

# DURABLE MEDICAL EQUIPMENT FORM



2025

**MCS** | Classicare<sub>(HMO)</sub>



# 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, 2025. 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 p.m. 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 2025 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 2025 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 2025 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	<p>Classifies the services within the formulary in two (2) categories:</p> <p><b>Tier 1:</b> 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.)</p> <p><b>Tier 2:</b> No prior authorization required. Your doctor should submit a preauthorization request with justification if they believe a different manufacturer; brand, or quantity is necessary.</p> <p>* <b>Important:</b> Justification from your doctor must indicate why the preferred brand does not meet medical necessity.</p>
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.

# TABLE OF CONTENTS

Walkers and Rotators	6
Hospital Beds and Mattresses	6
Chest Compression Devices	6
Cough Stimulating Devices	6
Oxygen Equipment	6
CPAP and BIPAP Equipment or Supplies	8
Enteral / Nutritional Equipment or Supplies	8
Urological / Ostomy Equipment or Supplies	10
Suction Equipment and Supplies	18
Patient Lifts	18
Commodes	18
Diabetic Monitors and Supplies	18
CPMs	18
Nebulizers	18
Wheelchairs and Cushions	20
Lymphodema Supplies	20
Trache-ostomy Supplies	20
Negative Pressure Wound Therapy	20
Power Operated and Motorized Vehicles	20



1	2	3
Category	HCPCS Code	DME Description
Walkers and Rollators	E0143	Walker, folding, wheeled, adjustable or fixed height/Rollator
	E0156	Seat attachment, walker
	E0135	Walker, folding (pickup), adjustable or fixed height
	E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
	E0149	Walker, heavy duty, wheeled, rigid or folding, any type
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
	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
	E0271	Mattress, innerspring
	E0272	Mattress, foam rubber
	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
	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
	E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes (heavy duty)
	E0184	Dry pressure mattress
	E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
	E0277	Powered pressure-reducing air mattress
E0190	Positioning cushion/pillow/wedge	
Chest Compression Devices	E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each
Cough Stimulating Devices	E0482	Cough stimulating device, alternating positive and negative airway pressure
Oxygen Equipment	E0434	Portable liquid oxygen system, rental; includes portable container; supply reservoir; humidifier; flowmeter; refill adaptor; contents gauge, cannula or mask, and tubing
	E1392	Portable oxygen concentrator; rental
	E1390	Oxygen concentrator; single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate

4	5	6	7
DME Level	Manufacturer	Brand	Limits
1	Medline / Drive Medical	Basic Rollator	1 every 5 years
1	Medline / Drive Medical	Basic Rollator	1 every 5 years
2	Medline / Drive Medical	Basic Walker	1 every 5 years
1	Medline	Basic Walker	1 every 5 years
1	Medline	Basic Walker	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Afflovest/Philips	CHEST COMPRESSION	1 every 5 years
1	Availability based on Medicare Product Classification List	Availability based on Medicare Product Classification List	1 every 5 years
1	Chart Industries	HELIOS	1 every 5 years
1	Lifestyle / Drive Medical	Lifestyle / Drive Medical	1 every 5 years
1	React Health / Rhythm Healthcare	React Health / Rhythm Healthcare	1 every 5 years

1	2	3
Category	HCPCS Code	DME Description
CPAP and BIPAP Equipment or Supplies	A7030	Full face mask used with positive airway pressure device, each
	A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
	E0470	Respiratory assist device, bi-level pressure capability, without
	E0561	Humidifier, non-heated, used with positive airway pressure device
	E0562	Humidifier, heated, used with positive airway pressure device
	E0601	Continuous positive airway pressure (CPAP) device
	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)
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
	B4087	Gastrostomy / jejunostomy tube, standard, any material, any type, each
	B4088	Gastrostomy / jejunostomy tube, low- profile, any material, any type, each



4	5	6	7
DME Level	Manufacturer	Brand	Limits
2	React Health / Resmed / Respirationics	SIESTA, F20, AMARA VIEW, AND DREAMWEAR	1 per 3 month
2	React Health / Resmed / Respirationics	SIESTA, N20, DREAMWEAR, WISP	1 per 3 month
1	React Health	React Health	1 every 5 years
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
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
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
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
2	Medline	EntraFlow	30 per month
2	Avanos/Medline	Mic/Medline	1 every 3 months
2	Avanos	Mic-Key	1 every 3 months

1	2	3
Category	HCPCS Code	DME Description
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
	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
	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
	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
	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,
	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
Urological / Ostomy Equipment or Supplies	B9002	Enteral nutrition infusion pump - with alarm
	A4311	Insertion tray without drainage bag with indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
	A4312	Insertion tray without drainage bag with indwelling catheter; Foley type, two-way, all silicone
	A4313	Insertion tray without drainage bag with indwelling catheter; Foley type, three-way, for continuous irrigation
	A4314	Insertion tray with drainage bag with indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

4	5	6	7
DME Level	Manufacturer	Brand	Limits
1	Ross/Abbott	ALL BRANDS	Based on physician orders
1	Ross/Abbott	ALL BRANDS	Based on physician orders
1	Ross/Abbott	ALL BRANDS	Based on physician orders
1	Ross/Abbott	ALL BRANDS	Based on physician orders
1	Ross/Abbott	ALL BRANDS	Based on physician orders
1	Ross/Abbott	ALL BRANDS	Based on physician orders
2	Medline	COMPAT	1 every 5 years
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month

1	2	3
Category	HCPCS Code	DME Description
Urological / Ostomy Equipment or Supplies (continued)	A4315	Insertion tray with drainage bag with indwelling catheter; Foley type, two-way, all silicone
	A4316	Insertion tray with drainage bag with indwelling catheter; Foley type, three-way, for continuous irrigation
	A4338	Indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone)
	A4340	Indwelling catheter; specialty type, eg: coude, mushroom, wing, etc.), each
	A4344	Indwelling catheter; Foley type, two-way, all silicone, each
	A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each
	A4354	Insertion tray with drainage bag but without catheter
	A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
	A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
	A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each - Urology
	A4332	Lubricant, individual sterile packet, each
	A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
	A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or
	A4353	Intermittent urinary catheter, with insertion supplies
	A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each - Ostomy	

4	5	6	7
DME Level	Manufacturer	Brand	Limits
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 per month
2	Cardinal	Cardinal	2 per month
2	Coloplast Nefrostomía: Uresil	Coloplast Nefrostomía: Uresil	2 per month For Nephrostomy: : Uresil 2 per month unilateral and 4 per month if bilateral
2	Coloplast	COLOPLAST	1 every 3 months (urology)
2	Coloplast	COLOPLAST	200 per month
2	Coloplast	COLOPLAST	200 per month
2	Coloplast	COLOPLAST	200 per month
2	Coloplast	COLOPLAST	200 per month
2	Coloplast	COLOPLAST	200 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	1 every 3 months (ostomy)

1	2	3
Category	HCPCS Code	DME Description
Urological / Ostomy Equipment or Supplies (continued)	A4362	Skin barrier; solid, 4 x 4 or equivalent; each
	A4364	Adhesive, liquid or equal, any type, per oz
	A4367	Ostomy belt, eac
	A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per oz
	A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
	A4402	Lubricant, per ounce
	A4404	Ostomy ring, each
	A4405	Ostomy skin barrier; non-pectin based, paste, per ounce
	A4406	Ostomy skin barrier; pectin-based, paste, per ounce
	A4414	Ostomy skin barrier; with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
	A4415	Ostomy skin barrier; with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
	A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
	A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
	A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
	A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
	A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
	A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
	A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
	A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
	A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	



4	5	6	7
DME Level	Manufacturer	Brand	Limits
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	4 per month
2	Coloplast	COLOPLAST	1 per month
2	Coloplast	COLOPLAST	2 per month
2	Coloplast	COLOPLAST	10 per month
2	Coloplast	COLOPLAST	10 per month
2	Coloplast	COLOPLAST	4 per month
2	Coloplast	COLOPLAST	10 per month
2	Coloplast	COLOPLAST	4 per month
2	Coloplast	COLOPLAST	4 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	Based on physician orders
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month

1	2	3
Category	HCPCS Code	DME Description
Urological / Ostomy Equipment or Supplies (continued)	A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
	A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
	A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
	A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
	A4450	Tape, non-waterproof, per 18 square inches
	A4452	Tape, waterproof, per 18 square inches
	A5051	Ostomy pouch, closed; with barrier attached (1 piece), each
	A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
	A5053	Ostomy pouch, closed; for use on faceplate, each
	A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each
	A5055	Stoma cap
	A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each
	A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each
	A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each
	A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each
	A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
	A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each
	A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
	A5073	Bolsa de ostomía, urinaria; para uso en barrera con brida (pestaña) (2 piezas); cada una
	A5081	Plug para estoma o sello, cualquier tipo
	A5082	Dispositivo continente; catéter para estoma del continente
	A5083	Cubierta de absorción para estoma continente
	A5093	Accesorio para la ostomía; plug convexo
	A5121	Barrera de piel sólida tamaño 6X6, o equivalente, cada una
	A5122	Barrera de piel sólida tamaño 8X8, o equivalente, cada una
	A5126	Disco o almohadilla de espuma adhesivo o no adhesivo
	A5131	Limpiador para equipo, equipo de ostomía y de incontinencia, por 16 onzas
	A6216	Gasas, no impregnadas, no estériles, tamaño de la almohadilla 16 pulgadas cuadradas o menos, sin borde adhesivo, cada vendaje
	A4361	Placa frontal de ostomía cada uno

4	5	6	7
DME Level	Manufacturer	Brand	Límits
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	40 per month
2	Coloplast	COLOPLAST	40 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	60 per month
2	Coloplast	COLOPLAST	31 per month
2	Coloplast	COLOPLAST	40 per month
1	Coloplast	Coloplast	40 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 per month
2	Coloplast	COLOPLAST	20 por mes
2	Coloplast	COLOPLAST	31 por mes
2	Coloplast	COLOPLAST	1 por mes
2	Coloplast	COLOPLAST	150 por mes
2	Coloplast	COLOPLAST	10 por mes
2	Coloplast	COLOPLAST	20 por mes
2	Coloplast	COLOPLAST	20 por mes
2	Coloplast	COLOPLAST	20 por mes
2	Coloplast	COLOPLAST	1 por mes
2	Coloplast	COLOPLAST	60 por mes
2	Coloplast	COLOPLAST	3 por 6 meses

1	2	3
Category	HCPCS Code	DME Description
Urological / Ostomy Equipment or Supplies (continued)	A4371	Barrera para la piel, en polvo, por onza
	A4398	Suplido para irrigación de ostomía bolsa, cada una
	A4399	Suplido para irrigación de ostomía; cono/catéter; con o sin cepillo
	A4455	Removedor de pegamento o solvente (para cinta adhesiva, cemento u otro pegamento), por onza
	A5120	Barreras para la piel, tipo toallas o hisopos, por onza
	A4436	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange (2 Piece), Each
	A4437	Irrigation Supply; Cover, Reusable, Per Month
Suction Equipment and Supplies	E0600	Respiratory suction pump, home model, portable or stationary, electric
	A4624	Tracheal suction catheter; any type other than closed system, each
Patient Lifts	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (HOYER)
	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (Bariatric)
	E0635	Patient lift, electric with seat or sling
Commodes	E0163	Commode chair, mobile or stationary, with fixed arms
	E0165	Commode chair, mobile or stationary, with detachable arms
	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
Diabetic Monitors and Supplies	A4253	Blood glucose test or reagent strips for home blood glucose monitor; per 50 strips
	E0607	Home blood glucose monitor
	E2100	Blood glucose monitor with integrated voice synthesizer
	A4259	Lancets, per box of 100
CPMs	E0935	Continuous passive motion exercise device for use on knee only

4	5	6	7
DME Level	Manufacturer	Brand	Limits
2	Coloplast	COLOPLAST	10 por 6 meses
2	Coloplast	COLOPLAST	2 por 6 meses
2	Coloplast	COLOPLAST	2 por 6 meses"
2	Coloplast	COLOPLAST	16 por 6 meses
2	Coloplast	COLOPLAST	150 por 6 meses
1	Coloplast	Coloplast	1 per month
1	Coloplast	Coloplast	1 per month
2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
2	Curity Suction Catheter	Cardinal	90 per month with tracheotomy diagnosis; 12 per month for oral suction
2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
2	Medline	Medline	1 every 5 years
2	TRIVIDIA	TRUE METRIX	100 every 3 months if not using insulin or 300 every 3 months if using insulin
2	TRIVIDIA	TRUE METRIX	1 every 5 years
1	Embrace	Embrace	1 every 5 years
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
2	Kinetec USA	CPM KINETEC	1 for 21 days

1	2	3
Category	HCPCS Code	DME Description
Nebulizers	E0570	Nebulizer; with compressor
Wheel-chairs and Cushions	E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
	E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
	E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
Wheel-chairs and Cushions (continued)	E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
	E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
	K0003	Lightweight wheelchair
	E1038	Transport chair; adult size, patient weight capacity up to and including 300 pounds
	E1039	Transport chair; adult size, heavy duty, patient weight capacity greater than 300 pounds
	E1235	Wheelchair; pediatric size, rigid, adjustable, with seating system
	K0001	Standard wheelchair
	K0004	High strength, lightweight wheelchair
	K0006	Heavy duty wheelchair
	K0007	Extra heavy duty wheelchair
Lymphedema Supplies	E0669	Segmental pneumatic appliance for use with pneumatic compressor; half leg
Tracheotomy Supplies	A7520	Tracheotomy/laryngectomy tube, non- cuffed, polyvinylchloride (pvc), silicone or equal, each
	A4605	Tracheal suction catheter; closed system, each
Negative Pressure Wound Therapy	A6550	Negative pressure wound therapy pump bandage
	E2402	Negative pressure wound therapy pump
Power Operated and Motorized Vehicles	E1230	Power operated vehicle (three or four wheel non-highway) specify brand name and model number
	K0010	Standard - weight frame motorized/power wheelchair
	K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
	K0823	Power wheelchair, group 2 standard, captain's chair; patient weight capacity up to and including 300 pounds
	K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds



4	5	6	7
DME Level	Manufacturer	Brand	Limits
2	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Drive Medical	Drive Medical	1 every 5 years
1	Medline / Drive Medical	Medline / Drive Medical	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Medline	Medline	1 every 5 years
1	Bio Compression	HYDROVEN GARMENT	1 every 5 years
2	Medtronic	SHILEY	1 per 3 months
1	Avanos	KIM VENT (BALLARD)	Based on physician orders
1	Smith & Nephew	RENASYS	15 per month
1	Smith & Nephew	RENASYS	1 every 5 years
1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years
1	Merits / Drive Medical	Merits / Drive Medical	1 every 5 years

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-627-8183. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-627-8183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费<sup>的</sup>翻译服务, 帮助您解答关于健康或药物保险<sup>的</sup>任何疑问。如果您需要此翻译服务, 请致电 1-866-627-8183。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-866-627-8183。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-627-8183. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-627-8183. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-627-8183 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-627-8183. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-627-8183 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-627-8183. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-627-8183. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-627-8183 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-627-8183. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-627-8183. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-627-8183. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-627-8183. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、 1-866-627-8183 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

# Complete Health MCS Classicare (HMO)

MCS Classicare is an HMO plan subscribed by MCS Advantage, Inc. H5577\_2580724\_C

**CALL NOW!**



**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 from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m.