



**2<sup>ND</sup> REVISION**

**Date: 11/08/06**

**Provider Notice # 0037**

**Subject: DME HIPAA and 2004 HCPCS Changes  
Effective 11/1/04**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), the following changes for coverage and reimbursement for Durable Medical Equipment (DME) and related accessories will be effective for all dates of service on or after 11/1/04.

**I. HCPCS Codes**

Effective for dates of service on or after 11/1/04, the following HCPCS codes are no longer valid: E0142, E0146, E0975, E0979, E1091 and X2900 - X3699.

Refer to the attached chart for a list of the new DME HCPCS codes effective 11/1/04.

**II. Modifiers**

- a. Modifiers Y2, Y3, Y5, Y8, Y9, and YP will be terminated.
- b. Modifiers Y1, Y6, and Y7 can no longer be billed for DME items.
- c. Modifier Y4 will no longer read "without sales tax" and will remain valid until a national modifier for an undeliverable item is created by CMS. Claims billed with modifier Y4 will continue to be paid at 80% of the allowable reimbursement amount for the item.
- d. New modifiers:
  1. NU – purchase, new
  2. RR – rental
  3. RP – repair and replacement
  - All claims for DME and accessories MUST include one of the new modifiers above.
  - Claims for parts used in conjunction with repairs to or replacement of patient-owned DME items must be billed with modifier RP. Providers

must enter a statement in the Remarks Section (Box 19) that the item being repaired is patient-owned.

- Claims for repairs of rental equipment will be denied.
- Claims for undeliverable custom-made equipment, must be billed with modifiers NU AND Y4. Claims billed without both modifiers will be denied.
- Claims billed with modifiers RR AND Y4 will be denied. Equipment that is custom made for a specific beneficiary must be purchased.

### III. Purchase Only Codes

The following HCPCS codes are for purchase only and MUST be billed with modifier NU: E0425, E0430, E0435, E0441, E0442 (oxygen delivery systems and contents), A4640, A4663, E0155, E0156, E0159, E0167, E0621, E0625, E1353, E1355.

### IV. Rental Only Codes

The following HCPCS codes are for rental only and MUST be billed with modifier RR: E0424, E0431, E0434 (oxygen delivery systems), and E0450, E0454, E0460, E0461, E0471, E0472 (Bi-PAP devices and ventilators), and K0455 (infusion pump).

### V. Dynamic Mattress Replacement System

HCPCS code E0277 (dynamic mattress replacement system) replaces code X2982. Although Medicare pays for this item at a monthly rental rate, Medi-Cal will pay at a daily rate.

### VI. Pneumatic Compressors and Appliances

HCPCS codes E0650, E0651, E0665, and E0668 (pneumatic compressors and appliances) are restricted to mastectomy patients (ICD-9 code 457.0).

### VII. Cervical Traction Devices

HCPCS codes E0840 and E0850 (cervical traction devices) are not reimbursable for members under 12 years of age. These codes have diagnosis restrictions and may be billed for intervertebral disc disorders and cervical spine stenosis.

### VIII. DME Labor

HCPCS code E1340 (Repair of DME, labor component, per 15 minutes) replaces code X2998. Code E1340 is not separately reimbursable with the purchase of new equipment or the rental of equipment. Claims for E1340 must be billed with modifier -RP.

IX. Infusion Pump for Parenteral Administration of Medication

HCPCS code K0455 (infusion pump for parenteral administration of medication) must be billed in conjunction with codes S0114 or Q4077.

X. Supplies for External Drug Infusion Pump

HCPCS code K0552 (supplies for external drug infusion pump) may be billed for only for patient-owned pumps (codes E0784 or K0455).

XI. CCS Only Codes

- A4606 – Oximeter Replacement probe
- E0445 – Pulse oximeter
- E0454 – Pressure ventilator
- E0481 – Intrapulmonary percussive ventilation system
- E0482 – Cough stimulating devices
- E0635 – Electric patient lift

Claims for the items listed above for all beneficiaries under age 21 must be approved and paid through the CCS program as they are no longer a Medi-Cal benefit. Any claims for an adult recipient require an approved TAR.

XII. DME Supply Codes

DME supply codes, which define replacement parts for other equipment, may not be billed in conjunction with the rental of their specific equipment. Providers must document in the *Remarks* section (Box 19) of the claim that the equipment is patient-owned. Claims for these items must be billed with modifier –NU **AND** –RP.

XIII. Replacement Battery for Infusion Pump

Claims for code A4632 (replacement battery for infusion pump) require a TAR and must state in the *Remarks* section of the claim the type of battery provided.

XIV. Blood Pressure Apparatus

Reimbursement for codes A4660, A4663 (replacement cuff) and A4670 are restricted to diagnosis for malignant hypertension and end stage renal disease.

XV. Non-Benefit DME Items.

The following DME items are not longer benefits of Medi-Cal and may not be reimbursed with any HCPCS code:

- Hand-held shower attachments and diverter valves
- Over-bed tables (E0274)
- Bed pans (E0275, E0276)

- Urinals (E0325, E0326)

## XVI. Monitoring Equipment

Apnea monitors are only reimbursable for recipients up to one year of age.

## XVII. Purchase Frequency Limitations

Code	Limitation
A4606	2 per month
E0154	2 in 3 years
E0600	2 in 12 months
E0986	2 in 12 months
E1009	2 in 3 years
E1010	1 in 3 years
E1028	6 in 3 years

For codes K0074, K0075, and K0076 (wheelchair caster tires), up to four (4) tires may be reimbursed on the same date of service when prior authorized for appropriate wheelchairs.

Note: Providers are reminded that the published frequency limit for a specific time period may be exceeded with an approved TAR, but the additional quantity must be billed on a separate claim for a different date of service.

## XVIII. Wheelchair Combinations

Based on Medicare DMERC directives, manual wheelchair accessory component codes E0967, E0981, E0982, E0995, E2205 – E2206, K0015, K0017 – K0019, K0042 – K0047, K0050, K0052, K0066 – K0072, K0074 – K0078 and K0452 are not separately reimbursable with manual wheelchair base codes E1161, E1229, E1230 – E1238, K0001 – K0007 or K0009.

Additionally, wheelchair accessory component codes E0971, E0981, E0995, E2366 – E2370, K0015, K0017 – K0019, K0042 – K0047, K0050 – K0052, K0090 – K0092, K0084, K0094 – K0096, K0098, K0099 and K0452 are not separately reimbursable with power wheelchair base codes: E1239, K0010 – K0012, or K0014.

Reminder: Providers must supply and bill for the specific wheelchair, including both the manufacturer and model, approved on the TAR/SAR.

## XIX. DME Replacement Items

Claims for DME replacement items that are separately reimbursable with patient-owned equipment must include documentation identifying either the appropriate HCPCS code or a description of the specific DME item and that the item is patient-owned. This documentation is also required if billing with a miscellaneous code (for example, A9900).

**XX. Patient lift, bathroom or toilet.**

The purchase reimbursement for code E0625 (patient lift, bathroom or toilet) is determined using current (By report) methodology. This item may not be rented.

**XXI. Humidifier Code Updates**

Codes S8182 and S8183 (heated humidifiers) were terminated for dates of service on or after 11/1/05. Providers may bill for these items using code E1399. Also, humidifier code E0555 is not separately reimbursable with the rental of any respiratory equipment.

**XXII. Air Power Source Compressor Code Update**

Effective for dates of service or on after 6/1/06, code E0565 will be activated to bill for air power source compressors. Code E0565 may be billed as a purchase with modifier –NU or rental with modifier –RR, and requires prior authorization. The purchase frequency is limited to one in three years.

**XXIII. Pneumatic Compressors and Appliances**

Providers are reminded that reimbursement for HCPCS codes E0650, E0651, E0665 and E0668 is restricted to mastectomy patients only. Claims must be billed with ICD-9 code 457.0.

**XXIV. Used Equipment**

Medi-Cal does not purchase used equipment. New equipment rented on a trial basis by a patient may be purchased for that patient. The accumulated rental payments will be deducted from the new equipment purchase price.

**2004 HCPCS**

**DURABLE MEDICAL EQUIPMENT  
New Codes and Crosswalk**

<b>CATEGORY</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>NOTES</b>
<b>Canes and Crutches</b>	A4635	Underarm pad, crutch, replacement, each	
	A4636	Replacement handgrip, cane, crutch or walker, each	
	A4637	Replacement tip (cane, crutch, walker), each	
	E0105	Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips	
	E0110	Crutches, forearm, adj or fixed, w/tips and handgrips, pair	
	E0112	Crutches, underarm, wood, adj, or fixed, pr, w/pads/tips/handgrips	
	E0114	Crutches, underarm, non-wood, adj or fixed, pr, w/pads/tips/handgrips	

	E0117	Crutch, underarm, articulating, spring assisted, each	
<b>Walkers</b>	E0130	Rigid (pickup) walker, adj or fixed height	
	E0135	Folding (pickup) walker, adj or fixed height	
	E0140	Walker w/trunk support, adjustable or fixed height	
	E0141	Rigid walker, wheeled adjustable or fixed height	
	E0143	Folding walker, wheeled	
	E0144	Walker, enclosed, 4-sided framed, rigid or folding, wheeled w/posterior seat	
	E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	
	E0148	Walker, heavy duty, w/o wheels, rigid or folding, any type, each	
	E0149	Walker, heavy duty, wheeled, rigid or folding, any type	
	E0153	Platform attachment, forearm crutch, each	
	E0154	Platform attachment, walker, each	
	E0155	Wheel attachment, rigid pickup walker, per pair	
	E0156	Seat attachment, walker	
	E0157	Crutch attachment, walker, each	
	E0158	Leg extensions, per set of 4	
	E0159	Brake attachment for wheeled walker, replacement, each	
<b>Bathroom Equipment</b>	E0163	Commode chair, stationary, w/fixed arms	Replaces X2916
	E0164	Commode chair, mobile, w/fixed arms	Replaces X2918 and X3220
	E0166	Commode chair, mobile, w/detachable arms	Replaces X2918 and X3220
	E0167	Pail or pan for use with commode chair	Replaces X2918
	E0168	Commode Chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	
	E0240	Bath/shower chair, w/ or w/o wheels, any type	
	E0241	Bathtub wall rail, each	Replaces X3182 – X3190
	E0242	Bathtub rail, floor base	
	E0243	Toilet rail, each	
	E0244	Raised toilet seat	
	E0245	Tub stool or bench	
	E0246	Transfer tub rail attachment	
	E0247	Transfer bench for tub or toilet, w/or w/o	Replaces X3168 –

		commode opening	X3170
	E0248	Transfer bench, heavy duty, for tub or toilet, w/or w/o commode opening	Replaces X3168, X3170
<b>Decubitus Care Equipment</b>	A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	
	E0180	Pressure pad, alternating w/pump	
	E0181	Pressure pad, alternating w/pump, heavy duty	
	E0182	Pump for alternating pressure pad	
	E0184	Dry Pressure mattress	
	E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	
	E0186	Air pressure mattress	
	E0187	Water pressure mattress	
	E0188	Synthetic sheepskin pad	Replaces X2990
	E0189	Lambswool sheepskin pad	Replaces X2990
	E0193	Powered air flotation bed (low air loss therapy) (daily rental)	Daily Rental only
	E0194	Air fluidized bed (daily rental)	
	E0196	Gel pressure mattress	
	E0197	Air pressure pad for mattress, standard mattress length and width	
	E0198	Water pressure pad for mattress, standard mattress length and width	
	E0199	Dry pressure pad for mattress, standard mattress length and width	
	E0210	Electric heat pad, standard	
	E0277	Powered pressure-reducing air mattress (daily rental)	Replaces X2982
	E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width (daily rental)	Daily Rental only
	E0372	Powered air overlay for mattress, standard mattress length and width (daily rental)	Daily Rental only
	E0373	Non-powered advanced pressure reducing mattress	Daily Rental only
<b>Hospital beds/accessories</b>	E0271	Mattress, innerspring	
	E0272	Mattress, foam rubber	
	E0273	Bed board	
	E0291	Hospital bed, fixed height, w/o side rails, w/o mattress	Replaces X2900
	E0293	Hospital bed, variable height, hi-lo, w/o side rails, w/o mattress	Replaces X2904
	E0295	Hospital bed, semi-electric (head and foot	Replaces X2902,

		adjustment), w/o side rails, w/o mattress	X2906
	E0297	Hospital bed, total electric (head, foot, and height adjustments), w/o side rails, w/o mattress	Replaces X2910
	E0300	Pediatric crib, hospital grade, fully enclosed	
	E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350lbs, but less than or equal to 600 lbs, w/any type side rails, w/mattress	Replaces K0549
	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs, w/any type side rails, w/mattress	Replaces K0550
	E0305	Bed side rails, half-length	
	E0310	Bed side rails, full-length	
	E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
	E0350	Control unit for electronic bowel irrigation/evacuation system	
	E0352	Disposable pack for use with the electronic bowel irrigation/evac system	
<b>Traction/Trapeze Devices</b>	E0840	Traction frame, attached to headboard, cervical traction	DX restrictions; Min age = 12
	E0850	Traction frame, free standing, cervical traction	Replaces X2936; DX restrictions; Min age = 12
	E0860	Traction equipment, over-door, cervical	
	E0870	Traction frame, attached to footboard, extremity traction (e.g. Buck's)	
	E0880	Traction stand, freestanding, extremity traction	Replaces X2936
	E0890	Traction frame, attached to footboard, pelvic traction	
	E0900	Traction stand, freestanding, pelvic traction (e.g. Buck's)	Replaces X2936
	E0910	Trapeze bars, A/K/A patient helper, attached to bed, w/grab bar	
	E0920	Fracture frame, attached to bed, includes weights	
	E0930	Fracture frame, free standing includes weights	
	E0935	Passive motion exercise device	
	E0940	Trapeze bar, free-standing, complete with grab bar	
	E0942	Cervical head harness/halter	
	E0944	Pelvic belt/harness/boot	
	E0945	Extremity belt/harness	
	E0947	Fracture frame, attachments for complex pelvic traction	
	E0948	Fracture frame, attachments for complex cervical traction	

	K0627	Traction equipment, cervical, free-standing, pneumatic, not for mandible	
<b>Oxygen Delivery Equipment</b>	A4556	Electrodes, (e.g., apnea monitor), per pair	
	A4557	Lead wires, (e.g. apnea monitor), per pair	
	A4615	Cannula, nasal	Replaces X2970
	A4619	Face tent	
	A4620	Variable concentration mask	Replaces X2970
	A7005	Admin set, w/small volume nonfiltered pneumatic nebulizer, non-disposable	
	A7030	Full face mask used with positive airway pressure device, each	
	A7031	Face mask interface, replacement for full face mask, each	
	A7032	Replacement cushion for nasal interface application device, each	
	A7033	Replacement pillows for nasal interface application device, each	
	A7034	Nasal interface used with positive airway pressure device, with or without headstrap	
	A7035	Headgear used with positive airway pressure device	
	A7036	Chinstrap used with positive airway pressure device	
	A7037	Tubing used with positive airway pressure device	
	A7038	Filter, disposable, used with positive airway pressure device	
	A7039	Filter, non-disposable, used with positive airway pressure device	
	A7044	Oral interface used with positive airway pressure device, each	
	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	
	E0424	Stationary compressed gaseous oxygen system, rental: includes, container, regulator, flowmeter, humidifier	Replaces X3196
	E0425	Stationary compressed gas oxygen system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
	E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	
	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	

	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing	
	E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	
	E0441	Oxygen contents, gaseous, per unit (1 unit = 50 cu. Ft for Medi-Cal)	
	E0442	Oxygen contents, liquid, per unit (1 unit = 10 lbs for Medi-Cal)	
	E0450	Volume ventilator, stationary or portable, w/backup rate feature, used with invasive interface (e.g. tracheostomy)	Replaces X2980
	E0460	Negative pressure ventilator; portable or stationary	
	E0461	Volume ventilator, stationary or portable, w/backup rate feature, used with non-invasive interface	
	E0470	Respiratory assist device, bi-level pressure capability, w/o back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	
	E0480	Percussor, electric or pneumatic, home model	
	E0483	High frequency chest wall oscillation air-pulse generator system	
	E0484	Oscillatory positive expiratory pressure device, non-electric, any type	
	E0550	Humidifier, durable, for extensive supplemental humidification of oxygen delivery	
	E0555	Humidifier, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter	Replaces X2968
	E0561	Humidifier, non-heated, used with positive airway pressure device	
	E0562	Humidifier, heated, used with positive airway pressure device	
	E0570	Nebulizer, w/compressor	

	E0600	Respiratory suction pump, home model, portable or stationary, electric	
	E0601	Continuous airway pressure (CPCP) device	
	E0618	Apnea monitor, w/o recording feature	Max Age => 1 year
	E0619	Apnea monitor, w/recording feature	Max Age => 1 year
	E1353	Regulator	
	E1355	Stand/rack	Replaces X2960-66
	E1390	Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	
	E1391	Oxygen concentrator, dual delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate, each	
	S8182	Humidifier, heated, used with ventilator, non-servo-controlled	
	S8183	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring	
	S8185	FLUTTER device	Replaces X3214
<b>Power Operated Vehicles</b>	E1230	Power operated vehicles, three or four wheeled	
<b>Transport Chairs</b>	E1031	Roll-about chair, any and all types with casters 5" or greater	Replaces X2948
	E1037	Transport chair, pediatric size	
	E1038	Transport chair, adult size	
<b>Wheelchairs</b>	E1161	Manual adult size wheelchair, includes tilt-in-space	
	K0001	Standard wheelchair	Replaces X3002, X3004
	K0002	Standard hemi (low seat) wheelchair	Replaces X3002, X3004
	K0003	Lightweight wheelchair	
	K0004	High strength, lightweight wheelchair	
	K0005	Ultra light weight wheelchair	
	K0006	Heavy duty wheelchair	
	K0007	Extra heavy duty wheelchair	
	K0009	Other manual wheelchair/base	Replaces X3016, X3018, X3160
	K0010	Standard weight frame motorized/power wheelchair	

	K0011	Standard weight frame motorized/power wheelchair w/programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
	K0012	Lightweight portable motorized/power wheelchair	
	K0014	Other motorized/power wheelchair base	Replaces X3160
<b>Wheelchair Modifications and Accessories</b>			
<b>Arm of Chair</b>	K0015	Detachable, nonadjustable height armrest, each	Replaces X3006, X3022
	K0017	Detachable, adjustable height armrest, base, each	Replaces X3008, X3024
	K0018	Detachable, adjustable height armrest, upper portion, each	Replaces X3008, X3024
	K0019	Arm pad, each	
	K0020	Fixed, adjustable height armrest, pair	
	K0106	Arm trough, each	
<b>Back of Chair</b>	E0955	Cushioned headrest, prefabricated	
	E0956	Lateral trunk or hip support, prefabricated	
	E0960	Shoulder harness/straps for chest strap, including hardware	
	E0966	Headrest extension, each	
	E0971	Anti-tipping device	
	E0972	Transfer board or device	
	E0978	Safety belt/pelvic strap	
	E0982	Back upholstery, replacement only, each	Replaces X3042, X3046, X3048, X3050, X3052, X3054, X3056, X3058
	E1225	Semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each	Replaces X3010
	E1226	Fully reclining back, each	Replaces X3012
	E1228	Special back height	Replaces X3040
	K0102	Crutch and cane holder, each	Replaces X3060
	K0660	General use wheelchair back cushion, width <22", any height, including mounting hardware	Replaces X3062, X3064
	K0661	General use wheelchair back cushion, width ≥ 22", any height, including mounting hardware	Replaces X3062, X3064
	K0662	Positioning wheelchair back cushion, width <22", any height, including mounting hardware	Replaces X3062, X3064
	K0663	Positioning wheelchair back cushion, width ≥ 22", any height, including mounting hardware	Replaces X3062, X3064

	K0664	Positioning wheelchair back cushion, posterior-lateral, width <22", any height, including mounting hardware	Replaces X3062, X3064
	K0665	Positioning wheelchair back cushion, posterior-lateral, with >=22", any height, including mounting hardware	Replaces X3062, X3064
	K0666	Custom fabricated wheelchair back cushion, any size, including mounting hardware	Replaces X3062, X3064
	K0667	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base	
	K0668	Replacement cover for wheelchair seat cushion or back cushion, each	
	K0669	Wheelchair seat or back cushion, not otherwise classified	
<b>Seat of Chair</b>	E0977	Wedge cushion	
	E0981	Replacement seat upholstery	
	E0985	Seat lift mechanism	
	E0992	Solid seat insert	Replaces X3076
	E1296	Special wheelchair seat height from floor	
	E1297	Special wheelchair seat depth by upholstery	
	E1298	Special wheelchair seat depth and/or width by construction	Replaces X3070, X3072, and X3074
	E2201	Nonstandard seat frame, width >=20" and <24"	
	E2202	Nonstandard seat frame width 24" – 27"	
	E2203	Nonstandard seat frame depth 20" - < 22"	
	E2204	Nonstandard seat frame depth 22" - 25"	
	E2340	Nonstandard seat frame width 20" – 23"	
	E2341	Nonstandard seat frame width 24" – 27"	
	E2342	Nonstandard seat frame depth 20" or 21"	
	E2343	Nonstandard seat frame depth 22" – 25"	
	K0056	Seat height, <17" or => 21", for a high strength, lightweight, or ultralightweight wheelchair	
	K0650	General use wheelchair seat cushion, width < 22", any depth	Replaces X3078
	K0651	General use wheelchair seat cushion, width >= 22", any depth	Replaces X3078
	K0652	Skin protection wheelchair seat cushion, width < 22", any depth	Replaces X3078
	K0653	Skin protection wheelchair seat cushion, width >= 22" and depth	Replaces X3078
	K0654	Positioning wheelchair seat cushion, width < 22", any depth	Replaces X3078
	K0655	Positioning wheelchair seat cushion, width >= 22", any depth	Replaces X3079

	K0656	Skin protection and positioning wheelchair seat cushion, width < 22", any depth	Replaces X3078
	K0657	Skin protection and positioning wheelchair seat cushion, width >= 22", any depth	Replaces X3078
	K0658	Custom fabricated wheelchair seat cushion, any size	Replaces X3078
	K0659	Wheelchair seat cushion, powered	Replaces X3078
<b>Footrest/Leg rest</b>	E0951	Heel loop/holder, w/or w/o ankle strap, each	Replaces X3108
	E0952	Toe loop/holder, each	Replaces X3106
	E0957	Medial thigh support	
	E0970	No. 2 footplates, except for elevating leg rest	
	E0990	Wheelchair accessory, elevating let rest, complete assembly, each	
	E0995	Wheelchair accessory, calf rest/pad, each	Replaces X3100
	E1020	Residual limb support system for wheelchair	
	K0037	High mount flip-up footrest, each	
	K0038	Leg strap, each	Replaces X3104
	K0039	Leg strap, H style, each	Replaces X3102
	K0040	Adjustable angle footplate, each	Replaces X3088
	K0041	Large size footplate, each	Replaces X3086
	K0042	Standard size footplate, each	Replaces X3086
	K0043	Footrest, lower extension tube, each	Replaces X3082, X3084
	K0044	Footrest, upper hanger bracket, each	Replaces X3090
	K0045	Footrest, complete assembly	
	K0046	Elevating leg rest, lower extension tube, each	Replaces X3082, X3074
	K0047	Elevating leg rest, upper hanger bracket, each	Replaces X3080, X3090
	K0050	Ratchet assembly	
	K0051	Cam release assembly, footrest or leg rest, each	
	K0052	Swing-away, detachable footrests, each	
	K0053	Elevating footrests, articulating (telescoping), each	Replaces X3080
	K0195	Elevating leg rests, pair	
<b>Wheels and Casters</b>	E0958	Manual wheelchair accessory, one arm drive attachment, each	
	E0959	Manual wheelchair accessory, adapter for amputee, each	
	E0961	Manual wheelchair, wheel lock brake extension (handle), each	
	E0967	Manual wheelchair, hand-rim w/projections, each	Replaces X3124, X3126, X3128

	E0974	Manual wheelchair, anti-rollback device, each	
	E0986	Manual wheelchair, push-rim activated power assist, each	
	E0997	Caster with fork	Replaces X3114, X3116, X3112
	E0998	Caster without fork	Replaces X3112, X3114, X3116
	E0999	Pneumatic tire with wheel	Replaces X3134
	E1015	Shock absorber for manual wheelchair, each	
	E1016	Shock absorber for power wheelchair, each	
	E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	
	E1018	Heavy duty shock absorber for heavy duty or extra heavy duty wheelchair, each	
	K0059	Plastic coated hand-rail, each	Replaces X3122
	K0060	Steel hand-rim, each	
	K0061	Aluminum hand-rim, each	
	K0064	Zero pressure tube (flat free insert), any size, each	Replaces X3130
	K0066	Solid tire, any size, each	
	K0067	Pneumatic tire, any size, each	Replaces X3120
	K0068	Pneumatic tire tube, each	
	K0069	Rear wheel assembly, complete, w/solid tire, spokes or molded, each	
	K0070	Rear wheel assembly, complete, w/pneumatic tire, spokes or molded, each	Replaces X3134
	K0071	Front caster assembly, complete, w/pneumatic tire, each	Replaces X3112, X3114, X3116
	K0072	Front caster assembly, complete, w/semi-pneumatic tire, each	Replaces X3112, X3114, X3116
	K0073	Caster pin lock, each	Replaces X3118
	K0074	Pneumatic caster tire, any size, each	
	K0075	Semi-pneumatic caster tire, any size, each	
	K0076	Solid caster tire, any size, each	
	K0077	Front caster assembly, complete, w/solid tire, each	Replaces X3112, X3114, X3116
	K0078	Pneumatic caster tire tube, each	
	K0081	Wheel lock assembly, complete, each	
	K0090	Rear wheel tire for power wheelchair, any size, each	
	K0091	Rear wheel tire tube other than zero pressure tire tube for power wheelchair, any size, each	
	K0092	Rear wheel assembly for power wheelchair, complete, each	
	K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	

	K0094	Wheel tire for power base, any size, each	
	K0095	Wheel tire tube other than zero pressure for each base, any size, each	
	K0096	Wheel assembly for power base, complete, each	
	K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	Replaces X3130
	K0098	Drive belt for power wheelchair	
	K0099	Front caster for power wheelchair	Replaces X3112, X3114, X3116
<b>Power Drive Units and Accessories</b>	E0983	Power add-on to convert manual wheelchair motorized wheelchair, joystick control	Replaces X3138, X3140, X3142, X3144
	E0984	Power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Replaces X3138, X3140, X3142, X3144
	E1028	Mounting swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Replaces X3148
	E2320	Hand or chin control interface, remote joystick or touch pad, proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Replaces X3146
	E2321	Hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
	E2322	Hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
	E2323	Specialty joystick handle for hand control interface, prefabricated	
	E2324	Chin cup for chin control interface	
	E2325	Sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	
	E2326	Breath tube kit for sip and puff interface	
	E2327	Head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch and fixed mounting hardware	
	E2328	Head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	
	E2329	Head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, head array, and fixed mounting hardware	

	E2330	Head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction, change switch, head array, and fixed mounting hardware	
	E2331	Attendant control, proportional, including all related electronics and fixed mounting hardware	
	E2351	Electronic interface to operate speech generating device using power wheelchair control interface	
	E2360	22 NF non-sealed lead acid battery, each	Replaces X3150
	E2361	22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Replaces X3232
	E2362	Group 24 non-sealed lead acid battery, each	Replaces X3154
	E2363	Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Replaces X3234
	E2364	U-1 non-sealed lead acid battery, each	Replaces X3152
	E2365	U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Replaces X3230
	E2366	Battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	
	E2367	Battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	
	E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	
<b>Power Seating Systems</b>	E1002	Power seating system, tilt only	
	E1003	Power seating system, recline only, w/o shear reduction	
	E1004	Poser seating system, recline only, w/mechanical shear reduction	
	E1005	Power seating system, recline, w/power shear reduction	
	E1006	Power seating system, tilt & recline, w/o shear reduction	
	E1007	Power seating system, tilt & recline, w/o mechanical shear reduction	
	E1008	Power seating system, tile & recline w/power shear reduction	
	E1009	Addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	
	E1010	Addition to power seating system, power leg elevation system, including leg rest, each	
	E1019	Power seating system, heavy duty feature, patient weight capacity > 250 or <= 400lbs	
	E1021	Power seating system, extra heavy duty feature, weight capacity > 400 lbs	

	E2300	Power seat elevation system	
	E2301	Power standing system	
	E2310	Electronic connection between wheelchair controller and 1 power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
	E2311	Electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
<b>Pediatric Wheelchairs, Modifications and Accessories</b>	E1011	Modifications to pediatric wheelchair, width adjustment package	
	E1012	Integrated seating system, planar (includes fixed hardware)	
	E1013	Integrated seating system, contoured (includes fixed hardware)	
	E1014	Reclining back	
	E1025	Lateral thoracic support, non-contoured, each (includes hardware)	
	E1026	Lateral thoracic support, contoured, each (includes hardware)	
	E1027	Lateral/anterior support, each, (includes hardware)	
	E1231	Wheelchair, tilt-in-space, rigid, w/seating system	
	E1232	Wheelchair, tilt-in-space, folding, adjustable w/seating system	
	E1233	Wheelchair, tilt-in-space, rigid, adjustable, w/o seating system	
	E1234	Wheelchair, tilt-in-space, folding, adjustable, w/o seating system	
	E1235	Rigid, adjustable, with seating system	
	E1236	Folding, adjustable, w/seating system	
	E1237	Rigid, adjustable, w/o seating system	
	E1238	Folding, adjustable, w/o seating system	
<b>Miscellaneous Wheelchair Accessories</b>	E0950	Tray, each	
	E1029	Ventilator tray, fixed	
	E1030	Ventilator tray, gimbaled	
	K0104	Cylinder tank carrier, each	
	K0105	IV hanger, each	

	K0108	Other accessories	Replaces X3162
	K0452	Wheelchair bearings, any type	
<b>Infusion Equipment and Supplies</b>	A4230	Infusion set for insulin pump, non-needle cannula type	
	A4231	Infusion set for insulin pump, needle type	
	A4232	Syringe w/needle for external insulin pump, sterile, 3cc	
	A4632	Replacement battery for external infusion pump any type, each	
	B9000	Enteral nutrition infusion pump, w/o alarm	
	B9002	Enteral nutrition infusion pump, w/alarm	
	E0776	IV pole	
	E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	
	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	
	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (daily rental)	Daily rental
	E0784	External ambulatory infusion pump, insulin	
	E0791	Parental infusion pump, stationary, single or multi-channel	
	K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	
	K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Approved only w/drugs S0114 and Q4077
	K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	
	K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	
	K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	
	K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	
	K0605	Replacement battery for external infusion pump owned by patient, lithium, lithium, 4.5 volt, each	

<b>Augmentative or Alternative Communication and Speech Generating Devices</b>	E1902	Communication board, non-electronic augmentative or alternative communication device	
	E2500	Speech generating device, digitized speech, using pre-recorded messages, <= 8 minutes recording time	Replaces K0541, X3270
	E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Replaces K0615, X3270
	E2504	Speech generating device, digitized speech, using pre-recorded message, greater than 20 minutes but less than or equal to 40 minutes recording time	Replaces K0616, X3270
	E2506	Speech generating device, digitized speech using pre-recorded messages, greater than 40 minutes recording time.	Replaces K0617, X3270
	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Replaces K0543, X3270
	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Replaces K0544, X3270
	E2511	Speech generating software program, for personal computer or personal digital assistant	Replaces K0545, X3270
	E2512	Accessory for speech generating device, mounting system	Replaces K0546, X3270
	E2599	Accessory for speech generating device, not otherwise classified	Replaces K0547, X3270
<b>Patient Lifts</b>	E0621	Sling or seat, patient lift, canvas or nylon	
	E0625	Patient lift, Kartop, bathroom or toilet	
	E0630	Patient lift; hydraulic, w/seat or sling	
	E0637	Combination sit to stand system, any size, w/seat lift, w/or w/o wheels	
	E0638	Standing frame system, any size w/or w/o wheels	
<b>Pneumatic Compressors and Appliances</b>	E0650	Pneumatic compressor, non-segmental, home model	
	E0651	Pneumatic compressor, segmental, home model, without calibrated gradient pressure	
	E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	
	E0668	Segmental pneumatic appliance for use with pneumatic compressor,, full arm	
<b>Miscellaneous</b>	A4556	Electrodes (e.g., apnea monitor) per pair	
	A4557	Lead wires (e.g., apnea monitor) per pair	
	A4595	TENS supplies, 2 lead, per month	
	A4660	Blood Pressure apparatus w/cuff and stethoscope	
	A4663	Blood Pressure cuff only	
	A4670	Automatic blood pressure monitor	
	A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	

	A6551	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each	
	A7000	Canister, disposal, used with suction pump, each	
	A7001	Canister, non-disposable, used with suction pump, each	
	A9900	Miscellaneous DME supply, accessory and/or service component or another HCPCS code	Replaces X2978
	E0210	Electric heat pad, standard	
	E0602	Breast pump, manual, any type	
	E0603	Breast pump, electric, (AC or DC), any type	
	E0604	Breast pump, heavy duty, hospital grade (daily rental)	Daily rental only
	E0607	Home Blood Glucose Monitor (BGM)	
	E0701	Helmet w/face guard and soft interface material, prefabricated	
	E0710	Restraints for the body, chest, wrist or ankle	
	E0720	Transcutaneous electrical nerve stimulator (TENS), two lead, localized stimulation	
	E0730	Transcutaneous electrical nerve stimulator (TENS), four or more leads, multiple stimulation	
	E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
	E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	
	E1340	Repair or non-routing service for DME requiring the skill of a technician, labor component, per 15 minutes	Replaces X2998, X3268

	E1399	Miscellaneous DME	Replaces X2956, X2958, X2990, X2996
	E2000	Gastric suction pump, home model, portable or stationary, electric	
	E2100	Blood glucose monitor with integrated voice synthesizer	
	E2101	Blood glucose monitor w/integrated lancing/blood sample	
	E2402	Negative pressure wound therapy electrical pump, stationary or portable	
	S8265	Haberman feeder for cleft lip/palate	