence product, protective underwear or pull-on, small size, each  | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4526      | Adult-sized disposable incontinence product, protective underwear or pull-on, medium size, each | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4527      | Adult-sized disposable incontinence product, protective underwear or pull-on, large size, each  | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |



## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                                          | Category     | Auth. required                 | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| T4528      | Adult-sized disposable incontinence product, protective underwear or pull-on, extra-large size, each         | Incontinence | Sometimes<br>- refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4529      | Pediatric-sized disposable incontinence product, brief or diaper, small or medium size, each                 | Incontinence | Sometimes<br>- refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4530      | Pediatric-sized disposable incontinence product, brief or diaper, large size, each                           | Incontinence | Sometimes<br>- refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4531      | Pediatric-sized disposable incontinence product, protective underwear or pull-on, small or medium size, each | Incontinence | Sometimes<br>- refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4532      | Pediatric-sized disposable incontinence product, protective underwear or pull-on, large size, each           | Incontinence | Sometimes<br>- refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4533      | Youth-sized disposable incontinence product, brief or diaper, each                                           | Incontinence | Sometimes<br>- refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                                                                | Category     | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase  | Policy review date |
|------------|------------------------------------------------------------------------------------|--------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------|
| T4534      | Youth-sized disposable incontinence product, protective underwear or pull-on, each | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only       | June 2009          |
| T4535      | Disposable liner, shield, guard, pad or undergarment, for incontinence, each       | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only       | June 2009          |
| T4536      | Incontinence product, protective underwear or pull on, reusable, any size, each    | Incontinence |                             |                           | Not covered. Only disposable Incontinence products are covered.                                                                                                                                                                                                                                  |                                                 |                     | June 2009          |
| T4537      | Incontinence product, protective underpad, reusable, bed size, each                | Incontinence |                             |                           | Not covered. Only disposable incontinence products are covered.                                                                                                                                                                                                                                  |                                                 |                     | June 2009          |
| T4538      | Diaper service, reusable diaper, each diaper                                       | Incontinence | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Monthly Rental only | June 2009          |
| T4539      | Incontinence product, diaper or brief, reusable, any size, each                    | Incontinence | Sometimes - refer to manual |                           | Not covered. Only disposable incontinence products are covered.                                                                                                                                                                                                                                  |                                                 |                     | June 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPSC code | Description of code                                                                                   | Category               | Auth. required              | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|-------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| T4540      | Incontinence product, protective underpad, reusable, chair size, each                                 | Incontinence           | Sometimes - refer to manual |                           | Not covered. Only disposable incontinence products are covered.                                                                                                                                                                                                                                  |                                                 |                    | June 2009          |
| T4541      | Incontinence product, disposable underpad, large, each                                                | Incontinence           | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4542      | Incontinence product, disposable underpad, small size, each                                           | Incontinence           | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | June 2009          |
| T4543      | Adult-sized disposable Incontinence product, protective brief or diaper, above extra-large, each      | Incontinence           | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | January 2014       |
| T4544      | Adult sized disposable Incontinence product, protective underwear or pull-on, above extra-large, each | Incontinence           | Sometimes - refer to manual | Yes                       | Covered for members who are incontinent of bladder or bowel. Refer to manual for complete information.                                                                                                                                                                                           | Varies - refer to manual                        | Purchase only      | January 2014       |
| T5999      | Supply, not otherwise classified                                                                      | Miscellaneous Supplies | Sometimes - refer to manual | Yes                       | Use for covered disposable supplies that do not fit into any of the other more specific miscellaneous supply codes. Refer to manual.                                                                                                                                                             | Medical necessity                               | Purchase only      | July 2009          |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                        | Category    | Auth. required                                         | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|--------------------------------------------|-------------|--------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| V2623      | Prosthetic eye, plastic, custom            | Prosthetics | For excess quantities or new subsequent eye prosthetic | No                        | Covered for members with absence of shrinkage of an eye due to disease, congenital defect, surgery, or trauma. Use modifiers LT or RT as appropriate. Refer to manual.                                                                                                                           | 1 per device                                    | Purchase only      | April 2025         |
| V2624      | Polishing/resurfacing of ocular prosthesis | Prosthetics | For excess quantities                                  | No                        | Covered for members with member-owned prosthetic eye. Use modifiers LT and RT as appropriate. Refer to manual.                                                                                                                                                                                   | 2 per year                                      | Purchase only      | April 2025         |
| V2625      | Enlargement of ocular prosthesis           | Prosthetics | For excess quantities                                  | No                        | Covered for members with member-owned prosthetic eye. Documentation must clearly articulate medical necessity. Enlargements of an eye prosthetic are rarely medically necessary. Use modifiers LT and RT as appropriate. Refer to manual.                                                        | 1 per 5 years                                   | Purchase only      | April 2025         |
| V2626      | Reduction of ocular prosthesis             | Prosthetics | For excess quantities                                  | No                        | Covered for members with member-owned prosthetic eye. Documentation must clearly articulate medical necessity. Reductions of an eye prosthetic are rarely medically necessary. Use modifiers LT and RT as appropriate. Refer to manual.                                                          | 1 per 5 years                                   | Purchase only      | April 2025         |

## Medical Supply Coverage Guide

Updated April 28, 2025

| HCPCS code | Description of code                         | Category    | Auth. required        | Included in LTC per diem? | Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, “manual” refers to the MHCP Provider Manual.) | Quantity limits (maximum that may be dispensed) | Rental or purchase | Policy review date |
|------------|---------------------------------------------|-------------|-----------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|--------------------|
| V2627      | Scleral cover shell                         | Prosthetics | For excess quantities | No                        | Covered for members with absence of shrinkage of an eye due to disease, congenital defect, surgery, or trauma. Use modifiers LT or RT as appropriate. Refer to manual.                                                                                                                           | 1 per 5 years                                   | Purchase only      | April 2025         |
| V2628      | Fabrication and fitting of ocular conformer | Prosthetics | For excess quantities | No                        | Covered for members with absence of shrinkage of an eye due to disease, congenital defect, surgery, or trauma. Use modifiers LT or RT as appropriate. Refer to manual.                                                                                                                           | 1 per 5 years                                   | Purchase only      | April 2025         |
| V2629      | Prosthetic eye, other type                  | Prosthetics | Always                | No                        | Covered for members with absence of shrinkage of an eye due to disease, congenital defect, surgery, or trauma. V2629 should only be used when there is not a more specific HCPCS code. Use modifiers LT or RT as appropriate. Refer to manual.                                                   | 1 per 5 years                                   | Purchase only      | April 2025         |