

Durable Medical Equipment (DME)

Related Policies:

[MP-067 Speech Generating Devices](#)

Policy REIMB-030

Origination Date: 07/28/2021

Reviewed/Revised Date: 02/28/2024

Next Review Date: 02/28/2025

Current Effective Date: 04/28/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits to a member because of certain medical conditions and/or illnesses that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and is appropriate for use in the home.

"Standard DME" is one that will adequately meet the medical needs of the patient and is not designed or customized for a specific individual's use. "Nonstandard DME" is any item that has certain convenience or luxury features. Electrical or mechanical features that enhance standard or basic equipment usually serve a convenience function. Consult the member's booklet for coverage information regarding nonstandard DME, add-ons or upgrades.

DME may be reimbursed as a rental, purchased or leased/capped rental. Capped rental items are items that undergo an initial rental but after a period of time, the rental is converted to a purchase with the rental payments over the preceding period applied to the purchase price. Capped rentals are applied in settings when the equipment is likely to have long term use but also may not be tolerated or adhered to by the patient and thus upfront purchase is not cost effective. Capped rentals provide a more cost effective approach to coverage of for the member who often has a significant associated co-insurance for the DME equipment.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans provides coverage for standard DME when specific criteria are met.

Criteria for Standard DME Coverage (ALL Must Be Met):

- A. It is only available by a Provider prescription;
- B. Provides a therapeutic benefit to the member and is NOT primarily used for non-medical purposes;
- C. Must be prescribed by a qualified health care provider;
- D. Required to complete Activities of Daily Living (ADLs);
- E. Can withstand repeated use over an extended period and is not disposable;
- F. Is usable only for member with specific health conditions;
- G. The equipment does not have significant non-medical uses (e.g., environmental control equipment, air conditioners, air filters, and humidifiers, whirlpool equipment, home exercise or SPA equipment);
- H. Not used for duplication or replacement of lost, damaged, or stolen items; and
- I. Is not attached to a home or vehicle.

Batteries are only covered in the following circumstances:

- A. To power a wheelchair or other medical devices in which a specially configured proprietary battery is necessary to power the covered device; or
- B. For insulin pumps and insulin infusion pumps.

Repair of DME is only covered if pre-approved and estimated costs are less than replacement costs.

DME and Related Services not covered by the Plan include the following:

- A. Excluded DME for which there is a lack of evidence of clinical benefit in the published peer-reviewed literature
- B. Specific training and testing in conjunction with provision of the DME or prosthetics
- C. Equipment purchased from non-licensed DME vendor unless approved prior to purchase by the Plan

Certain DME is specifically excluded from coverage as clinical efficacy is not established or the items are available and can be purchased without a qualified health care provider prescription. This list includes the following:

- A. Transcutaneous Electrical Neurostimulation (TENS)
- B. Incontinence supplies such as diaper, incontinence pads
- C. Functional Neurostimulation
- D. H-wave electronic device
- E. Sympathetic Therapy Stimulator
- F. Home whirlpool or SPA equipment
- G. DME to allow participation in sporting activities
- H. Continuous Passive Motion Devices for Any Indication
- I. Custom Foot orthotics/inserts/heel pads except for specific custom shoes or inserts for diabetics which are prior authorized

Tubing for suction pumps, A7002, will allow only 12 units per 30 days or 36 units per 90 days.

U of U Health Plans exclude and do not cover DME for which there is a lack of evidence of clinical benefit in the published peer reviewed literature or they do not meet the coverage criteria described above. This includes the following items (may not be inclusive):

- | | | |
|---|---------------------------|---|
| • adaptive devices or aids to daily living | • bed baths | • buggy, stroller |
| • air conditioners | • bed board | • cane |
| • air purifier | • bed cradle | • car seat, standard |
| • alarm systems | • bed wedges, foam slants | • car/van lift |
| • allergy-free bedding | • bed, oscillating | • carafe |
| • arch supports, insoles, heel cushions | • bed, pressure therapy | • cervical pillow |
| • auto-tilt chair | • beeper | • chair, adjustable |
| • barrel crawl | • biofeedback device | • circle balance discs |
| • battery charger (except for those used for covered batteries) | • blood pressure cuff | • cleaning solutions |
| | • booster chair | • coagulation protime self-testing device |
| | • braille teaching texts | • communicative device, equipment |

- or repair (except as outlined in MP-067 Speech Generating Devices)
- compression stockings
- computer systems or components
- computerized assistive devices
- continuous hypothermia machine
- contour chair
- cooling devices post orthopedic procedures
- cranial electro stimulation
- crawler, height adjustable
- crawling coordination training unit
- crutches
- cuff weights
- cushions and mattresses
- dehumidifiers
- deionizer
- diapers, non-disposable
- drionic machine
- dry air mattress
- dynamic splints
- electrodes and accessories for non-covered stimulators
- electronic controlled thermal therapy devices
- electrostatic machine
- elevators
- emesis basins
- EMG machine
- environmental control systems
- erectile aid system
- exercise equipment
- eyeglasses
- face masks (disposable/non-disposable)
- functional knee brace for patellofemoral syndrome
- grab bars
- gym mat
- hand controls for motor vehicle
- handgrip replacement
- head float
- hearing aids, hearing devices
- heat lamps
- heating pads, hot water bottle
- home modifications
- home physical therapy kits
- hospital grade breast pump
- hot tub
- humidifier except for those used for approved respiratory equipment
- humidifier, room or central heating
- hydrocollator unit
- hydrotherapy tanks
- incontinence supplies
- incontinence treatment system
- interferential nerve stimulator
- IPPB machine
- latex or non-latex resistance bands
- lift platform, wheelchair, van or home
- light box for treatment of mood disorders
- maintenance, warranty or service contracts

- maintenance/repair , routine
- massage devices
- motor vehicle
- motor vehicle alterations, conversions
- motor vehicle devices, hand controls,
- mouth guard
- muscle stimulator
- myoelectric prosthetics
- neo-control chair
- neuromuscular stimulator
- orthopedic brace for sports
- orthotics, shoe inserts
- over bed tables
- pager
- paraffin bath units
- parallel bars
- pelvic floor stimulator
- percussor, chest
- portable room heaters
- postural drainage board
- posture chair
- pulsed galvanic stimulator
- reflux board, infant
- repairs, non-routine performed by a skilled technician
- rocking bed
- rollabout chair
- rowing machine
- safety grab bar, rail, bathroom, toilet, bed
- safety rollers, with walkers
- saunas
- scooter board
- shower bench
- shower chair
- sitz bath
- spa membership or treatments
- speech teaching machines, language master
- sphygmomanometer with cuff
- spinal pelvic stabilizers
- stair glide
- stander
- standing table
- stethoscope
- sun glasses
- support hose
- swimming pool
- telephone
- telephone alert system
- telephone arms
- therapy ball, roll, putty
- thermometer
- tips, replacement
- toddler walkabout
- toileting aids
- tool kits
- transfer board
- tray, desk, drafting table, easel, caddy tray, cup holder, etc.
- tricycle, hip extensor
- upholstery, reinforcement or replacement
- urinals
- used DME equipment
- uterine activity monitor, with pregnancy
- vaporizer, room-type
- ventilator-purchase
- vibrating chair

- vibration therapy devices
- vision aid or device
- walkers
- waterbed
- wheelchair ramp
- wheelchair, auto carrier
- wheelchair, backpacks, caddy, carrier, baskets, etc.
- wheelchair, spoke protectors
- wheelchair, stand-up
- wheelchair, utility tray
- wheelmobile
- whirlpool bath equipment
- whirlpool pumps
- white cane
- wig, hair piece
- wrist alarm

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

CPT Codes

Not Applicable

HCPC Codes

A4300	CATH IMPL VASC ACCESS PORTAL
A4301	IMPLANTABLE ACCESS SYST PERC
A4335	INCONTINENCE SUPPLY
A4421	OSTOMY SUPPLY MISC
A4555	ELECTRD/TRANSDUCR E-STIM DVC USED CA TX RPL ONLY
A4600	SLEEVE, INTER LIMB COMP DEV
A5508	DIABETIC DELUXE SHOE
A5510	COMPRESSION FORM SHOE INSERT
A5512	MULTI DEN INSERT DIRECT FORM
A5513	MULTI DEN INSERT CUSTOM MOLD
A5514	DIABETIC PT MULTIPLE DENSITY INSERT TOTAL CONTACT W/FOOT
A6512	COMPRES BURN GARMENT, NOC
A6549	G COMPRESSION STOCKING

A6550	NEG PRES WOUND THER DRSG SET
A7001	NONDISPOSABLE PUMP CANISTER
A7002	Tubing, used with suction pump, each
A7025	REPLACE CHEST COMPRESS VEST
A7026	REPLACE CHST CMPRSS SYS HOSE
A8004	REPL SOFT INTERFACE, HELMET
A9274	EXT AMB INSULIN DELIVERY SYS
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code
A9999	DME SUPPLY OR ACCESSORY, NOS
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each
E0130	Walker, rigid (pickup), adjustable or fixed height
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each
E0175	Footrest, for use with commode chair, each
E0181	PRESS PAD ALTERNATING W/ PUM
E0182	REPLACE PUMP, ALT PRESS PAD
E0184	DRY PRESSURE MATTRESS
E0185	GEL PRESSURE MATTRESS PAD
E0186	AIR PRESSURE MATTRESS
E0187	WATER PRESSURE MATTRESS
E0188	SYNTHETIC SHEEPSKIN PAD
E0189	LAMBSWOOL SHEEPSKIN PAD
E0190	POSITIONING CUSHION
E0193	POWERED AIR FLOTATION BED
E0194	AIR FLUIDIZED BED
E0196	GEL PRESSURE MATTRESS
E0197	AIR PRESSURE PAD, MATTRESS
E0198	WATER PRESSURE PAD FOR MATTR
E0199	DRY PRESSURE PAD FOR MATTRES
E0202	PHOTOTHERAPY LIGHT W/ PHOTOM
E0221	Infrared heating pad system
E0225	Hydrocollator unit, includes pads
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover
E0250	HOSP BED FIXED HT W/ MATTRES
E0251	HOSP BED FIXD HT W/O MATTRES

E0255	HOSPITAL BED VAR HT W/ MATTR
E0256	HOSPITAL BED VAR HT W/O MATT
E0260	HOSP BED SEMI-ELECTR W/ MATT
E0261	HOSP BED SEMI-ELECTR W/O MAT
E0265	HOSP BED TOTAL ELECTR W/ MAT
E0266	HOSP BED TOTAL ELEC W/O MATT
E0270	HOSPITAL BED INSTITUTIONAL T
E0271	MATTRESS INNERSPRING
E0273	Bed board
E0277	POWERED PRES-REDU AIR MATTRS
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0296	HOSP BED TOTAL ELECT W/ MATT
E0297	HOSP BED TOTAL ELECT W/O MAT
E0300	ENCLOSED PED CRIB HOSP GRADE
E0301	HD HOSP BED, 350-600 LBS
E0302	EX HD HOSP BED > 600 LBS
E0303	HOSP BED HVY DTY XTRA WIDE
E0304	HOSP BED XTRA HVY DTY X WIDE
E0316	BED SAFETY ENCLOSURE
E0325	Urinal; male, jug-type, any material
E0326	Urinal; female, jug-type, any material
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress
E0371	NONPOWER MATTRESS OVERLAY
E0372	POWERED AIR MATTRESS OVERLAY
E0373	NONPOWERED PRESSURE MATTRESS
E0424	STATIONARY COMPRESSED GAS O2
E0425	GAS SYSTEM STATIONARY COMPRE
E0430	OXYGEN SYSTEM GAS PORTABLE
E0431	PORTABLE GASEOUS O2
E0433	PORTABLE LIQUID OXYGEN SYS
E0434	PORTABLE LIQUID O2
E0435	OXYGEN SYSTEM LIQUID PORTABLE
E0439	STATIONARY LIQUID O2
E0440	OXYGEN SYSTEM LIQUID STATION
E0441	STATIONARY O2 CONTENTS, GAS

E0442	STATIONARY O2 CONTENTS, LIQ
E0443	PORTABLE O2 CONTENTS, GAS
E0444	PORTABLE O2 CONTENTS, LIQUID
E0447	PORTABLE OXYGEN, LIQUID, OVER 4 LPM, MONTH
E0455	OXYGEN TENT EXCL CROUP/PED T
E0457	CHEST SHELL
E0459	CHEST WRAP
E0462	ROCKING BED W/ OR W/O SIDE R
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVICE
E0470	RAD W/O BACKUP NON-INV INTFC
E0471	RAD W/BACKUP NON INV INTRFC
E0472	RAD W BACKUP INVASIVE INTRFC
E0480	PERCUSSOR ELECT/PNEUM HOME M
E0481	INTRPULMNRY PERCUSS VENT SYS
E0482	COUGH STIMULATING DEVICE
E0483	CHEST COMPRESSION GEN SYSTEM
E0484	NON-ELEC OSCILLATORY PEP DVC
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment
E0486	ORAL DEVICE/APPLIANCE CUSFAB
E0487	Spirometer, electronic, includes all accessories
E0500	IPPB ALL TYPES
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery
E0565	COMPRESSOR AIR POWER SOURCE
E0572	AEROSOL COMPRESSOR ADJUST PR
E0574	ULTRASONIC GENERATOR W SVNEB
E0575	NEBULIZER ULTRASONIC
E0580	NEBULIZER FOR USE W/ REGULAT
E0585	NEBULIZER W/ COMPRESSOR & HE
E0600	SUCTION PUMP PORTAB HOM MODL
E0601	CONT AIRWAY PRESSURE DEVICE
E0604	HOSP GRADE ELEC BREAST PUMP
E0605	Vaporizer, room type
E0610	PACEMAKER MONITR AUDIBLE/VIS
E0615	PACEMAKER MONITR DIGITAL/VIS

E0616	CARDIAC EVENT RECORDER
E0617	AUTOMATIC EXT DEFIBRILLATOR
E0618	APNEA MONITOR
E0619	APNEA MONITOR W RECORDER
E0621	PATIENT LIFT SLING OR SEAT
E0629	SEAT LIFT FOR PT FURN-NON-EL
E0630	PATIENT LIFT HYDRAULIC
E0635	PATIENT LIFT ELECTRIC
E0636	PT SUPPORT & POSITIONING SYS
E0637	COMBINATION SIT TO STAND SYS
E0638	STANDING FRAME SYS
E0639	MOVEABLE PATIENT LIFT SYSTEM
E0640	FIXED PATIENT LIFT SYSTEM
E0641	MULTI-POSITION STND FRAM SYS
E0642	DYNAMIC STANDING FRAME
E0691	UVL PNL 2 SQ FT OR LESS
E0692	UVL SYS PANEL 4 FT
E0693	UVL SYS PANEL 6 FT
E0694	UVL MD CABINET SYS 6 FT
E0747	ELEC OSTEOGEN STIM NOT SPINE
E0748	ELEC OSTEOGEN STIM SPINAL
E0749	ELEC OSTEOGEN STIM IMPLANTED
E0760	OSTEOGEN ULTRASOUND STIMLTOR
E0765	NERVE STIMULATOR FOR TX N&V
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE
E0776	IV POLE
E0782	NON-PROGRAMBLE INFUSION PUMP
E0783	PROGRAMMABLE INFUSION PUMP
E0784	EXT AMB INFUSN PUMP INSULIN
E0785	REPLACEMENT IMPL PUMP CATHET
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
E0787	EXT AMB INF PUMP, INSULIN, W/CONT GLUCOSE SENSING
E0791	Parenteral infusion pump, stationary, single, or multichannel
E0830	AMBULATORY TRACTION DEVICE
E0910	TRAPEZE BAR ATTACHED TO BED
E0911	HD TRAPEZE BAR ATTACH TO BED
E0920	FRACTURE FRAME ATTACHED TO B
E0930	FRACTURE FRAME FREE STANDING
E0946	FRACTURE FRAME DUAL W CROSS
E0947	FRACTURE FRAME ATTACHMNTS PE

E0948	FRACTURE FRAME ATTACHMNTS CE
E0951	LOOP HEEL
E0952	TOE LOOP/HOLDER, EACH
E0953	WHEELCHAIR ACCESSORY; LATERAL THIGH/KNEE SUPPORT, INCL FIXED MOUNTING HARDWARE, EA
E0954	WHEELCHAIR ACCESSORY; FOOT BOX, ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT
E0955	CUSHIONED HEADREST
E0956	W/C LATERAL TRUNK/HIP SUPPOR
E0957	W/C MEDIAL THIGH SUPPORT
E0958	WHLCHR ATT- CONV 1 ARM DRIVE
E0959	AMPUTEE ADAPTER
E0960	W/C SHOULDER HARNESS/STRAPS
E0961	WHEELCHAIR BRAKE EXTENSION
E0966	WHEELCHAIR HEAD REST EXTENSI
E0967	MANUAL WC HAND RIM W PROJECT
E0968	WHEELCHAIR COMMODE SEAT
E0969	WHEELCHAIR NARROWING DEVICE
E0970	WHEELCHAIR NO. 2 FOOTPLATES
E0971	WHEELCHAIR ANTI-TIPPING DEVI
E0973	W/CH ACCESS DET ADJ ARMREST
E0974	W/CH ACCESS ANTI-ROLLBACK
E0978	W/C ACC,SAF BELT PELV STRAP
E0980	WHEELCHAIR SAFETY VEST
E0981	SEAT UPHOLSTERY, REPLACEMENT
E0982	BACK UPHOLSTERY, REPLACEMENT
E0983	ADD PWR JOYSTICK
E0984	ADD PWR TILLER
E0985	W/C SEAT LIFT MECHANISM
E0986	MAN W/C PUSH-RIM POW ASSIST
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR
E0990	WHEELCHAIR ELEVATING LEG RES
E0992	WHEELCHAIR SOLID SEAT INSERT
E0994	WHEELCHAIR ARM REST
E0995	WHEELCHAIR CALF REST
E1002	PWR SEAT TILT
E1003	PWR SEAT RECLINE
E1004	PWR SEAT RECLINE MECH
E1005	PWR SEAT RECLINE PWR
E1006	PWR SEAT COMBO W/O SHEAR
E1007	PWR SEAT COMBO W/SHEAR

E1008	PWR SEAT COMBO PWR SHEAR
E1009	ADD MECH LEG ELEVATION
E1010	ADD PWR LEG ELEVATION
E1011	PED WC MODIFY WIDTH ADJUSTM
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT ELEVATING LEG REST/PLATFORM
E1014	RECLINING BACK ADD PED W/C
E1015	SHOCK ABSORBER FOR MAN W/C
E1016	SHOCK ABSORBER FOR POWER W/C
E1017	HD SHCK ABSRBR FOR HD MAN WC
E1018	HD SHCK ABSRBER FOR HD POWWC
E1020	RESIDUAL LIMB SUPPORT SYSTEM
E1028	W/C MANUAL SWINGAWAY
E1029	W/C VENT TRAY FIXED
E1030	W/C VENT TRAY GIMBALED
E1035	PATIENT TRANSFER SYSTEM <300
E1036	PATIENT TRANSFER SYSTEM >300
E1037	TRANSPORT CHAIR, PED SIZE
E1038	TRANSPORT CHAIR PT WT<=300LB
E1039	TRANSPORT CHAIR PT WT >300LB
E1050	WHELCHR FXD FULL LENGTH ARMS
E1060	WHEELCHAIR DETACHABLE ARMS
E1070	WHEELCHAIR DETACHABLE FOOT R
E1083	HEMI-WHEELCHAIR FIXED ARMS
E1084	HEMI-WHEELCHAIR DETACHABLE A
E1085	HEMI-WHEELCHAIR FIXED ARMS
E1086	HEMI-WHEELCHAIR DETACHABLE A
E1087	WHEELCHAIR LIGHTWT FIXED ARM
E1088	WHEELCHAIR LIGHTWEIGHT DET A
E1089	WHEELCHAIR LIGHTWT FIXED ARM
E1090	WHEELCHAIR LIGHTWEIGHT DET A
E1092	WHEELCHAIR WIDE W/ LEG RESTS
E1093	WHEELCHAIR WIDE W/ FOOT REST
E1100	WHCHR S-RECL FXD ARM LEG RES
E1110	WHEELCHAIR SEMI-RECL DETACH
E1130	WHLCHR STAND FXD ARM FT REST
E1140	WHEELCHAIR STANDARD DETACH A
E1150	WHEELCHAIR STANDARD W/ LEG R
E1160	WHEELCHAIR FIXED ARMS
E1161	MANUAL ADULT WC W TILTINSPAC
E1170	WHLCHR AMPU FXD ARM LEG REST

E1171	WHEELCHAIR AMPUTEE W/O LEG R
E1172	WHEELCHAIR AMPUTEE DETACH AR
E1180	WHEELCHAIR AMPUTEE W/ FOOT R
E1190	WHEELCHAIR AMPUTEE W/ LEG RE
E1195	WHEELCHAIR AMPUTEE HEAVY DUT
E1200	WHEELCHAIR AMPUTEE FIXED ARM
E1220	WHLCHR SPECIAL SIZE/CONSTRC
E1221	WHEELCHAIR SPEC SIZE W FOOT
E1222	WHEELCHAIR SPEC SIZE W/ LEG
E1223	WHEELCHAIR SPEC SIZE W FOOT
E1224	WHEELCHAIR SPEC SIZE W/ LEG
E1225	MANUAL SEMI-RECLINING BACK
E1226	MANUAL FULLY RECLINING BACK
E1227	WHEELCHAIR SPEC SZ SPEC HT A
E1228	WHEELCHAIR SPEC SZ SPEC HT B
E1229	PEDIATRIC WHEELCHAIR NOS
E1230	POWER OPERATED VEHICLE
E1231	RIGID PED W/C TILT-IN-SPACE
E1232	FOLDING PED WC TILT-IN-SPACE
E1233	RIG PED WC TLTNPC W/O SEAT
E1234	FLD PED WC TLTNPC W/O SEAT
E1235	RIGID PED WC ADJUSTABLE
E1236	FOLDING PED WC ADJUSTABLE
E1237	RGD PED WC ADJSTABL W/O SEAT
E1238	FLD PED WC ADJSTABL W/O SEAT
E1239	PED POWER WHEELCHAIR NOS
E1240	WHCHR LITWT DET ARM LEG REST
E1250	WHEELCHAIR LIGHTWT FIXED ARM
E1260	WHEELCHAIR LIGHTWT FOOT REST
E1270	WHEELCHAIR LIGHTWEIGHT LEG R
E1280	WHCHR H-DUTY DET ARM LEG RES
E1285	WHEELCHAIR HEAVY DUTY FIXED
E1290	WHEELCHAIR HVY DUTY DETACH A
E1295	WHEELCHAIR HEAVY DUTY FIXED
E1296	WHEELCHAIR SPECIAL SEAT HEIG
E1297	WHEELCHAIR SPECIAL SEAT DEPT
E1298	WHEELCHAIR SPEC SEAT DEPTH/W
E1352	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS
E1390	OXYGEN CONCENTRATOR
E1391	OXYGEN CONCENTRATOR, DUAL

E1392	PORTABLE OXYGEN CONCENTRATOR
E1399	DURABLE MEDICAL EQUIPMENT MI
E1405	O2/WATER VAPOR ENRICH W/HEAT
E1406	O2/WATER VAPOR ENRICH W/O HE
E1510	KIDNEY DIALYSATE DELIVRY SYS
E1520	HEPARIN INFUSION PUMP
E1530	REPLACEMENT AIR BUBBLE DETEC
E1540	REPLACEMENT PRESSURE ALARM
E1550	BATH CONDUCTIVITY METER
E1560	REPLACE BLOOD LEAK DETECTOR
E1570	ADJUSTABLE CHAIR FOR ESRD PT
E1575	TRANSDUCER PROTECT/FLD BAR
E1580	UNIPUNCTURE CONTROL SYSTEM
E1590	HEMODIALYSIS MACHINE
E1592	AUTO INTERM PERITONEAL DIALY
E1594	CYCLER DIALYSIS MACHINE
E1600	DELI/INSTALL CHRГ HEMO EQUIP
E1610	REVERSE OSMOSIS H2O PURI SYS
E1620	REPLACEMENT BLOOD PUMP
E1630	RECIPROCATING PERITONEAL DIA
E1634	PERITONEAL DIALYSIS CLAMP
E1635	COMPACT TRAVEL HEMODIALYZER
E1636	SORBENT CARTRIDGES PER 10
E1637	HEMOSTATS FOR DIALYSIS, EACH
E1699	DIALYSIS EQUIPMENT NOC
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200
E1800	ADJUST ELBOW EXT/FLEX DEVICE
E1801	SPS ELBOW DEVICE
E1802	ADJST FOREARM PRO/SUP DEVICE
E1805	ADJUST WRIST EXT/FLEX DEVICE
E1806	SPS WRIST DEVICE
E1810	ADJUST KNEE EXT/FLEX DEVICE
E1812	KNEE EXT/FLEX W ACT RES CTRL
E1815	ADJUST ANKLE EXT/FLEX DEVICE
E1816	SPS ANKLE DEVICE
E1818	SPS FOREARM DEVICE
E1820	SOFT INTERFACE MATERIAL
E1821	REPLACEMENT INTERFACE SPSP
E1825	ADJUST FINGER EXT/FLEX DEVC

E1831	STATIC STR TOE DEV EXT/FLEX
E1840	ADJ SHOULDER EXT/FLEX DEVICE
E1841	STATIC STR SHLDR DEV ROM ADJ
E2000	GASTRIC SUCTION PUMP HME MDL
E2201	MAN W/CH ACC SEAT W>=20"<24"
E2202	SEAT WIDTH 24-27 IN
E2203	FRAME DEPTH LESS THAN 22 IN
E2204	FRAME DEPTH 22 TO 25 IN
E2205	MANUAL WC ACCESSORY, HANDRIM
E2206	COMPLETE WHEEL LOCK ASSEMBLY
E2207	CRUTCH AND CANE HOLDER
E2208	CYLINDER TANK CARRIER
E2209	ARM TROUGH EACH
E2210	WHEELCHAIR BEARINGS
E2211	PNEUMATIC PROPULSION TIRE
E2212	PNEUMATIC PROP TIRE TUBE
E2213	PNEUMATIC PROP TIRE INSERT
E2214	PNEUMATIC CASTER TIRE EACH
E2215	PNEUMATIC CASTER TIRE TUBE
E2216	FOAM FILLED PROPULSION TIRE
E2217	FOAM FILLED CASTER TIRE EACH
E2218	FOAM PROPULSION TIRE EACH
E2219	FOAM CASTER TIRE ANY SIZE EA
E2222	SOLID CASTER INTEGRATED WHL
E2227	GEAR REDUCTION DRIVE WHEEL
E2228	MWC ACC, WHEELCHAIR BRAKE
E2230	MANUAL STANDING SYSTEM
E2231	SOLID SEAT SUPPORT BASE
E2291	PLANAR BACK FOR PED SIZE WC
E2292	PLANAR SEAT FOR PED SIZE WC
E2294	CONTOUR SEAT FOR PED SIZE WC
E2295	PED DYNAMIC SEATING FRAME
E2300	PWR SEAT ELEVATION SYS
E2301	PWR STANDING
E2310	ELECTRO CONNECT BTW CONTROL
E2311	ELECTRO CONNECT BTW 2 SYS
E2312	MINI-PROP REMOTE JOYSTICK
E2313	PWC HARNESS, EXPAND CONTROL
E2321	HAND INTERFACE JOYSTICK
E2322	MULT MECH SWITCHES
E2323	SPECIAL JOYSTICK HANDLE

E2324	CHIN CUP INTERFACE
E2325	SIP AND PUFF INTERFACE
E2326	BREATH TUBE KIT
E2328	HEAD/EXTREMITY CONTROL INTER
E2330	HEAD CONTROL PROXIMITY SWITC
E2340	W/C WDTN 20-23 IN SEAT FRAME
E2341	W/C WDTN 24-27 IN SEAT FRAME
E2342	W/C DPTH 20-21 IN SEAT FRAME
E2343	W/C DPTH 22-25 IN SEAT FRAME
E2366	BATTERY CHARGER, SINGLE MODE
E2370	PWR WC MOTOR/GEAR BOX COMBO
E2373	HAND/CHIN CTRL SPEC JOYSTICK
E2374	HAND/CHIN CTRL STD JOYSTICK
E2375	NON-EXPANDABLE CONTROLLER
E2376	EXPANDABLE CONTROLLER, REPL
E2377	EXPANDABLE CONTROLLER, INITL
E2381	PNEUM DRIVE WHEEL TIRE
E2382	TUBE, PNEUM WHEEL DRIVE TIRE
E2383	INSERT, PNEUM WHEEL DRIVE
E2384	PNEUMATIC CASTER TIRE
E2385	TUBE, PNEUMATIC CASTER TIRE
E2386	FOAM FILLED DRIVE WHEEL TIRE
E2387	FOAM FILLED CASTER TIRE
E2389	FOAM CASTER TIRE
E2390	SOLID DRIVE WHEEL TIRE
E2391	SOLID CASTER TIRE
E2394	DRIVE WHEEL EXCLUDES TIRE
E2402	NEG PRESS WOUND THERAPY PUMP
E2601	GEN W/C CUSHION WDTN < 22 IN
E2602	GEN W/C CUSHION WDTN >=22 IN
E2603	SKIN PROTECT WC CUS WD <22IN
E2604	SKIN PROTECT WC CUS WD>=22IN
E2605	POSITION WC CUSH WDTN <22 IN
E2606	POSITION WC CUSH WDTN>=22 IN
E2607	SKIN PRO/POS WC CUS WD <22IN
E2608	SKIN PRO/POS WC CUS WD>=22IN
E2609	CUSTOM FABRICATE W/C CUSHION
E2610	POWERED W/C CUSHION
E2611	GEN USE BACK CUSH WDTN <22IN
E2612	GEN USE BACK CUSH WDTN>=22IN
E2613	POSITION BACK CUSH WD <22IN

E2614	POSITION BACK CUSH WD>=22IN
E2615	POS BACK POST/LAT WIDTH <22IN
E2616	POS BACK POST/LAT WIDTH>=22IN
E2617	CUSTOM FAB W/C BACK CUSHION
E2619	REPLACE COVER W/C SEAT CUSH
E2620	WC PLANAR BACK CUSH WD <22IN
E2621	WC PLANAR BACK CUSH WD>=22IN
E2622	ADJ SKIN PRO W/C CUS WD<22IN
E2623	ADJ SKIN PRO WC CUS WD>=22IN
E2624	ADJ SKIN PRO/POS CUS<22IN
E2625	ADJ SKIN PRO/POS WC CUS>=22
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR
E8000	POSTERIOR GAIT TRAINER
E8001	UPRIGHT GAIT TRAINER
E8002	ANTERIOR GAIT TRAINER
K0001	STANDARD WHEELCHAIR
K0002	STND HEMI (LOW SEAT) WHLCHR
K0003	LIGHTWEIGHT WHEELCHAIR
K0004	HIGH STRENGTH LTWT WHLCHR
K0005	ULTRALIGHTWEIGHT WHEELCHAIR
K0006	HEAVY-DUTY WHEELCHAIR
K0007	EXTRA HEAVY-DUTY WHEELCHAIR
K0008	CUSTOM MANUAL WHEELCHAIR/BASE
K0009	OTHER MANUAL WHEELCHAIR/BASE
K0010	STND WT FRAME POWER WHLCHR
K0011	STND WT PWR WHLCHR W CONTROL
K0012	LTWT PORTBL POWER WHLCHR
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE
K0014	OTHER POWER WHLCHR BASE
K0015	DETACH NON-ADJUS HGHT ARMRST
K0017	DETACH ADJUST ARMREST BASE

K0018	DETACH ADJUST ARMRST UPPER
K0019	ARM PAD EACH
K0020	FIXED ADJUST ARMREST PAIR
K0037	HIGH MOUNT FLIP-UP FOOTREST
K0038	LEG STRAP EACH
K0039	LEG STRAP H STYLE EACH
K0040	ADJUSTABLE ANGLE FOOTPLATE
K0041	LARGE SIZE FOOTPLATE EACH
K0042	STANDARD SIZE FOOTPLATE EACH
K0043	FTRST LOWER EXTENSION TUBE
K0044	FTRST UPPER HANGER BRACKET
K0045	FOOTREST,COMPLETE ASSEMBLY
K0046	ELEVAT LEGRST LOW EXTENSION
K0047	ELEVAT LEGRST UP HANGR BRACK
K0050	RATCHET ASSEMBLY
K0051	CAM RELEASE ASSEM FTRST/LGRST
K0052	SWINGAWAY DETACH FOOTREST
K0053	ELEVATE FOOTREST ARTICULATE
K0056	SEAT HT <17 OR >=21 LTWT WC
K0065	SPOKE PROTECTORS
K0069	REAR WHL COMPLETE SOLID TIRE
K0070	REAR WHL COMPL PNEUM TIRE
K0071	FRONT CASTR COMPL PNEUM TIRE
K0072	FRNT CSTR CMPL SEM-PNEUM TIR
K0073	CASTER PIN LOCK EACH
K0077	FRONT CASTER ASSEM COMPLETE
K0098	DRIVE BELT POWER WHEELCHAIR
K0105	IV HANGER
K0108	W/C COMPONENT-ACCESSORY NOS
K0195	ELEVATING WHLCHAIR LEG RESTS
K0462	TEMPORARY REPLACEMENT EQPMNT
K0601	REPL BATT SILVER OXIDE 1.5 V
K0602	REPL BATT SILVER OXIDE 3 V
K0603	REPL BATT ALKALINE 1.5 V
K0604	REPL BATT LITHIUM 3.6 V
K0605	REPL BATT LITHIUM 4.5 V
K0606	AED GARMENT W ELEC ANALYSIS
K0607	REPL BATT FOR AED
K0669	SEAT/BACK CUS NO SADMERC VER
K0730	CTRL DOSE INH DRUG DELIV SYS
K0733	12-24HR SEALED LEAD ACID

K0738	PORTABLE GAS OXYGEN SYSTEM
K0739	REPAIR/SVC DME NON-OXYGEN EQ
K0740	REPAIR/SVC OXYGEN EQUIPMENT
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS
K0744	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE <= 16 SQ IN
K0745	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE 16-48 SQ IN
K0746	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE >48 SQ IN
K0800	POV GROUP 1 STD UP TO 300LBS
K0801	POV GROUP 1 HD 301-450 LBS
K0802	POV GROUP 1 VHD 451-600 LBS
K0806	POV GROUP 2 STD UP TO 300LBS
K0807	POV GROUP 2 HD 301-450 LBS
K0808	POV GROUP 2 VHD 451-600 LBS
K0812	POWER OPERATED VEHICLE NOC
K0813	PWC GP 1 STD PORT SEAT/BACK
K0814	PWC GP 1 STD PORT CAP CHAIR
K0815	PWC GP 1 STD SEAT/BACK
K0816	PWC GP 1 STD CAP CHAIR
K0820	PWC GP 2 STD PORT SEAT/BACK
K0821	PWC GP 2 STD PORT CAP CHAIR
K0822	PWC GP 2 STD SEAT/BACK
K0823	PWC GP 2 STD CAP CHAIR
K0824	PWC GP 2 HD SEAT/BACK
K0825	PWC GP 2 HD CAP CHAIR
K0826	PWC GP 2 VHD SEAT/BACK
K0827	PWC GP VHD CAP CHAIR
K0828	PWC GP 2 XTRA HD SEAT/BACK
K0829	PWC GP 2 XTRA HD CAP CHAIR
K0830	PWC GP2 STD SEAT ELEVATE S/B
K0831	PWC GP2 STD SEAT ELEVATE CAP
K0835	PWC GP2 STD SING POW OPT S/B
K0836	PWC GP2 STD SING POW OPT CAP
K0837	PWC GP 2 HD SING POW OPT S/B
K0838	PWC GP 2 HD SING POW OPT CAP
K0839	PWC GP2 VHD SING POW OPT S/B
K0840	PWC GP2 XHD SING POW OPT S/B
K0841	PWC GP2 STD MULT POW OPT S/B
K0842	PWC GP2 STD MULT POW OPT CAP
K0843	PWC GP2 HD MULT POW OPT S/B
K0848	PWC GP 3 STD SEAT/BACK
K0849	PWC GP 3 STD CAP CHAIR

K0850	PWC GP 3 HD SEAT/BACK
K0851	PWC GP 3 HD CAP CHAIR
K0852	PWC GP 3 VHD SEAT/BACK
K0853	PWC GP 3 VHD CAP CHAIR
K0854	PWC GP 3 XHD SEAT/BACK
K0855	PWC GP 3 XHD CAP CHAIR
K0856	PWC GP3 STD SING POW OPT S/B
K0857	PWC GP3 STD SING POW OPT CAP
K0858	PWC GP3 HD SING POW OPT S/B
K0859	PWC GP3 HD SING POW OPT CAP
K0860	PWC GP3 VHD SING POW OPT S/B
K0861	PWC GP3 STD MULT POW OPT S/B
K0862	PWC GP3 HD MULT POW OPT S/B
K0863	PWC GP3 VHD MULT POW OPT S/B
K0864	PWC GP3 XHD MULT POW OPT S/B
K0868	PWC GP 4 STD SEAT/BACK
K0869	PWC GP 4 STD CAP CHAIR
K0870	PWC GP 4 HD SEAT/BACK
K0871	PWC GP 4 VHD SEAT/BACK
K0877	PWC GP4 STD SING POW OPT S/B
K0878	PWC GP4 STD SING POW OPT CAP
K0879	PWC GP4 HD SING POW OPT S/B
K0880	PWC GP4 VHD SING POW OPT S/B
K0884	PWC GP4 STD MULT POW OPT S/B
K0885	PWC GP4 STD MULT POW OPT CAP
K0886	PWC GP4 HD MULT POW S/B
K0890	PWC GP5 PED SING POW OPT S/B
K0891	PWC GP5 PED MULT POW OPT S/B
K0898	POWER WHEELCHAIR NOC
K0899	POW MOBIL DEV NO SADMERC
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR
K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED
K1009	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE
L0112	CRANIAL CERVICAL ORTHOSIS
L0113	CRANIAL CERVICAL TORTICOLLIS
L0120	CERV FLEXIBLE NON-ADJUSTABLE
L0984	PROTECTIVE BODY SOCK EACH
L1300	BODY JACKET MOLD TO PATIENT
L1310	POST-OPERATIVE BODY JACKET
L1499	SPINAL ORTHOSIS,NOS
L1810	KO ELASTIC WITH JOINTS

L1832	KO ADJ JNT POS RIGID SUPPORT
L1840	KO DEROT ANT CRUCIATE CUSTOM
L1843	KO SINGLE UPRIGHT CUSTOM FIT
L1844	KO W/ADJ JT ROT CNTRL MOLDED
L1845	KO W/ ADJ FLEX/EXT ROTAT CUS
L1846	KO W ADJ FLEX/EXT ROTAT MOLD
L1847	KO ADJUSTABLE W AIR CHAMBERS
L1848	KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PREFAB
L1850	KO SWEDISH TYPE
L1852	KNEE ORTHOSIS, DOUBLE UPRIGHT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, OFF-THE-SHELF
L1860	KO SUPRACONDYLAR SOCKET MOLD
L2360	EXTENDED STEEL SHANK
L2570	HIP CLEVIS TYPE 2 POSIT JNT
L2600	HIP CLEVIS/THRUST BEARING FR
L2610	HIP CLEVIS/THRUST BEARING LO
L2620	PELVIC CONTROL HIP HEAVY DUT
L2622	HIP JOINT ADJUSTABLE FLEXION
L2624	HIP ADJ FLEX EXT ABDUCT CONT
L2627	PLASTIC MOLD RECIPRO HIP & C
L2628	METAL FRAME RECIPRO HIP & CA
L2630	PELVIC CONTROL BAND & BELT U
L2640	PELVIC CONTROL BAND & BELT B
L2650	PELV & THOR CONTROL GLUTEAL
L2660	THORACIC CONTROL THORACIC BA
L2670	THORAC CONT PARASPINAL UPRIG
L2680	THORAC CONT LAT SUPPORT UPRI
L2795	KNEE CONTROL FULL KNEECAP
L2999	LOWER EXTREMITY ORTHOSIS NOS
L3000	FT INSERT UCB BERKELEY SHELL
L3010	FOOT LONGITUDINAL ARCH SUPPO
L3020	FOOT LONGITUD/METATARSAL SUP
L3031	FOOT LAMIN/PREPREG COMPOSITE
L3040	FT ARCH SUPRT PREMOLD LONGIT
L3060	FOOT ARCH SUPP LONGITUD/META
L3201	OXFORD W SUPINAT/PRONAT INF
L3202	OXFORD W/ SUPINAT/PRONATOR C
L3203	OXFORD W/ SUPINATOR/PRONATOR
L3204	HIGHTOP W/ SUPP/PRONATOR INF
L3206	HIGHTOP W/ SUPP/PRONATOR CHI
L3207	HIGHTOP W/ SUPP/PRONATOR JUN

L3224	WOMAN SHOE OXFORD BRACE
L3225	MAN SHOE OXFORD BRACE
L3253	SHOE MOLDED PLASTAZOTE CUST
L3265	PLASTAZOTE SANDAL EACH
L3332	SHOE LIFTS TAPERED TO ONE-HA
L3334	SHOE LIFTS ELEVATION HEEL /I
L3480	SHOE HEEL PAD & DEPRESS FOR
L3967	SEWHO AIRPLANE W/O JNTS CF
L3971	SEWHO CAP DESIGN W/JNT(S) CF
L3999	UPPER LIMB ORTHOSIS NOS
L4000	REPL GIRDLE MILWAUKEE ORTH
L4002	REPLACE STRAP, ANY ORTHOSIS
L4010	REPLACE TRILATERAL SOCKET BR
L4020	REPLACE QUADLAT SOCKET BRIM
L4030	REPLACE SOCKET BRIM CUST FIT
L4040	REPLACE MOLDED THIGH LACER
L4045	REPLACE NON-MOLDED THIGH LAC
L4050	REPLACE MOLDED CALF LACER
L4055	REPLACE NON-MOLDED CALF LACE
L4060	REPLACE HIGH ROLL CUFF
L4070	REPLACE PROX & DIST UPRIGHT
L4080	REPL MET BAND KAFO-AFO PROX
L4090	REPL MET BAND KAFO-AFO CALF/
L4100	REPL LEATH CUFF KAFO PROX TH
L4110	REPL LEATH CUFF KAFO-AFO CAL
L4130	REPLACE PRETIBIAL SHELL
L4205	ORTHO DVC REPAIR PER 15 MIN
L4210	ORTH DEV REPAIR/REPL MINOR P
L4394	REPLACE FOOT DROP SPINT
L4631	AFO, WALK BOOT TYPE, CUS FAB
Q4050	CAST SUPPLIES UNLISTED
Q4051	SPLINT SUPPLIES, MISC
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W/ALL DEVC
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS
S8189	TRACH SUPPLY NOC
S9451	Exercise classes
S9970	Health club membership
V2199	LENS SINGLE VISION NOT OTH C
V2797	VIS ITEM/SVC IN OTHER CODE

Modifiers

- J4** DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge
- J5** Off-the-shelf orthotic subject to DMEPOS Competitive Bidding Program that is furnished as part of a physical therapist or occupational therapist professional service
- KD** Drug or biological infused through DME
- KE** Bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment
- KG** DMEPOS item subject to DMEPOS competitive bidding program number 1
- KH** DMEPOS item, initial claim, purchase or first month rental
- KI** DMEPOS item, second or third month rental
- KJ** DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen
- KK** DMEPOS item subject to DMEPOS competitive bidding program number 2
- KL** DMEPOS item delivered via mail
- KU** DMEPOS item subject to DMEPOS competitive bidding program number 3
- KV** DMEPOS item subject to DMEPOS competitive bidding program that is furnished as part of a professional service
- KW** DMEPOS item subject to DMEPOS competitive bidding program number 4
- KY** DMEPOS item subject to DMEPOS competitive bidding program number 5
- LL** Lease/rental (Use the LL modifier when DME equipment rental is to be applied against the purchase price)
- NR** New when rented (use the NR modifier when DME which was new at the time of rental is subsequently purchased)
- RA** Replacement of a DME, orthotic or prosthetic item
- RB** Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair
- RR** Rental (use the RR modifier when DME is to be rented)

References:

1. American Medical Association (AMA). (2023) HCPCS Level II Professional.

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association