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Code Range	Description	PacificSource Community Solutions Preapproval Required
Not Applicable	Breast Pumps Notes: No preapproval required for 1st month rental; beyond one month rental requires preapproval	Yes
Not Applicable	Genetic Testing & Analysis Notes: Genetic Testing & Analysis requires PA whether code listed or not	Yes
Not Applicable	Home Health Stays - For all Initial Certification and Recertification periods Notes: Initial Certification review required effective 1/1/12.	Yes
Not Applicable	Inpatient Hospital Care Notes: Preapproval is required, except in an emergency.	Yes
Not Applicable	Mental Health, Behavioral Health or Substance Use Disorder Services Notes: A preapproval is NOT needed for a member to access, or a provider to refer to, the local community mental health/behavioral program for services.	Yes
Not Applicable	Outpatient Hospital Services/ASC Services Notes: We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. Please refer to the preapproval grid to verify if the requested procedure or service requires preapproval as not all outpatient services require preapproval.	Yes
Not Applicable	Skilled Nursing Facility/Swing Bed Stays	Yes

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Code Range	Description	PacificSource Community Solutions Preapproval Required
A9276 - A9278	Sensors, Transmitter and Receiver (Monitor) for Interstitial Continuous Glucose Monitoring System	Yes
A9900 - A9999	Miscellaneous DME supplies	Yes
B4150 - B4161	Enteral Formula	Yes
B4164 - B5200	Home TPN	Yes
B9000 - B9999	Enteral infusion pump and supplies	Yes
C0001 - C9999	For a drug code in this range, please refer to the Medical Drug and Diabetic Supply Formulary for preapproval requirements on Medical Benefit Drugs	http://www.pacificsource.com/MedicalDrugFormulary
E0170 - E0172	Commode chair – with seat lift mechanism	Yes
E0193 - E0194	Low air loss bed, air fluidized bed	Yes
E0225 - E0225	Infra-red heating pad – hydrocollator unit	Yes
E0235 - E0235	Paraffin bath – portable	Yes
E0239 - E0239	Hydrocollator unit	Yes
E0250 - E0272	Hospital beds & mattresses	Yes
E0290 - E0304	Hospital Beds	Yes
E0371 - E0373	Pressure reducing mattress or overlay	Yes
E0470 - E0472	Bi-paps	Yes
E0480 - E0480	Percussor, electric or pneumatic, home model	Yes

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E0481 - E0481	Percussive ventilation system	Yes
E0482 - E0483	Cough stimulating device, chest wall oscillator	Yes
E0601 - E0601	Continuous positive airway pressure (CPAP) device	Yes
E0603 - E0604	Breast Pumps Notes: No preapproval required for 1st month rental; beyond one month rental requires preapproval	Yes
E0625 - E0625	Patient lift, bathroom or toilet	Yes
E0627 - E0637	Seat lift mechanism, and patient support systems	Yes
E0630 - E0630	Patient Lift Hydraulic	Yes
E0638 - E0642	Standing frames and lift systems	Yes
E0650 - E0675	Pneumatic compression machines	Yes
E0744 - E0748	Neuromuscular stimulators – bone stimulators	Yes
E0760 - E0760	Osteogenesis stimulator, low intensity ultrasound	Yes
E0762 - E0769	Functional neuromuscular stimulators	Yes
E0784 - E0784	Insulin Pump	Yes
E0983 - E0986	Manual wheelchair accessory, power add-on to convert to power chair- joystick, etc	Yes
E1002 - E1018	Wheelchair accessory	Yes
E1019 - E1019	Wheelchair accessory, power seating system, heavy duty feature; patient weight 250 - 400 lb	Yes

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E1020 - E1020	Wheelchair accessory	Yes
E1021 - E1021	Wheelchair accessory, power seating system, extra heavy duty feature; patient weight over 400 lb	Yes
E1028 - E1030	Wheelchair accessories	Yes
E1035 - E1035	Multi-positional patient transfer system with integrated seat operated by caregiver	Yes
E1050 - E1093	Wheelchair – reclining etc	Yes
E1100 - E1200	Wheelchairs	Yes
E1210 - E1213	Motorized wheelchair with accessories to pediatric wheelchair folding, adjustable without seating system to lightweight wheelchair	Yes
E1220 - E1239	Wheelchairs-special sizes	Yes
E1240 - E1270	Wheelchair - Lightweight	Yes
E1280 - E1298	Heavy Duty Wheelchairs	Yes
E1310 - E1310	Whirlpool Notes: For PCS, not a covered benefit.	Yes
E1399 - E1399	Miscellaneous DME item Notes: > \$500	Yes
E1800 - E1841	Dynamic braces and progressive braces	Yes
E1902 - E1902	Communication board, non-electronic augmentative etc	Yes

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E2120 - E2120	Pulse generating system for tympanic treatment of inner ear	Yes
E2300 - E2351	Power Wheelchair Accessories	Yes
E2373 - E2399	Power Wheelchair Accessories	Yes
E2402 - E2402	Negative pressure wound therapy electrical pump (VAC)	Yes
E2500 - E2599	Speech generating devices and accessories	Yes
E2609 - E2609	Custom fabricated wheelchair seat cushion, any size Notes: > \$500 for Medicare & PCS	Yes
G0151 - G0164	Services performed in home health or hospice setting by: PT, OT, ST, LPN, RN, SW, aide or assistant	Yes
J0001 - J9999	Please refer to the Medical Drug and Diabetic Supply Formulary for preapproval requirements on Medical Benefit Drugs	http://www.pacificsource.com/MedicalDrugFormulary
J3490 - J3490	Unclassified Drugs Notes: Drug Claims > \$500 require PA	http://www.pacificsource.com/MedicalDrugFormulary
J3590 - J3590	Unclassified Biologics Notes: Drug Claims > \$500 require PA	http://www.pacificsource.com/MedicalDrugFormulary
J9999 - J9999	Not otherwise classified, antineoplastic drugs Notes: Drug Claims > \$500 require PA	http://www.pacificsource.com/MedicalDrugFormulary
K0001 - K0009	Standard to heavy duty manual wheelchair	Yes

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K0028 - K0028	Wheelchair Notes: K0028 discontinued, use E1266	Yes
K0108 - K0108	Miscellaneous wheelchair accessories Notes: > \$500	Yes
K0800 - K0899	Power Mobility and Accessories	Yes
L1499 - L1499	Cervical Thoracic Lumbar Sacral Orthosis (CTLSO), Thoracic Lumbar Sacral Orthosis (TLSO) scoliosis body jackets and spinal orthosis Not Otherwise Specified (NOS) Notes: > \$500	Yes
L1834 - L1834	Knee orthosis – custom fabricated	Yes
L1840 - L1840	Knee orthosis - custom fabricated	Yes
L1844 - L1844	Knee Orthosis - custom fabricated	Yes
L1846 - L1846	Knee Orthosis - custom fabricated	Yes
L1855 - L1880	Knee orthosis - custom fabricated	Yes
L1900 - L1900	Ankle Foot Orthosis (AFO) - custom fabricated	Yes
L1904 - L1904	Ankle foot orthosis (AFO) – custom fabricated	Yes
L1907 - L1907	Ankle foot orthosis (AFO) – custom fabricated	Yes
L1920 - L1920	Ankle foot orthosis (AFO) – custom fabricated	Yes

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Code Range	Description	PacificSource Community Solutions Preapproval Required
L1940 - L1950	Ankle Foot Orthosis (AFO) - custom fabricated	Yes
L1960 - L1970	Ankle Foot Orthosis (AFO) - custom fabricated	Yes
L1980 - L1990	Ankle Foot Orthosis (AFO) - custom fabricated	Yes
L2034 - L2034	Knee Ankle Foot Orthosis (KAFO) - custom fabricated	Yes
L2036 - L2038	Hip Knee Ankle Foot Orthosis (HKAFO) - custom fabricated	Yes
L2040 - L2090	Hip knee ankle foot orthosis (HKAFO) – custom fabricated	Yes
L2387 - L2387	Polycentric knee joint	Yes
L3000 - L3640	Orthopedic Shoes: Inserts, Supports, Abduction & Rotation Bars, Footwear, Modifications, Additions, Transfer or Replacement	Yes
L3649 - L3649	Orthopedic shoe, modification addition or transfer NOS Notes: > \$500	Yes
L3671 - L3673	Shoulder Orthosis	Yes
L3961 - L3961	Shoulder elbow wrist hand orthosis (SEWHO) - custom fabricated	Yes
L3967 - L3967	Shoulder elbow wrist hand orthosis (SEWHO) - custom fabricated	Yes
L3971 - L3971	Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated	Yes
L3973 - L3973	Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated	Yes
L3975 - L3975	Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated	Yes
L3976 - L3976	Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated	Yes

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L3977 - L3977	Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated	Yes
L3978 - L3978	Shoulder Elbow Wrist Hand Orthosis (SEWHO) - custom fabricated	Yes
L5000 - L5341	Lower Limb Prosthesis	Yes
L5500 - L5699	Initial below knee prosthesis, preparatory prosthesis, sockets, additions to sockets, etc	Yes
L5700 - L5995	Replacement sockets and additions	Yes
L5999 - L5999	Lower Extremity (LE) prosthesis addition Not Otherwise Specified (NOS) Notes: > \$500	Yes
L6000 - L6698	Partial hand prosthetics, through upper limb prosthetics and additions	Yes
L6703 - L7405	Terminal devices for upper extremity prostheses, etc	Yes
L7499 - L7499	Terminal devices for upper extremity prostheses Not Otherwise Specified (NOS) Notes: > \$500	Yes
L8035 - L8039	Custom breast prosthesis Notes: > \$500	Yes
L8499 - L8499	Unlisted procedure for miscellaneous prosthetic services Not Otherwise Specified (NOS) Notes: > \$500	Yes
L8605 - L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies (Solesta implant)	Yes

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L8614 - L8619	Cochlear device system or implant	Yes
L8680 - L8689	Implantable neurostimulator electrode, RF transmitter, generator, programmer, recharger	Yes
L8699 - L8699	Prosthetic implant Not Otherwise Specified (NOS) Notes: > \$5,000 for all	Yes
L9900 - L9900	Orthotic and prosthetic supply, accessory, and/or service component Not Otherwise Specified (NOS) Notes: > \$500	Yes
Q0001 - Q9999	For a drug code in this range, please refer to the Medical Drug and Diabetic Supply Formulary for preapproval requirements on Medical Benefit Drugs	http://www.pacificsource.com/MedicalDrugFormulary
S0012 - S9999	Temporary National Codes (Non-Medicare) Notes: All S-Codes > \$500 require preapproval.	Yes
V5008 - V5299	Hearing Aid/Services	Yes
V5336 - V5364	Speech-Language Pathology Services	Yes