



## Medica Durable Medical Equipment (DME) Top Codes for Providers

**Disclaimer:** These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this will apply unless those programs require different coverage. Members may contact Medica Member Services at the phone number listed on their member ID card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1 (800) 458-5512.

Medica Utilization Management and Prior Authorization policies may apply.

- Mayo Medical Plan requires Prior Authorization for DME items over \$3000 with the exception of Mayo Providers.
- Please refer to [Medica.com/Provider/Policies and Guidelines/Utilization Management and Prior Authorization](https://www.medicamn.com/Provider/Policies%20and%20Guidelines/Utilization%20Management%20and%20Prior%20Authorization).

Medica has the following Utilization Management Policies related to DME:

- [Bone Growth Stimulators \(III-DEV.07\)](#)
- [Microprocessor Controlled Knee Prostheses, with or without Polycentric, Three-Dimensional Endoskeletal Hip Joint System \(IIIDEV.17\)](#)
- [High Frequency Chest Wall Compression \(HFCWC\) Devices \(III-DEV.20\)](#)
- [Wheelchairs, Scooters and Accessories Medical Policy \(III-DEV.25\)](#)

The Durable Medical Equipment (DME) Coverage Policy may apply.

- Please refer to [Medica.com/Provider/Policies and Guidelines/Coverage Policies](https://www.medicamn.com/Provider/Policies%20and%20Guidelines/Coverage%20Policies).



Codes listed below are listed for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list is not all-inclusive.

Category/Item	HCPCS Code	Description of Item	Commercial/IFB Products Coverage	Medicare Products Coverage	Medicaid Products Coverage	Link to policy if applicable, plus additional information
Breast Pumps	E0602	Breast pump, manual, any type	Yes - Limited to 1 per pregnancy	Yes - Limited to 1 per pregnancy	Yes - Limited to 1 per pregnancy	
	E0603	Breast pump, electric (AC and/or DC), any type	Yes - Limited to 1 per pregnancy	Yes - Limited to 1 per pregnancy	Yes - Limited to 1 per pregnancy	
	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	Yes - Limited to 1 per pregnancy	Yes - Limited to 1 per pregnancy	Yes - Limited to 1 per pregnancy	
CPAP	E0601	Continuous positive airway pressure (CPAP) device	Yes - Refer to the Medica coverage policy	Yes - Refer to the Medicare LCD for coverage information	Yes - Refer to the Medica coverage policy	<p><a href="#"><u>Home Use of Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP) for Sleep Apnea</u></a></p> <p><b>Note:</b> a maximum rental period of two months per Medica's coverage policy.</p> <p>Medicare products follow Medicare guidelines which are subject to a 13-month cap rental.</p>
CPAP, BIPAP and Supplies	A7030	Full face mask used with positive airway pressure device, each	Yes - Limited to 1 per 3 mos.	Yes - Limited to 1 per 3 mos.	Yes - Limited to 3 per year	For Medicare products, please refer to the LCD for coverage requirements.
	A7031	Face mask interface, replacement for full face mask, each	Yes - Limited to 1 per month	Yes - Limited to 1 per month	Yes - Limited to 2 per month	For Medicare products, please refer to the LCD for coverage requirements.

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<b>CPAP, BIPAP and Supplies</b>	A7032	Cushion for use on nasal mask interface, replacement only, each	Yes - Limited to 2 per month	Yes - Limited to 2 per month	Yes - Limited to 2 per month	For Medicare products, please refer to the LCD for coverage requirements.
	A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes - Limited to 2 per month	Yes - Limited to 2 per month	Yes - Limited to 2 per month	For Medicare products, please refer to the LCD for coverage requirements.
	A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Yes - Limited to 1 per 3 mos.	Yes - Limited to 1 per 3 mos.	Yes - Limited to 3 per year	For Medicare products, please refer to the LCD for coverage requirements.
	A7035	Headgear used with positive airway pressure device	Yes - Limited to 1 per 6 mos.	Yes - Limited to 1 per 6 mos.	Yes - Limited to 3 per year	For Medicare products, please refer to the LCD for coverage requirements.
	A7037	Tubing used with positive airway pressure device	Yes - Limited to 1 per 3 mos.	Yes - Limited to 1 per 3 mos.	Yes - Limited to 1 per month	For Medicare products, please refer to the LCD for coverage requirements.
	A7038	Filter, disposable, used with positive airway pressure device	Yes - Limited to 2 per month	Yes - Limited to 2 per month	Yes - Limited to 2 per month	For Medicare products, please refer to the LCD for coverage requirements.

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<b>CPAP, BIPAP and Supplies</b>	A4604	Tubing with integrated heating element for use with positive airway pressure device	Yes - Limited to 1 per month	Yes - Limited to 1 per 3 mos.	Yes - Limited to 1 per 3 mos.	For Medicare products, please refer to the LCD for coverage requirements.
	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes - Limited to 1 per 6 mos.	Yes - Limited to 1 per 6 mos.	Yes - Limited to 1 per 3-6 mos.	For Medicare products, please refer to the LCD for coverage requirements.
<b>Respiratory Assist Device (RAD)</b>	E0470	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes - Limited to 1 every 5 years	Yes - Limited to 1 every 5 years	Yes - Limited to 1 every 5 years	For Medicare products, please refer to the LCD for coverage requirements.
	E0471	Respiratory assist device, bilevel pressure capability with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask	Yes - Limited to 1 every 5 years	Yes - Limited to 1 every 5 years	Yes - Limited to 1 every 5 years	For Medicare products, please refer to the LCD for coverage requirements.

Category/Item	HCPCS Code	Description of Item	Commercial/IFB Products Coverage	Medicare Products Coverage	Medicaid Products Coverage	Link to policy if applicable, plus additional information
		(intermittent assist device with continuous positive airway pressure)				
<b>Respiratory Assist Device (RAD)</b>	E0470	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes - Limited to 1 every 5 years	Yes - Limited to 1 every 5 years	Yes - Limited to 1 every 5 years	For Medicare products, please refer to the LCD for coverage requirements.
<b>Enteral Formula</b>	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes - Refer to the Medica Utilization Management Policy	Yes - Refer to the Medica Utilization Management Policy	Yes - Refer to the Medica Utilization Management Policy	<b><u><a href="#">Outpatient Enteral Nutrition Therapy (III-MED.03)</a></u></b> For Medicare products excluding Medicare Advantage, please refer to the LCD for coverage requirements.

	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes - Refer to the Medica Utilization Management Policy	Yes - Refer to the Medica Utilization Management Policy	Yes - Refer to the Medica Utilization Management Policy	<b><u>Outpatient Enteral Nutrition Therapy (III-MED.03)</u></b>  For Medicare products excluding Medicare Advantage, please refer to the LCD for coverage requirements.
<b>Category/Item</b>	<b>HCPCS Code</b>	<b>Description of Item</b>	<b>Commercial/IFB Products Coverage</b>	<b>Medicare Products Coverage</b>	<b>Medicaid Products Coverage</b>	<b>Link to policy if applicable, plus additional information</b>
<b>Orthopedic Footwear Inserts</b>	L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Yes - Limited to 4 per year	Yes - Refer to the LCD for coverage information	Yes - Limited to 4 per year	For Medicare products, please refer to the LCD for coverage requirements.  *MN DHS covers for inserts when the shoe is an integral part of a leg brace or certain medical conditions.
	L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Yes - Limited to 2 per month	Yes - Refer to the LCD for coverage information	Yes - Limited to 4 per year	For Medicare products, please refer to the LCD for coverage requirements.  *MN DHS covers for inserts when the shoe is an integral part of a leg brace or certain medical conditions.
	L3020	Foot insert, removable, molded to patient model,	Yes - Limited to 2 per month	Yes - Refer to the LCD for	Yes - Limited to 4 per year	For Medicare products, please refer to the LCD for coverage requirements.

Category/Item	HCPCS Code	Description of Item	Commercial/IFB Products Coverage	Medicare Products Coverage	Medicaid Products Coverage	Link to policy if applicable, plus additional information
		longitudinal/metatarsal support, each		coverage information		*MN DHS covers for inserts when the shoe is an integral part of a leg brace or certain medical conditions.
<b>Oxygen</b>	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Yes	Yes	Yes	36-month rental only  For Medicare products, please refer to the LCD for coverage requirements.
	E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Yes	Yes	Yes	36-month rental only  For Medicare products, please refer to the LCD for coverage requirements.
	E1392	Portable oxygen concentrator, rental	Yes	Yes	Yes	36-month rental only  For Medicare products, please refer to the LCD for coverage requirements.
<b>Walkers</b>	E0130	Walker, rigid (pickup), adjustable or fixed height	Yes	Yes	Yes	Available for rental or purchase. Rental allowed up to two months and the 3rd month must be purchased.



	E0135	Walker, folding (pickup), adjustable or fixed height	Yes	Yes	Yes	Available for rental or purchase. Rental allowed up to two months and the 3rd month must be purchased.
<b>Category/Item</b>	<b>HCPCS Code</b>	<b>Description of Item</b>	<b>Commercial/IFB Products Coverage</b>	<b>Medicare Products Coverage</b>	<b>Medicaid Products Coverage</b>	<b>Link to policy if applicable, plus additional information</b>
<b>Wheelchairs</b>	K0001	Standard wheelchair	Yes - Refer to the Medica Utilization Management Policy	Yes - Refer to the Medica Utilization Management Policy	Yes - Refer to the Medica Utilization Management Policy	<a href="#"><b><u>Wheelchairs, Scooters, and Accessories (III-DEV.25)</u></b></a>

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