

# DME No Authorization Required List

Revised June 1, 2026

- Quantity limits must be within CMS or DMAP benefit limits.
- When able, CareOregon provides quantity limits for reference. These quantity limits are subject to change by CMS/DMAP at any time.
- Quantities exceeding the limits require an authorization for payment.
- For OHP members, diagnosis MUST be above the line (ATL) to be covered without authorization.
- Provider contracts may have different requirements than below.

Procedure Code	Code Description	Quantity
A2001-A2010	Skin Substitutes	
A2019-A2022	Skin Substitutes	
A4206-A4209	Syringes	
A4213-A4215	Syringes	
A4216-A4218	Sterile Water	
A4220-A4223	Infusion Pump Kits/Supplies	
A4224-A4225	Maintenance Insulin Infusion Catheter	
A4232	Insulin Syringes with needle 3 ml	No prior authorization is required for OHP when quantity is 180 units/year.
A4233-A4236	Glucose Monitor- Repl. Battery	No prior authorization is required for OHP when quantity is 1 unit/10 months.
A4244-A4247	Alcohol and Betadine	No prior authorization is required for OHP when quantity is 1 unit/month.
A4253	Test Strips	No prior authorization is required when quantity is 3 units/month. (1 unit = 50 strips)
A4256	Glucose Control Solution	No prior authorization is required when quantity is 1 unit/every 3 months. (1 unit = 1 box)
A4258	Spring-Powered Device for Lancet	No prior authorization is required when quantity is 1 unit/every 3 months.
A4259	Lancets	No prior authorization is required when quantity is 2 units/month. (1 unit = 100 lancets)
A4261	Cervical Cap	
A4262-A4263	Lacrimal Duct Implant	
A4264	Contraceptive	
A4265	Paraffin	
A4266-A4269	Contraceptives	
A4271	Blood Glucose Monitor, supply	
A4287		
A4300-A4306	Vascular Catheters	
A4310-A4316	Indwelling Catheters	No prior authorization is required when quantity is 1 unit/month.
A4320-A4331	Misc Supplies	
A4332	Lubricant	No prior authorization is required when quantity is 200 units/month.
A4333	Adhesive Catheter Anchoring Device	No prior authorization is required when quantity is 20 units/month.
A4334	Catheter Leg Straps	No prior authorization is required when quantity is 1 unit/month.
A4335-A4337	Incontinence Supplies	
A4338	Indwelling Catheter	No prior authorization is required when quantity is 1 unit/month.

Procedure Code	Code Description	Quantity
A4340-A4349	Misc Supplies	
A4351	Straight-Tip Urine Catheter	No prior authorization is required when quantity is 200 units/month.
A4352-A4353	Urinary Catheter Supplies	
A4354-A4355	Catheter /Bladder Insertion Tray	No prior authorization is required when quantity is 1 unit/month.
A4356	External Urethral Clamp/Device	No prior authorization is required when quantity is 1 unit/every 3 months.
A4357-A4358	Bedside Drainage Bag/Vinyl Bag	No prior authorization is required when quantity is 2 units/month.
A4360	Clamp	
A4361-A4435	Ostomy Supplies	
A4436-A4438	Misc Supplies	
A4450-A4456	Tape and Adhesive Remover	
A4457-A4464		
A4465	Non-Elastic Binder	
A4468		
A4470		
A4480-A4483	Misc Supplies	
A4490-A4495		
A4500		
A4510		
A4520		
A4534		
A4550		
A4555-A4559		
A4561-A4565		
A4570		
A4590	Special Casting Material	
A4595	TENS Supplies	No prior authorization is required when quantity is 2 units/month.
A4602-A4620		For code A4604, no prior authorization is required when quantity is 1 unit/every 3 months.
A4623-A4626		
A4627		
A4628-A4629		
A4630-A4633		
A4635-A4638		
A4640-A4649		
A4653-A4670		

Procedure Code	Code Description	Quantity
<b>A4714-A4918</b>		
<b>A4927</b>		Gloves are only covered under OHP. No prior authorization is required when quantity is 200 units/month.
<b>A4928</b>		
<b>A5051-A5093</b>	Ostomy Supplies	
<b>A5102-A5200</b>		
<b>A5500</b>	Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits listed in OAR 410-122-0475.
<b>A5512-A5514</b>	Diabetic Shoes	These codes must be billed with a diagnosis of diabetes and within quantity limits listed in OAR 410-122-0475.
<b>A6010-A6513</b>	Dressings	
<b>A6530-A6533</b>	Compression Stockings	
<b>A6545</b>	Compression wrap, non-elastic	
<b>A6549</b>	Compression Garment	
<b>A6550</b>	Wound Vac Wound Care Kit	
<b>A6553</b>	Compression stockings, below knee	
<b>A6557</b>	Compression stockings, thigh	
<b>A6576</b>	Compression arm sleeve	
<b>A6579</b>	Compression glove	
<b>A6583</b>	Compression wrap with straps	
<b>A6589</b>	Pressure Wrap, Bra	
<b>A6590-A6591</b>	Urinary Catheter with pump	
<b>A6593-A6610</b>	Accessory for Compression Stockings	
<b>A7000-A7007</b>	Misc/Nebulizer Supplies	
<b>A7010-A7018</b>	Nebulizers & Supplies	
<b>A7021-A7023</b>		
<b>A7027</b>	Combo Oral/Nasal Mask	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A7028-A7029</b>	Repl. Oral Cushion/Nasal Pillow Mask	No prior authorization is required when quantity is 2 units/month.
<b>A7030</b>	CPAP Full Face Mask	No prior authorization is required when quantity is 1 unit/every 3 months.
<b>A7031</b>	Repl. Face Mask	No prior authorization is required when quantity is 1 unit/month.
<b>A7032-A7033</b>	Repl. Nasal Cushion/Pillows	No prior authorization is required when quantity is 2 units/month.

Procedure Code	Code Description	Quantity
A7034	Nasal Application Device	No prior authorization is required when quantity is 1 unit/every 3 months.
A7035-A7036	PAP Headgear and Chinstrap	No prior authorization is required when quantity is 1 unit/every 6 months.
A7037	PAP Tubing	No prior authorization is required when quantity is 1 unit/every 3 months.
A7038	PAP Filter	No prior authorization is required when quantity is 2 units/month.
A7039	Filter, Non-Disposable with PAP	No prior authorization is required when quantity is 1 unit/every 6 months.
A7044-A7045	Misc. Respiratory Supplies	
A7046	Repl. Water Chamber, PAP	No prior authorization is required when quantity is 1 unit/every 6 months.
A7047-A7527		
A8000-A8001	Helmet, Protective	
A9155		
A9272	Wound suction, all supplies	
A9276 – A9277	CGM sensor and transmitter	
A9500-A9513		
A9515-A9573		
A9575-A9586		
A9588		
A9589		
A9590		
A9591		
A9598-A9600		
A9602-A9607		
A9609-A9615		
A9697-A9698		
A9700		
B4081-B4083	Nasogastric Tube	
B4088	Gastrostomy/Jejunostomy Tube	
B4150	Enteral Formula	
B4160	Enteral Formula (pediatric)	
C1062		
C1600-C1603		
C1715-C1719		
C1726	Catheter Balloon Dilation	
C1735-C1736		

Procedure Code	Code Description	Quantity
C1738-C1739		
C1747		
C1749		
C1769		
C1772	Infusion Pump	
C1778	Neurostimulator lead/wires	
C1783	Ocular Implant/Drain Device	
C1825		
C1830		
C1839-C1840		
C1874-C1877		
C1878	Vocal Cord Materials	
C1883	Neurostimulatory Adapter/Lead	
C1885-C1886		
C1889	Implantable/Insertable Device	
C1894	Introducer/Sheath	
C1897	Neurostimulator Lead/Test Kit	
C2596	Robotic Waterjet Ab./Probe	
C2616 – C2617	Brachytherapy	
C2623		
C2625		
C2645		
C5271-C5278		
C7500-C7555		
C7556-C7561		
C7564		
C7565		
C7900-C7903		
C8000		
C8001		
C8002		
C8003		
C8006		
C8921-C8924		
C8928-C8930		
C9046		
C9088-C9089		
C9113		
C9143-C9145		

Procedure Code	Code Description	Quantity
C9150		
C9164		
C9173		
C9248		
C9250-C9285		
C9356-C9364		
C9460		
C9462		
C9482		
C9488		
C9507		
C9606		
C9610		
C9733		
C9739-C9740		
C9756		
C9761		
C9768		
C9780		
C9789-C9790		
C9793-C9797		
C9898-C9899		
C9901		
D7241		
E0100-E0117	Canes and Crutches	
E0118		No auth is required for COA members. Authorization is required for OHP coverage.
E0130-E0149	Walkers	
E0153-E0159	Walker Attachments	
E0160-E0162	Sitz Type Bath Equipment	
E0163-E0168	Commode Chairs	
E0188-E0190	Decubitus Care Equipment	
E0191	Heel/Elbow Protector	
E0200-E0202	Phototherapy (Bilirubin) Light	
E0205-E0215	Heating/Cooling Accessories	
E0240-E0248	Bath Supplies	
E0260	Hospital Bed	
E0275-E0276	Bed Pan	
E0325-E0326	Urinals	

Procedure Code	Code Description	Quantity
E0370	Air Pressure Elevator for Heel	
E0424	Stationary gaseous oxygen system	
E0431	Portable gaseous oxygen system	Any agreements on rental to purchase apply.
E0434	Portable liquid oxygen system	Any agreements on rental to purchase apply.
E0445	Oximeter device	
E0465-E0468		
E0465-E0467	Ventilators	
E0562	Humidifier	
E0570	Nebulizers & Supplies	
E0600	Respiratory Suction Pump	
E0602-E0603	Breast Pump	
E0604-E0605	Vaporizer	
E0607	Glucose Monitor	No prior authorization is required when quantity is 1 unit/2 years.
E0618	Apnea Monitor	This is covered for no more than 90 days for OHP members.
E0621	Sling or Seat, patient lift	
E0630	Patient Lift, hydraulic/mechanic	
E0635-E0642	Patient Lifts and support systems	
E0650-E0651	Pneumatic compressor	
E0667	Pneumatic appliance, full leg	
E0700		
E0705	Transfer Device	
E0711	Upper Extremity Device	
E0766-E0770	Electrical stimulation devices	
E0776-E0780	Infusion Supplies	
E0951	Wheelchair Accessory, heel loops	
E0961	Wheelchair Accessory, brake extension	
E0971	Wheelchair Accessory, anti-tipping	
E0973	Wheelchair Accessory, detachable armrest	
E0978	Wheelchair Accessory, pelvic strap/belt	
E1390	Oxygen Concentrator	Any agreements on rental to purchase apply.
E1392	Portable Oxygen Concentrator	
E1629		

Procedure Code	Code Description	Quantity
E1803-E1804		
E1807-E1808		
E1813-E1814		
E1822-E1823		
E1827-E1829		
E2001		
E2402	Negative Pressure Wound pump	
E2513		
E2601	Wheelchair Seat Cushion	
E2611		
E3000		
G0008-G0128		
G0130		
G0136		
G0137		
G0140-G0148		
G0157	Home Health	
G0162		
G0166-G0186		
G0237-G0250		
G0255		
G0259		
G0268		
G0269		
G0270		
G0271		
G0278		
G0279		
G0281		
G0282		
G0283		
G0288		
G0289		
G0293		
G0294		
G0295		
G0296		
G0299		
G0300		

Procedure Code	Code Description	Quantity
G0302		
G0303		
G0304		
G0305		
G0306		
G0307		
G0310		
G0311		
G0312		
G0313		
G0314		
G0315		
G0316		
G0317		
G0318		
G0320		
G0321		
G0322		
G0323		
G0328		
G0329		
G0330		
G0331		
G0333		
G0337		
G0339		
G0340		
G0341		
G0342		
G0343		
G0372		
G0378		
G0379		
G0380		
G0381		
G0382		
G0383		
G0384		
G0390		

Procedure Code	Code Description	Quantity
G0396		
G0397		
G0402		
G0403		
G0404		
G0405		
G0406		
G0407		
G0408		
G0409		
G0410		
G0411		
G0412		
G0413		
G0414		
G0415		
G0416		
G0420		
G0421		
G0422		
G0423		
G0425-G0447		
G0451		
G0452		
G0459-G0476		
G0480		
G0481-G0483		
G0490-G0514		
G0516-G0659		
G0913-G2025		
G2067-G2075		No auth is required for COA members. Authorization is required for OHP coverage.
G2076-G2081		
G2086-G2101		
G2105-G2167		
G2169		
G2172-G2216		
G2250-G2252		
G3002-G3003		

Procedure Code	Code Description	Quantity
G4000-G4038		
G6001-G8694		
G8708-G9005		
G9007-G9891		
G9895-G9999		
K0001	Standard Wheelchair	
K0042	Wheelchair Parts	
K0045	Wheelchair Parts	
K0051-K0052	Wheelchair Parts	
K0195	Wheelchair Leg Rest	
K0738	Portable Gas Oxygen System	
K1037		
L0120	Cervical Collar	
L0130	Cervical Collar	
L0140	Cervical Collar	
L0150	Cervical Collar	
L0160	Cervical Collar	
L0170	Cervical Collar	
L0172	Cervical Collar	
L0174	Cervical Collar	
L0180	Cervical, Post Collar	
L0464	Thoracic-Lumbar-Sacral Orthosis	
L0621	Sacroiliac Orthosis	
L0625	Lumbar Orthosis	
L0627	Lumbar Orthosis	
L0631	Lumbar-Sacral Orthosis	
L0641-L0642	Lumbar Orthosis	
L0650	Lumbar-sacral Orthosis	
L1006		
L1320		
L1499	Spinal Orthosis	
L1652-L1653	Hip Orthosis	
L1690	Combination, bilateral orthosis	
L1810-L1833	Knee Orthotic	
L1843	Knee Orthotic	
L1845-L1846	Knee Orthotic	
L1851-L1852	Knee Orthotic	
L1902	Ankle-Foot Orthotic	
L1906	Ankle-Foot Orthotic	

Procedure Code	Code Description	Quantity
L1932	Ankle-Foot Orthotic	
L1951	Ankle-Foot Orthotic	
L1971	Ankle-Foot Orthotic	
L2112	Ankle-Foot Orthotic	
L2114	Ankle-Foot Orthotic	
L2200	Addition to Orthotic, Ankle	
L2210	Addition to Orthotic, Lower	
L2220	Addition to Orthotic, Lower	
L2270	Addition to Orthotic, Lower	
L2275	Addition to Prosthetic, Lower	
L2280	Addition to Prosthetic, Lower Boot	
L2340	Addition to Prosthetic, Pre-Tibial	
L2350	Addition to Prosthetic, Lower	
L2370	Addition to Orthotic, Lower	
L2397	Addition to Orthotic, Sleeve	
L2760	Addition to Orthotic, Lower	
L2861		
L2999	Orthotic, Lower Extremity	
L3000	Foot Insert, Molded	
L3010	Foot Insert, Molded	
L3020	Foot Insert, Molded	
L3216	Orthopedic Footwear, inlay	
L3221	Silicone Gel, foot insert	
L3224	Orthopedic Footwear	
L3260-L3265	Surgical Boot/Shoe/Sandal	
L3300	Lift, Elevation, Heel, Tapered	
L3310	Lift, Elevation, Heel/Sole, neoprene	
L3320	Lift, Elevation, Heel/Sole, cork	
L3332	Lift, Elevation, Inside Shoe	
L3360	Sole Wedge, outside	
L3400	Bar Wedge, Rocker	
L3485	Heel, pad, removable	
L3540	Orthopedic shoe addition, sole	
L3650-L3670	Shoulder Orthotic	
L3761-L3762	Elbow Orthotic	
L3807	Orthotic	
L3809	Orthotic	

Procedure Code	Code Description	Quantity
<b>L3906 - L3908</b>	Orthotic	
<b>L3923</b>	Orthotic	
<b>L3924</b>	Orthotic	
<b>L3929</b>	Orthotic	
<b>L3960</b>	Orthotic	
<b>L3980</b>		
<b>L3982-L3984</b>	Orthotics	
<b>L4002</b>	Orthotic replacement strap	
<b>L4205</b>	Repair of Orthotic Device, Labor	
<b>L4210</b>	Repair of Orthotic Device	
<b>L4350-L4361</b>	Orthotics/Walking Boot	
<b>L4386-L4387</b>	Walking boot	
<b>L4396-L4397</b>	Orthotic	
<b>L5000</b>	Partial Foot Shoe Insert	
<b>L5783</b>		
<b>L8000-L8002</b>	Breast Prosthesis, Mastectomy Bra	
<b>L8010</b>	Breast Prosthesis, sleeve	
<b>L8047</b>	Nasal Septal Prosthesis	
<b>L8310</b>	Truss, double with standard pads	
<b>L8420-L8435</b>	Prosthetic Sock	
<b>L8470-L8485</b>	Prosthetic Sock	
<b>L8501</b>	Tracheostomy Speaking Valve	
<b>L8607</b>		
<b>L8614</b>	Cochlear Device	
<b>L8678</b>		
<b>L8721</b>		
<b>M0201-M0223</b>	Injections	
<b>M0240-M0250</b>	Infusions and Injections	
<b>M1003-M1425</b>	Misc services, assessments and management	
<b>P3000-P7001</b>	Screenings and cultures	
<b>P9010-P9040</b>	Blood products	
<b>P9041</b>	Albumin Infusion	
<b>P9043</b>	Plasma Infusion	
<b>P9046-P9048</b>	Albumin Infusion	
<b>P9050-P9615</b>	Blood and plasma products	
<b>Q0091</b>		Auth Required for OHP / No Auth for COA
<b>Q0092-Q0138</b>		

Procedure Code	Code Description	Quantity
Q0144-Q0180		
Q0249-Q2017		
Q2034-Q2039		
Q3001-Q3014		
Q3031		
Q4001-Q4051	Casting supplies	
Q4081-Q4113		
Q4115-Q4138		
Q4140-Q4143		
Q4146-Q4148		
Q4150-Q4182		
Q4184-Q4222	Skin Substitutes	
Q4226		
Q4265-Q4289		
Q4291-Q4304		
Q5001-Q5101		
Q5105		
Q5108		
Q5110-Q5111		
Q5115		
Q5119-Q5120		
Q5127		
Q5130		
Q9004-Q9992		
S0157-S0595	Miscellaneous	
S0601-S1016	Screenings and Exams	
S2053-S2079	Misc surgical services, transplants	
S3000	Retinal Eye Exam	
S3620-S3722		
S3841	Genetic Testing/Retinoblastoma	
S4005		
S4981		
S4989		
S4993		
S5010		
S5165		
S5497-S5501		
S5517	HIT/Cath patency, de clot	

Procedure Code	Code Description	Quantity
S5520-S8035		
S8040		
S8055-S8131		
S8189	Tracheostomy Supply	
S8210		
S8265	Haberman Feeder	
S8490	Insulin Syringes	No prior authorization for OHP is required when quantity is 5 units/3 months. (1 unit = 100 syringes)
S9083		
S9098		
S9123-S9124		
S9141		
S9150	Evaluation by Occularist	
S9152	Speech Therapy, re-evaluation	
S9325-S9336	Home Therapy	
S9341	Home Infusion Therapy	
S9348-S9351	Home Infusion Therapy	
S9364		
S9373-S9449		
S9452-S9476	Nutrition Classes	
S9482-S9504		
S9991	Phase III Clin Trial Services	
T1001 – T1004	RN/LPN/Aide Services	
T1006 – T1004		
T1006 – T1007		
T1015 - T1017	Clinic Visits	
T1023		
T1032-T1033		
T1040-T1041		
T1502		
T2004-T2005		
T2028-T2029		
T2042-T2045		
T4521-T4544	Incontinence Supplies	T4543 – T4544 require an authorization for COA members.
V2020-V2315		
V2320		
V2399		
V2410-V2523		

Procedure Code	Code Description	Quantity
V2530-V2531		
V2599		
V2624	Polishing/resurfacing of ocular prosthesis	
V2632	Posterior Chamber/Lens	
V5011		
V5014	Repair/Modification of Hearing Aids	
V5020	Conformity evaluation- hearing, vision, speech	
V5261	Binaural Hearing Aid/BTE	
V5264	Ear molds/inserts	
V5266	Hearing Aid Batteries	No prior authorization is required for OHP when quantity is 120 units/year (bilateral).
V5274	Assistive Learning Device	
V5275	Ear impression	
V5362-V5364		

## Changes summary

For changes, see the archived documents on Provider website.

<https://www.careoregon.org/providers/physical-health-providers/cpt-and-dme-archive>

**NOTE:** The use of an identified code and modifier above is no guarantee of payment. Payment for a given supply or service is based on eligibility, authorizations, and clinical criteria that may apply to a code and/or code set.