



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Durable and Home Medical Equipment and Supplies Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Banner Pages and Bulletins](#) and the [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

For information about using these code tables, see the [Durable and Home Medical Equipment and Supplies](#) provider reference module.

[Table 1 – Covered Procedure Codes for Durable Medical Equipment \(DME\) Providers \(Specialty 250\)](#)

[Table 2 – Covered Procedure Codes for Home Medical Equipment \(HME\) Providers \(Specialty 251\)](#)

[Table 3 – Covered Procedure Code for Donor Milk Bank Providers \(Specialty 252\)](#)

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Note: A table of procedure codes linked to revenue code 274 – Orthotic/Prosthetic Devices can be found on [Revenue Codes with Special Procedure Code Linkages](#), accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

For code tables related to implantable DME, including implantable DME that is separately reimbursable in an outpatient setting, see [Surgical Services Codes](#), accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

For a list of DME and medical supply codes included in the long-term care (LTC) facility per diem rate, see the [LTC DME Per Diem Table](#), accessible from the [Long Term Care DME Per Diem Table](#) page at in.gov/medicaid/providers.

Some codes in the following tables may require a modifier to indicate that the item is a rental (RR) or new (NU). See the [IHCP Professional Fee Schedule](#) to determine whether an NU or RR modifier is allowed or required for a given code.

**Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers
(Specialty 250)****Reviewed/Updated: June 1, 2022**

Procedure Code	Description
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring
94772 TC	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hours continuous recording, infant; TC – Technical component
A4206	Syringe with needle, sterile 1cc, each
A4207	Syringe with needle, sterile 2cc, each
A4208	Syringe with needle, sterile 3cc, each
A4209	Syringe with needle, sterile 5cc or greater, each
A4210	Needle-free injection device, each
A4211	Supplies for self injection
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20cc or greater, each
A4215	Needles, sterile, any size, each
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
A4230	Infusion set for external insulin pump, non needle cannula type
A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3cc
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phiso hex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4253 U1	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips for non-preferred manufacturer
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution/chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A4265	Paraffin, per pound
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
A4305	Disposable drug delivery system, flow rate 50 ml or greater per hour
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour
A4310	Insertion tray without drainage bag and without catheter (accessories only)
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320	Irrigation tray with bulb or piston syringe, any purpose
A4321	Therapeutic agent for urinary catheter irrigation
A4322	Irrigation syringe, bulb or piston, each
A4326	Male external catheter specialty type with integral collections chambers, each
A4327	Female external urinary collection device; meatal cup, each
A4328	Female external urinary collection device; pouch, each
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	Lubricant, individual sterile packet, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each
A4335	Incontinence supply; miscellaneous
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc), each
A4340	Indwelling catheter; special type, (eg; coude, mushroom, wing, etc.), each
A4344	Indwelling catheter, Foley type, two-way, all silicone, each
A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each
A4349	Male external catheter, with or without adhesive, disposable, each
A4351	Intermittent urinary catheter; straight tip with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4353	Intermittent urinary catheter, with insertion supplies
A4354	Insertion tray with drainage bag but without catheter
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	Bedside drainage bag, day or night, with or without anti reflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4361	Ostomy faceplate, each
A4362	Skin barrier; solid, four by four or equivalent; each
A4363	Ostomy clamp, any type, replacement only, each
A4364	Adhesive, liquid, or equal, any type, per oz
A4366	Ostomy vent, any type, each
A4367	Ostomy belt, each
A4368	Ostomy filter, any type, each
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz
A4371	Ostomy skin barrier, powder, per oz
A4372	Ostomy skin barrier, solid 4x4 or equivalent standard wear, with built-in convexity, each
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	Ostomy faceplate equivalent, silicone ring, each
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece) each
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	Ostomy pouch, drainable, with extended wear barrier attached with built-in convexity (1 piece), each
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid oz
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	Ostomy belt with peristomal hernia support
A4398	Ostomy irrigation supply; bag, each
A4399	Ostomy irrigation supply; cone/catheter, including brush
A4400	Ostomy irrigation set
A4402	Lubricant, per oz.
A4404	Ostomy ring, each
A4405	Ostomy skin barrier, non-pectin based, paste, per oz.
A4406	Ostomy skin barrier, pectin-based, paste, per oz.
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each
A4421	Ostomy supply; miscellaneous
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (piece system), each
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built- in convexity, with faucet -type tap with valve (one piece), each
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each
A4436	Irrigation supply; sleeve, reusable, per month
A4437	Irrigation supply; sleeve, disposable, per month
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce

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(Specialty 250)****Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A4456	Adhesive remover, wipes, any type, each
A4458	Enema bag with tubing, reusable
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4467	Belt, strap, sleeve, garment, or covering, any type
A4481	Tracheostoma filter, any type, any size, each
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each
A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, each
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
A4556	Electrodes, (e.g., apnea monitor), per pair
A4557	Lead wires, (e.g., apnea monitor), per pair
A4558	Conductive paste or gel
A4561	Pessary, rubber, any type
A4562	Pessary, non rubber, any type
A4565	Slings
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
A4570	Splint
A4595	Electrical stimulator supplies 2 lead, per month (e.g., TENS, NMES)
A4601	Lithium ion battery for non-prosthetic use, replacement
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each
A4604	Lithium ion battery for non-prosthetic use, replacement
A4605	Tracheal suction catheter, closed system, each
A4606	Oxygen probe for use with oximeter device, replacement
A4608	Transtracheal oxygen catheter, each
A4611	Battery, heavy duty; replacement for patient owned ventilator
A4612	Battery cables; replacement for patient-owned ventilator
A4613	Battery charger; replacement for patient-owned ventilator
A4614	Peak expiratory flow rate meter, hand held
A4615	Cannula, nasal
A4616	Tubing, (oxygen), per foot
A4617	Mouthpiece

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A4618	Breathing circuits
A4619	Face tent
A4620	Variable concentration mask
A4623	Tracheostomy, inner cannula
A4624	Tracheal suction catheter, any type other than closed system, each
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush, each
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628	Oropharyngeal suction catheter, each
A4629	Tracheostomy care kit for established tracheostomy
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	Replacement bulb for therapeutic light box, tabletop model
A4635	Underarm pad, crutch, replacement, each
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
A4638	Replacement battery for patient-owned ear pulse generator, each
A4639	Replacement pad for infrared heating pad system, each
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
A4649	Surgical supply; miscellaneous
A4653	Peritoneal dialysis catheter anchoring device, belt, each
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A4913	Miscellaneous dialysis supplies, not otherwise specified
A4918	Venous pressure clamp, for hemodialysis, each
A4927	Gloves, non-sterile, per 100
A4930	Gloves, sterile, per pair
A5051	Ostomy pouch, closed; with barrier attached (one piece), each
A5052	Ostomy pouch, closed; without barrier attached (one piece), each
A5053	Ostomy pouch, closed; for use on faceplate, each
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	Stoma cap
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A5061	Ostomy pouch, drainable; with barrier attached (one piece), each
A5062	Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	Continent device; plug for continent stoma
A5082	Continent device; catheter for continent stoma
A5083	Continent device, stoma absorptive cover for continent stoma
A5093	Ostomy accessory; convex insert
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each
A5105	Urinary suspensory; with leg bag, with or without tube
A5112	Urinary leg bag; latex
A5113	Leg strap; latex, replacement only, per set
A5114	Leg strap; foam or fabric, replacement only, per set
A5120	Skin barrier, wipes or swabs, each
A5121	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	Adhesive or non-adhesive; disc or foam pad
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth- inlay shoe or custom-molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	Collagen based wound filler, dry form, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, pad size 16 sq. in. or less, each
A6022	Collagen dressing, pad size more than 16 sq. in. But less than or equal to 48 sq. in., each
A6023	Collagen dressing, pad size more than 48 sq. in., each
A6024	Collagen dressing wound filler, per 6 inches
A6025	Gel sheet for dermal or epidermal application (e.g. silicone, hydrogel, other), each
A6154	Wound pouch, each
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. But less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches
A6203	Composite dressing, pad size 16 sq. in. Or less, with any size adhesive border, each dressing
A6204	Composite dressing, pad size more than 16 sq. in. But less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	Contact layer, 16 sq. in. or less, each dressing
A6207	Contact layer, more than 16 sq. in. But less than or equal to 48 sq. in., each dressing
A6208	Contact layer, more than 48 sq. in., each dressing
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, pad size more than 16 sq. in. But less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. But less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. But less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. But less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. But less than or equal to 48 sq. in, without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, in, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. in., each dressing
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce
A6241	Hydrocolloid dressing, wound filler, dry form, per gram
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. But less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing wound filler, gel, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, 16 sq. in. or less, each dressing
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, more than 48 sq. in., each dressing
A6260	Wound cleansers, any type, any size
A6261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce
A6262	Wound filler, dry form, per gram, not elsewhere classified
A6266	Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	Gauze non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to 3 inches and less than 5 inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than 3 inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 inches and less than 5 inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than 3 inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3 inches and less than 5 inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 inches and less than 5 inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than 3 inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 3 inches and less than 5 in, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 5 inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to 3 inches and less than 5 inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	Compression burn garment, chin strap, custom fabricated
A6503	Compression burn garment, facial hood, custom fabricated
A6504	Compression burn garment, glove to wrist, custom fabricated
A6505	Compression burn garment, glove to elbow, custom fabricated
A6506	Compression burn garment, glove to axilla, custom fabricated
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment vest, upper trunk to waist including arm openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated
A6530	Gradient compression stocking, below the knee, 18-30 mm Hg, each
A6531	Gradient compression stocking, below the knee, 30-40 mm Hg, each
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each
A6537	Gradient compression stocking, full length, chap style, 30-40 mm Hg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each
A6544	Gradient compression stocking, garter belt
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each
A6549	Gradient compression stocking, not otherwise specified
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each
A7001	Canister, non-disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	Administration set, with small volume filtered pneumatic nebulizer
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7012	Water collection device, used with large volume nebulizer
A7013	Filter, disposable, used with aerosol compressor
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015	Aerosol mask, used with DME nebulizer
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
A7018	Water, distilled, used with large volume nebulizer
A7020	Interface for cough stimulating device, includes all components, replacement only
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillows for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
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
A7040	One way chest drain valve
A7041	Water seal drainage container and tubing for use with implanted chest tube
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
A7047	Oral interface used with respiratory suction pump, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each
A7501	Tracheostoma valve, including diaphragm, each
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7523	Tracheostomy shower protector, each
A7524	Tracheostoma stent/stud/button, each
A7525	Tracheostomy mask, each
A7526	Tracheostomy tube collar/holder, each
A7527	Tracheostomy/laryngectomy tube plug/stop, each
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004	Soft interface for helmet, replacement only
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9999	Miscellaneous DME supply or accessory, not otherwise specified

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
B4034	Enteral feeding supply kit; syringe, per day
B4035	Enteral feeding supply kit; pump fed, per day
B4036	Enteral feeding supply kit; gravity fed, per day
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube-Levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4100	Food thickener, orally, per oz
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500ml = 1 unit
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula; nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula; nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula; nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula; nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of fats, carbohydrates, vitamins and/or minerals, may include fiber, through enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula; nutritionally incomplete/modular components, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine/arginine), fat (e.g., medium chain triglycerides), or combination, through enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats carbohydrates, vitamins and minerals, may include fiber, through an enteral feeding tube, 100 calories = one unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, through an enteral feeding tube, 100 calories = one unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, through an enteral feeding tube, 100 calories = one unit

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 calories = one unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = one unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 calories = one unit
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500ml = 1 unit) – home mix
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) – home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7 % (500 ml = 1 unit) – home mix
B4176	Parenteral nutrition solution; amino acid, 7 through 8.5 % (500 ml = 1 unit) – home mix
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500ml = 1 unit) – home mix
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500ml = 1 unit) – home mix
B4185	Parental nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein-premix
B4187	Omegaven, 10 grams lipids
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein – premix
B4216	Parenteral nutrition, additives (vitamins, trace elements, heparin and electrolytes) – home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supply kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – amirosyn RF, nephramine, renamine – premix

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – freamine HBC, hepatamine – premix
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress – branch chain amino acids – premix
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tips and handgrip
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0116	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
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, each
E0153	Platform attachment, forearm crutch, each
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pick-up walker, per pair, seat attachment, walker
E0156	Seat attachment, walker
E0157	Crutch attachment, walker, each
E0158	Leg extensions for walker, per set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each
E0160	Sitz type bath, or equipment, portable, used with or w/out commode
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)
E0162	Sitz bath chair

**Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers
(Specialty 250)****Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E0163	Commode chair, stationary, with fixed arms
E0165	Commode chair, stationary with detachable arms
E0167	Pail or pan for use with commode chair
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0172	Seat lift mechanism placed over or on top of toilet, any type
E0175	Foot rest, for use with commode chair, each
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
E0189	Lambswool sheepskin pad, any size
E0190	Positioning cushion/pillow/wedge, any shape or size
E0191	Heel or elbow protector, each
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
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205	Heat lamp, with stand, includes bulb, or infrared element
E0210	Electric heat pad, standard
E0215	Electric heat pad, moist
E0221	Infrared heating pad system
E0225	Hydrocollator unit, includes pads
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236	Pump for water circulating pad
E0239	Hydrocollator unit, portable
E0240	Bath/shower chair, with or without wheels, any size
E0241	Bath tub wall rail, each
E0242	Bath tub rail, floor base

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
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 with or without commode opening
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening
E0249	Pad for water circulating heat unit
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0273	Bed board
E0274	Over-bed table
E0275	Bed pan, standard, metal plastic
E0276	Bed pan, fracture, metal or plastic
E0280	Bed, cradle, any type
E0305	Bed side, rails, half-length
E0310	Bed, rails, full –length
E0315	Bed accessory: board, table, or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0325	Urinal; male, jug-type, any material
E0326	Urinal; female, jug-type, any material
E0352	Disposal pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
E0370	Air pressure elevator for heel
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E0485	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0605	Vaporizer, room type
E0606	Postural drainage board
E0607	Home blood glucose monitor
E0607 U1	Home blood glucose monitor for non-preferred manufacturer
E0617	External defibrillator with integrated electrocardiogram analysis
E0620	Skin piercing device for collection of capillary blood, laser, each
E0621	Sling or seat, patient lift, canvas or nylon
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0627	Seat lift mechanism, electric, any type
E0629	Seat lift mechanism, non-electric, any type
E0641	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two sq. feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel
E0694	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection
E0700	Safety equipment (e.g., belt, harness or vest)
E0705	Transfer board or device, any type, each
E0710	Restraints, any type (body, chest, wrist or ankle)
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
E0776	IV pole
E0784	External ambulatory infusion pump, insulin
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E0855	Cervical traction equipment not requiring additional stand or frame

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E0856	Cervical traction device, cervical collar with inflatable air bladder
E0860	Traction equipment, overdoor, cervical
E0936	Continuous passive motion exercise device for use other than knee
E0942	Cervical head harness/halter
E0944	Pelvic belt/harness/boot
E0945	Extremity belt/harness
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating leg rest
E0971	Manual wheelchair accessory, anti-tipping device, each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, anti-rollback device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0980	Safety vest, wheelchair
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push-rim activated power assist system
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, each
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1015	Shock absorber for manual wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1031	Rollabout chair, any and all types with casters five inches or greater

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E1035	Multi positional patient transfer system, with integrated seat, operated by care giver
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 pounds
E1037	Transport chair, pediatric size
E1038	Transport chair, adult sized, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure
E1353	Regulator
E1355	Stand/rack
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E1372	Immersion external heater for nebulizer
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1399	Durable medical equipment, miscellaneous
E1399 U1	Durable medical equipment, miscellaneous, matrix TMX composite shell
E1399 U2	Durable medical equipment, miscellaneous, matrix TMX extra rigid support frame
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion system, package of six
E1702	Replacement measuring scales for jaw motion rehabilitation, pkg of 200
E1812	Dynamic knee, extension/flexion device with active resistance control
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1902	Communication board, non-electronic augmentative or alternative communication device
E2100	Blood glucose monitor with integrated voice synthesizer.
E2101	Blood glucose monitor with integrated lancing/blood sample.
E2102	Adjunctive continuous glucose monitor or receiver
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E2209	Wheelchair accessory arm trough, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair, foam caster tire, any size, each
E2221	Manual wheelchair, accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222	Manual wheelchair accessory, solid (rubber/plastic), cater tire with integrated wheel, any size, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2230	Manual wheelchair accessory, manual standing system
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, gear box, replacement only

**Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers
(Specialty 250)****Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E2370	Power wheelchair component, motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
E2373	Power wheelchair accessory, hand or chin control interface, mini proportional, compact
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick
E2375	Power wheelchair accessory, non-expandable controller
E2376	Power wheelchair accessory, expandable controller, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire, removable, any size, replacement only
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire, removable, any size, replacement only
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only
E2396	Power wheelchair accessory, caster fork, any size, replacement only
E2397	Power wheelchair accessory, lithium-based battery, each
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, MO suspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633	Wheelchair accessory, addition to mobile arm support, supinator
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components
K0040	Adjustable angle footplate, each
K0043	Footrest, lower extension tube, each
K0044	Footrest, upper hanger bracket, each
K0045	Footrest, complete assembly
K0098	Drive belt for power wheel

**Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers
(Specialty 250)****Reviewed/Updated: June 1, 2022**

Procedure Code	Description
K0108	Wheelchair component or accessory, not otherwise specified
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each
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
K0607	Replacement battery for automated external defibrillator, garment type only, each
K0608	Replacement garment for use with automated external defibrillator, each
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each
K0730	Controlled dose inhalation drug delivery system
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back. Patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, single/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301-450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pound or more
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K1005	Disposable collection and storage bag for breast milk, any size, any type, each
K1013	Enema tube, any type, replacement only, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
K1015	Foot, adductus positioning device, adjustable
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment
K1031	Non-pneumatic compression controller without calibrated gradient pressure
K1032	Non-pneumatic sequential compression garment, full leg
K1033	Non-pneumatic sequential compression garment, half leg
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment
L0120	Cervical, flexible, non-adjustable (foam collar)
L0130	Cervical, flexible, thermoplastic collar, molded to patient
L0140	Cervical, semi-rigid, adjustable (plastic collar)
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support
L0170	Cervical, collar, molded to patient model
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)
L0200	Cervical, multiple post collar, occipital mandibular supports, adjustable cervical bars, & thoracic extension
L0220	Thoracic, rib belt, custom fabricated
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), include shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross motion in the sagittal, coronal, transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures include straps/closures, prefab, and fitting and adjustments
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes strap and closures, prefabricated, includes fitting and adjustments
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, include straps and closures, prefabricated, includes fitting and adjustments
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict gross truck motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, including fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0480	TLSO, triplanar control, one piece rigid plastic shell, without interface liner, with multiple straps and closure, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes carved plaster or CAD-CAM model, custom fabricated
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from scaococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross truck motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from scaococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, prefabricated, includes fitting and adjustment
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from the sacrococcygeal junction and terminates at or before T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fit
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder
L0626	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the interve
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the interve
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
L0642	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

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Procedure Code	Description
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf
L0700	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)
L0810	Halo procedure, cervical halo incorporated into jacket vest
L0820	Halo procedure, cervical halo incorporated into plaster body jacket
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L0861	Addition to halo procedure, replacement liner/interface material
L0970	TLSO, corset front
L0972	LSO, corset front
L0974	TLSO, full corset
L0976	LSO, full corset
L0978	Axillary crutch extension
L0980	Peroneal straps, pair
L0982	Stocking supporter grips, set of four (4)
L0984	Protective body sock, each
L0999	Addition to spinal orthosis, not otherwise specified
L1000	Cervical thoracic lumbar sacral orthosis (Milwaukee), inclusive of furnishing initial orthosis, including model
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
L1010	Addition to cervical thoracic lumbar sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling
L1080	Addition to CTLSO or scoliosis orthosis, outrigger
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
L1120	Addition to CTLSO, scoliosis orthosis, cover for upright, each
L1200	TLSO, inclusive of furnishing initial orthosis only
L1210	Addition to TLSO, (low profile), lateral thoracic extension
L1220	Addition to TLSO, (low profile), anterior thoracic extension
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure
L1240	Addition to TLSO, (low profile), lumbar derotation pad
L1250	Addition to TLSO, (low profile), anterior ASIS pad
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad
L1270	Addition to TLSO, (low profile), abdominal pad
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each
L1290	Addition to TLSO, (low profile), lateral trochanteric pad
L1300	Other scoliosis procedure, body jacket molded to patient model
L1310	Other scoliosis procedure, postoperative body jacket
L1499	Spinal orthosis, not otherwise specified
L1600	Hip orthosis, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment
L1610	Hip orthosis, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment
L1620	Hip orthosis, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (ilfled type), prefabricated, includes fitting and adjustment
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated
L1685	Hip orthosis, abduction control of hip joints, postoperative hip abduction type, custom fabricated
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated
L1710	Legg Perthes orthosis, (Newington type), custom fabricated
L1720	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated
L1810	Knee orthosis, elastic with joints, prefabricated, includes fitting and adjustment
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
L1834	Knee orthosis, without knee joint, rigid, custom fabricated
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1844	Knee orthosis, single upright thigh and calf with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf
L1850	Knee orthosis, Swedish type, prefabricated, includes fitting and adjustment
L1851	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L1852	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
L1860	Knee orthosis, modification of supracondylar prosthetic socket, molded to patient model (SK)
L1900	Ankle-foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated
L1902	Ankle orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment
L1904	Ankle orthosis, molded ankle gauntlet, custom fabricated
L1906	Ankle-foot orthosis, multiligamentous ankle support, prefabricated, includes fitting and adjustment
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
L1910	Ankle-foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	Ankle-foot orthosis, single upright with stasis or adjustable stop (Phelps or Perlstein type), custom fabricated
L1930	Ankle-foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment
L1932	Ankle-foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1940	Ankle-foot orthosis, plastic or other material, custom fabricated
L1945	Ankle-foot orthosis, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	Ankle-foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom-fabricated
L1951	Ankle-foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment
L1960	Ankle-foot orthosis, posterior solid ankle, plastic, custom fabricated
L1970	Ankle-foot orthosis, plastic, with ankle joint, custom fabricated
L1971	Ankle-foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
L1980	Ankle-foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK orthosis), custom fabricated
L1990	Ankle-foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK orthosis), custom fabricated
L2000	Knee ankle foot orthosis, single upright, free knee, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), custom fabricated
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type custom fabricated
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis) without knee joint, custom fabricated

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L2020	Knee ankle foot orthosis, double upright, free knee and free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK orthosis), custom fabricated
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK orthosis), without knee joint, custom fabricated
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabknee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated
L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
L2080	Hip knee ankle foot orthosis, torsion control, unilateral, torsion cable, hip joint, pelvic band/belt, custom fabricated
L2090	Hip knee ankle foot orthosis, torsion control unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated
L2132	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
L2134	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L2136	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim
L2190	Addition to lower extremity fracture orthosis, waist belt
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt
L2200	Addition to lower extremity, limited ankle motion, each joint
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L2240	Addition to lower extremity, round caliper and plate attachment
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)
L2265	Addition to lower extremity, long tongue stirrup
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	Addition to lower extremity, molded inner boot
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement). Jointed, adjustable
L2310	Addition to lower extremity, abduction bar, straight
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2335	Addition to lower extremity, anterior swing band
L2340	Addition to lower extremity, pretibial shell, molded to patient model
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)
L2360	Addition to lower extremity, extended steel shank
L2370	Addition to lower extremity, Patten bottom
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L2390	Addition to lower extremity, offset knee joint, each joint
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint
L2397	Addition to lower extremity orthosis, suspension sleeve
L2405	Addition to knee joint, drop lock, each
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492	Addition to knee joint, lift loop for drop lock ring
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position joint, each
L2580	Addition to lower extremity, pelvic control, pelvic sling
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each
L2610	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660	Addition to lower extremity, thoracic control, thoracic band
L2670	Addition to lower extremity, thoracic control, paraspinal uprights
L2680	Addition to lower extremity, thoracic control, lateral support uprights
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2768	Orthotic side bar disconnect device, per bar
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each
L2795	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
L2810	Addition to lower extremity orthosis, knee control, condylar pad
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
L2999	Lower extremity orthoses, not otherwise specified
L3000	Foot, insert, removable, molded to patient model, UCB type, Berkeley shell, each
L3001	Foot insert, removable, molded to patient model, Spenco, each
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each
L3003	Foot insert, removable, molded to patient model, silicone gel each
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot, insert, removable, formed to patient foot, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
L3040	Foot, arch support, removable, premolded, longitudinal, each
L3050	Foot, arch support, removable, premolded, metatarsal, each
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3070	Foot, arch support, nonremovable attached to shoe, longitudinal, each
L3080	Foot, arch support, nonremovable attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable attached to shoe, longitudinal/metatarsal, each
L3100	Hallus-valgus night dynamic splint
L3140	Foot, abduction rotation bars, including shoes
L3150	Foot, abduction rotation bars, without shoes
L3160	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic, silicone or equal, heel stabilizer, each
L3201	Orthopedic shoe, oxford with supinator or pronator, infant
L3202	Orthopedic shoe, oxford with supinator or pronator, child
L3203	Orthopedic shoe, oxford with supinator or pronator, junior

**Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers
(Specialty 250)***Reviewed/Updated: June 1, 2022*

Procedure Code	Description
L3204	Orthopedic shoe, hightop with supinator or pronator, infant
L3206	Orthopedic shoe, hightop with supinator or pronator, child
L3207	Orthopedic shoe, hightop with supinator or pronator, junior
L3208	Surgical boot, each, infant
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior
L3212	Benesch boot, pair, infant
L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior
L3215	Orthopedic footwear, ladies shoe, oxford, each
L3216	Orthopedic footwear, ladies shoe, depth inlay, each
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each
L3219	Orthopedic footwear, men's shoes, oxford, each
L3221	Orthopedic footwear, men's shoes, depth inlay, each
L3222	Orthopedic footwear, men's shoes, hightop, depth inlay, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, men's shoe oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoes depth inlay, each
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot-shoe molded to patient model, silicone shoe, each
L3252	Foot-shoe molded to patient model, Plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each
L3254	Nonstandard size or width
L3255	Nonstandard size or length
L3257	Orthopedic footwear, additional charge for split size
L3260	Surgical boot/shoe, each
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel, tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tape red, up to one-half inch
L3334	Lift, elevation, heel, per inch
L3340	Heel wedge, Sach
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole
L3380	Clubfoot wedge

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)*Reviewed/Updated: June 1, 2022*

Procedure Code	Description
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced
L3440	Heel, counter, leather reinforced
L3450	Heel, Sach cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	Heel, Thomas with wedge
L3470	Heel, Thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur
L3500	Orthopedic shoe addition, insole, leather
L3510	Orthopedic shoe addition, insole, rubber
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3530	Orthopedic shoe addition, sole, half
L3540	Orthopedic shoe addition, sole, full
L3550	Orthopedic shoe addition, toe tap, standard
L3560	Orthopedic shoe addition, toe tap, horseshoe
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition, convert instep to Velcro closure
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition, march bar
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Brown splint (riveton), both shoes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
L3660	Shoulder orthosis, figure of “8” design abduction restrainer, canvas and webbing
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type)
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type, or equal
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3710	Elbow orthosis, elastic with metal joints, prefabricated, includes fitting and adjustment
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
L3740	Elbow orthosis, double upright with forearm/arm cuffs adjustable position lock with active control, custom fabricated
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3806	Wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, soft interface material, straps, custom fabricated
L3807	Wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
L3808	Wrist hand finger orthosis, rigid without joints, soft interface material, straps, custom fabricated
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension flex, finger flex/extension, wrist or finger driven, custom fabricated
L3901	Wrist hand finger orthosis, dynamic flex hg; reciprocal wrist extension/flexion, finger/extension, cable driven, custom fabricated
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3906	Wrist hand finger orthosis, without joints, may include soft fabricated, straps, custom fabricated, includes fitting and adjustment
L3908	Wrist hand finger orthosis, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment
L3912	Hand finger orthosis, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3915	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, soft interface material, straps, custom fabricated
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3923	Hand finger orthosis, without joint(s), may include soft interface, straps, prefabricated, includes fitting and adjustment
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf
L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment
L3927	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
L3956	Addition of joint to upper extremity orthosis, any material, per joint

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3962	Shoulder elbow wrist hand orthosis, abduction positioning, ERB's palsy design, prefabricated, includes fitting and adjustment
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3971	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, include
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each
L3999	Upper limb orthosis, not otherwise specified
L4000	Replace girdle for spinal orthotic (CTLSO or SO)
L4002	Replacement strap, any orthosis, includes all components, any length, any type
L4010	Replace trilateral socket brim
L4020	Replace quadrilateral socket brim, molded to patient model
L4030	Replace quadrilateral socket brim, custom fitted
L4040	Replace molded thigh lacer, for custom fabricated orthosis only
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only
L4050	Replace molded calf lacer, for custom fabricated orthosis only
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for KAFO
L4080	Replace metal bands KAFO, proximal thigh
L4090	Replace metal bands KAFO-AFO, calf or distal thigh
L4100	Replace leather cuff KAFO, proximal thigh
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh
L4130	Replace pretibial shell
L4205	Repair of orthotic device, labor component, per 15 minutes
L4210	Repair of orthotic device, repair or replace minor parts
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4392	Replace soft interface material, static AFO
L4394	Replace soft interface material, foot drop splint
L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
L5000	Partial foot, shoe insert with longitudinal arch, toe filler
L5010	Partial foot, molded foot, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	Ankle, Symes, molded socket, Sach foot
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot
L5100	Below knee, molded socket, shin, Sach foot
L5105	Below knee, plastic socket, joints and thigh lacer, Sach foot
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, Sach foot
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, Sach foot

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5200	Above knee, molded socket, single axis constant friction knee, shin, Sach foot
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
L5220	AK, short prosthesis, no knee joint (stubbies), with articulated ankle/foot dynamically aligned, each
L5230	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, include
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, Sach foot
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, Sach foot
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, Sach foot
L5301	Below knee, molded socket, shin, Sach foot, endoskeletal system
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, Sach foot, endoskeletal system
L5321	Above knee, molded socket, open end, Sach foot, endoskeletal system, single axis knee
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, Sach foot
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, Sach foot
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension and one cast change, below knee
L5410	Immediate postsurgical or early fitting application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change AK or knee disarticulation
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension and one cast change AK or knee disarticulation and each additional cast change and realignment
L5450	Immediate postsurgical or early fitting, application of non-weight bearing rigid dressing, below knee
L5460	Immediate postsurgical or early fitting, application of non-weight bearing rigid dressing, above knee
L5500	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, Sach foot, plaster socket, direct formed
L5505	Initial, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, Sach foot plaster socket, direct formed
L5510	Preparatory, below knee PTB type socket, non-alignable system or pylon, no cover, Sach foot, plaster socket, molded to model
L5520	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, Sach foot, thermoplastic or equal, direct formed

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5530	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, Sach foot, thermoplastic or equal, molded to model
L5535	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, Sach foot, prefabricated, adjustable, open end socket
L5540	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, Sach foot, laminated socket, molded to model
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, Sach foot, plaster socket, molded to model
L5570	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system or pylon, no cover, Sach foot, thermoplastic or equal, direct formed
L5580	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, Sach foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system or pylon, no cover Sach foot, prefabricated adjustable open end socket
L5590	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover Sach foot, laminated sock, molded to model
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, Sach foot, thermoplastic or equal, molded to patient model
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, Sach foot, laminated socket, molded to patient model
L5610	Addition to lower extremity, endoskeletal system above knee, hydracadence system
L5611	Addition to lower extremity, endoskeletal system above knee-knee disarticulation, 4-bar linkage, with friction swing phase control
L5613	Addition to lower extremity, endoskeletal system above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, endoskeletal system above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control
L5616	Addition to lower extremity, endoskeletal system above knee, universal multiplex system, friction swing phase control
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below, each
L5618	Addition to lower extremity, test socket, Symes
L5620	Addition to lower extremity, test socket, below knee
L5622	Addition to lower extremity, test socket, knee disarticulation
L5624	Addition to lower extremity, test socket, above knee
L5626	Addition to lower extremity, test socket, hip disarticulation
L5628	Addition to lower extremity, test socket, hemipelvectomy
L5629	Addition to lower extremity, below knee, acrylic socket
L5630	Addition to lower extremity, Symes type, expandable wall socket
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket
L5632	Addition to lower extremity, Symes type, PTB brim design socket
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5636	Addition to lower extremity, Symes type, medial opening socket
L5637	Addition to lower extremity, below knee, total contact
L5638	Addition to lower extremity, below knee, leather socket
L5639	Addition to lower extremity, below knee, wood socket
L5640	Addition to lower extremity, knee disarticulation, leather socket
L5642	Addition to lower extremity, above knee, leather socket
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644	Addition to lower extremity, above knee, wood socket
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame
L5646	Addition to lower extremity, below knee, air, fluid, gel, or equal, cushion socket
L5647	Addition to lower extremity, below knee suction socket
L5648	Addition to lower extremity, above knee, air, fluid, gel, or equal, cushion socket
L5649	Addition to lower extremity, ischial containment/narrow M-L socket
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5661	Addition to lower extremity, socket insert, multidurometer Symes
L5665	Addition to lower extremity, socket insert, multidurometer, below knee
L5666	Addition to lower extremity, below knee, cuff suspension
L5668	Addition to lower extremity, below knee, molded distal cushion
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
L5672	Addition to lower extremity, below knee, removable medial brim suspension
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair
L5678	Additions to lower extremity, below knee joints covers, pair

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5684	Addition to lower extremity, below knee, fork strap
L5685	Addition to lower extremity prosthesis, below knee, suspension/scaling sleeve, with or without valve, any material, each
L5686	Addition to lower extremity, below knee, back check (extension control)
L5688	Addition to lower extremity, below knee, waist belt, webbing
L5690	Addition to lower extremity, below knee, waist belt, padded and lined
L5692	Addition to lower extremity, above knee, pelvic control belt, light
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
L5699	All lower extremity prostheses, shoulder harness
L5700	Replacement, socket, below knee, molded to patient model
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel
L5704	Custom shaped protective cover, below the knee
L5705	Custom shaped protective cover, above knee
L5706	Custom shaped protective cover, knee disarticulation
L5707	Custom shaped protective cover, hip disarticulation
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5795	Addition, exoskeletal system hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5810	Addition, endoskeletal knee-shin system, single axis manual lock
L5811	Addition, endoskeletal knee-shin system, single axis manual lock, ultra-light material
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830	Addition, endoskeletal knee system, single axis, pneumatic/swing phase control
L5840	Additional endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability
L5850	Addition, endoskeletal above knee or hip disarticulation, knee extension assist
L5855	Additional endoskeletal system, hip disarticulation, mechanical hip extension assist

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s) any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L5910	Addition, endoskeletal below knee, alignable system
L5920	Addition, endoskeletal above knee or hip, disarticulation, alignable system
L5925	Additional endoskeletal system, above knee disarticulation or hip disarticulation, manual lock
L5930	Addition, endoskeletal system, high activity knee control frame
L5940	Addition, endoskeletal below knee, ultra-light material (titanium, carbon fiber or equal)
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
L5962	Additional endoskeletal system, below knee flexible protective outer surface covering system
L5964	Additional, endoskeletal system, above knee, flexible protective outer surface covering system
L5966	Additional endoskeletal system, hip disarticulation flexible protective outer surface covering system
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
L5970	All lower extremity prostheses, foot, external keel, Sach foot
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only
L5972	All lower extremity prostheses, foot, flexible keel
L5974	All lower extremity prostheses, foot, single axis ankle/foot
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot
L5976	All lower extremity prostheses, energy storing foot (Seattle carbon copy II or equal)
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot
L5979	All lower extremity prosthesis, multiaxial ankle/foot, dynamic response, one piece system
L5980	All lower extremity prostheses, flex foot system
L5981	All lower extremity prosthesis, flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses, axial rotation unit
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multi-axial rotation unit (MCP or equal)

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	All lower extremity prosthesis, vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L5999	Lower extremity prosthesis, not otherwise specified
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section internal locking elbow, forearm
L6360	Interscapular thoracic, passive restoration (complete prosthesis)
L6370	Interscapular thoracic, passive restoration (shoulder cap only)
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, wrist disarticulation or above elbow
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment
L6388	Immediate postsurgical or early fitting, application of rigid dressing only
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6550	Shoulder disarticulation, molded, socket, endoskeletal system, including soft prosthetic tissue shaping
L6570	Intrascapular thoracic, molded socket, endoskeletal system including soft prosthetic tissue shaping
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow hinges, figure eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6590	Preparatory, shoulder disarticulation or inter scapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6600	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6615	Upper extremity addition, disconnect locking wrist unit
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6624	Upper extremity addition, flexion/extension and rotation wrist unit
L6625	Upper extremity addition, rotation wrist unit with cable lock
L6628	Upper extremity addition, quick disconnect hook adapter, Otto bock or equal
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	Upper extremity addition, stainless steel, any wrist
L6632	Upper extremity addition, latex suspension sleeve, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L6635	Upper extremity addition, lift assist for elbow
L6637	Upper extremity addition, nudge control elbow lock
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6640	Upper extremity additions, shoulder abduction joint, pair
L6641	Upper extremity addition, excursion amplifier, pulley type
L6642	Upper extremity addition, excursion amplifier, lever type
L6645	Upper extremity addition, shoulder flexion-abduction joint, each
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator
L6650	Upper extremity addition, shoulder universal joint, each
L6655	Upper extremity addition, standard control cable, extra
L6660	Upper extremity addition, heavy duty control cable
L6665	Upper extremity addition, Teflon, or equal, cable lining
L6670	Upper extremity addition, hook to hand, cable adapter
L6672	Upper extremity addition, harness, chest or shoulder, saddle type
L6675	Upper extremity addition, harness, (e.g. figure eight type), single cable design
L6676	Upper extremity addition, harness, (e.g. figure eight type), dual cable design
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
L6686	Upper extremity addition, suction socket
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation
L6689	Upper extremity addition, frame type socket, shoulder disarticulation
L6690	Upper extremity addition, frame type socket, interscapular-thoracic
L6691	Upper extremity addition, removable insert, each
L6692	Upper extremity addition, silicone gel insert or equal, each
L6693	Upper extremity addition, external locking elbow, forearm counterbalance
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	Addition to upper extremity prosthesis, below/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L6696	Addition to upper extremity prosthesis, below/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6697	Addition to upper extremity prosthesis, below/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, code use L6694 or L6695)
L6698	Addition to upper extremity prosthesis, below/above elbow, lock mechanism, excludes socket insert
L6703	Terminal device, passive hand/mitt, any material, any size
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L6805	Terminal devices, wrist flexion unit
L6810	Terminal device, pincher tool, Otto Bock or equal
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
L6890	Additional to upper extremity prosthesis, glove for terminal, device, any material, prefabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L6895	Additional to upper extremity prosthesis, glove for terminal, device, any material, custom fabricated
L6900	Hand restoration (casts, shading & measurements included), partial hand, with glove, thumb or one finger remaining
L6905	Hand restoration (casts, shading & measurements included), partial hand, with glove, multiple fingers remaining
L6910	Hand restoration (casts, shading & measurements included), partial hand, with glove, no fingers remaining
L6915	Hand restoration (shading, and measurements included), replacement glove for above
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto bock or equal switch, cables, two batteries, one charger, switch control or terminal device
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto bock or equal electrodes, cables, two batteries, and one charger, myoelectronic control or terminal device
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries, and one charger, switch control or terminal device
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries, and one charger, myoelectronic control or terminal device
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries, and one charger, switch control or terminal device
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries, and one charger, myoelectronic control or terminal device
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries, and one charger, switch control or terminal device
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries, and one charger, myoelectronic control or terminal device
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries, and one charger, switch control or terminal device
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries, and one charger, myoelectronic control or terminal device
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries, and one charger, switch control or terminal device
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries, and one charger, myoelectronic control or terminal device

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L7007	Electric hand, switch or myoelectric controlled, adult
L7008	Electric hand, switch or myoelectric controlled, pediatric
L7009	Electric hook, switch or myoelectric controlled, adult
L7040	Prehensile actuator, Hosmer or equal, switch controlled
L7045	Electronic hook, child, Michigan or equal, switch controlled
L7170	Electronic elbow, Hosmer or equal, switch controlled
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled
L7186	Electronic elbow, child, variety village or equal, switch controlled
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled
L7259	Electronic wrist rotator, any type
L7360	Six volt battery, each
L7362	Battery charger, 6 volt, each
L7364	Twelve volt battery, each
L7366	Battery charger, twelve volt, each
L7367	Lithium ion battery, rechargeable, replacement
L7368	Lithium ion battery charger, replacement only
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7499	Upper extremity prosthesis, not otherwise specified
L7510	Repair prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L7600	Prosthetic donning sleeve, any material, each
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8000	Breast prosthesis, mastectomy bra
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8010	Breast prosthesis, mastectomy sleeve
L8015	External breast prosthesis garment, with mastectomy form, postmastectomy

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)*Reviewed/Updated: June 1, 2022*

Procedure Code	Description
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8035	Custom breast prosthesis, postmastectomy, molded to patient model
L8039	Breast prosthesis, not otherwise specified
L8040	Nasal prosthesis, provided by a nonphysician
L8041	Midfacial prosthesis, provided by a nonphysician
L8042	Orbital prosthesis, provided by a nonphysician
L8043	Upper facial prosthesis, provided by a nonphysician
L8044	Hemi-facial prosthesis, provided by a nonphysician
L8045	Auricular prosthesis, provided by a nonphysician
L8046	Partial facial prosthesis, provided by a nonphysician
L8047	Nasal septal prosthesis, provided by a nonphysician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician
L8300	Truss, single with standard pad
L8310	Truss, double with standard pads
L8320	Truss, addition to standard pad, water pad
L8330	Truss, addition to standard pad, scrotal pad
L8400	Prosthetic sheath, below knee, each
L8410	Prosthetic sheath, above knee, each
L8415	Prosthetic sheath, upper limb, each
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
L8420	Prosthetic sock, multiple ply, below knee, each
L8430	Prosthetic sock, multiple ply, above knee, each
L8435	Prosthetic sock, multiple ply, upper limb, each
L8440	Prosthetic shrinker, below knee, each
L8460	Prosthetic shrinker, above knee, each
L8465	Prosthetic shrinker, upper limb, each
L8470	Prosthetic sock, single ply, fitting, below knee, each
L8480	Prosthetic sock, single ply, fitting, above knee, each
L8485	Prosthetic stock, single ply, fitting, upper limb, each
L8499	Unlisted procedure for miscellaneous prosthetic services
L8500	Artificial larynx, any type
L8501	Tracheostomy speaking valve
L8505	Artificial larynx replacement battery / accessory, any type
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
L8510	Voice amplifier
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	Tracheoesophageal puncture dilator, replacement only, each
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
L8614	Cochlear device, includes all internal and external components
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement
L8619	Cochlear implant external speech processor, replacement
L8621	Zinc air battery for use with cochlear implant device, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (any size LL sizes, includes entire system)
L8659	Interphalangeal finger joint replacement, two or more pieces metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (any size)
L8679	Implantable neurostimulator, pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8680 U1	Implantable neurostimulator electrode, each – vagus nerve stimulator (VNS) only
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8686 U1	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension – vagus nerve stimulator (VNS) only
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8693	Auditory osseointegrated device abutment, any length, replacement only
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each
L8695	External recharging system for battery (external) for use with implantable neurostimulator
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components, and accessories, custom fabricated
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0480	Driver for use with pneumatic ventricular assist device, replacement only
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
Q0488	Power pack base for use with electric ventricular assist device, replacement only
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	Battery for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	Belt/vest for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only
Q0503	Battery for pneumatic ventricular assist device, replacement only, each
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q0509	Miscellaneous supply or accessory for use any implanted ventricular assist device for which payment was not made under Medicare Part A
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask
S8185	Flutter device
S8186	Swivel adaptor

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
S8189	Tracheostomy supply, not otherwise classified
S8420	Gradient pressure aid (sleeve and glove combination), custom made
S8421	Gradient pressure aid (sleeve and glove combination), ready made
S8422	Gradient pressure aid (sleeve), custom made, medium weight
S8423	Gradient pressure aid (sleeve), custom made, heavy weight
S8424	Gradient pressure aid (sleeve), ready made
S8425	Gradient pressure aid (glove), custom made, medium weight
S8426	Gradient pressure aid (glove), custom made, heavy weight
S8427	Gradient pressure aid (glove), ready made
S8428	Gradient pressure aid (gauntlet), ready made
S9432	Medical foods for non-inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4521 U9	Adult sized disposable incontinence product, brief/diaper, small each, (high end incontinence supplies)
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4522 U9	Adult sized disposable incontinence product, brief/diaper, medium, each, (high end incontinence supplies)
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4523 U9	Adult sized disposable incontinence product, brief/diaper, large, each, (high end incontinence supplies)
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4524 U9	Adult sized disposable incontinence product, brief/diaper, extra large, each, (high end incontinence supplies)
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4525 U9	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each, (high end incontinence supplies)
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium, each
T4526 U9	Adult sized disposable incontinence product, protective underwear/pull-on, medium, each, (high end incontinence supplies)
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large, each
T4527 U9	Adult sized disposable incontinence product, protective underwear/pull-on, large each (high end incontinence supplies)
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large, each
T4528 U9	Adult sized disposable incontinence product, protective underwear/pull-on, extra large, each, (high-end incontinence supplies)
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4529 U9	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each, (high-end incontinence supplies)
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
T4530 U9	Pediatric sized disposable incontinence product, brief/diaper, large size, each, (high end incontinence supplies)
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4531 U9	Pediatric sized disposable incontinence product, protective underwear/pull-on, small, medium size, each (high end incontinence supplies)
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4532 U9	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each (high end incontinence supplies)
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4533 U9	Youth sized disposable incontinence product, brief/diaper, each (high end incontinence supplies)
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4534 U9	Youth sized disposable incontinence product, protective underwear/pull-on, each (high-end incontinence supplies)
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4536 U9	Incontinence product, protective underwear/pull-on, reusable, any size, each (high end incontinence supplies)
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4539 U9	Incontinence product, diaper/brief, reusable, any size, each (high end incontinence supplies)
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small, each
T4543	Disposable incontinence product, brief/diaper, bariatric, each
T4543 U9	Disposable incontinence product, brief/diaper, bariatric, each (high end incontinence supplies)
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
V2623	Prosthetic, eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2629	Prosthetic eye, other type
V5010	Assessment for hearing aid
V5014	Repair/modification of hearing aid
V5020	Conformity evaluation
V5030	Hearing aid, monaural, body-worn, air conduction

Table 1 – Covered Procedure Codes for Durable Medical Equipment (DME) Providers (Specialty 250)**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
V5040	Hearing aid, monaural, body-worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5080	Glasses, bone conduction
V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE
V5246	Hearing aid, digitally programmable, analog, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable, analog, monaural, BTE (behind the ear)
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5264	Ear mold/insert, not disposable, any type
V5266	Battery for use in hearing device
V5267	Hearing aid supplies/accessories
V5299	Hearing service, miscellaneous

Table 1 Revision History**May 13, 2022, update:**

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Removed (effective January 1, 1990): L5110

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
B9002	Enteral nutrition infusion pump-with alarm
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
E0181	Pressure pad, alternating with pump, heavy duty
E0182	Pump for alternating pressure pad
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
E0202	Phototherapy (bilirubin) light with photometer
E0217	Water circulating heat pad with pump
E0218	Water circulating cold pad with pump
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric, (head and foot adjustment), any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
E0277	Powered pressure-reducing air mattress
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
E0293	Hospital bed, variable heights, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches 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 inches above the spring, includes mattress
E0350	Control unit for electronic bowel irrigation/evacuation system
E0372	Powered air overlay for mattress, standard mattress length and width
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, 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 adaptor, contents gauge, cannula or mask, and tubing
E0439	Stationary liquid oxygen system, rental; includes, container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Stationary oxygen contents, gaseous, one month's supply = 1 unit
E0442	Stationary oxygen contents, liquid, one month's supply = 1 unit
E0443	Portable oxygen contents, gaseous, one month's supply = 1 unit
E0444	Portable oxygen contents, liquid, one month's supply = 1 unit
E0445	Oximeter device for measuring blood oxygen levels noninvasively
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
E0455	Oxygen tent, excluding croup or pediatric tents
E0457	Chest shell (cuirass)
E0459	Chest wrap
E0462	Rocking bed with or without side rails
E0470	Respiratory assist device, bi-level pressure capability, without backup 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 backup 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)
E0481	Intrapulmonary percussive ventilation system and related accessories

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each
E0500	IPPB machines, all types, with built-in nebulization; manual or automatic valves; internal or external power source
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
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0570	Nebulizer, with compressor
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575	Nebulizer, ultrasonic, large volume
E0585	Nebulizer, with compressor and heater
E0600	Respiratory suction pump, home model, portable or stationary, electric
E0601	Continuous airway pressure (CPAP) device
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature
E0630	Patient lift, hydraulic, with seat or sling
E0635	Patient lift, electric with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0637	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels
E0638	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
E0639	Patient lift, moveable from room to room with disassembly and reassembly, include all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0650	Pneumatic compressor, nonsegmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with segmental pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with segmental pneumatic compressor, full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
E0720	TENS, two lead, localized stimulation
E0730	TENS, four or more leads, for multiple nerve stimulation
E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's body by layers of fabric)
E0744	Neuromuscular stimulator for scoliosis
E0745	Neuromuscular stimulator, electronic shock unit
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
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
E0784	External ambulatory infusion pump, insulin
E0791	Parenteral infusion pump, stationary, single or multichannel
E0840	Traction frame, attached to headboard, cervical traction
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0850	Traction stand, free standing, cervical traction
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)
E0880	Traction stand, freestanding, extremity traction, (e.g., Buck's)
E0890	Traction frame, attached to footboard, pelvic traction
E0900	Traction stand, freestanding, pelvic traction, (e.g., Buck's)

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E0910	Trapeze bars, also known as patient helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0920	Fracture frame, attached to bed, includes weights
E0930	Fracture frame, free standing, includes weights
E0935	Continuous passive motion exercise device for use on knee only
E0936	Continuous passive motion exercise device for other than the knee
E0940	Trapeze bar, free standing, complete with grab bar
E0941	Gravity assisted traction device, any type
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, four poster)
E0947	Fracture frame, attachments for complex pelvic traction
E0948	Fracture frame, attachments for complex cervical traction
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one arm drive attachment, each
E0959	Manual wheelchair accessory, adaptor for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	Reclining back, addition to pediatric size wheelchair
E1016	Shock absorber for power wheelchair, each
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1050	Fully reclining wheelchair; fixed full-length arms, swing away, detachable, elevating legrests
E1060	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests
E1070	Fully reclining wheel chair; detachable arm, desk or full-length, swing –away, detachable footrest
E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable, elevating legrest
E1084	Hemi-wheelchair, detachable arms desk or full- length arms, swing-away, detachable, elevating legrests
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests
E1086	Hemi-wheelchair; detachable arms desk or full-length, swing-away, detachable footrests
E1087	High strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1088	High strength lightweight wheelchair; detachable arms desk or full-length, swing-away, detachable, elevating legrests
E1089	High strength lightweight wheelchair; fixed length arms, swing-away, detachable footrest
E1090	High strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests
E1092	Wide, heavy duty wheelchair; detachable arms, desk or full- length, swing-away, detachable, elevating legrests
E1093	Wide, heavy duty wheelchair, detachable arms desk or full- length arms, swing-away, detachable footrest
E1100	Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1110	Semi-reclining wheelchair; detachable arms (desk or full-length) elevating leg rest
E1130	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests
E1140	Wheelchair; detachable arms; desk or full-length, swing-away, detachable footrests
E1150	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests
E1160	Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1161	Manual adult size wheelchair; includes tilt in space
E1170	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1171	Amputee wheelchair; fixed full-length arms, without footrests or legrest

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E1172	Amputee wheelchair; detachable arms, without footrests or legrest
E1180	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests
E1190	Amputee wheelchair; detachable arms, desk or full-length, swing- away, detachable, elevating legrests
E1195	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable legrests
E1200	Amputee wheelchair, fixed full-length arms, swing-away, detachable footrests
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)
E1221	Wheelchair with fixed arms, footrests
E1222	Wheelchair with fixed arms, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1225	Wheelchair accessory, manual semireclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees) each
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1240	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrest
E1250	Lightweight wheelchair; fixed full-length arms, swing-away, detachable footrests
E1260	Lightweight wheelchair; detachable arms (desk or full-length) swing-away, detachable footrests
E1270	Lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1280	Heavy-duty wheelchair; detachable arms (desk or full-length) elevating legrests
E1285	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable footrests
E1290	Heavy-duty wheelchair; detachable arms (desk or full length) swing-away, detachable footrest
E1295	Heavy duty wheelchair; fixed full-length arms, elevating legrests
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E1298	Special wheelchair seat depth and/or width, by construction
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at prescribed flow rate, each
E1392	Portable oxygen concentrator, rental
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container
E1520	Heparin infusion pump for hemodialysis
E1530	Air bubble detector for hemodialysis, each, replacement
E1540	Pressure alarm for hemodialysis, each, replacement
E1550	Bath conductivity meter for hemodialysis, each
E1560	Blood leak detector for hemodialysis, each, replacement
E1570	Adjustable chair, for ERSD patients
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	Unipuncture control system for dialysis
E1590	Hemodialysis machine
E1592	Automatic intermittent peritoneal dialysis system
E1594	Cycler dialysis machine for peritoneal dialysis
E1600	Delivery and/or installation charges for hemodialysis equipment
E1610	Reverse osmosis water purification system for hemodialysis
E1615	Deionizer water purification system, for hemodialysis
E1620	Blood pump for dialysis, replacement
E1625	Water softening system, for hemodialysis
E1629	Tablo hemodialysis system for the billable dialysis service
E1630	Reciprocating peritoneal dialysis system
E1632	Wearable artificial kidney, each
E1634	Peritoneal dialysis clamps, each
E1635	Compact (portable) travel hemodialyzer system
E1636	Sorbent cartridges, for hemodialysis, per 10
E1699	Dialysis equipment, not otherwise specified
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1811	Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material
E1816	Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs
E1818	Bi-directional static progressive stretch forearm pronation / supination device with range of motion adjustment, includes cuffs
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft material
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material
E1841	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs
E2000	Gastric suction pump, home model, portable or stationary, electric
E2230	Manual wheelchair accessory, manual standing system
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, 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	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2368	Power wheelchair component, motor, replacement only
E2369	Power wheelchair component, gear box, replacement only
E2370	Power wheelchair component, motor and gear box combination, replacement only
E2402	Negative pressure wound therapy electrical pump, stationary or portable
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
K0108	Wheelchair component or accessory, not otherwise specified
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group e standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301-450 pounds
K0860	Power wheelchair, group e very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pound or more
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group r standard, captains chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

**Table 2 – Covered Procedure Codes for Home Medical Equipment (HME) Providers
(Specialty 251)**

Reviewed/Updated: October 1, 2022

Procedure Code	Description
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure
K1025	Non-pneumatic sequential compression garment, full arm
K1031	Non-pneumatic compression controller without calibrated gradient pressure
K1032	Non-pneumatic sequential compression garment, full leg
K1033	Non-pneumatic sequential compression garment, half leg
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components, and accessories, custom fabricated
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot
S8121	Oxygen contents, liquid, 1 unit equals 1 pound
Table 2 Revision History	
<p>October 1, 2022, update: Added (effective October 1, 2022): E0183</p> <p>April 1, 2022, update: Added (effective April 1, 2022): K1031–K1033</p> <p>January 1, 2022, update: Added (effective January 1, 2022): E1629</p> <p>October 16, 2021, update: Added (effective December 16, 2021): L8701, L8702</p> <p>October 1, 2021, update: Added (effective October 1, 2021): K1024, K1025</p>	

Table 2 Revision History	
October 29, 2020, update:	
Added (effective October 29, 2020): A4555, E0766	
January 1, 2019, update:	
Added (effective January 1, 2019): E0447	
August 21, 2018, update:	
Removed (correction): K0010	
August 1, 2017, update:	
Removed (effective February 13, 2017): K0012, K0014	
January 1, 2017, update:	
Removed (effective January 1, 2017): B9000	
April 1, 2016, update:	
Removed (effective January 1, 2016): E0450, E0460, E0463, E0464	
Added (effective January 1, 2013): E0670	
Added (effective January 1, 2012): E2359, L6715	
Removed (effective January 1, 2012): E0571	
Removed (effective January 1, 2010): E1340	
Removed (effective September 1, 2008): E1230, E1239, K0011	
Added (effective January 1, 2007): A8000	
Removed (effective January 1, 2007): E2320	
Removed (effective January 1, 2004): E1009	
Removed (correction): A8002	

Table 3 – Covered Procedure Code for Donor Milk Bank Providers (Specialty 252)**Reviewed/Updated: November 1, 2022**

Procedure Code	Description
T2101	Human breast milk processing, storage, and distribution only
Table 3 Revision History	
November 1, 2022, update:	
Table created (effective November 1, 2022)	

Table 4 – Procedure Codes for DME/HME Subject to a 15-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
E0117	Crutch, underarm, articulating, spring assisted, each
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0182	Pump for alternating pressure pad, for replacement only
E0187	Water pressure mattress
E0198	Water pressure pad for mattress, standard mattress length and width
E0236	Pump for water circulating pad

Table 4 – Procedure Codes for DME/HME Subject to a 15-Month Capped Rental Period*Reviewed/Updated: June 1, 2022*

Procedure Code	Description
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
E0305	Bed side rails, half length
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0462	Rocking bed with or without side rails
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0606	Postural drainage board
E0617	External defibrillator with integrated electrocardiogram analysis
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0744	Neuromuscular stimulator for scoliosis
E0856	Cervical traction device, with inflatable air bladder(s)
E0930	Fracture frame, free standing, includes weights
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0968	Commode seat, wheelchair
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985	Wheelchair accessory, seat lift mechanism
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1014	Reclining back, addition to pediatric size wheelchair

Table 4 – Procedure Codes for DME/HME Subject to a 15-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware

Table 4 – Procedure Codes for DME/HME Subject to a 15-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2378	Power wheelchair component, actuator, replacement only
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0607	Replacement battery for automated external defibrillator, garment type only, each
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more

Table 4 Revision History**February 15, 2022, update:**

Removed (effective January 1, 2022): E0297, E0620, K0813, K0853

February 1, 2021, update:

Moved codes with 6- and 10-month capped rental periods (effective February 1, 2021) to separate tables

August 21, 2018, update:

Removed (correction): K0010

August 1, 2017, update:

Removed (effective February 13, 2017): K0012

June 2, 2017, update:

Added (effective June 2, 2017): E0140, E0149, E0197, E0955, E0985, E1020, E1028, E2228

January 1, 2017, update:

Removed (effective January 1, 2017): B9000

July 21, 2016, update:

Added (effective July 21, 2016): E0117, E0144, E0198, E0202, E0300, E0304, E0470–E0472, E0570, E0575, E0620, E0639, E0640, E0656, E0657, E0849, E0855, E0856, E0911, E0912, E1002–E1008, E1010, E1012, E1036, E1812, E1831, E1841, E2227, E2310, E2311, E2378, E2402, K0607, K0730

Removed (effective July 21, 2016): A9273, E0218, E0221, E0231, E0232, E0445, E0459, E0481, E0603, E0607, E0638, E0749, E0770, E0936, E0955–E0957, E0958, E0959, E0960, E0967, E0969–E0971, E0973, E0974, E0978, E0980–E0982, E0985, E0990, E0992, E0994, E1011, E1015–E1018, E1020, E1028, E1029, E1085, E1086, E1089, E1090, E1130, E1140, E1225, E1226, E1227, E1228, E1231, E1250, E1260, E1285, E1290, E1821, E1902, E2100, E2101, E2202–E2206, E2209–E2226, E2291–E2294, E2322–E2331, E2340–E2343, E2358–E2366, E2368–E2375, E2377, E2381–E2392, E2394–E2397, E2601–E2609, E2611–E2617, E2619–E2621, K0011, K0014, K0733, K0735, K0800–K0802, K0812, K0868–K0871, K0877–K0880, K0884–K0886, K0890, K0891, K0898

Table 5 – Procedure Codes for DME/HME Subject to a 10-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0149	Walker, heavy duty, wheeled, rigid or folding, any type
E0165	Commode chair, mobile or stationary, with detachable arms
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0186	Air pressure mattress
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0202	Phototherapy (bilirubin) light with photometer
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
E0277	Powered pressure-reducing air mattress
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
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress

Table 5 – Procedure Codes for DME/HME Subject to a 10-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0470	Respiratory assist device, bi-level pressure capability, without backup 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)
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
E0570	Nebulizer, with compressor
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575	Nebulizer, ultrasonic, large volume
E0585	Nebulizer, with compressor and heater
E0600	Respiratory suction pump, home model, portable or stationary, electric
E0601	Continuous positive airway pressure (CPAP) device
E0620	Skin piercing device for collection of capillary blood, laser, each
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635	Patient lift, electric with seat or sling
E0636	Multi-positional patient support system, with integrated lift, patient accessible controls
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0740	Non-implanted pelvic floor electrical stimulator, complete system
E0745	Neuromuscular stimulator, electronic shock unit
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0784	External ambulatory infusion pump, insulin
E0791	Parenteral infusion pump, stationary, single or multi-channel
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0855	Cervical traction equipment not requiring additional stand or frame
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar

Table 5 – Procedure Codes for DME/HME Subject to a 10-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0920	Fracture frame, attached to bed, includes weights
E0940	Trapeze bar, free standing, complete with grab bar
E0941	Gravity assisted traction device, any type
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)
E1031	Rollabout chair, any and all types with casters 5" or greater
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1812	Dynamic knee, extension/flexion device with active resistance control
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material

Table 5 – Procedure Codes for DME/HME Subject to a 10-Month Capped Rental Period**Reviewed/Updated: June 1, 2022**

Procedure Code	Description
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E2000	Gastric suction pump, home model, portable or stationary, electric
E2402	Negative pressure wound therapy electrical pump, stationary or portable
K0730	Controlled dose inhalation drug delivery system
Table 5 Revision History	
February 15, 2022, update: Added (effective January 1, 2022): E0297, E0620	
February 1, 2021, update: Table created (effective February 1, 2021) <i>Note: For prior dates of service, these codes were subject to 15-month capped rental period.</i>	

Table 6 – Procedure Codes for DME/HME Subject to a Six-Month Capped Rental Period**Reviewed/Updated: February 15, 2022**

Procedure Code	Description
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds

Table 6 – Procedure Codes for DME/HME Subject to a Six-Month Capped Rental Period
Reviewed/Updated: February 15, 2022

Procedure Code	Description
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds

Table 6 – Procedure Codes for DME/HME Subject to a Six-Month Capped Rental Period
Reviewed/Updated: February 15, 2022

Procedure Code	Description
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
Table 6 Revision History	
<p>February 15, 2022, update: Added (effective January 1, 2022): K0813, K0853</p> <p>February 1, 2021, update: Table created (effective February 1, 2021) <i>Note: For prior dates of service, these codes were subject to 15-month capped rental period.</i></p>	

Table 7 – Procedure Codes for Equipment and Supplies Classified by the IHCP as Requiring Frequent and Substantial Servicing
Reviewed/Updated: June 1, 2022

Procedure Code	Description
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
E0935	Continuous passive motion exercise device for use on knee only
Table 7 Revision History	
<p>February 1, 2021, update: Added (effective February 1, 2021): E0467</p> <p>October 29, 2020, update: Added (effective October 29, 2020): E0766</p> <p>July 21, 2016, update: Added (effective July 21, 2016): E0465, E0466 Removed (effective January 1, 2016): E0450, E0460, E0461 Removed (effective January 1, 2011): E0575</p>	

Table 8 – Procedure Codes for Diabetic Test Strips That Allow for a 90-Day Supply on Medicare Crossover Claims*Reviewed/Updated: June 1, 2022*

Procedure Code	Description
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or pHisoHex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low, and high calibrator solution/chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100

Table 9 – Procedure Codes for Respiratory Assist Devices (Continuous Positive Airway Pressure [CPAP] and Bi-Level Positive Airway Pressure [BiPAP]) and Accessories*Reviewed/Updated: June 1, 2022*

Procedure Code	Description
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive air pressure device, with or without head strap
A7036	Chin strap 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
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
E0470	BiPAP – Respiratory assist device, bi-level pressure capability, without backup rate feature, used with non-invasive interface; e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

Table 9 – Procedure Codes for Respiratory Assist Devices (Continuous Positive Airway Pressure [CPAP] and Bi-Level Positive Airway Pressure [BiPAP]) and Accessories*Reviewed/Updated: June 1, 2022*

Procedure Code	Description
E0471	BiPAP – Respiratory assist device, bi-level pressure capability, with backup rate feature, used with non-invasive interface; e.g., nasal or facial mask (intermittent assist device with continuous positive-airway pressure device)
E0561	Humidifier, non-heated, used with positive pressure airway device
E0562	Humidifier, heated, used with a positive pressure airway device
E0601	CPAP – Continuous positive airway pressure device

Table 10 – Incontinence, Ostomy and Urological Supplies Available Only Through Contracted Vendors (for Fee-for-Service Members)*Reviewed/Updated: June 1, 2022*

Procedure Codes					
A4310	A4311	A4312	A4313	A4314	A4315
A4316	A4320	A4321	A4322	A4326	A4327
A4328	A4331	A4332	A4333	A4334	A4338
A4340	A4344	A4346	A4349	A4351	A4352
A4353	A4354	A4355	A4356	A4357	A4358
A4360	A4361	A4362	A4363	A4366	A4367
A4368	A4369	A4371	A4372	A4373	A4375
A4376	A4377	A4378	A4379	A4380	A4381
A4382	A4383	A4384	A4385	A4387	A4388
A4389	A4390	A4391	A4392	A4393	A4394
A4395	A4396	A4398	A4399	A4400	A4404
A4405	A4406	A4407	A4408	A4409	A4410
A4411	A4412	A4413	A4414	A4415	A4416
A4417	A4418	A4419	A4420	A4422	A4423
A4424	A4425	A4426	A4427	A4428	A4429
A4430	A4431	A4432	A4433	A4434	A4436
A4437	A4458	A5051	A5052	A5053	A5054
A5055	A5056	A5057	A5061	A5062	A5063
A5071	A5072	A5073	A5081	A5082	A5093
A5102	A5105	A5112	A5113	A5114	A5126
A5131	T4521*	T4522*	T4523*	T4524*	T4525*
T4526*	T4527*	T4528*	T4529*	T4530*	T4531*
T4532*	T4533*	T4534*	T4535*	T4536*	T4537
T4539*	T4540	T4541	T4542	T4543*	T4544

Note: Incontinence, ostomy, and urological supplies marked with an asterisk () require prior authorization (PA) and the U9 modifier.*

Table 10 Revision History***June 1, 2022, update:***

Added (correction): A5056, A5057, A4360

January 1, 2022, update:

Added (effective January 1, 2022): A4436, A4437

Removed (effective January 1, 2022): A4397

December 1, 2020, update:

Added asterisk (correction): T4535

May 1, 2020, update:Added (effective February 1, 2020): T4544 (*PA requirement for this code was removed effective May 1, 2020*)