This chart alphabetically lists the services/items that must be forwarded to the Plan for review and determination because they are services/items that Medicare does not cover. **Codes not listed in this list or in the Division of Financial Responsibility (DOFR) require to be reviewed by the IPA.**

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| **CPT Code** | **Description** | **Comments** |
| E0240, E0241, E0243, E0244, E0245, E0246, E0247, E0248 | Bathroom Equipment (shower chair, transfer bench, grab bars) |  |
| E0603 | Breast Pump (electric) |  |
| A6530-A6549 | Compression Stockings |  |
| 92590, 92591, 92594, 92595, V5010, X4542 | Hearing aid exams |  |
| V5298, V5264, V5265, V5014, V5120-V5264 | Hearing Aids/Molds/Repair/Accessories/Services |  |
| T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4540, T4541, T4542, T4543, T4544, A6250, A4335, A4927 | Incontinence Supplies (diapers, Chux, pull-ons, liners, pads, cream, wash, gloves) | Typically described by “T” HCPC code |
| E0118 | Knee Scooter |  |
| K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898 | Powered Wheelchair/Powered Operated Vehicle **that do not meet Medicare criteria** | IPA is responsible for ensuring a physiatry evaluation from an independent evaluator has been done and is attached before forwarding to IEHP |
| E0445, A4606 | Pulse Oximeter |  |
| E1399 | Stairway Chair Lift/Stair Lift |  |