

Attachment E: Detailed Call Center Statistics and Program Specifics

The following tables provide an overview of prior authorization statistics.

Table A provides three months of monthly call center and prior authorization data at a summary and daily level. The data includes the number of PA requests received and created via fax, the number of PA calls received and authorizations created, the number of ePA requests that were auto-approved by CoverMyMeds, and the number of ePA requests that were queued for manual review by a call center representative.

Table A: Pharmacy Average Prior Authorization Requests by Method of Request Summary Data

	Faxes Received	PA (Fax) Created	Calls Received	PA (Phone) Created	ePA (Auto Approved)	ePA (Queued Manual Review)
Weekday	368	228	1,620	1,040	2,210	665
Weekend	63	14	123	53	159	47

Table A.1: Prior Authorization Request Detailed Reporting

Date	Faxes Received	PA (Fax) Created	Calls Received	PA (Phone) Created	ePA - Auto-Approved	ePA - Queued Manual Review	Other
8/25/2025	378	244	1,545	1,011	1,792	605	1
8/26/2025	354	217	1,587	1,011	2,043	693	0
8/27/2025	378	245	1,569	997	1,895	605	0
8/28/2025	367	227	1,608	1,068	1,975	650	3
8/29/2025	292	173	1,463	915	1,576	565	0
8/30/2025							
8/31/2025					74	9	0
9/1/2025	20	14	103	53	171	53	0
9/2/2025	350	216	1,524	970	2,048	627	1
9/3/2025	387	245	1,761	1,136	2,001	619	0
9/4/2025	338	205	1,701	1,096	2,195	698	0
9/5/2025	374	215	1,613	1,002	1,816	646	1
9/6/2025					193	73	0
9/7/2025					123	42	0
9/8/2025	345	226	1,550	1,037	2,188	632	0
9/9/2025	371	219	1,849	1,236	2,315	749	0
9/10/2025	384	240	1,767	1,111	2,224	705	0
9/11/2025	367	240	1,648	1,099	2,173	692	0
9/12/2025	323	211	1,508	936	1,808	677	0
9/13/2025					182	54	0
9/14/2025					110	46	0

Date	Faxes Received	PA (Fax) Created	Calls Received	PA (Phone) Created	ePA - Auto-Approved	ePA - Queued Manual Review	Other
9/15/2025	359	238	1,490	1,004	2,201	682	2
9/16/2025	365	228	1,633	1,027	2,144	752	0
9/17/2025	384	229	1,811	1,235	2,309	720	0
9/18/2025	381	230	1,685	1,136	2,083	717	1
9/19/2025	305	176	1,433	869	1,821	687	0
9/20/2025					230	76	0
9/21/2025					96	26	1
9/22/2025	275	178	1,420	888	2,068	655	0
9/23/2025	330	197	1,345	827	1,912	665	0
9/24/2025	322	180	1,375	854	1,919	660	0
9/25/2025	371	237	1,618	1,051	2,215	668	0
9/26/2025	320	207	1,409	854	1,775	624	0
9/27/2025					187	64	0
9/28/2025					115	20	2
9/29/2025	321	195	1,605	1,070	2,165	625	0
9/30/2025	338	213	1,739	1,110	2,035	626	0
10/1/2025	314	191	1,611	996	2,061	708	0
10/2/2025	315	174	1,450	872	1,929	690	0
10/3/2025	361	226	1,590	1,001	2,239	705	0
10/4/2025					182	58	0
10/5/2025					129	28	0
10/6/2025	368	221	1,642	1,069	2,743	664	0
10/7/2025	536	329	1,685	1,063	2,539	622	0
10/8/2025	428	269	1,544	992	2,654	743	1
10/9/2025	370	230	1,623	1,028	2,619	632	0
10/10/2025	370	219	1,773	1,142	2,414	593	4
10/11/2025					262	53	0
10/12/2025					130	23	0
10/13/2025	310	196	1,568	1,035	2,465	647	1
10/14/2025	340	215	1,688	987	2,567	638	1
10/15/2025	386	221	1,537	924	2,581	612	0
10/16/2025	379	210	1,683	1,064	2,573	602	0
10/17/2025	306	196	1,680	1,049	2,469	587	0
10/18/2025					213	51	0
10/19/2025					164	30	0
10/20/2025	554	360	1,929	1,309	756	167	1
10/21/2025	585	385	1,837	1,176	2,617	575	1
10/22/2025	451	297	1,910	1,258	3,456	808	1
10/23/2025	476	308	1,619	987	2,834	762	0

Date	Faxes Received	PA (Fax) Created	Calls Received	PA (Phone) Created	ePA - Auto-Approved	ePA - Queued Manual Review	Other
10/24/2025	392	267	1,598	994	2,346	666	0
10/25/2025					251	79	0
10/26/2025					161	29	0
10/27/2025	493	316	1,625	1,016	2,969	767	4
10/28/2025	430	272	1,879	1,177	2,904	742	2
10/29/2025	430	260	1,807	1,207	2,613	696	1
10/30/2025	394	218	1,636	998	2,536	665	0
10/31/2025	303	190	1,532	1,005	1,917	507	2
11/1/2025					191	39	0
11/2/2025					139	24	0
11/3/2025	385	212	1,533	997	2,580	604	3
11/4/2025	380	239	1,645	1,027	2,678	610	0
11/5/2025	346	222	1,630	998	2,545	641	0
11/6/2025	394	243	1,520	950	2,565	713	3
11/7/2025	356	229	1,573	1,017	2,117	525	0
11/8/2025					223	34	0
11/9/2025					153	37	0
11/10/2025	330	186	1,676	1,132	2,700	623	3
11/11/2025	351	210	1,472	904	2,645	705	0
11/12/2025	388	254	1,628	1,018	2,700	671	0
11/13/2025	421	278	1,565	1,012	2,601	627	1
11/14/2025	367	217	1,544	987	1,853	476	2
11/15/2025					237	92	0
11/16/2025					154	35	0
11/17/2025	354	227	1,736	1,065	2,749	630	6
11/18/2025	365	241	1,718	1,136	2,893	694	2
11/19/2025	378	229	1,820	1,171	2,703	601	0
11/20/2025	412	267	1,664	1,062	2,776	671	1
11/21/2025	345	230	1,507	925	2,394	579	0
11/22/2025					257	90	0
11/23/2025					171	30	0

Table B: Acentra Automated PA Statistics

Table B provides the average number of PA requests processed by Acentra on a monthly basis. Acentra PAs are those transmitted electronically by Prime through an established connection to Acentra to receive either an automated approval of the clinical criteria or a denial response. Electronic PAs are requests from the pharmacy point of sale to General Dynamics Information Technology (GDIT) and then to Acentra. Acentra provides either an automated approval of the clinical criteria or a denial response that PA is required.

Table B: Total Number of PA Requests, Denials, and Approvals (September – November 2025).

Request Type	Average Denied	Average Approved	Average Total
Prime	3,324	19,479	22,803
Electronic-CSC (P4) (now GDIT)	104,870	178,889	283,759
Total Requests	108,194	198,368	306,562

**Table C: Pharmacy-related DME PA Volume
Paid Claim Counts and Paid Amounts – 2024**

The tables below provide data on DME claims, medical supplies billed via a pharmacy, and enteral claims data at a summary and detail level for calendar year 2024.

- DME Supplier Procedure Claim Count represents medical supplies billed via a medical code by a DME provider
- RX Procedure Claim Count (Procedure Code) represents medical supplies billed via a pharmacy claim and utilizing a procedure code
- Rx NDC Claim Count represents medical supplies billed via a pharmacy claim and utilizing an NDC
- DME POS Prior Authorization Required represents enteral products requiring authorization through the current DME request system.
- DVS Prior Authorization represents authorizations issued via the Dispensing Validation System
- Prior Approval Required indicates a PA request that could be obtained through a paper form, an ePaces request, or an X12N 278 Electronic Data Interchange (EDI) PA/PCR transaction.

Table C: DME, Medical Supply, and Enteral Claims Summary Data

Claim Status	DME Supplier Procedure Claim Count	Rx Procedure Claim Count	Rx NDC Claim Count
DME POS Prior Authorization (enteral products)	36,463	43,158	
DVS Prior Authorization	991,234	105,512	1,928
Prior Approval Required	7,098	11	
No Prior Approval Required	220,442	433,006	1,197,493
Total	1,255,237	581,687	1,199,421

Table C.1: DME, Medical Supply, and Enteral Claims Detail Data

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	DVS Prior Authorization	42	-	-	-
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	Prior Approval Required	6,713	-	-	-
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	No Prior Approval	263	-	-	-
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	No Prior Approval	9	-	-	-
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	No Prior Approval	2	-	-	-
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	DVS Prior Authorization	44	-	-	-
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DVS Prior Authorization	88	-	-	-
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DVS Prior Authorization	137	-	-	-
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	DVS Prior Authorization	7	-	-	-
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	DVS Prior Authorization	27	-	-	-
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	DVS Prior Authorization	10	-	-	-
A4453	RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH ANY TYPE TRANSANAL IRRIGATION SYSTEM, EACH	DVS Prior Authorization	2	-	-	-
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	DVS Prior Authorization	6,172	-	-	-
A4457	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	No Prior Approval	2	-	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4459	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER RESERVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE	DVS Prior Authorization	1	-	-	-
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	DVS Prior Authorization	486	-	-	-
A4554	DISPOSABLE UNDERPADS, ALL SIZES	DVS Prior Authorization	175,505	-	-	-
A4616	TUBING, (OXYGEN), PER FOOT	No Prior Approval	57	-	-	-
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	DVS Prior Authorization	3	-	-	-
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	DVS Prior Authorization	33	-	-	-
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	DVS Prior Authorization	444	-	-	-
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	DVS Prior Authorization	1,480	-	-	-
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	DVS Prior Authorization	9	-	-	-
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	DVS Prior Authorization	3	-	-	-
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	No Prior Approval	19	-	-	-
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	No Prior Approval	522	-	-	-
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	166	-	-	-
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	131	-	-	-
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	55	-	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No Prior Approval	3	-	-	-
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	No Prior Approval	45	-	-	-
A7523	TRACH SHOWER PROTECTOR, EACH	No Prior Approval	5	-	-	-
B4220	PARENTERAL NUT SUPPLY KIT; PREM	No Prior Approval	54	-	-	-
B4224	PARENTERAL NUT ADMINISTRATION	No Prior Approval	82	-	-	-
B9998	NOC FOR ENTERAL SUPPLIES	Prior Approval Required	13	-	-	-
E0188	SYNTHETIC SHEEPSKIN PAD	No Prior Approval	2	-	-	-
E0607	HOME BLOOD GLUCOSE MONITOR	No Prior Approval	23	-	-	-
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	Prior Approval Required	298	-	-	-
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	No Prior Approval	24	-	-	-
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	No Prior Approval	6	-	-	-
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	No Prior Approval	1	-	-	-
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	No Prior Approval	10	-	-	-
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	DVS Prior Authorization	21,112	-	-	-
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	DVS Prior Authorization	52,713	-	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	DVS Prior Authorization	52,517	-	-	-
T4524	ADULT-SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	DVS Prior Authorization	53,925	-	-	-
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	DVS Prior Authorization	723	-	-	-
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	DVS Prior Authorization	9,482	-	-	-
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	DVS Prior Authorization	41,095	-	-	-
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	DVS Prior Authorization	65,277	-	-	-
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	DVS Prior Authorization	99,639	-	-	-
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	DVS Prior Authorization	58,774	-	-	-
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	DVS Prior Authorization	58,662	-	-	-
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	DVS Prior Authorization	1,647	-	-	-
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	No Prior Approval	9,325	55,519	-	-
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	DVS Prior Authorization	10,566	26,399	-	-
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK	No Prior Approval	54	17,273	-	-
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 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	DME POS Prior Authorization	7,510	17,036	-	-
B4035	ENTERAL FEEDING SUPPLY KIT: PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING	DVS Prior Authorization	7,320	10,233	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
	SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE					
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	DME POS Prior Authorization	13,498	9,955	-	-
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	No Prior Approval	63	7,395	-	-
E0603	BREAST PUMP ELECTRIC (AC/DC), ANY TYPE	DVS Prior Authorization	58,616	6,979	-	-
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE	DVS Prior Authorization	7,960	6,975	-	-
A4232	SYRINGE/NEEDLE-EXT. INSUL. PUM	DVS Prior Authorization	9,726	6,697	-	-
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	DME POS Prior Authorization	2,968	5,091	-	-
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	No Prior Approval	4	3,946	-	-
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (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	DME POS Prior Authorization	2,535	3,780	-	-
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	9,890	3,667	-	-
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	DVS Prior Authorization	75	3,542	-	-
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	DVS Prior Authorization	3,847	2,951	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
E0605	VAPORIZER, ROOM TYPE	DVS Prior Authorization	34	2,678	-	-
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	No Prior Approval	-	2,545	-	-
B4185	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	No Prior Approval	-	2,508	-	-
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	DVS Prior Authorization	1,753	2,434	-	-
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	DME POS Prior Authorization	2,965	2,248	-	-
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	No Prior Approval	6,239	1,960	-	-
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	No Prior Approval	965	1,944	-	-
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	DVS Prior Authorization	2,916	1,944	-	-
A4287	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH	No Prior Approval	49,851	1,908	-	-
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	DVS Prior Authorization	138	1,561	-	-
E0215	ELECTRIC HEAT PAD MOIST	DVS Prior Authorization	259	1,463	-	-
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	DME POS Prior Authorization	2,072	1,168	-	-
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	DVS Prior Authorization	7,313	1,142	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
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	DME POS Prior Authorization	2,395	1,138	-	-
B4034	ENTERAL FEEDING SUPPLY KIT: SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	DVS Prior Authorization	1,856	1,129	-	-
B4197	P NT SL CP AA + CB W EL TE V S	No Prior Approval	-	1,125	-	-
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, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	DME POS Prior Authorization	1,539	1,049	-	-
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	No Prior Approval	4,173	1,034	-	-
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	DME POS Prior Authorization	258	1,022	-	-
A4402	LUBRICANT, PER OUNCE	DVS Prior Authorization	8,552	985	-	-
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	No Prior Approval	4,750	949	-	-
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	No Prior Approval	7,180	875	-	-
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	DVS Prior Authorization	145	862	-	-
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	No Prior Approval	6,771	853	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No Prior Approval	567	806	-	-
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	No Prior Approval	1	781	-	-
V5266	BATTERY FOR USE IN HEARING DEVICE	No Prior Approval	3,458	766	-	-
A4244	ALCOHOL OR PEROXIDE, PER PINT	No Prior Approval	337	758	-	-
B4036	ENTERAL FEEDING SUPPLY KIT: GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	DVS Prior Authorization	516	747	-	-
E0210	ELECTRIC HEAT PAD, STANDARD	DVS Prior Authorization	51	729	-	-
A4930	GLOVES, STERILE PER PAIR	DVS Prior Authorization	652	721	-	-
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	DVS Prior Authorization	3,565	695	-	-
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	DVS Prior Authorization	962	680	-	-
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	No Prior Approval	3,726	679	-	-
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	DVS Prior Authorization	-	619	-	-
A4217	STERILE WATER/SALINE,500 ML	No Prior Approval	4,054	610	-	-
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	DVS Prior Authorization	5,772	577	-	-
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	No Prior Approval	-	566	-	-
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	No Prior Approval	-	545	-	-
B4082	NASOGASTRIC TUBING WITHOUT STYLET	DVS Prior Authorization	108	533	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	293	521	-	-
A6216	GAUZE NON-IMP NON-STER UP TO 1	No Prior Approval	1,417	520	-	-
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	2,783	497	-	-
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	DME POS Prior Authorization	433	493	-	-
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	709	489	-	-
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	DVS Prior Authorization	3,635	477	-	-
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	DVS Prior Authorization	126	472	-	-
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	3,816	466	-	-
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	DVS Prior Authorization	3,569	453	-	-
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	404	451	-	-
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE OR POLYURETHANE, EACH	No Prior Approval	613	449	-	-
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO	No Prior Approval	1,267	426	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
	48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING					
B4189	P NT SL CP AA & CB W EL TE V S	No Prior Approval	-	417	-	-
B4193	P NT SL CP AA & CB W EL TE V S	No Prior Approval	-	406	-	-
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	DVS Prior Authorization	2,578	404	-	-
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	DVS Prior Authorization	2,878	396	-	-
B4199	P NT SL CP AA + CB W EL TE V S	No Prior Approval	-	387	-	-
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	No Prior Approval	271	355	-	-
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	No Prior Approval	906	353	-	-
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	DVS Prior Authorization	3,386	351	-	-
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	DVS Prior Authorization	2,015	338	-	-
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	DVS Prior Authorization	1	334	-	-
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	DVS Prior Authorization	193	328	-	-
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	No Prior Approval	806	326	-	-
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	No Prior Approval	2,109	314	-	-
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	No Prior Approval	3,704	312	-	-
E0602	BREAST PUMP, MANUAL, ANY TYPE	No Prior Approval	2,068	308	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	No Prior Approval	10	280	-	-
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE	DVS Prior Authorization	3,249	251	-	-
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	DVS Prior Authorization	6	250	-	-
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	No Prior Approval	508	235	-	-
A6412	EYE PATCH, OCCLUSIVE, EACH	No Prior Approval	-	234	-	-
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	No Prior Approval	2,191	231	-	-
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	DVS Prior Authorization	10	212	-	-
B4216	P NT ADD VT TE HEP EL HOMEMIX	No Prior Approval	-	208	-	-
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	DVS Prior Authorization	592	202	-	-
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No Prior Approval	3,234	194	-	-
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	DVS Prior Authorization	1,134	191	-	-
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	2	191	-	-
B4081	NASOGASTRIC TUBING WITH STYLET	DVS Prior Authorization	17	188	-	-
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	DVS Prior Authorization	3,281	186	-	-
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	239	185	-	-
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	DVS Prior Authorization	2,063	181	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSIN	No Prior Approval	3,595	180	-	-
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	DVS Prior Authorization	185	172	-	-
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	741	169	-	-
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No Prior Approval	253	166	-	-
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	DME POS Prior Authorization	290	163	-	-
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	947	158	-	-
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	No Prior Approval	1,122	157	-	-
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OREQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	276	156	-	-
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	No Prior Approval	14	152	-	-
A6217	A6216; MORE THAN 16 UP TO 48SQ	No Prior Approval	283	149	-	-
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	No Prior Approval	330	145	-	-
A4367	OSTOMY BELT, EACH	DVS Prior Authorization	1,941	136	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	No Prior Approval	372	130	-	-
B4187	OMEGAVEN, 10 GRAMS LIPIDS	No Prior Approval	-	129	-	-
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	1,632	126	-	-
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	124	120	-	-
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	DVS Prior Authorization	283	114	-	-
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No Prior Approval	440	112	-	-
A4266	DIAPHRAGM KIT	No Prior Approval	-	109	-	-
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY ANY SIZE, EACH	DVS Prior Authorization	449	107	-	-
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	821	106	-	-
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	No Prior Approval	865	103	-	-
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	No Prior Approval	59	101	-	-
A4628	ORAL AND/OR OROPHARYNGEAL SUCTION CATHETER, EACH	No Prior Approval	4,958	100	-	-
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No Prior Approval	506	100	-	-
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ.IN. OR LESS, EACH DRESSING	No Prior Approval	1,630	99	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	DVS Prior Authorization	831	95	-	-
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	1,087	93	-	-
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	DVS Prior Authorization	4	91	-	-
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	No Prior Approval	-	91	-	-
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH, DVS Prior Authorization	186	91	-	-	-
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	1,179	85	-	-
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No Prior Approval	3,045	81	-	-
S5561	INSULIN PEN 3ML	DVS Prior Authorization	-	77	-	-
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	691	75	-	-
A7002	TUBING, USED WITH SUCTION PUMP, EACH	No Prior Approval	6,612	75	-	-
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	No Prior Approval	3,962	73	-	-
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	1,559	72	-	-
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	No Prior Approval	127	70	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	DVS Prior Authorization	1,497	69	-	-
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	No Prior Approval	1,021	66	-	-
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	No Prior Approval	12	65	-	-
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	DVS Prior Authorization	46	62	-	-
A4570	SPLINT	No Prior Approval	-	59	-	-
A4565	SLINGS	No Prior Approval	207	57	-	-
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	DVS Prior Authorization	600	56	-	-
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	237	56	-	-
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	DVS Prior Authorization	129	52	-	-
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	No Prior Approval	114	48	-	-
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	No Prior Approval	428	46	-	-
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	No Prior Approval	6,905	46	-	-
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	DVS Prior Authorization	939	45	-	-
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	No Prior Approval	598	45	-	-
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	No Prior Approval	31	42	-	-

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A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	38	42	-	-
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	4	41	-	-
A4620	VARIABLE CONCENTRATION MASK	No Prior Approval	11	40	-	-
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	146	40	-	-
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	DVS Prior Authorization	183	38	-	-
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	No Prior Approval	624	38	-	-
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	179	38	-	-
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	53	38	-	-
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	No Prior Approval	102	38	-	-
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	127	38	-	-
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	DVS Prior Authorization	-	36	-	-
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	No Prior Approval	540	36	-	-
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	DVS Prior Authorization	136	36	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	No Prior Approval	5	36	-	-
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	No Prior Approval	510	36	-	-
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE),	DVS Prior Authorization	48	34	-	-
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	No Prior Approval	22	34	-	-
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	No Prior Approval	-	33	-	-
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	DVS Prior Authorization	51	33	-	-
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECESYSTEM), WITHOUT FILTER, EACH	DVS Prior Authorization	272	32	-	-
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	No Prior Approval	356	31	-	-
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	DVS Prior Authorization	46	31	-	-
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	DVS Prior Authorization	198	31	-	-
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESSTHAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	20	31	-	-
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	DVS Prior Authorization	94	30	-	-
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	No Prior Approval	136	30	-	-
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	DVS Prior Authorization	200	28	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	116	28	-	-
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	DVS Prior Authorization	238	27	-	-
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	DVS Prior Authorization	243	26	-	-
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	No Prior Approval	3,262	26	-	-
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	No Prior Approval	247	26	-	-
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	11	26	-	-
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No Prior Approval	56	26	-	-
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	216	26	-	-
E0191	HEEL OR ELBOW PROTECTOR EACH	No Prior Approval	14	26	-	-
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	No Prior Approval	25	25	-	-
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	212	24	-	-
A4635	UNDERARM PAD, CRUTC, REPLACEMENTTT EACH	No Prior Approval	-	23	-	-
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	No Prior Approval	100	23	-	-
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	No Prior Approval	482	23	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	DVS Prior Authorization	26	23	-	-
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	No Prior Approval	3,043	22	-	-
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	DVS Prior Authorization	18	21	-	-
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	No Prior Approval	305	21	-	-
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	No Prior Approval	83	21	-	-
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT =1 DAY SUPPLY	DVS Prior Authorization	49	21	-	-
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DVS Prior Authorization	226	20	-	-
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	DVS Prior Authorization	-	19	-	-
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	DVS Prior Authorization	201	19	-	-
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No Prior Approval	382	19	-	-
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	No Prior Approval	-	18	-	-
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	DVS Prior Authorization	116	18	-	-
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	No Prior Approval	1	18	-	-
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVIC	DVS Prior Authorization	6,944	17	-	-
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	DVS Prior Authorization	96	17	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A4623	TRACHEOSTOMY, INNER CANNULA	No Prior Approval	1,289	16	-	-
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	No Prior Approval	455	16	-	-
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	DVS Prior Authorization	4	15	-	-
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MMAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 10100 CALORIES 1 UNIT	DME POS Prior Authorization	-	15	-	-
B4180	PR NT SOL CRB DX GREAT TH 50%	No Prior Approval	-	15	-	-
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	DVS Prior Authorization	307	14	-	-
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	DVS Prior Authorization	133	14	-	-
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	946	14	-	-
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No Prior Approval	21	14	-	-
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH	DVS Prior Authorization	21	14	-	-
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	DVS Prior Authorization	149	13	-	-
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	DVS Prior Authorization	33	13	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	DVS Prior Authorization	15	13	-	-
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	DVS Prior Authorization	56	12	-	-
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	8	12	-	-
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	DVS Prior Authorization	-	12	-	-
A4361	OSTOMY FACE PLATE, EACH	DVS Prior Authorization	-	11	-	-
A4400	OSTOMY IRRIGATION SET EACH	DVS Prior Authorization	167	11	-	-
A4649	SURGICAL SUPPLY MISC	Prior Approval Required	74	11	-	-
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	No Prior Approval	186	11	-	-
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	DVS Prior Authorization	394	10	-	-
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No Prior Approval	10	10	-	-
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	DVS Prior Authorization	6	9	-	-
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	No Prior Approval	149	9	-	-
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	DVS Prior Authorization	240	9	-	-
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	DVS Prior Authorization	1	9	-	-
A5093	OSTOMY ACCESSORY CONVEX INSERT	DVS Prior Authorization	2	9	-	-
E0325	URINAL MALE JUG-TYPE ANY MATERIAL	DVS Prior Authorization	37	9	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT, EACH	No Prior Approval	-	9	-	-
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	DVS Prior Authorization	-	8	-	-
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	DVS Prior Authorization	116	8	-	-
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	DVS Prior Authorization	78	8	-	-
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	No Prior Approval	963	8	-	-
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	No Prior Approval	74	8	-	-
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	No Prior Approval	97	8	-	-
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	No Prior Approval	10	8	-	-
A4404	OSTOMY RING, EACH	DVS Prior Authorization	212	7	-	-
A6411	EYE PAD, NON-STERILE, EACH	No Prior Approval	-	7	-	-
A7525	TRACHEOSTOMY MASK, EACH	No Prior Approval	2,393	7	-	-
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	DVS Prior Authorization	25	6	-	-
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	No Prior Approval	96	6	-	-
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	29	6	-	-
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	No Prior Approval	-	6	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	33	6	-	-
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	No Prior Approval	32	5	-	-
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	DVS Prior Authorization	725	5	-	-
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DVS Prior Authorization	199	5	-	-
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	DVS Prior Authorization	27	5	-	-
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	1	5	-	-
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	No Prior Approval	167	4	-	-
A4458	ENEMA BAG WITH TUBING, REUSABLE	DVS Prior Authorization	2	4	-	-
A4615	CANNULA NASAL	No Prior Approval	29	4	-	-
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	No Prior Approval	-	4	-	-
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	1,656	4	-	-
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMAHEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No Prior Approval	124	4	-	-
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	No Prior Approval	1,799	4	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
B4178	PAR NUT SOL AA GREATER TH 8.5%	No Prior Approval	-	4	-	-
E2102	ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	DVS Prior Authorization	95	4	-	-
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	No Prior Approval	120	4	-	-
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	DVS Prior Authorization	187	3	-	-
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	DVS Prior Authorization	101	3	-	-
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No Prior Approval	22	3	-	-
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	78	3	-	-
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUTADHESIVE BORDER, EACH DRESSING	No Prior Approval	1,545	3	-	-
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No Prior Approval	1,154	3	-	-
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	No Prior Approval	-	3	-	-
B4176	PR NT SOL AA 7-8.5% 500ML=1 U	No Prior Approval	-	3	-	-
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	No Prior Approval	24	2	-	-
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	No Prior Approval	47	2	-	-
A4387	OSTOMY POUCH, CLOSED, WITH ATTACHED BARRIER, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	DVS Prior Authorization	-	2	-	-
A5081	STOMA PLUG OR SEAL, ANY TYPE	DVS Prior Authorization	45	2	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	No Prior Approval	-	2	-	-
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSIN	No Prior Approval	18	2	-	-
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No Prior Approval	49	2	-	-
A6410	EYE PAD, STERILE, EACH	No Prior Approval	-	2	-	-
E0275	BED PAN STANDARD METAL OR PLASTIC	DVS Prior Authorization	9	2	-	-
S5560	INSULIN PEN REUSABLE 1.5 ML	DVS Prior Authorization	-	2	-	-
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	DVS Prior Authorization	305	1	-	-
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	DVS Prior Authorization	61	1	-	-
A4368	OSTOMY FILTER, ANY TYPE, EACH	DVS Prior Authorization	5	1	-	-
A4396	OSTOMY BELT W/PERISTOMAL HERNIA SUPPORT	DVS Prior Authorization	76	1	-	-
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	DVS Prior Authorization	68	1	-	-
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	No Prior Approval	1,603	1	-	-
A4619	FACE TENT	No Prior Approval	-	1	-	-
A5055	STOMA CAP EACH	DVS Prior Authorization	13	1	-	-
B4164	PAR NUT SOL CAR 50 % OR LESS-5	No Prior Approval	-	1	-	-
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	No Prior Approval	-	1	-	-

Procedure Code	Procedure Description	PA Code	DME Claim Count	Rx Claim Count (Procedure Code)	NDC Billing Split	NDC Claim Count
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	DVS Prior Authorization	-	1	-	-
E0276	BED PAN FRACTURE METAL OR PLASTIC	DVS Prior Authorization	1	1	-	-
S8460	CAMISOLE, POST-MASTECTOMY	No Prior Approval	2	1	-	-
A4215	NEEDLE, STERILE, ANY SIZE, EACH	No Prior Approval	0	106,214	68%	225,727
A4259	LANCETS, PER BOX OF 100	No Prior Approval	159	104,069	81%	437,173
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	No Prior Approval	5,451	10,252	79%	58,628
A4245	ALCOHOL WIPES, PER BOX	No Prior Approval	1,141	74,146	85%	425,259
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	No Prior Approval	0	3,778	87%	24,279
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	No Prior Approval	1	3,122	65%	5,712
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	No Prior Approval	11	1,415	79%	5,318
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	No Prior Approval	0	3,849	79%	14,323
A4927	GLOVES, NON-STERILE, PER 100	DVS Prior Authorization	109,350	15,020	2%	1,928
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	No Prior Approval	0	907	33%	448
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	No Prior Approval	0	2,161	22%	626

Table D: Diabetic Supply Utilization

The following tables contain quarterly utilization for the period of 3/1/2025 – 5/31/2025 along with annualized (2025) utilization for diabetic supplies processed through the pharmacy claims system. PDL status indicates whether the supply is preferred (P) or nonpreferred (NP).

Table D: Diabetic Supply Summary Utilization Data

Description	Quarterly Utilization (3/1/2025 – 5/31/2025)	Annual Utilization
Test Strips	12,773,053	51,092,212
CGM Sensors	97,522	390,088
Insulin Pumps	12,624	50,496

Table D.1: Diabetic Test Strip Detailed Utilization Data

Test Strips	Quarterly Strips Dispensed	Market Share	PDL Status
FREESTYLE INSULINX STRIPS	16,550	0.1%	P
FREESTYLE LITE STRIPS	5,001,850	39.2%	P
FREESTYLE PRECISION NEO STRIPS	43,178	0.3%	P
FREESTYLE STRIPS	105,150	0.8%	P
PRECISION XTRA STRIPS	10,300	0.1%	P
CONTOUR NEXT STRIPS	7,509,075	58.8%	P
CONTOUR STRIPS	76,650	0.6%	P
ONE TOUCH VERIO STRIPS	3,250	0.0%	NP
ONE TOUCH ULTRA BLUE STRIPS	7,050	0.1%	NP
Quarterly Total	12,773,053		
Annual Total	51,092,212		

Table D.2: Diabetic Continuous Glucose Monitor Detailed Utilization Data

CGM Sensors	Quarterly Claims	Market Share	PDL Status
DEXCOM G6 TRANSMITTER	4,637	4.8%	P
FREESTYLE LIBRE 14 DAY SENSOR KIT	2,392	2.5%	P
FREESTYLE LIBRE 2 SENSOR KIT	18,750	19.2%	P
FREESTYLE LIBRE 2 PLUS SENSOR	635	0.7%	P
FREESTYLE LIBRE 3 SENSOR PLUS KIT	12,390	12.7%	P
DEXCOM G7 SENSOR	46,299	47.5%	P
DEXCOM G6 SENSOR	12,419	12.7%	P
Quarterly Total	97,522		
Annual Total	390,088		

Table D.3: Diabetic Insulin Pump Detailed Utilization Data

Insulin Pumps	Quarterly Claims	Market Share	PDL Status
CEQUR SIMPLICITY INSERTER	38	0.3%	P
CEQUR SIMPLICITY	375	3.0%	P
OMNIPOD 5 (G6/G7) INTRO KIT	493	3.9%	P
OMNIPOD 5 (G6/LIBRE 2 PLUS) INTRO KIT	55	0.4%	P
OMNIPOD 5 (G6/LIBRE 2 PLUS) PODS	167	1.3%	P
OMNIPOD DASH	564	4.5%	P
OMNIPOD 5 (G6/G7) PODS	10,870	86.1%	P
V-GO	25	0.2%	P
OMNIPOD	37	0.3%	NR
Quarterly Total	12,624		
Annual Total	50,496		

Table E: Eligibility and Outreach Contact Center Activities

The following tables provide details on eligibility and outreach activities performed by the outreach contact center for the six-month period as noted in the tables.

- Office Hours indicates the number of monthly office hours sessions that are made available for provider assistance.
- Email Inquiries provides the number of emails responded to monthly.
- Monthly Webinars provides the number of webinars offered monthly to providers (pharmacy and/or prescribers) or to NYRx.
- Key Stakeholder meetings are held with DOH and other state agencies or with key stakeholders such as provider coalitions or advocacy groups.
- Publications include documents that are created or revised and published during the month. Examples include Drug Class Overviews, Billing Guidance, and clinical highlights.

Table E: Summary Engagement and Outreach Statistics

Month/ Year	Total Number of Office Hour Sessions	Total Number of Email Inquiries	Total Number of Monthly Webinars	Total Number of Key Stakeholder Meetings	Total Number of Publications	Total Number of Newsletters
April 2025	18	205	13	10	18	4
May 2025	16	204	12	7	13	4
July 2025	19	222	18	6	15	4
August 2025	16	235	14	5	21	8
September 2025	17	140	12	7	27	6
October 2025	18	178	14	7	23	4
Averages	17	197	14	7	20	5

Table F: Monthly YouTube Presentations

Month/Year	April 2025	May 2025	July 2025	August 2025	September 2025	October 2025
PDP/PDL	77	77	80	90	107	112
BLTG	28	28	28	31	379	385
DUR	70	70	70	80	91	98
DO	52	52	54	54	55	59
ST	20	20	21	12	14	16
CC	12	12	16	30	33	39
CoverMyMeds ePA	0	0	46	71	117	138
Totals	259	259	315	368	796	847

Table G: Monthly Call Center Statistics for the Eligibility and Outreach Call Center

Month/ Year	Total Number of Phone Calls	Average Answer Speed (in seconds)	Average Handle Time by Month in Minutes and Seconds
April 2025	197	3	6 min. 55 sec.
May 2025	167	3	7 min. 55 sec.
July 2025	185	3	6 min. 47 sec.
August 2025	184	3	7 min. 20 sec.
September 2025	182	N/A	6 min. 35 sec.
October 2025	228	3	6 min. 48 sec.
Averages	190	3	7 min. 3 sec.

Table H: Summary information for Physician Administered Drugs

All PAD Claims

Total FFS PAD Claims SFY25

236,717

PAD Claims with Criteria Applied

Total of Total Claims - SFY25

9,665