

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

DURABLE MEDICAL EQUIPMENT

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
A4206	SYRINGE WITH NEEDLE, STERILE 1CC OR LESS, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	100 PER ROLLING MONTH	
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	100 PER ROLLING MONTH	
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	100 PER ROLLING MONTH	
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	100 PER ROLLING MONTH	
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	
A4215	NEEDLE, STERILE, ANY SIZE EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	100 PER ROLLING MONTH	
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 REQUESTS PER ROLLING MONTH	SUPPLIES INCLUDE: HEPLock START KITS, CENTRAL LINE KITS, INSYTES, ETOH SWABS, HUBER NEEDLES, SUB-Q- NEEDLE, SUB-Q KIT, NON-REIMBURSABLE WITH: A4230 OR A4231
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4233	REPLACEMENT BATTERY, ALKALINE 9 (OTHER THAN T CELL) FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY THE PATIENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: E2100
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: E2100
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: E2100
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: E2100
A4244	ALCOHOL OR PEROXIDE, PER PINT	DME	Required - Beyond Service Limits	No Restriction	PRICED	7 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4245

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A4245	ALCOHOL WIPES, PER BOX	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4244
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	DME	Required - Beyond Service Limits	No Restriction	PRICED	6 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4247
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4246
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4332
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4310, A4332, A4338
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4310, A4332, A4338
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY X 14 DAYS	NON-REIMBURSABLE WITH: A4310, A4332, A4346
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4310, A4311, A4331, A4332, A4338, A4354, A4357
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4310, A4312, A4331, A4332, A4344, A4354, A4357
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY X 14 DAYS	NON-REIMBURSABLE WITH: A4310, A4312, A4331, A4332, A4344, A4354, A4357
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4332
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4320
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	FOR MALE USE ONLY
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER WEEK	FOR FEMALE USE ONLY

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A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY	FOR FEMALE USE ONLY
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	5 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4314, A4315, A4316, A4354, A4357, A4358, A5105 CAN ONLY BE BILLED WITH A5112
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	NON-REIMBURSABLE: FOR CLEAN, NONSTERILE INTERMITTENT CATHETERIZATION
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	DME	REQUIRED	No Restriction	NOT PRICED	PRIOR AUTHORIZATION	COST INVOICE REQUIRED
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, ELASTOMER, OR HYDROPHILIC, ETC.), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY X 14 DAYS	
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	FOR MALE USE ONLY NON-REIMBURSABLE WITH ADHESIVE STRIPS OR TAPE
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	200 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4353
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	200 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4353

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A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	DME	Required - Beyond Service Limits	No Restriction	PRICED	200 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4310, A4332, A4351, A4352 COVERAGE LIMITED TO STERILE TECHNIQUE ONLY WHEN SPECIFICALLY PRESCRIBED IN WRITING BY PRESCRIBING PRACTITIONER, SUPPLIES INCLUDE: TRAY/BAG IN STERILE PACKAGE INCLUDES SINGLE USE CATHETER, LUBRICANT, GLOVES, ANTISEPTIC SOLUTION, APPLICATOR AND DRAPE
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4310, A4331, A4332, A4357
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY X 14 DAYS	REIMBURSED FOR CONTINUOUS BLADDER IRRIGATION OR HISTORY OF CATHETER OBSTRUCTION
A4356	INCONTINENCE CLAMP	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING MONTHS	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4331
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH straps, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	FOR MEMBERS WHO ARE AMBULATORY OR ARE CHAIR OR WHEELCHAIR BOUND ONLY NON-REIMBURSABLE WITH: A4331, A5113, A5114
A4361	OSTOMY FACEPLATE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	3 PER ROLLING 6 MONTHS	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4375, A4376, A4377, A4378, A4379, A4380, A4381, A4382, A4383
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 OZ. PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4366	OSTOMY VENT, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4416, A4417, A4418, A4419, A4423, A4424, A4425, and A4427
A4367	OSTOMY BELT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	DIAGNOSTIC RESTRICTIONS APPLY
A4368	OSTOMY FILTER, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY	DIAGNOSTIC RESTRICTIONS APPLY
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 OZ PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A5119
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 OZ. PER ROLLING 6 MONTHS	DIAGNOSTIC RESTRICTIONS APPLY

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A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4377
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4378
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY REIMBURSABLE WITH: A4361, A4375
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4376
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH,	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4381, and A4382
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4383
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4379, A4382
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY REIMBURSABLE WITH: A4361, A4379, A4381
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH: A4361, A4380
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	DIAGNOSTIC RESTRICTIONS APPLY
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY

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A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 30 per rolling month for A4391-A4493	DIAGNOSTIC RESTRICTIONS APPLY
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 30 per rolling month for A4391-A4493	DIAGNOSTIC RESTRICTIONS APPLY
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 30 per rolling month for A4391-A4493	DIAGNOSTIC RESTRICTIONS APPLY
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	16 OZ. PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	DME	Required - Beyond Service Limits	No Restriction	PRICED	30 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING YEAR	DIAGNOSTIC RESTRICTIONS APPLY
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING SIX MONTHS	DIAGNOSTIC RESTRICTIONS APPLY
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING SIX MONTHS	DIAGNOSTIC RESTRICTIONS APPLY
A4400	OSTOMY IRRIGATION SET	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR	DIAGNOSTIC RESTRICTIONS APPLY
A4402	LUBRICANT, PER OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 OZ. PER ROLLING MONTH	
A4404	OSTOMY RING, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 OZ PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 OZ PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY

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A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 20 per rolling month for A4407-A4410	DIAGNOSTIC RESTRICTIONS APPLY
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 20 per rolling month for A4407-A4410	DIAGNOSTIC RESTRICTIONS APPLY
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 20 per rolling month for A4407-A4410	DIAGNOSTIC RESTRICTIONS APPLY
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	Prior Authorization Required after 20 per rolling month for A4407-A4410	DIAGNOSTIC RESTRICTIONS APPLY
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	NOT PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY COST INVOICE REQUIRED
A4421	OSTOMY SUPPLY; MISCELLANEOUS	DME	REQUIRED	No Restriction	NOT PRICED	PRIOR AUTHORIZATION	DIAGNOSTIC RESTRICTIONS APPLY COST INVOICE REQUIRED

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A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY	DIAGNOSTIC RESTRICTIONS APPLY
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A4366
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	DME	Required - Beyond Service Limits	No Restriction	PRICED	40 UNITS PER ROLLING MONTH	

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A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	DME	Required - Beyond Service Limits	No Restriction	PRICED	40 UNITS PER ROLLING MONTH	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	16 OZ. PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4456	ADHESIVE REMOVER WIPES, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	50 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR	
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR	
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING 6 MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING 6 MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING 6 MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	DME	REQUIRED	Age >= 3 Years Old	PRICED	200 PER ROLING MONTH	AVAILABLE ONLY FOR MEMBERS 3 YEARS OR OLDER. WHEN BILLING SINGLE INCONTINENT SUPPLIES (A4520, A4554 OR T4535) OR A COMBINATION OF THE THREE, THE TOTAL MAXIMUM COMBINATION IS 250 ITEMS PER MONTH. NO AUTHORIZATION WILL BE GIVEN OVER THIS MONTHLY ALLOWABLE.
A4550	SURGICAL TRAYS	DME	REQUIRED	No Restriction	PRICED	15 PER ROLLING MONTH	

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A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	DME	REQUIRED	Age >= 3 Years Old	PRICED	150 PER ROLING MONTH	AVAILABLE ONLY FOR MEMBERS 3 YEARS OR OLDER. WHEN BILLING SINGLE INCONTINENT SUPPLIES (A4520, A4554 OR T4535) OR A COMBINATION OF THE THREE, THE TOTAL MAXIMUM COMBINATION IS 250 ITEMS PER MONTH. NO AUTHORIZATION WILL BE GIVEN OVER THIS MONTHLY ALLOWABLE.
A4555	ELECTRODE/TRANDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	NOT PRICED		DIAGNOSTIC RESTRICTIONS APPLY COST INVOICE REQUIRED
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	DME	Required - Beyond Service Limits	Age <= 1 year old	PRICED	15 PER ROLLING MONTH	COVERAGE LIMITED TO MAXIMUM AGE OF 12 MONTHS NON-REIMBURSABLE WITH: E0720, E0730 SUPPLIES BUNDLED INTO A4595
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	DME	Required - Beyond Service Limits	Age <= 1 year old	PRICED	2 PER ROLLING MONTH	COVERAGE LIMITED TO MAXIMUM AGE OF 12 MONTHS NON-REIMBURSABLE WITH: E0720, E0730 SUPPLIES BUNDLED INTO A4595
A4561	PESSARY, RUBBER, ANY TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER LIFETIME	
A4562	PESSARY, NON RUBBER, ANY TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER LIFETIME	
A4565	SLINGS	DME	Required - Beyond Service Limits	No restriction	PRICED	1 PER LIFETIME	
A4570	SPLINT	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH FOR E0720 2 PER ROLLING MONTH FOR E0730	NON-REIMBURSABLE WITH: A4556, A4558 and A4630
A4601	LITHIUM ION BATTERY, rechargeable, FOR NON-PROSTHETIC USE, REPLACEMENT	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING YEAR	
A4604	TUBING WITH INTEGRATED HEARING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7037, E0471 OR E0472
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	DME	REQUIRED	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: E0445 WHEN UNIT IS UNDER CAP RENTAL
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER LIFETIME	
A4619	FACE TENT	DME	REQUIRED	No Restriction	PRICED	1 PER ROLLING MONTH	REIMBURSABLE ONLY WITH: E0570

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A4623	TRACHEOSTOMY, INNER CANNULA	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4628
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	DME	Required - Beyond Service Limits	No Restriction	PRICED	14 UNITS PER LIFETIME	NON-REIMBURSABLE WITH: A4626 OR A4629
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 per rolling year	
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY SERVICE REIMBURSABLE TWO WEEK POST SURGERY	NON-REIMBURSABLE WITH: A4625 AND A4626
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH: E0110, E0111, E0112, E0113, E0114, OR E0116
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH: E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0114, E0130, E0135, E0140, E0141, E0143, E0147, E0148, OR E0149
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING YEAR	NON-REIMBURSABLE WITH: E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0114, E0130, E0135, E0140, E0141, E0143, E0147, E0148, OR E0149
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0181
A4649	SURGICAL SUPPLY; MISCELLANEOUS	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
A4860	DISPOSABLE CATHETER TIPS	DME	Required - Beyond Service Limits	No Restriction	PRICED		
A4927	GLOVES, NON-STERILE, PER 100	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY

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A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5055	STOMA CAP	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, 1 PIECE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A5081, A6246
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY NON-REIMBURSABLE WITH A5055, A6216
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5093	OSTOMY ACCESSORY; CONVEX INSERT	DME	Required - Beyond Service Limits	No Restriction	PRICED	10 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	NON-REIMBURSABLE WITH: A4357

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A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4331, A4358, A5112, A5113, A5114
A5112	URINARY LEG BAG; LATEX	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A5113 OR A5114
A5113	LEG STRAP, LATEX, REPLACEMENT ONLY, PER SET	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A5112 OR A5114
A5114	LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A5112 OR A5113
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	150 PER ROLLING MONTH	
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	DME	Required - Beyond Service Limits	No Restriction	PRICED	20 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	DIAGNOSTIC RESTRICTIONS APPLY ONLY USED WITH A5102 AND A5112
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI DENSITY INSERT(S), PER SHOE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 Pair per year without PA	DIAGNOSTIC RESTRICTIONS APPLY (Diabetic) Additional shoe(s) may be provided with PA if medically necessary.
A6154	WOUND POUCH, EACH	DME	Required - Beyond Service Limits	No restriction	PRICED	31 PER ROLLING MONTH	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	DME	Required - Beyond Service Limits	No restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	5 PER ROLLING MONTH	
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	5 PER ROLLING MONTH	
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	5 PER ROLLING MONTH	
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	DME	REQUIRED	No Restriction	NOT PRICED	31 PER ROLLING MONTH	COST INVOICE REQUIRED REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A5055, A5081
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	60 PER ROLLING MONTH	
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQUARE INCHES, BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	12 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY

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A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH.	
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY

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A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	15 PER ROLLING MONTH	
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED	DME	REQUIRED	No Restriction	NOT PRICED	31 PER ROLLING MONTH	COST INVOICE REQUIRED
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	DME	REQUIRED	No Restriction	NOT PRICED	31 PER ROLLING MONTH	COST INVOICE REQUIRED
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH, PER LINEAR YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	90 PER ROLLING MONTH	
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	

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A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED

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A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	DME	Required - Beyond Service Limits	No restriction	NOT PRICED		COST INVOICE REQUIRED
A6513	COMPRESSION BURN MASK FACE AND/OR NECK PLASTIC, CUSTOM	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, EACH	DME	Required - Beyond Service Limits	No Restriction	NOT PRICED	4 PER rolling 6 months	COST INVOICE REQUIRED REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER rolling 6 months	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	DME	Required - Beyond Service Limits	No Restriction	NOT PRICED	2 PER rolling 6 months	COST INVOICE REQUIRED REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR GREATER, EACH	DME	Required - Beyond Service Limits	No Restriction	NOT PRICED	2 PER rolling 6 months	COST INVOICE REQUIRED REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS

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A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 REQUESTS PER 2 ROLLING YEARS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6549	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR DAYTIME USE, EACH	DME	Required - Beyond Service Limits	No Restriction	NOT PRICED	COST INVOICE REQUIRED	COST INVOICE REQUIRED REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	DME	REQUIRED	No Restriction	PRICED	15 KITS PER ROLLING MONTH PER WOUND	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	For supplies Required for Negative Pressure Pumps WV Medicaid follow Medicare's service limit which is: Coverage is provided up to a maximum of 10 canister sets (A7000) per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day).
A7002	TUBING, USED WITH SUCTION PUMP, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 UNIT PER ROLLING MONTH	NON-REIMBURSABLE WITH: E0600 INCLUDED IN INITIAL DISPENSING OF EQUIPMENT
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7004, A7005, OR A7006
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7003, A7005, OR A7006
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING 6 MONTHS	NON-REIMBURSABLE WITH: A7003, A7004, OR A7006
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7003, A7004, OR A7005
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FT.	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING MONTHS	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	

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A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED		
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH: E0471 OR E0472 MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	

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A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	31 PER ROLLING MONTH	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	DME	REQUIRED	No Restriction	PRICED		
A7525	TRACHEOSTOMY MASK, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING MONTH	
A8000	HELMET, PROTECTIVE, SOFT PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	DME	Required - Beyond Service Limits	No restriction	PRICED	ITEM IS PURCHASED	Only 1 unit of AV package XX may be authorized (AV package A8000, A8001, A8002, A8003) per rolling year
A8001	HELMET, PROTECTIVE, HARD PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	DME	Required - Beyond Service Limits	No restriction	PRICED	ITEM IS PURCHASED	Only 1 unit of AV package XX may be authorized (AV package A8000, A8001, A8002, A8003) per rolling year
A8002	HELMET, PROTECTIVE, SOFT CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	DME	Required - Beyond Service Limits	No restriction	PRICED	ITEM IS PURCHASED	Only 1 unit of AV package XX may be authorized (AV package A8000, A8001, A8002, A8003) per rolling year
A8003	HELMET, PROTECTIVE, HARD CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	DME	Required - Beyond Service Limits	No restriction	PRICED	ITEM IS PURCHASED	Only 1 unit of AV package XX may be authorized (AV package A8000, A8001, A8002, A8003) per rolling year
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	DME	REQUIRED	No restriction	PRICED		
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER DAY	

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B4081	NASOGASTRIC TUBING WITH STYLET	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
B4082	NASOGASTRIC TUBING WITHOUT STYLET	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
B4083	STOMACH TUBE - LEVINE TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER ROLLING MONTH	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER ROLLING 6 MONTHS	
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	DME	Required - Beyond Service Limits	No restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	DME	Required - Beyond Service Limits	No restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL
B9998	NOC FOR ENTERAL SUPPLIES	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
B9999	NOC FOR PARENTERAL SUPPLIES	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH: A4636, A4637 OR E0105
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH: A4636, A4637 OR E0105
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH A4636, A4637 OR E0100
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4635, A4636, A4637 E0110, E0112, E0113, E0114, OR E0116
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4635, A4636, A4637 E0110, E0111, E0113, E0114, OR E0116

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E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4635, A4636, A4637 E0110, E0112, E0113, E0114, OR E0116
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4635, A4636, A4637 E0110, E0111, E0113, E0114, OR E0116
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS PURCHASED	WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH: A4635, A4636, A4637 E0110, E0111, E0112, E0113, OR E0114
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636 OR A4637
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636 OR A4637
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636, A4637, E0155 & E0159
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636, A4637, E0155 & E0159
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636, A4637, E0155 & E0159
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	DME	REQUIRED	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636, A4637, E0155 & E0159
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636, A4637, E0155 & E0159
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4636, A4637, E0155 & E0159
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 3 ROLLING YEARS PURCHASED	
E0154	PLATFORM ATTACHMENT, WALKER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: E0141, E0143, E0147 OR E0149
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 3 ROLLING YEARS PURCHASED	
E0156	SEAT ATTACHMENT, WALKER	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 3 ROLLING YEARS PURCHASED	

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E0157	CRUTCH ATTACHMENT, WALKER, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 3 ROLLING YEARS PURCHASED	
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 3 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: E0141, E0143, E0147 OR E0149
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR PURCHASED	
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	
E0162	SITZ BATH CHAIR	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: E0167
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 5 ROLLING YEARS PURCHASED	FOR MEMBER WEIGHING 300 LBS OR LESS WHEN PHYSICALLY INCAPABLE OF UTILIZING TOILET FACILITIES; I.E., CONFINED TO A SINGLE ROOM, OR CONFINED TO ONE LEVEL OF THE HOME WITHOUT TOILET FACILITIES, OR CONFINED TO THE HOME WITHOUT TOILET FACILITIES. MEMBER'S FILE <u>MUST</u> CONTAIN THE ABOVE DOCUMENTATION INCLUDING WEIGHT .NON-REIMBURSABLE WITH: E0165, E0167 or E0168
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	DME	Required - Beyond Service Limits	No Restriction	PRICED		FOR MEMBER WEIGHING 300 LBS OR LESS WHEN PHYSICALLY INCAPABLE OF UTILIZING TOILET FACILITIES; I.E., CONFINED TO A SINGLE ROOM, OR CONFINED TO ONE LEVEL OF THE HOME WITHOUT TOILET FACILITIES, OR CONFINED TO THE HOME WITHOUT TOILET FACILITIES. MEMBER'S FILE <u>MUST</u> CONTAIN THE ABOVE DOCUMENTATION INCLUDING WEIGHT .NON-REIMBURSABLE WITH: E0165, E0167 or E0168
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR PURCHASED	NON-REIMBURSABLE WITH: E0163, E0165, or E0168
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 5 ROLLING YEARS PURCHASED	FOR MEMBER WEIGHING 300 LBS OR LESS WHEN PHYSICALLY INCAPABLE OF UTILIZING TOILET FACILITIES; I.E., CONFINED TO A SINGLE ROOM, OR CONFINED TO ONE LEVEL OF THE HOME WITHOUT TOILET FACILITIES, OR CONFINED TO THE HOME WITHOUT TOILET FACILITIES. MEMBER'S FILE <u>MUST</u> CONTAIN THE ABOVE DOCUMENTATION INCLUDING WEIGHT .NON-REIMBURSABLE WITH: E0165, E0167 or E0168

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4640 OR E0182
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4640
E0184	DRY PRESSURE MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 PER ROLLING YEAR PURCHASED	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	DME	REQUIRED	No Restriction	PRICED		
E0186	AIR PRESSURE MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	
E0187	WATER PRESSURE MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A4640 OR E0181
E0188	SYNTHETIC SHEEPSKIN PAD	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 6 ROLLING MONTHS PURCHASED	
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS PURCHASED	
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR PURCHASED	
E0191	HEEL OR ELBOW PROTECTOR, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	4 PER 6 ROLLING MONTHS PURCHASED	
E0196	GEL PRESSURE MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	DME	Required - Beyond Service Limits	Age < 30 Days Old	PRICED	5 DAYS PER LIFETIME COVERGE LIMITED FROM BIRTH TO 30 DAYS OF AGE	DIAGNOSTIC RESTRICTIONS APPLY
E0240	BATH/SHOWER CHAIR	DME	REQUIRED	No Restriction	NOT PRICED	1 PER 5 ROLLING YEARS	COST INVOICE REQUIRED NON-REIMBURSABLE WITH: E0247 OR E0248
E0241	BATHTUB WALL RAIL, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	
E0243	TOILET RAIL, EACH	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 2 ROLLING YEARS	
E0244	RAISED TOILET SEAT	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	

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E0245	TUB STOOL OR BENCH	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	
E0247	TRANSFER BENCH FOR TUB OR TOILET	DME	REQUIRED	No Restriction	NOT PRICED	1 PER 5 ROLLING YEARS	COST INVOICE REQUIRED NON-REIMBURSABLE WITH: E0240 OR E0248
E0248	TRANSFER BENCH HEAVY DUTY	DME	REQUIRED	No Restriction	NOT PRICED	1 PER 5 ROLLING YEARS	COST INVOICE REQUIRED NON-REIMBURSABLE WITH: E0240 OR E0247
E0250	HOSPITAL BED, WITH SIDE RAILS, FIXED HEIGHT, WITH ANY SIDE RAILS, WITH MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0255, E0260, E0271, E0272, E0277, E0303, E0304, E0305, OR E0310
E0255	HOSPITAL BED, WITH SIDE RAILS VARIABLE HEIGHT, HI-LO WITH ANY TYPE SIDE RAILS, WITH MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0260, E0271, E0272, E0277 E0303, E0304, E0305, OR E0310
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0271, E0272, E0277, E0303, E0304, E0305, OR E0310
E0261	HOSPITAL BED, WITH SIDE RAILS, SEMI-ELECTRIC, WITHOUT MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 Per Lifetime	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0271, E0272, E0277, E0303, E0304, E0305, E0310. This code is to be used when special mattress is Required.
E0271	MATTRESS, INNERSPRING	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0277, E0300, E0303, OR E0304
E0272	MATTRESS, FOAM RUBBER	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0277, E0300, E0303, OR E0304
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	DME	REQUIRED	COVERED FROM BIRTH-21 YEARS OF AGE	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL COVERED FOR MEMBERS FROM BIRTH TO AGE 21 YEARS NON-REIMBURSABLE WITH: E0250, E0255, E0260
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	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0271, E0272, E0305 or E0310
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0271, E0272, E0303, E0304, E0305 OR E0310
E0305	BED SIDE RAILS, HALF LENGTH	DME	REQUIRED	No Restriction	PRICED	2 PER LIFETIME	NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0300, E0303, or E0304
E0310	BED SIDE RAILS, FULL LENGTH	DME	REQUIRED	No Restriction	PRICED	2 PER LIFETIME	NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0300, E0303, or E0304
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 6 ROLLING MONTHS	FOR MALES ONLY
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	DME	Required - Beyond Service Limits	No Restriction	PRICED	2 PER 6 ROLLING MONTHS	FOR FEMALES ONLY

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E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0303, OR E0304
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	DME	REQUIRED	No Restriction	Priced	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: A4606 DURING THE CAP RENTAL PERIOD MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, E.G., NASAL OR FACE MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF

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E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/ BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, E.G., NASAL OR FACE MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER ROLLING MONTH PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
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	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	DME	REQUIRED	No Restriction	PRICED	1 PER ROLLING YEAR PRIOR AUTHORIZATION	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 3 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF
E0570	NEBULIZER, WITH COMPRESSOR	DME	REQUIRED	No Restriction	PRICED	1 PER 3 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 4 ROLLING YEARS PURCHASED	NON-REIMBURSABLE WITH: A7002
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	DME	REQUIRED	No Restriction	PRICED	10 UNITS PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF

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E0619	APNEA MONITOR, WITH RECORDING FEATURE	DME	REQUIRED	Age <= 1 year old	PRICED	1 PER LIFETIME AVAILABLE FOR MEMBERS 1 YEAR OF AGE OR YOUNGER. INCLUDES PNEUMOGRAM PRIOR AUTHORIZATION	10 MONTH CAP RENTAL REQUEST FOR PA MUST BE SUBMITTED TO UMC 7 CALENDAR DAYS POST HOSPITAL DISCHARGE
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH: E0630
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAPS(S)), OR PADS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0621
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0705	TRANSFER DEVICE, ANY TYPE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	

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E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: A4556, A4557 OR E0730
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: A4556, A4557 OR E0730
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	DME	REQUIRED	No Restriction	PRICED		10 MONTH CAP RENTAL
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	DME	REQUIRED	No Restriction	PRICED	1 PER 4 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME	ITEM PURCHASED WHEN THE FOLLOWING CRITERIA ARE MET: 1) THE PATIENT HAS A MUSCULOSKETAL OR NEUROLOGIC IMPAIRMENT REQUIRING TRACTION EQUIPMENT; AND 2) THE APPROPRIATE USE OF A HOME CERVICAL TRACTION DEVICE HAS BEEN DEMONSTRATED TO THE PATIENT AND THE PATIENT TOLERATED THE SELECTED DEVICE. ABOVE DOCUMENTATION MUST BE CONTAINED IN MEMBER'S FILE.
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION PURCHASED	FOR USE WITH HOSPITAL BED ONLY NON-REIMBURSABLE WITH: E0940
E0911	TRAPEZE BAR, HEAVY DUTY, WT >250 LB, ATTACHED TO BED, WITH GRAB BAR	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0910, E0912 OR E0940
E0912	TRAPEZE BAR, HEAVY DUTY, WT >250 LB, FREE STANDING, COMPLETE WITH GRAB BAR	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0910, E0911 OR E0940
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	DME	REQUIRED	No Restriction	PRICED	1 PER DAY	NOT TO EXCEED 30 DAYS PRIOR AUTHORIZATION RENTAL
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	DME	REQUIRED	No Restriction	PRICED	1 PER LIFETIME PURCHASED	NOT FOR USE WITH HOSPITAL BED NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0277, E0300, E0303, E0304 OR E0910

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E0942	CERVICAL HEAD HARNESS/HALTER	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 PER ROLLING YEAR PURCHASED	NON-REIMBURSABLE WITH: E0860
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0952	TOE LOOP/HOLDER,any type, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/straps OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0968	COMMODOE SEAT, WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0969	NARROWING DEVICE, WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	DME	REQUIRED	No Restriction	NOT PRICED	PRIOR AUTHORIZATION PURCHASED	COST INVOICE REQUIRED
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, K0017, K0018 OR K0019
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	

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E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0980	SAFETY VEST, WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, OR K0007
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0813 THRU K0843 OR K0848 THRU K0891
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0995, E1009, E1010, K0042, K0043, K0044, K0045, K0046 OR K0047
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY WITH MECHANICAL SHEAR REDUCTION	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052

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E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	DME	REQUIRED	No Restriction	NOT PRICED	PRIOR AUTHORIZATION PURCHASED	COST INVOICE REQUIRED NON-REIMBURSABLE WITH: E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, OR K0195
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, OR K0195
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	DME	REQUIRED	No Restriction	NOT PRICED	PRIOR AUTHORIZATION PURCHASED	COST INVOICE REQUIRED
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	DME	REQUIRED	Age <= 20 years old	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	STUMP SUPPORT FOR A LOWER LIMB AMPUTEE THAT IS ATTACHED TO A WHEELCHAIR BASE. IT CONTAINS A MECHANISM TO ALLOW THE SUPPORT TO SWING AWAY, FOLD DOWN, OR RETRACT
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE OTHER	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL-INCLUDES ALL OPTIONS AND ACCESSORIES NON-REIMBURSABLE WITH: K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	EFFECTIVE 06/01/2025 NON-REIMBURSABLE WITH: E1028
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	EFFECTIVE 06/01/2025 NON-REIMBURSABLE WITH: E1028
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	EFFECTIVE 06/01/2025 NON-REIMBURSABLE WITH: E1028

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E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME	REQUIRED	Age <= 20 years old	NOT PRICED	PRIOR AUTHORIZATION PURCHASED	COST INVOICE REQUIRED
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME	REQUIRED	Age <= 20 years old	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891

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E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229,E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229,E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229,E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229,E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229,E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891

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E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME	REQUIRED	Age <= 20 years old	NOT PRICED	PRIOR AUTHORIZATION PURCHASED	COST INVOICE REQUIRED
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	DME	REQUIRED	No Restriction	PRICED	1 PER 5 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 UNIT PER ROLLING MONTH	PROVIDER MUST MAINTAIN A PERSONALLY SIGNED AND DATED PRACTITIONER'S ORDER WITH DIAGNOSIS, DIRECTION FOR USE ALONG WITH ABG'S OR ARTERIAL OXYGEN SATURATION IN THE MEMBER'S FILE. MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	DME	REQUIRED	No Restriction	PRICED	1 PER 3 ROLLING YEARS PRIOR AUTHORIZATION PURCHASED	DIagnostically Restriction Apply NON-REIMBURSABLE WITH: A4233, A4234, A4235, A4236, A4256 OR A4258
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HANDSUPPORT, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH K0070
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH K0071

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E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH K0071
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	Member must have wheelchair authorization for item to be authorized
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	Member must have wheelchair authorization for item to be authorized
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	Member must have wheelchair authorization for item to be authorized
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0072
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
E2295	MAN W/CHAIR ACC, PEDS SIZE, DYNAMIC SEATING FRAME ALLOW COORDINATED MOVEMENT OF MULT POSITION	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED

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E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	

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E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	COVERED IF MEMBER HAS A MEDICAID APPROVED SPEECH GENERATING DEVICE ONLY
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME	REQUIRED	No Restriction	PRICED	2 per 2 rolling years PRIOR AUTHORIZATION PURCHASED	Member must have wheelchair authorization for item to be authorized
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891

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E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	DME	REQUIRED	No Restriction	NOT PRICED	PRIOR AUTHORIZATION PURCHASED	COST INVOICE REQUIRED
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED		
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2378	POWER WHEELCHAIR ACCESSORY, COMPONENT, ACTUATOR, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891

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E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER LIFETIME PRIOR AUTHORIZATION	10 MONTH CAP RENTAL
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRERECORDED MESSAGES	DME	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRERECORDED MESSAGES > 8MIN	DME	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	DME	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	DME	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING ACCESS BY PHYSICAL CONTACT WITH THE DEVICE.	DME	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	DME	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED See Provider Manual Chapter 530.1.4-Augmentative Communication/Speech Generating Systems or Devices for coverage
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	

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E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	NOT PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	COST INVOICE REQUIRED
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	DME	REQUIRED	No Restriction	PRICED	4 PER ROLLING YEAR PRIOR AUTHORIZATION PURCHASED	

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E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WITH LESS THAN 22 INCHES, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME	REQUIRED	No Restriction	PRICED	1 PER 2 ROLLING YEARS PRIOR AUTHORIZATION PURCHASE	
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30-MINUTE INTERVAL	DME	Required - Beyond Service Limits	No Restriction	PRICED		DIAGNOSTIC RESTRICTIONS APPLY

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K0001	STANDARD WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891
K0003	LIGHTWEIGHT WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891

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K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891
K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891
K0006	HEAVY DUTY WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891

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K0007	EXTRA HEAVY DUTY WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 300 LBS OR MORE NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891
K0009	OTHER MANUAL WHEELCHAIR/BASE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 300 LBS OR MORE NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
K0019	ARM PAD, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891

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K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, K0813 THRU K0843 OR K0848 THRU K0891
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
K0038	LEG STRAP, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0039
K0039	LEG STRAP, H STYLE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0038
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 OR K0843
K0041	LARGE SIZE FOOTPLATE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
K0042	STANDARD SIZE FOOTPLATE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K001, K002, K0003, K0004, K0005, K0006, K0007, K0009, K0043, K0044, K0045, K0046, K0047, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K001, K002, K0003, K0004, K0005, K0006, K0007, K0009, K0043, K0044, K0045, K0046, K0047, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0045, K0046, K0047 OR K0053
K0045	FOOTREST, COMPLETE ASSEMBLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0046, K0047, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0045, K0047, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891

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DURABLE MEDICAL EQUIPMENT

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990,E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0045, K0046, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891
K0050	RATCHET ASSEMBLY	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, K0813 THRU K0843 OR K0848 THRU K0891
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E0990, E0995,E1009,E1010, K0042, K0043, K0044, K0045, K0046, OR K0047
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRA LIGHTWEIGHT WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
K0065	SPOKE PROTECTORS, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238,E2220, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238,E2220, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238,E2220, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238,E2220, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009
K0073	CASTER PIN LOCK, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	

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K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: E2221, E2222, 32225 OR E2226
K0098	DRIVE BELT FOR POWER WHEELCHAIR	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891
K0105	IV HANGER, EACH	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	NON REIMBURSABLE WITH: E0995, E1009,E1010, K0042, K0043, K0044, K0045, K0046 OR K0047
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	DME	REQUIRED	No Restriction	PRICED		10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: K0607, K0608 OR K0609
K0669	WHEELCHAIR ACCESSORY, SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM SADMERC	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	DME	Required - Beyond Service Limits	No Restriction	PRICED	1 REQUEST PER 5 ROLLING YEARS	RDTP AUTHORIZATION FORM FOR THE DRUG IIPROST/VENTAVIS MUST BE ATTACHED TO CMS 1500 CLAIM FORM DIAGNOSTIC RESTRICTIONS APPLY
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GALSS MAT)	DME	REQUIRED	No Restriction	PRICED	PRIOR AUTHORIZATION PURCHASED	
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	DME	REQUIRED	No Restriction	PRICED		
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	DME	REQUIRED	No Restriction	PRICED		
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009

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K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES COST INVOICE REQUIRED
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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DURABLE MEDICAL EQUIPMENT

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

DURABLE MEDICAL EQUIPMENT

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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DURABLE MEDICAL EQUIPMENT

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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DURABLE MEDICAL EQUIPMENT

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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DURABLE MEDICAL EQUIPMENT

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	DME	REQUIRED	No Restriction	PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891

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Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	DME	REQUIRED	No Restriction	NOT PRICED	1 UNIT PER 5 ROLLING YEARS PRIOR AUTHORIZATION	COST INVOICE REQUIRED 10 MONTH CAP RENTAL NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	DME	REQUIRED	No Restriction	PRICED		

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L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	DME	REQUIRED	Age <= 20 years old	PRICED	2 per lifetime	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME	REQUIRED	Age <= 20 years old	PRICED	2 per year	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME	REQUIRED	Age <= 20 years old	PRICED	2 per year	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME	REQUIRED	Age <= 20 years old	PRICED	2 per year	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME	REQUIRED	Age <= 20 years old	PRICED	2 per year	
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	DME	REQUIRED	Age <= 20 years old	PRICED	2 per lifetime	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	360 per calendar year	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another servcie in the package has been authorized.
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	720 per calendar year	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another servcie in the package has been authorized.
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per calendar year	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another servcie in the package has been authorized.
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per 3 years	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another servcie in the package has been authorized.
L8694	AUDITORY OSSEO INTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	DME	REQUIRED	Age <= 20 years old	PRICED		
T4535	DISPOSABLE LINER/SHIELD/ GUARD/PAD/UNGERSGARMENT, FOR INCONTINENCE, EACH	DME	REQUIRED	No Restriction	PRICED		AVAILABLE ONLY FOR MEMBERS 3 YEARS OR OLDER. WHEN BILLING SINGLE INCONTINENT SUPPLIES (A4520, A4554 OR T4535) OR A COMBINATION OF THE THREE, THE TOTAL MAXIMUM COMBINATION IS 250 ITEMS PER MONTH. NO AUTHORIZATION WILL BE GIVEN OVER THIS MONTHLY ALLOWABLE.
V5014	REPAIR/MODIFICATION OF A HEARING AID	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5050	HEARING AID, MONAURAL, IN THE EAR (ITE)	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5060	HEARING AID, MONAURAL, BEHIND THE EAR (BTE)	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5120	BINAURAL, BODY	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5130	BINAURAL, ITE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED

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V5140	BINAURAL, BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	DME	REQUIRED	Age <= 20 years old	NOT PRICED	1 per five rolling years	COST INVOICE REQUIRED
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	8 per year	
V5266	BATTERY FOR USE IN HEARING DEVICE	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	100 per year	
V5275	EAR IMPRESSION, EACH	DME	Required - Beyond Service Limits	Age <= 20 years old	PRICED	8 per year	

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V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5299	HEARING SERVICE, MISCELLANEOUS	DME	REQUIRED	Age <= 20 years old	NOT PRICED		COST INVOICE REQUIRED
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	DME	REQUIRED	No Restriction	NOT PRICED		COST INVOICE REQUIRED
EPSDT	EPSDT SERVICE	DME	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
OONService	OUT-OF-NETWORK SERVICE	DME	REQUIRED	No Restriction	NOT PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.