PROVIDERNOTICE

August 1, 2017

2017-33: Update: DME Authorizations Requirements

Louisiana Healthcare Connections is committed to working together with healthcare providers to deliver quality care to your patients – our members. **To that end, effective Monday, October 30, 2017, authorization requirements will be removed for the following Durable Medical Equipment (DME) Codes.**

Code	Description
E2603	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH
E2604	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN/GT DEPTH
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH
E2607	SKN PROTECT&PSTN WC SEAT CUSHN WDTH <22 IN DEPTH
E2608	SKN PROTCT&PSTN WC SEAT CUSHN WDTH 22 IN/GT DPTH
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE
E2611	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE
E2612	GEN WC BACK CUSHN WDTH 22 IN/GT HT MOUNT HARDWRE
E2613	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT
E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH <22 IN
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>
E2622	ADJ SKIN PRO W/C CUS WD<22IN
E2624	ADJ SKIN PRO/POS CUS<22IN
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
L2212	AFO-FRACTURE/TIBIAL FX ORTHOSIS-SOFT

Please Note: Also effective Oct. 30, 2017, authorization will be required for the following DME codes:

Code	Description
E0766	ELEC STIM CANCER TREATMENT
L1851	KO SINGLE UPRIGHT PREFAB OTS
L1852	KO DOUBLE UPRIGHT PREFAB OTS
C1822	GEN NEUROSTIM HI FREQ RECHARG BATT

If you have any questions regarding this notice, please contact your dedicated Provider

Relations Consultant or call Provider Services at 1-866-595-8133.