

## 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 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**

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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