DURABLE MEDICAL EQUIPMENT FORMULARY

2027

MCS Classicare (HMO)
Complete Health

2027

MCS Classicare (HMO)

Durable Medical Equipment Formulary

(List of covered durable medical equipment items subject to specific brands or manufacturers)

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DURABLE MEDICAL EQUIPMENT (DME) ITEMS WE COVER IN THIS PLAN THAT ARE SUBJECT TO A SPECIFIC BRAND, MANUFACTURER OR PRIOR AUTHORIZATION REQUIREMENT.

This formulary is effective on January 1, 2027. For questions, please contact our call center at 1-866-627-8183 (Toll-free) or 1-866-627-8182 (TTY users). You can call us Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. You can also visit our website at **https://mcsclassicare.com/en/Pages/home.aspx**.

This formulary applies to all MCS Classicare members. Please review this document to identify if there are equipment or supplies subject to the requirements in this formulary.

This document includes the list of the durable medical equipment that is subject to a specific brand or manufacturer for our plan. DMEs or supplies not included in this list (formulary), but covered by Original Medicare, are not subject to any particular brand, manufacturer or prior authorization requirement.

What is the MCS Classicare DME Formulary?

A formulary is a list of covered items selected by MCS Classicare subject to a specific brand or manufacturer believed to be a necessary part of a quality treatment program. MCS Classicare will generally cover the durable medical equipment items listed in the formulary as long as they are medically necessary, a medical order is provided by an MCS Classicare network physician, and other plan rules are followed. The DME will be supplied by a contracted DME provider.

Can the formulary change?

Generally, if you are using an item from our formulary that was covered at the beginning of the year, we may not discontinue or reduce coverage of the item during the 2027 coverage year (some exceptions may apply, for example, exceptions according to Medicare rules, medical necessity, among others). Other types of changes, such as additions of items to our formulary, will not affect enrollees. The formulary is not subject to a mid-year review for removing items.

Are there any restrictions on my coverage?

All DME equipment and/or supplies must comply with Medicare coverage criteria. The physician must validate that the coverage criteria are met and must be documented in the medical record. In addition to the physician validation of the coverage criteria, some covered items may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** MCS Classicare requires you, or your physician, or an authorized representative appointed by you, to get prior authorization for certain items. This means that you will need to get approval from MCS Classicare before you receive the equipment/supply or related service. If you don't get approval, MCS Classicare may not cover the item.

- **Quantity limits:** For certain items, MCS Classicare limits the amount of supplies that will cover.

You can find out if your item has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask MCS Classicare to make an exception to the restrictions or limitations applicable to our list of durable medical equipment, or to the brands or supplies in this list, to cover some other brand/manufacturer medically necessary to treat your health condition. See the section titled, *How do I request an exception to the MCS Classicare DME formulary?* for information about how to request an exception.

What if my supplies or requested durable medical equipment items are not on the formulary?

If your supplies or equipment are not included in this formulary, you should first contact our Call Center and ask if your supplies/equipment are covered. If the Call Center representative indicates that they're covered and are not in the list it means that they do not have any restriction regarding brand, manufacturer or prior authorization requirements. You can send the medical order directly to the contracted DME provider:

Clinical Medical Services - Fax: 787-474-2800 or 787-622-3449 - Phone: 787-620-2900 or 1-800-981-0122, Monday through Friday from 8:30 a.m. - 5:30 p.m.

During an member's first year of enrollment in an Medicare Advantage (MA) plan, if the enrollee requests, the plan will provide a 90-day transition period (commencing with the initial time of enrollment) during which the plan provides (including repairs, as applicable) non-preferred DME brands furnished in the previous year.

If you learn that MCS Classicare does not cover your supplies/equipment, you can ask MCS Classicare to make an exception and cover your supplies/equipment. See below for information about how to request an exception.

How do I request an exception to the MCS Classicare DME Formulary?

You can ask MCS Classicare to make an exception to the coverage rules. To evaluate an exception, it is important that your physician make the request including a justification that specifies why the item, brand, or manufacturer on this formulary cannot meet the medical need. There are several types of exceptions that you can ask us to make:

- You can ask us to cover an item of a different brand or manufacturer.
- You can ask us to cover an item if it is not listed as a covered service. If approved, this item will be covered.
- You can ask us to waive coverage restrictions or limits on your item. For example, for certain items, MCS Classicare limits the amount of the item that we will cover. If the item has a quantity limit, you can ask us to waive the limit and cover a greater amount. MCS Classicare shall validate the medical necessity of such request in coordination with the prescribing physician.

Call our Call Center at the phone numbers mentioned above or refer to your 2027 Evidence of Coverage, which tells you how to ask for coverage decisions, appeals and complaints.

For more information

For more detailed information about your MCS Classicare durable medical equipment coverage, please review your 2027 Evidence of Coverage.

MCS Classicare's DME Formulary

The formulary provides coverage information about some of the supplies and equipment covered by MCS Classicare that are subject to a specific brand or manufacturer.

The information is classified by type of equipment/supply. You may want to search by DME category or by specific service description. The formulary (that starts in page 6 of this document) has seven (7) columns. For your convenience, on the following page we provide a list in alphabetical order of the main categories of durable medical equipment/supplies included in this formulary.

Column number	Column name	Column description
Column 1	Category	Includes the name of the main categories of durable medical equipment/supplies included in this formulary.
Column 2	HCPCS Code	This is the number of the DME or supply. This information is relevant for your physician and the supplier.
Column 3	DME Description	Includes the name of the DME or supplies
Column 4	DME Tier	Classifies the services within the formulary in two (2) categories: **Tier 1:** Always requires pre-authorization. Only the preferred brand in column 6 and specific limit in column 7 are cover (If the physician deems a different manufacturer, brand, or amount necessary, justification from your physician is required.) **Tier 2:** No prior authorization required. Your doctor should submit a preauthorization request with justification if they believe a different manufacturer, brand, or quantity is necessary. * **Important:** Justification from your doctor must indicate why the preferred brand does not meet medical necessity.
Column 5	Manufacturer	Includes the manufacturer (or the company) that develops or distributes the DME specified in column 1.
Column 6	Brand	It indicates the specific brand to cover the service or DME specified in column 1. In some instances more than one brand is considered as covered. In other particular cases it indicates "all brands," this means that all brands within the manufacturer are covered.
Column 7	Limits	This column indicates that the services are limited by quantity.

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Category	**HCPCS Code**	**DME Description**	**DME Level**	**Manufacturer**	**Brand**	**Limits**
Walkers and rollators	E0143	Walker, folding, wheeled, adjustable or fixed height/Rollator	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0156	Seat attachment, walker	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0135	Walker, folding (pickup), adjustable or fixed height	2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	1	Medline	Medline	1 every 5 years
	E0149	Walker, heavy duty, wheeled, rigid or folding, any type	1	Medline	Medline	1 every 5 years
	E0154	Platform attachment, walker, each	1	Drive Medical	Drive Medical	1 every 5 years
Hospital beds and mattresses	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	1	Medline	Medline	1 every 5 years
	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0271	Mattress, innerspring	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0272	Mattress, foam rubber	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes (heavy duty)	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0184	Dry pressure mattress	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	1	Medline	Medline	1 every 5 years
	E0277	Powered pressure-reducing air mattress	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0190	Positioning cushion/pillow/wedge	1	Medline	Medline	1 every 5 years
Chest compression devices	E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	1	Afflovest/Philips	CHEST COMPRESSION	1 every 5 years
Cough stimulating devices	E0482	Cough stimulating device, alternating positive and negative airway pressure	1	Availability based on Medicare Product Classification List	Availability based on Medicare Product Classification List	1 every 5 years
	A4618	Breathing circuits	2	Respironics	Respironics	Based on physician orders
Oxygen equipment	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	1	Caire	Helios	1 every 5 years
	E1392	Portable oxygen concentrator, rental	1	Drive Medical / Rhythm	Drive Medical / Rhythm	1 every 5 years
	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	1	Drive Medical / Rhythm Healthcare	Drive Medical / Rhythm Healthcare	1 every 5 years

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Category	**HCPCS Code**	**DME Description**	**DME Level**	**Manufacturer**	**Brand**	**Limits**
CPAP and BIPAP equipment or supplies	A7030	Full face mask used with positive airway pressure device, each	2	React Health / Resmed / Respironics	SIESTA, F20, AMARA VIEW, AND DREAMWEAR	1 per 3 month
	A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	2	React Health / Resmed / Respironics	SIESTA, N20, DREAMWEAR, WISP	1 per 3 month
	E0470	Respiratory assist device, bi-level pressure capability, without a backup rate feature, used with a non-invasive interface like a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	1	React Health	React Health	1 every 5 years
	E0561	Humidifier, non-heated, used with positive airway pressure device	2	React Health Limited manufacturer inventory, available brand and model will be delivered to patient. Physicians are encouraged not to include model/brand on medical orders	React Health	1 every 5 years
	E0562	Humidifier, heated, used with positive airway pressure device	2	React Health Limited manufacturer inventory, available brand and model will be delivered to patient. Physicians are encouraged not to include model/brand on medical orders	React Health	1 every 5 years
	E0601	Continuous positive airway pressure (CPAP) device	1	React Health Limited manufacturer inventory, available brand and model will be delivered to patient. Physicians are encouraged not to include model/brand on medical orders	React Health	1 every 5 years
	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	1	React Health Limited manufacturer inventory, available brand and model will be delivered to patient. Physicians are encouraged not to include model/brand on medical orders	React Health	1 every 5 years
Enteral / nutritional equipment or supplies	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	2	Medline	EntraFlow	30 per month
	B4087	Gastrostomy / jejunostomy tube, standard, any material, any type, each	2	Avanos/Medline	Mic/Medline	1 every 3 months
	B4088	Gastrostomy / jejunostomy tube, low- profile, any material, any type, each	2	Avanos	Mic-Key	1 every 3 months

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Category	**HCPCS Code**	**DME Description**	**DME Level**	**Manufacturer**	**Brand**	**Limits**
Enteral / nutritional equipment or supplies (continued)	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1	Ross/Abbott	ALL BRANDS	Based on physician orders
	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1	Ross/Abbott	ALL BRANDS	Based on physician orders
	B4152	Enteral formula, nutritionally complete, in calories (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube 100 calories = 1 unit	1	Ross/Abbott	ALL BRANDS	Based on physician orders
	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1	Ross/Abbott	ALL BRANDS	Based on physician orders
	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals,	1	Ross/Abbott	ALL BRANDS	Based on physician orders
	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	1	Ross/Abbott	ALL BRANDS	Based on physician orders
	B9002	Enteral nutrition infusion pump - with alarm	2	Medline	Entraflo	1 every 5 years
Urological / ostomy equipment or supplies	A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	Coloplast	COLOPLAST	1 per month
	A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	2	Coloplast	COLOPLAST	1 per month
	A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	2	Coloplast	COLOPLAST	1 per month
	A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	2	Coloplast	COLOPLAST	1 per month

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Category	HCPCS Code	DME Description	DME Level	Manufacturer	Brand	Limits
Urological / ostomy equipment or supplies (continued)	A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	2	Coloplast	COLOPLAST	1 per month
	A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	2	Coloplast	COLOPLAST	1 per month
	A4338	Indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone)	2	Coloplast	COLOPLAST	1 per month
	A4340	Indwelling catheter; specialty type, (eg: coude, mushroom, wing, etc.), each	2	Coloplast	COLOPLAST	1 per month
	A4344	Indwelling catheter, Foley type, two-way, all silicone, each	2	Coloplast	COLOPLAST	1 per month
	A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each	2	Coloplast	COLOPLAST	1 per month
	A4354	Insertion tray with drainage bag but without catheter	2	Coloplast	COLOPLAST	1 per month
	A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	2	Cardinal	Cardinal	2 per month
	A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	2	Coloplast Nefrostomía: Uresil	Coloplast Nefrostomía: Uresil	2 per month For Nephrostomy: Uresil 2 per month unilateral and 4 per month if bilateral
	A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each - Urology	2	Convatec, Coloplast	Convatec, Coloplast	1 every 3 months (urology)
	A4332	Lubricant, individual sterile packet, each	2	Convatec, Coloplast	Convatec, Coloplast	200 per month
	A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	2	Convatec, Coloplast	Convatec, Coloplast	200 per month
	A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or	2	Convatec, Coloplast	Convatec, Coloplast	200 per month
	A4353	Intermittent urinary catheter, with insertion supplies	2	Convatec, Coloplast	Convatec, Coloplast	200 per month
	A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	2	Convatec, Coloplast	Convatec, Coloplast	1 per month
	A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each - Ostomy	2	Convatec, Coloplast	Convatec, Coloplast	1 every 3 months (ostomy)

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Category	HCPCS Code	DME Description	DME Level	Manufacturer	Brand	Limits
Urological / ostomy equipment or supplies (continued)	A4362	Skin barrier; solid, 4 x 4 or equivalent; each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4364	Adhesive, liquid or equal, any type, per oz	2	Convatec, Coloplast	Convatec, Coloplast	4 per month
	A4367	Ostomy belt, each	2	Convatec, Coloplast	Convatec, Coloplast	1 per month
	A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	2	Convatec, Coloplast	Convatec, Coloplast	2 per month
	A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	2	Convatec, Coloplast	Convatec, Coloplast	10 per month
	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	2	Convatec, Coloplast	Convatec, Coloplast	10 per month
	A4402	Lubricant, per ounce	2	Convatec, Coloplast	Convatec, Coloplast	4 per month
	A4404	Ostomy ring, each	2	Convatec, Coloplast	Convatec, Coloplast	10 per month
	A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	2	Convatec, Coloplast	Convatec, Coloplast	4 per month
	A4406	Ostomy skin barrier, pectin-based, paste, per ounce	2	Convatec, Coloplast	Convatec, Coloplast	4 per month
	A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	2	Convatec, Coloplast	Convatec, Coloplast	Based on physician orders
	A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month

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Category	HCPCS Code	DME Description	DME Level	Manufacturer	Brand	Limits
Urological / ostomy equipment or supplies (continued)	A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A4450	Tape, non-waterproof, per 18 square inches	2	Convatec, Coloplast	Convatec, Coloplast	40 per month
	A4452	Tape, waterproof, per 18 square inches	2	Convatec, Coloplast	Convatec, Coloplast	40 per month
	A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A5053	Ostomy pouch, closed; for use on faceplate, each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A5055	Stoma cap	2	Convatec, Coloplast	Convatec, Coloplast	31 per month
	A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	40 per month
	A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	1	Convatec, Coloplast	Convatec, Coloplast	40 per month
	A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5081	Stoma plug or seal, any type	2	Convatec, Coloplast	Convatec, Coloplast	31 per month
	A5082	Continent device; catheter for continent stoma	2	Convatec, Coloplast	Convatec, Coloplast	1 per month
	A5083	Continent device, stoma absorptive cover for continent stoma	2	Convatec, Coloplast	Convatec, Coloplast	150 per month
	A5093	Ostomy accessory; convex insert	2	Convatec, Coloplast	Convatec, Coloplast	10 per month
	A5121	Skin barrier; solid, 6 x 6 or equivalent, each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5122	Skin barrier; solid, 8 x 8 or equivalent, each	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5126	Adhesive or non- adhesive; disk or foam pad	2	Convatec, Coloplast	Convatec, Coloplast	20 per month
	A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	2	Convatec, Coloplast	Convatec, Coloplast	1 per month
	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	2	Convatec, Coloplast	Convatec, Coloplast	60 per month
	A4361	Ostomy faceplate, each	2	Convatec, Coloplast	Convatec, Coloplast	3 per 6 months

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Category	**HCPCS Code**	**DME Description**	**DME Level**	**Manufacturer**	**Brand**	**Limits**
Urological / ostomy equipment or supplies (continued)	A4371	Ostomy skin barrier, powder, per oz	2	Convatec, Coloplast	Convatec, Coloplast	10 per 6 months
	A4398	Ostomy irrigation supply; bag, each	2	Convatec, Coloplast	Convatec, Coloplast	2 per 6 months
	A4399	Ostomy irrigation supply; cone/catheter, with or without brush	2	Convatec, Coloplast	Convatec, Coloplast	2 per 6 months
	A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	2	Convatec, Coloplast	Convatec, Coloplast	16 per 6 months
	A5120	Skin barrier, wipes or swabs, each	2	Convatec, Coloplast	Convatec, Coloplast	150 per 6 months
	A4436	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	1	Convatec, Coloplast	Convatec, Coloplast	1 per month
	A4437	Irrigation supply; cover, reusable, per month	1	Convatec, Coloplast	Convatec, Coloplast	1 per month
Suction equipment and supplies	E0600	Respiratory suction pump, home model, portable or stationary, electric	2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	A4624	Tracheal suction catheter, any type other than closed system, each	2	Curity Suction Catheter	Cardinal	90 per month with tracheatomy diagnosis; 12 per month for oral suction
Patient lifts	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (HOYER)	2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (HOYER) BARIATRIC	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0635	Patient lift, electric with seat or sling	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
Commodes	E0163	Commode chair, mobile or stationary, with fixed arms	2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0165	Commode chair, mobile or stationary, with detachable arms	2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	2	Medline	Medline	1 every 5 years
Diabetic monitors and supplies	A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	2	TRIVIDIA	TRUE METRIX	100 every 3 months if not using insulin or 300 every 3 months if using insulin
	E0607	Home blood glucose monitor	2	TRIVIDIA	TRUE METRIX	1 every 5 years
	E2100	Blood glucose monitor with integrated voice synthesizer	1	Embrace	Embrace	1 every 5 years
	A4259	Lancets, per box of 100	2	Cardinal / Home Aide	Cardinal LAN001/ Home Aide 00116	100 every 3 months if not using insulin or 300 every 3 months if using insulin
CPMs	E0935	Continuous passive motion exercise device for use on knee only	2	Kinetec USA	CPM KINETEC	1 for 21 days

1	2	3	4	5	6	7
Category	HCPCS Code	DME Description	DME Level	Manufacturer	Brand	Limits
Nebulizers	E0570	Nebulizer, with compressor	2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
Wheel-chairs and cushions	E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	K0003	Lightweight wheelchair	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	1	Medline	Medline	1 every 5 years
	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	1	Drive Medical	Drive Medical	1 every 5 years
	K0001	Standard wheelchair	1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
	K0004	High strength, lightweight wheelchair	1	Medline	Medline	1 every 5 years
	K0006	Heavy duty wheelchair	1	Medline	Medline	1 every 5 years
	K0007	Extra heavy duty wheelchair	1	Medline	Medline	1 every 5 years
Lymphedema supplies	E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	1	Bio Compression	HYDROVEN GARMENT	1 every 5 years
Tracheotomy supplies	A7520	Tracheotomy/laryngectomy tube, non- cuffed, polyvinylchloride (pvc), silicone or equal, each	2	Medtronic	SHILEY	1 per 3 months
	A4605	Tracheal suction catheter, closed system, each	1	Avanos	KIM VENT (BALLARD)	Based on physician orders
Negative pressure wound therapy	A6550	Negative pressure wound therapy pump bandage	1	Smith & Nephew	RENASYS	15 per month
	E2402	Negative pressure wound therapy pump	1	Smith & Nephew	RENASYS	1 every 5 years
Power operated and motorized vehicles	E1230	Power operated vehicle (three or four wheel non-highway) specify brand name and model number	1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
	K0010	Standard - weight frame motorized/power wheelchair	1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
	K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
	K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years

MCS Classicare (HMO)

Notice of availability of language assistance services and auxiliary aids and services

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-627-8183 (TTY 1-866-627-8182).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-627-8183 (TTY 1-866-627-8182).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-866-627-8183 (TTY 1-866-627-8182) 。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-627-8183 (TTY 1-866-627-8182).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-627-8183 (TTY 1-866-627-8182).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-866-627-8183 (TTY 1-866-627-8182).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-866-627-8183 (TTY 1-866-627-8182) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-866-627-8183 (TTY 1-866-627-8182) 로 전화하세요.

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-866-627-8183 (TTY 1-866-627-8182).

Arabic: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. تتوفر المساعدات والخدمات المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل بالرقم 1-866-627-8183 (TTY 1-866-627-8182).

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-866-627-8183 (TTY 1-866-627-8182).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-866-627-8183 (TTY 1-866-627-8182).

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-866-627-8183 (TTY 1-866-627-8182).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-627-8183 (TTY 1-866-627-8182).

Hindi: यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी निःशुल्क उपलब्ध हैं। कॉल 1-866-627-8183 (TTY 1-866-627-8182).

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-866-627-8183 (TTY 1-866-627-8182) に電話します。

1.866.627.8183
Toll free

1.866.627.8182
TTY Hearing impaired

Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31.
Our hours of operation from April 1 to September 30 are Monday through Friday 8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m.

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