

Authorization Requirements for Durable Medical Equipment (DME)

The following covered DME requires authorization from US Family Health Plan when provided in an office, outpatient, or home care setting, regardless if provided by an in-network provider or a non-network provider.

- ▶ Covered DME not on this list does not require authorization from US Family Health Plan, if furnished by an in-network provider.
- ▶ Covered DME not on this list requires authorization from US Family Health Plan, if furnished by a non-network provider.

Alternating pressure pad/mattress
Bath and toilet aids
Bone growth stimulator
Commode
Commode seat wheelchairs
Compression/lymphadema sleeve, if requiring a pump
Contact lens (limited benefit—post cataract surgery)
Continuous passive motion device
Diabetic shoes
Diabetic shoe inserts
Dialysis equipment and batteries
Electric wheelchair
Eyeglasses (limited benefit—post cataract surgery)
Fracture frames and accessories and traction equipment
Hearing Aids—covered only for active duty dependents who are enrolled in the Program For Persons With Disabilities. All other hearing aids are not a covered benefit.
Hospital bed and accessories
Insulin Pump
Light treatment equipment (e.g. ultraviolet light therapy, infant bilirubin lights)
Narrowing device wheelchairs
Orthopedic brace (except for attached list)
Orthotics (except for attached list)

Oxygen Concentrators
Paraffin bath, portable
Prosthetics and accessories
Rollabout wheelchairs
Scooter and other specialized mobility devices
Splint (customized)
Transfer equipment (e.g., Hoyer lift)
Ventilator and supplies
Wheelchair (Specialized): Special non-electric wheelchairs Amputee wheelchairs Power wheelchairs Special size wheelchairs Semi-reclining wheelchairs Fully reclining wheelchairs Safety vest wheelchairs Wheelchair accessories (for both standard and electric) Wheelchair modifications*
* Wheelchair repairs and maintenance do not require an authorization

Note: For purposes of coverage, durable medical equipment is defined as equipment which:

1. Can withstand repeated use, and
2. Is primarily and customarily used to service a medical purpose, and
3. Generally is not useful to a person in the absence of illness or injury and
4. Is appropriate for use in the home.

Orthopaedic Braces, Customized Splints, Orthotic Devices

No Authorization Required When Furnished by Network Provider

The orthopaedic braces, splints, and orthotic devices listed below do not require authorization by Martin's Point Health Care when they will be furnished by an in-network provider.

The braces, splints and orthotic devices below require authorization by Martin's Point Health Care if they will be furnished by a non-network provider.

L0120	Cervical, flexible; non-adjustable (foam collar)
L0140	Cervical, semi-rigid; adjustable (plastic collar)
L0210	Thoracic, rib belt;
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSO)
L1620	HO, abduction control of hip joints; flexible; Pavlik harness), prefabricated
L1800	Knee orthosis (KO), elastic with stays, prefabricated
L1810	KO, elastic with joints, prefabricated
L1815	KO, elastic with condylar pads, prefabricated
L1820	KO, elastic with condylar pads and joints, prefabricated
L1825	KO, elastic knee cap, prefabricated
L1830	KO, immobilizer, canvas longitudinal, prefabricated
L1906	AFO; multiligamentous ankle support, prefabricated
L3260	Surgical boot/shoe (each)
L3660	SO; figure eight design abduction restrainer, canvas and webbing, prefabricated
L3670	SO; acromio/clavicular (canvas and webbing type), prefabricated
L3700	Elbow orthosis, elastic with stays, prefabricated
L3806	Wrist-hand-finger-orthoses (WHFO) includes one or more nontorsion joint(s)
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, prefabricated
L3909	Wrist orthosis, elastic, prefabricated (e.g., Neoprene, lycra)
L3911	Wrist hand finger orthosis, elastic, prefabricated
L3912	Hand-finger orthosis, flexion glove w/elastic finger control, prefabricated
L3915	Wrist-hand orthosis, included one or more nontorsion joint(s)
L3923	HFO, without joints, prefabricated
L3925	Finger orthosis (FO), prefabricated
L3929	Hand finger orthosis (HFO), prefabricated
L3931	Wrist hand finger orthosis (WFO), prefabricated

L3956	Addition of joint to upper extremity orthosis, any material
L4350	Pneumatic ankle control splint, prefabricated
L4360	Pneumatic ankle foot orthosis, with or without joints, prefabricated
L4370	Pneumatic full leg splint, prefabricated
L4380	Pneumatic knee splint, prefabricated
L4386	Non-pneumatic walking splint, with or without joints, prefabricated