



## MVP Health Care Non-Covered Items

11/1/2021

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 covered 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     |
| A9277      | TRANSMITTER, EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM                                 | covered     | covered     | not covered | covered     |

| HCPCS Code | Description                                                                                                                       | Commercial  | ASO                | Medicare    | Medicaid    |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|-------------|-------------|
| 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 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 |
| 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     |
| 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     |

| <b>HCPCS Code</b> | <b>Description</b>                                                                                                                           | <b>Commercial</b> | <b>ASO</b>  | <b>Medicare</b> | <b>Medicaid</b> |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|-----------------|-----------------|
| 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 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         |
| 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     |