



MVP Health Care Non-Covered Items

11/2/2023

Use this list to determine specific coverage variations by each line of business. Codes that are not covered will be denied. Please refer to the MVP Durable Medical Equipment Prior Authorization List to determine if a code requires prior authorization.

HCPCS Code	Description	Commercial	ASO	Medicare	Medicaid
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	not covered	not covered	not covered	not covered
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	covered	covered	not covered	covered
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	not covered	not covered	not covered	not covered
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	not covered	not covered	not covered	covered
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	not covered	not covered	not covered	covered
A4510	SURGICAL STOCKINGS FULL-LENGTH, EACH	not covered	not covered	not covered	covered
A4520	INCONTINENCE GARTMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	not covered	not covered	not covered	not covered
A4554	DISPOSABLE UNDERPADS, ALL SIZES	not covered	not covered	not covered	covered
A4575	TOPICAL HYPERBARIC OXYGEN CHAMGER, DISPOSABLE	not covered	not covered	not covered	covered
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	covered	covered	not covered	not covered
A6000	NON CONTACT WOUND-WARMING WOUND COVER FOR USE WITH THE NON CONTACT WOUND-WARMING DEVICE AND WARMING CARD	covered	covered	not covered	not covered
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	covered	covered	not covered	covered
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	covered	covered	not covered	covered
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	covered	covered	not covered	covered
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMGH, EACH	covered	covered	not covered	covered
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	covered	covered	not covered	covered
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	covered	covered	not covered	covered
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	covered	covered	not covered	covered
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	covered	covered	not covered	covered
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	covered	covered	not covered	covered
A6542	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	covered	covered	not covered	not covered
A6543	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	covered	covered	not covered	not covered
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	covered	covered	not covered	covered
A6549	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	covered	covered	not covered	covered
A9270	NONCOVERED ITEM OR SERVICE	not covered	not covered	not covered	not covered
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	covered	covered	not covered	covered
A9276	SENSOR, INVASIVE, DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	covered	covered	not covered	covered

HCPCS Code	Description	Commercial	ASO	Medicare	Medicaid
A9277	TRANSMITTER, EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	covered	covered	not covered	covered
A9278	RECEIVER (MONITOR), EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	covered	covered	not covered	covered
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	not covered	not covered	not covered	not covered
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	not covered	not covered	not covered	not covered
A9282	WIG, ANY TYPE, EACH	covered	Check for benefits	not covered	covered
A9300	EXERCISE EQUIPMENT	not covered	not covered	not covered	not covered
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	covered	covered	not covered	covered
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	not covered	not covered	not covered	not covered
E0191	HEEL OR ELBOW PROTECTOR, EACH	covered	covered	not covered	covered
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	not covered	not covered	not covered	not covered
E0220	HOT WATER BOTTLE	not covered	not covered	not covered	not covered
E0230	CAP OR COLLAR	not covered	not covered	not covered	not covered
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING CARD AND WOUND COVER	not covered	not covered	not covered	not covered
E0232	WARMING CARD FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND NON-CONTACT WOUND WARMING WOUND COVER	not covered	not covered	not covered	not covered
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	not covered	not covered	not covered	covered
E0241	BATH TUB WALL RAIL, EACH	not covered	not covered	not covered	covered
E0242	BATH TUB RAIL, FLOOR BASE	not covered	not covered	not covered	not covered
E0243	TOILET RAIL, EACH	not covered	not covered	not covered	covered
E0244	RAISED TOILET SEAT	not covered	not covered	not covered	covered
E0245	TUB STOOL OR BENCH	not covered	not covered	not covered	covered
E0246	TRANSFER TUB RAIL ATTACHMENT	not covered	not covered	not covered	covered
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	not covered	not covered	not covered	covered
E0248	TRANSFER BENCH, HEAVY-DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	not covered	not covered	not covered	covered
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME WITH MATTRESS	not covered	not covered	not covered	not covered
E0273	BED BOARD	not covered	not covered	not covered	not covered
E0274	OVER-BED TABLE	not covered	not covered	not covered	covered
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	not covered	not covered	not covered	not covered
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	not covered	not covered	not covered	covered
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	not covered	not covered	not covered	not covered
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	not covered	not covered	not covered	covered
E0638	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	not covered	not covered	not covered	covered
E0641	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	not covered	not covered	not covered	covered

HCPCS Code	Description	Commercial	ASO	Medicare	Medicaid
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	not covered	not covered	not covered	covered
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	not covered	not covered	not covered	covered
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST, OR ANKLE)	not covered	not covered	not covered	covered
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE (CPM) FOR USE OTHER THAN KNEE	not covered	not covered	not covered	not covered
E1300	WHIRLPOOL, NON-PORTABLE (OVERTUB TYPE)	not covered	not covered	not covered	not covered
L0210	THORACIC RIB BELT	not covered	not covered	not covered	not covered
L1800	KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED	not covered	not covered	not covered	not covered
L1815	KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL, WITH CONDYLAR PADS, PREFABRICATED	not covered	not covered	not covered	not covered
L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED	not covered	not covered	not covered	not covered
L1901	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED	not covered	not covered	not covered	not covered
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD, EACH	not covered	not covered	not covered	covered
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY, EACH	not covered	not covered	not covered	covered
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY, EACH	not covered	not covered	not covered	covered
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD, EACH	not covered	not covered	not covered	covered
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY, EACH	not covered	not covered	not covered	covered
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY, EACH	not covered	not covered	not covered	covered
L3651	SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED	not covered	not covered	not covered	not covered
L3652	SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED	not covered	not covered	not covered	not covered
L3700	ELBOW ORTHOSIS ELASTIC WITH STAYS, PREFABRICATED	not covered	not covered	not covered	not covered
L3701	ELBOW ORTHOSIS, ELASTIC, PREFABRICATED	not covered	not covered	not covered	not covered
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICATED	not covered	not covered	not covered	not covered
L3911	WRIST HAND ORTHOSIS, ELASTIC, PREFABRICATED	not covered	not covered	not covered	not covered
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	not covered	not covered	not covered	not covered
L7900	MALE VACUUM ERECTION SYSTEM	covered	covered	not covered	covered
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT	covered	covered	not covered	covered
V2025	DELUXE FRAME	not covered	not covered	not covered	not covered
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	not covered	not covered	not covered	covered
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	not covered	not covered	not covered	covered
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM	not covered	not covered	not covered	covered
V2702	DELUXE LENS FEATURE	not covered	not covered	not covered	not covered
V2760	SCRATCH RESISTANT COATING, PER LENS	not covered	not covered	not covered	not covered
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	not covered	not covered	not covered	not covered