

DME No Authorization Required List

Revised July 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 |
|--------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------|
| A4714-A4918 | | |
| A4927 | | Gloves are only covered under OHP. No prior authorization is required when quantity is 200 units/month. |
| A4928 | | |
| A5051-A5093 | Ostomy Supplies | |
| A5102-A5200 | | |
| A5500 | Diabetic Shoes | These codes must be billed with a diagnosis of diabetes and within quantity limits listed in OAR 410-122-0475. |
| A5512-A5514 | Diabetic Shoes | These codes must be billed with a diagnosis of diabetes and within quantity limits listed in OAR 410-122-0475. |
| A6010-A6513 | Dressings | |
| A6530-A6533 | Compression Stockings | |
| A6545 | Compression wrap, non-elastic | |
| A6549 | Compression Garment | |
| A6550 | Wound Vac Wound Care Kit | |
| A6553 | Compression stockings, below knee | |
| A6557 | Compression stockings, thigh | |
| A6576 | Compression arm sleeve | |
| A6579 | Compression glove | |
| A6583 | Compression wrap with straps | |
| A6589 | Pressure Wrap, Bra | |
| A6590-A6591 | Urinary Catheter with pump | |
| A6593-A6610 | Accessory for Compression Stockings | |
| A7000-A7007 | Misc/Nebulizer Supplies | |
| A7010-A7018 | Nebulizers & Supplies | |
| A7021-A7023 | | |
| A7027 | Combo Oral/Nasal Mask | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A7028-A7029 | Repl. Oral Cushion/Nasal Pillow Mask | No prior authorization is required when quantity is 2 units/month. |
| A7030 | CPAP Full Face Mask | No prior authorization is required when quantity is 1 unit/every 3 months. |
| A7031 | Repl. Face Mask | No prior authorization is required when quantity is 1 unit/month. |
| A7032-A7033 | 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 | | |
| C1605 | | Auth Required for OHP / No Auth for COA |
| C1715-C1719 | | |
| C1726 | Catheter Balloon Dilation | |

| Procedure Code | Code Description | Quantity |
|----------------|-------------------------------|-----------------------------------------|
| C1735-C1736 | | Auth Required for OHP / No Auth for COA |
| C1738-C1739 | | |
| C1740 | | Auth Required for OHP / No Auth for COA |
| C1747 | | |
| C1749 | | |
| C1769 | | |
| C1772 | Infusion Pump | |
| C1778 | Neurostimulator lead/wires | |
| C1783 | Ocular Implant/Drain Device | |
| C1825 | | Auth Required for OHP / No Auth for COA |
| C1830 | | |
| C1839 | | Auth Required for OHP / No Auth for COA |
| 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 | | |
| C7557 | | Auth Required for OHP / No Auth for COA |
| C7560 | | |
| C7561 | | |
| C7564 | | |
| C7565 | | |
| C7900-C7903 | | |
| C8000 | | |
| C8001 | | Auth Required for OHP / No Auth for COA |
| C8002 | | |
| C8003 | | Auth Required for OHP / No Auth for COA |

| Procedure Code | Code Description | Quantity |
|----------------|--------------------|-------------------------------------------------------------------------------------|
| C8006 | | |
| C8921-C8924 | | |
| C8928-C8930 | | |
| C9046 | | |
| C9088-C9089 | | |
| C9113 | | |
| C9143-C9145 | | |
| C9150 | | |
| C9164 | | |
| C9173 | | |
| C9248 | | |
| C9250-C9285 | | |
| C9356-C9364 | | |
| C9460 | | |
| C9462 | | |
| C9482 | | |
| C9488 | | |
| C9507 | | |
| C9606 | | |
| C9610 | | |
| C9733 | | Auth Required for OHP / No Auth for COA |
| C9739-C9740 | | |
| C9756 | | Auth Required for OHP / No Auth for COA |
| C9761 | | |
| C9768 | | |
| C9780 | | |
| C9785 | | Auth Required for OHP / No Auth for COA |
| C9789-C9790 | | |
| C9791 | | Auth Required for OHP / No Auth for COA |
| C9793 | | Auth Required for OHP / No Auth for COA |
| C9796 | | |
| 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 | |

| Procedure Code | Code Description | Quantity |
|----------------|-----------------------------------|---------------------------------------------------------------------|
| 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 | |
| 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 | Auth Required for OHP / No Auth for COA |
| E0667 | Pneumatic appliance, full leg | Auth Required for OHP / No Auth for COA |
| E0700 | | |
| E0705 | Transfer Device | |
| E0711 | Upper Extremity Device | |
| E0766-E0770 | Electrical stimulation devices | |
| E0776-E0780 | Infusion Supplies | |

| Procedure Code | Code Description | Quantity |
|----------------|------------------------------------------|---------------------------------------------|
| 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 | | |
| E1803-E1804 | | |
| E1807-E1808 | | |
| E1813-E1814 | | |
| E1822-E1823 | | |
| E1827-E1829 | | |
| E2001 | | |
| E2402 | Negative Pressure Wound pump | |
| E2513 | | |
| E2601 | Wheelchair Seat Cushion | |
| E2611 | | |
| E3000 | | |
| G0008 | | |
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| G0030 | | |
| G0031 | | |

| Procedure Code | Code Description | Quantity |
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| G0032 | | |
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| G0065 | | |
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| G0067 | | |
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| G0069 | | Auth Required for OHP / No Auth for COA |
| G0070 | | |
| G0076 | | |

| Procedure Code | Code Description | Quantity |
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| G0077 | | |
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| G0080 | | |
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| G0090 | | |
| G0101 | | |
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| G0121 | | |
| G0123 | | |
| G0124 | | |
| G0127 | | |
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| G0130 | | |
| G0136 | | |
| G0137 | | |
| G0140-G0148 | | |
| G0157 | Home Health | |
| G0162 | | |
| G0166-G0186 | | |
| G0237-G0250 | | |
| G0255 | | |
| G0259 | | |
| G0268 | | |

| Procedure Code | Code Description | Quantity |
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| G0269 | | |
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| Procedure Code | Code Description | Quantity |
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| G0337 | | |
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| G0340 | | |
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| G0425-G0447 | | |
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| Procedure Code | Code Description | Quantity |
|--------------------|------------------|-----------------------------------------|
| G0459-G0476 | | |
| G0459 | | |
| G0460 | | Auth Required for OHP / No Auth for COA |
| G0463 | | |
| G0465 | | Auth Required for OHP / No Auth for COA |
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| Procedure Code | Code Description | Quantity |
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| G0537 | | |
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| G0555 | | Auth Required for OHP / No Auth for COA |
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| G0562 | | |
| G0563 | | |
| G0567 | | |
| 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 | | |
| G4000-G4038 | | |
| G6001-G8694 | | |

| Procedure Code | Code Description | Quantity |
|----------------|---------------------------------|----------|
| 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 | |
| L1932 | Ankle-Foot Orthotic | |
| L1951 | Ankle-Foot Orthotic | |

| Procedure Code | Code Description | Quantity |
|----------------|--------------------------------------|----------|
| 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 | |
| L3906 - L3908 | Orthotic | |
| L3923 | Orthotic | |

| Procedure Code | Code Description | Quantity |
|----------------|-------------------------------------------|-----------------------------------------|
| L3924 | Orthotic | |
| L3929 | Orthotic | |
| L3960 | Orthotic | |
| L3980 | | |
| L3982-L3984 | Orthotics | |
| L4002 | Orthotic replacement strap | |
| L4205 | Repair of Orthotic Device, Labor | |
| L4210 | Repair of Orthotic Device | |
| L4350-L4361 | Orthotics/Walking Boot | |
| L4386-L4387 | Walking boot | |
| L4396-L4397 | Orthotic | |
| L5000 | Partial Foot Shoe Insert | |
| L5783 | | |
| L8000-L8002 | Breast Prosthesis, Mastectomy Bra | |
| L8010 | Breast Prosthesis, sleeve | |
| L8047 | Nasal Septal Prosthesis | |
| L8310 | Truss, double with standard pads | |
| L8420-L8435 | Prosthetic Sock | |
| L8470-L8485 | Prosthetic Sock | |
| L8501 | Tracheostomy Speaking Valve | |
| L8607 | | |
| L8614 | Cochlear Device | |
| L8678 | | |
| L8721 | | |
| M0201-M0223 | Injections | |
| M0240-M0250 | Infusions and Injections | |
| M1003-M1425 | Misc services, assessments and management | |
| P3000-P7001 | Screenings and cultures | |
| P9010-P9040 | Blood products | |
| P9041 | Albumin Infusion | |
| P9043 | Plasma Infusion | |
| P9046-P9048 | Albumin Infusion | |
| P9050-P9615 | Blood and plasma products | |
| Q0091 | | Auth Required for OHP / No Auth for COA |
| Q0092-Q0138 | | |
| Q0144-Q0180 | | |
| Q0249-Q2017 | | |

| Procedure Code | Code Description | Quantity |
|----------------|----------------------------------------|----------|
| 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 | |
| S5520-S8035 | | |
| S8040 | | |

| Procedure Code | Code Description | Quantity |
|----------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|
| 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 Ocularist | |
| 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 | | |
| V2530-V2531 | | |
| V2599 | | |

| Procedure Code | Code Description | Quantity |
|----------------|------------------------------------------------|-----------------------------------------------------------------------------------------|
| 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.