



MVP Health Care Non-Covered Items

8/9/2018

Use this list to determine specific coverage variations by each line of business. Covered codes can be reviewed with prior authorization. Codes that are not covered will be denied.

HCPCS Code	Description	Commercial	ASO	Medicare	Medicaid
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	not covered	not covered	not covered	not covered
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	not covered	not covered	not covered	not covered
A4555	ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY	not covered	not covered	not covered	not covered
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	not covered	not covered	not covered	not covered
A5508	FOR DIABETICS ONLY, DELUXE FEATURES OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	not covered	not covered	not covered	not covered
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE	not covered	not covered	not covered	not covered
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	not covered	not covered	not covered	not 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	not covered	not covered	not covered	covered
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	not covered	not covered	not covered	not covered
E0218	WATER CIRCULATING COLD PAD WITH PUMP	not covered	not covered	not covered	not covered
E0220	HOT WATER BOTTLE	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

A4210	NEEDLE-FREE INJECTION DEVICE, EACH	not covered	not covered	not covered	not covered
E0236	PUMP FOR WATER CIRCULATING PAD	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	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 COMMODOE OPENING	not covered	not covered	not covered	covered
E0248	TRANSFER BENCH, HEAVY-DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODOE 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
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
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	not covered	not covered	not covered	covered
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM 6 FT CABINET, INCLUDES BULBS/LAMPS, TIMER, EYE PROTECTION	not covered	not covered	not covered	not covered
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	not covered	not covered	not covered	covered
E0720	TRANSCUTANEOUS ELECTRIC NERVE STIMULATION (TENS) DEVICE, 2 LEAD, LOCALIZED STIMULATION	covered	covered	covered	not covered
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	not covered	not covered	not covered	not covered
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	not covered	not covered	not covered	not 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

A4210	NEEDLE-FREE INJECTION DEVICE, EACH	not covered	not covered	not covered	not covered
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	not covered	not covered	not covered	not covered
E1700	JAW MOTION REHABILITATION SYSTEM	not covered	not covered	not covered	not covered
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF 6	not covered	not covered	not covered	not covered
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF 200	not covered	not covered	not covered	not covered
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	not covered	not covered	not covered	not covered
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	not covered	not covered	not covered	covered
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	not covered	not covered	not covered	covered
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	not covered	not covered	not covered	covered
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	not covered	not covered	not covered	not covered
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	not covered	not covered	not covered	covered
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	not covered	not covered	not covered	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
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	not covered	not covered	not covered	covered
L7600	PROSTHETIC DORNING 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
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN	covered	covered	not covered	covered
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	not covered	not covered	not covered	not covered
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	not covered	not covered	not covered	not covered

A4210	NEEDLE-FREE INJECTION DEVICE, EACH	not covered	not covered	not covered	not 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	not covered