

## Providence Health Plan DME Supply List



### **Purpose of the List:**

The purpose of this list is to convey applicable DME supplies offered through Integra Partners. This list does not convey prior authorization requirements or other medical policy and/or benefit restrictions. Please see the **Prior Authorization Code List** and **Non-Covered and Limited Services List** for additional code-level information. These lists are linked below.

### **Links:**

[The Prior Authorization Code List](#)

[The Non-Covered and Limited Services List](#)

## DME Supply List

Code	Code Description
A0021	Ambulance service, outside state per mile, transport (Medicaid only)
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Non-emergency transportation; taxi
A0110	Non-emergency transportation and bus, intra or inter state carrier
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non-emergency transportation: ancillary: meals-recipient
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state
A0160	Non-emergency transportation: per mile - case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Non-emergency transportation: ancillary: lodging-recipient
A0190	Non-emergency transportation: ancillary: meals-recipient
A0200	Non-emergency transportation: ancillary: lodging escort
A0210	Non-emergency transportation: ancillary: meals-escort
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	Non-emergency transportation: ancillary: lodging escort
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS mileage (per mile)
A0392	BLS mileage (per mile)
A0394	ALS specialized service disposable supplies; IV drug therapy
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (als 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (bls)
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)

## DME Supply List

Code	Code Description
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
A2024	Resolve matrix or xenopatch, per square centimeter
A2027	Matriderm, per square centimeter
A2028	Micromatrix flex, per mg
A2029	Mirotract wound matrix sheet, per cubic centimeter
A2031	Mirodry wound matrix, per square centimeter
A2034	Foundation drs solo, per square centimeter
A4206	Syringe with needle, sterile, 1 cc or less, each
A4207	Syringe with needle, sterile 2 cc, each
A4208	Syringe with needle, sterile 3 cc, each
A4209	Syringe with needle, sterile 5 cc or greater, each
A4210	Needle-free injection device, each
A4211	Supplies for self-administered injections
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20 cc or greater, each
A4215	Needle, sterile, any size, each
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml
A4217	Sterile water/saline, 500 ml
A4218	Sterile saline or water, metered dose dispenser, 10 ml
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs 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

## DME Supply List

Code	Code Description
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
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, 3 cc
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, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted 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 phisohex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4248	Chlorhexidine containing antiseptic, 1 ml
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
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
A4261	Cervical cap for contraceptive use
A4262	Temporary, absorbable lacrimal duct implant, each
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4265	Paraffin, per pound
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each

## DME Supply List

Code	Code Description
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4270	Disposable endoscope sheath, each
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month
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
A4287	Disposable collection and storage bag for breast milk, any size, any type, each
A4288	Valve for breast pump, replacement
A4290	Sacral nerve stimulation test lead, each
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)
A4305	Disposable drug delivery system, flow rate of 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 with integral collection chamber, any type, each

## DME Supply List

Code	Code Description
A4327	Female external urinary collection device; meatal cup, each
A4328	Female external urinary collection device; pouch, each
A4330	Perianal fecal collection pouch with adhesive, 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
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each
A4335	Incontinence supply; miscellaneous
A4336	Incontinence supply, urethral insert, any type, each
A4337	Incontinence supply, rectal insert, any type, each
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, 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, or silicone elastomer, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, or silicone elastomeric, 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, 4 x 4 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

## DME Supply List

Code	Code Description
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz
A4371	Ostomy skin barrier, powder, per oz
A4372	Ostomy skin barrier, solid 4 x 4 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
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 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 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, with or without lubricant, for use in ostomy pouch, per fluid ounce
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	Ostomy belt with peristomal hernia support
A4397	Irrigation supply; sleeve, each
A4398	Ostomy irrigation supply; bag, each
A4399	Ostomy irrigation supply; cone/catheter, with or without brush
A4400	Ostomy irrigation set
A4402	Lubricant, per ounce
A4404	Ostomy ring, each
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each

## DME Supply List

Code	Code Description
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
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 (1 piece), each
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 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 (2 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 (2 piece), each
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 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 (1 piece), each
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 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
A4438	Irrigation supply;sleeve, reusable, per month
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches

## DME Supply List

Code	Code Description
A4453	Rectal catheter with or without balloon, for use with any type transanal irrigation system, each
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	Adhesive remover, wipes, any type, each
A4457	Adhesive remover, wipes, any type, each
A4458	Enema tube, with or without adapter, any type, replacement only, each
A4459	Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4465	Non-elastic binder for extremity
A4467	Belt, strap, sleeve, garment, or covering, any type
A4468	Exsufflation belt, includes all supplies and accessories
A4470	Gravlee jet washer
A4480	Vabra Aspirator
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
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4534	Youth Size Brief Each
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm
A4541	Monthly supplies for use of device coded at E0733
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month
A4550	Surgical trays
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpads, all sizes
A4555	Electrical stimulation device used for cancer treatment, includes all accessories, any type
A4556	Electrodes, (e.g., apnea monitor), per pair
A4557	Lead wires, (e.g., apnea monitor), per pair

## DME Supply List

Code	Code Description
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz
A4559	Coupling gel or paste, for use with ultrasound device, per oz
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only
A4561	Pessary, rubber, any type
A4562	Pessary, non rubber, any type
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
A4564	Pessary, disposable any type
A4565	Slings
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
A4570	Splint
A4575	Topical hyperbaric oxygen chamber, disposable
A4580	Cast supplies (e.g., plaster)
A4590	Special casting material (e.g., fiberglass)
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month
A4600	Sleeve for intermittent limb compression device, replacement only, each
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each
A4604	Tubing with integrated heating element for use with positive airway pressure device
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	Mouth piece
A4618	Breathing circuits
A4619	Face tent

## DME Supply List

Code	Code Description
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
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4642	Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
A4648	Tissue marker, implantable, any type, each
A4649	Surgical supply; miscellaneous
A4651	Calibrated microcapillary tube, each
A4652	Microcapillary Tube Sealant
A4653	Peritoneal dialysis catheter anchoring device, belt, each
A4657	Syringe, with or without needle, each
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A4671	Disposable cycler set used with cycler dialysis machine, each
A4672	Drainage extension line, sterile, for dialysis, each
A4673	Extension line with easy lock connectors, used with dialysis
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz
A4680	Activated carbon filter for hemodialysis, each

## DME Supply List

Code	Code Description
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet
A4708	Acetate concentrate solution, for hemodialysis, per gallon
A4709	Acid concentrate, solution, for hemodialysis, per gallon
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4719	"Y set" tubing for peritoneal dialysis
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis
A4728	Dialysate solution, non-dextrose containing, 500 ml
A4730	Fistula cannulation set for hemodialysis, each
A4736	Topical anesthetic, for dialysis, per gram
A4737	Injectable anesthetic, for dialysis, per 10 ml
A4740	Shunt accessory, for hemodialysis, any type, each
A4750	Blood tubing, arterial or venous, for hemodialysis, each
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml
A4770	Blood collection tube, vacuum, for dialysis, per 50
A4771	Serum clotting time tube, for dialysis, per 50
A4772	Blood glucose test strips, for dialysis, per 50
A4773	Occult blood test strips, for dialysis, per 50
A4774	Ammonia test strips, for dialysis, per 50
A4802	Protamine sulfate, for hemodialysis, per 50 mg
A4860	Disposable catheter tips for peritoneal dialysis, per 10
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A4890	Contracts, repair and maintenance, for hemodialysis equipment

## DME Supply List

Code	Code Description
A4911	Drain bag/bottle, for dialysis, each
A4913	Miscellaneous dialysis supplies, not otherwise specified
A4918	Venous pressure clamp, for hemodialysis, each
A4927	Gloves, non-sterile, per 100
A4928	Surgical mask, per 20
A4929	Tourniquet For Dialysis, Ea
A4930	Gloves, sterile, per pair
A4931	Oral thermometer, reusable, any type, each
A4932	Rectal thermometer, reusable, any type, each
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
A5053	Ostomy pouch, closed; for use on faceplate, each
A5054	Ostomy pouch, closed; for use on barrier with flange (2 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
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
A5081	Stoma plug or seal, any type
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, each
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
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

## DME Supply List

Code	Code Description
A5122	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	Adhesive or non-adhesive; disk 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
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, sterile, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	Collagen dressing, sterile, size more than 48 sq. in., each
A6024	Collagen dressing wound filler, sterile, per 6 inches

## DME Supply List

Code	Code Description
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, sterile, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, sterile, 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, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, sterile, 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, sterile, 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, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing

## DME Supply List

Code	Code Description
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, sterile, 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, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

## DME Supply List

Code	Code Description
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	Wound cleansers, any type, any size
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	Wound filler, dry form, per gram, not otherwise specified
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
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, sterile, up to 2 inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6413	Adhesive bandage, first-aid type, any size, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five 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 three inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard

Code	Code Description
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
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, 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
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom
A6516	Gradient compression wrap with adjustable straps, foot, each, custom
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom
A6518	Gradient compression wrap with adjustable straps, arm, each, custom
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
A6520	Gradient compression garment, glove, padded, for nighttime use, each
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522	Gradient compression garment, arm, padded, for nighttime use, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each

## DME Supply List

Code	Code Description
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528	Gradient compression garment, bra, for nighttime use, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each
A6544	Gradient compression stocking, garter belt
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each
A6549	Gradient compression garment, not otherwise specified, for daytime use, each
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each

## DME Supply List

Code	Code Description
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6566	Gradient compression garment, neck/head, each
A6567	Gradient compression garment, neck/head, custom, each
A6568	Gradient compression garment, torso and shoulder, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6570	Gradient compression garment, genital region, each
A6571	Gradient compression garment, genital region, custom, each
A6572	Gradient compression garment, toe caps, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6575	Gradient compression arm sleeve and glove combination, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6578	Gradient compression arm sleeve, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6581	Gradient compression glove, each
A6582	Gradient compression gauntlet, each
A6583	Gradient compression wrap with adjustable straps, below knee, each
A6584	Gradient compression wrap with adjustable straps, not otherwise specified
A6585	Gradient compression wrap with adjustable straps, above knee, each
A6586	Gradient compression wrap with adjustable straps, full leg, each
A6587	Gradient compression wrap with adjustable straps, foot, each
A6588	Gradient compression wrap with adjustable straps, arm, each
A6589	Gradient pressure wrap with adjustable straps, bra, each
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month
A6591	External urinary catheter; non-disposable, for use with suction pump, per month
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each

## DME Supply List

Code	Code Description
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom
A7000	Canister, disposable, used with suction pump, each
A7001	Canister, non-disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each
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 or ultrasonic generator
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, 1000 ml
A7020	Interface for cough stimulating device, includes all components, replacement only

## DME Supply List

Code	Code Description
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)
A7023	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
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
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 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
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each
A7049	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

## DME Supply List

Code	Code Description
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
A9150	Non-prescription drugs
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
A9154	Artificial saliva, 1 ml
A9155	Artificial saliva, 30 ml
A9156	Artificial saliva, 30 ml
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
A9268	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
A9269	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
A9270	Non-covered item or service
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
A9273	Cold or hot fluid 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
A9275	Home glucose disposable monitor, includes test strips
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

## DME Supply List

Code	Code Description
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9280	Alert or alarm device, not otherwise classified
A9281	Reaching/grabbing device, any type, any length, each
A9282	Wig, any type, each
A9283	Foot pressure off loading/supportive device, any type, each
A9284	Spirometer, non-electronic, includes all accessories
A9285	Inversion/eversion correction device
A9286	Hygienic item or device, disposable or non-disposable, any type, each
A9300	Exercise equipment
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose
A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
A9505	Thallium Tl-201 thallos chloride, diagnostic, per millicurie
A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
A9520	Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie

## DME Supply List

Code	Code Description
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie
A9557	Technetium Tc-99m bicsate, diagnostic, per study dose, up to 25 millicuries
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
A9563	Sodium phosphate P-32, therapeutic, per millicurie
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose

## DME Supply List

Code	Code Description
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium In-111 pentetate, diagnostic, per study dose, up to 6 millicuries
A9576	Injection, gadoteridol, (ProHance multipack), per ml
A9577	Injection, gadobenate dimeglumine (MultiHance), per ml
A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9581	Injection, gadoxetate disodium, 1 ml
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
A9583	Injection, gadofosveset trisodium, 1 ml
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9585	Injection, gadobutrol, 0.1 ml
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
A9700	Supply of injectable contrast material for use in echocardiography, per study
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code
A9901	Dme delivery, set up, and/or dispensing service component of another hcpcs code
A9999	Miscellaneous dme supply or accessory, not otherwise specified
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
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

## DME Supply List

Code	Code Description
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4100	Food thickener, administered orally, per ounce
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
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, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

## DME Supply List

Code	Code Description
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 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) - homemix
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% (500 ml = 1 unit) - home mix
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix
B4185	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix
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, 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-aminosyn-rf, nephramine, renamine-premix
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, 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-freamine-hbc-premix
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9998	Noc for enteral supplies
B9999	NOC for parenteral supplies

## DME Supply List

Code	Code Description
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, tip 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, with pad, tip, handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each
E0118	Crutch substitute, lower leg platform, with or without wheels, 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
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height
E0153	Platform attachment, forearm crutch, each
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pick-up walker, per pair
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 without commode
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s
E0162	Sitz bath chair
E0163	Commode chair, mobile or stationary, with fixed arms
E0165	Commode chair, mobile or stationary, with detachable arms
E0167	Pail or pan for use with commode chair, replacement only

## DME Supply List

Code	Code Description
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
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182	Pump for alternating pressure pad, for replacement only
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
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, includes all components and accessories
E0191	Heel or elbow protector, each
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
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
E0201	Penile contracture device, manual, greater than 3 lbs traction force
E0202	Phototherapy (bilirubin) light with photometer
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
E0217	Water circulating heat pad with pump
E0218	Fluid circulating cold pad with pump, any type
E0221	Infrared heating pad system
E0225	Hydrocollator unit, includes pads

## DME Supply List

Code	Code Description
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
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, for replacement only
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
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0273	Bed board
E0274	Over-bed table
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
E0277	Powered pressure-reducing air mattress
E0280	Bed cradle, any type
E0290	Hospital bed, fixed height, without side rails, with mattress

## DME Supply List

Code	Code Description
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
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, 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
E0305	Bed side rails, half length
E0310	Bed side 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
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
E0352	Disposable 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
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

## DME Supply List

Code	Code Description
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
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
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
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
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive 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
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device
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)

## DME Supply List

Code	Code Description
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0480	Percussor, electric or pneumatic, home model
E0481	Intrapulmonary percussive ventilation system and related accessories
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each
E0485	Oral device/appliance used to reduce upper airway collapsibi
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0487	Spirometer, electronic, includes all accessories
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
E0530	Ippb machine, 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

## DME Supply List

Code	Code Description
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E0585	Nebulizer, with compressor and heater
E0600	Respiratory suction pump, home model, portable or stationary, electric
E0601	Continuous positive airway pressure (cpap) device
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (ac and/or dc), any type
E0604	Breast pump, hospital grade, electric (ac and / or dc), any type
E0605	Vaporizer, room type
E0606	Postural drainage board
E0607	Home blood glucose monitor
E0610	Pacemaker monitor, self-contained, (checks battery depletion
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
E0616	Implantable cardiac event recorder with memory, activator and programmer
E0617	External defibrillator with integrated electrocardiogram analysis
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature
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
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635	Patient lift, electric with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
E0638	Standing frame/table 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, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
E0650	Pneumatic compressor, non-segmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure

## DME Supply List

Code	Code Description
E0655	Non-segmental 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
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with 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
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
E0677	Non-pneumatic sequential compression garment, trunk
E0678	Non-pneumatic sequential compression garment, trunk
E0679	Non-pneumatic sequential compression garment, trunk
E0680	Non-pneumatic sequential compression garment, trunk
E0681	Non-pneumatic sequential compression garment, trunk
E0682	Non-pneumatic sequential compression garment, trunk
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection
E0700	Safety equipment, device or accessory, any type
E0705	Transfer device, any type, each
E0710	Restraints, any type (body, chest, wrist or ankle)
E0711	Restraints, any type (body, chest, wrist or ankle)
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises

## DME Supply List

Code	Code Description
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region
E0730	Transcutaneous electrical nerve stimulation (tens) device, 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 skin by layers of fabric)
E0732	Cranial electrotherapy stimulation (ces) system, any type
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist
E0735	Non-invasive vagus nerve stimulator
E0736	Transcutaneous tibial nerve stimulator
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors
E0740	Non-implanted pelvic floor electrical stimulator, complete system
E0743	External lower extremity nerve stimulator for restless legs syndrome, each
E0744	Neuromuscular stimulator for scoliosis
E0745	Neuromuscular stimulator, electronic shock unit
E0746	Electromyography (EMG), biofeedback device
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications
E0749	Osteogenesis stimulator, electrical, surgically implanted
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
E0764	Functional neuromuscular stimulation, transcutaneous stimula
E0765	FDA approved nerve stimulator for treatment of nausea and vomiting
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
E0767	Intrabuccal, systemic delivery of amplitude modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified

## DME Supply List

Code	Code Description
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
E0776	Iv pole
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0784	External ambulatory infusion pump, insulin
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
E0786	Implantable programmable infusion pump, replacement (exclude
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E0791	Parenteral infusion pump, stationary, single or multi-channel
E0830	Ambulatory traction device, all types, each
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
E0855	Cervical traction equipment not requiring additional stand or frame
E0856	Cervical traction device, with inflatable air bladder(s)
E0860	Traction equipment, overdoor, cervical
E0870	Traction frame, attached to footboard, extremity traction, (e.g., buck's)
E0880	Traction stand, free standing, extremity traction, (e.g., buck's)
E0890	Traction frame, attached to footboard, pelvic traction
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)
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
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 use other than knee
E0940	Trapeze bar, free standing, complete with grab bar
E0941	Gravity assisted traction device, any type

## DME Supply List

Code	Code Description
E0942	Cervical head harness/halter
E0944	Pelvic belt/harness/boot
E0945	Extremity belt/harness
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)
E0947	Fracture frame, attachments for complex pelvic traction
E0948	Fracture frame, attachments for complex cervical traction
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
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, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
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
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

## DME Supply List

Code	Code Description
E0986	Manual wheelchair accessory, power assist system
E0988	Manual wheelchair accessory, lever-activated, wheel drive, p
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Arm rest, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
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
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
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
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty
E1020	Residual limb support system for wheelchair, any type
E1022	Wheelchair transportation securement system, any type includes all components and accessories
E1023	Wheelchair transit securement system, includes all components and accessories
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1031	Rollabout chair, any and all types with casters 5" or greater
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs

## DME Supply List

Code	Code Description
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
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 detachab
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 foot rests
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests
E1087	High strength lightweight wheelchair, fixed full length arms
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest
E1090	Wheelchair Lightweight Det A
E1092	Wide heavy duty wheelchair, detachable arms (desk or full le
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
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 el
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full length arms, swing away detac
E1171	Amputee wheelchair, fixed full length arms, without foot res
E1172	Amputee wheelchair, detachable arms (desk or full length) wi
E1180	Amputee wheelchair, detachable arms (desk or full length) sw
E1190	Amputee wheelchair, detachable arms (desk or full length) sw
E1195	Heavy duty wheelchair, fixed length arms, swing away detacha
E1200	Amputee wheelchair, fixed full length arms, swing away detac
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification

## DME Supply List

Code	Code Description
E1221	Wheelchair with fixed arm, foot rests
E1222	Wheelchair with fixed arm, elevating leg rests
E1223	Wheelchair with detachable arms, foot rests
E1224	Wheelchair with detachable arms, elevating legrests
E1225	Wheelchair accessory, manual semi-reclining 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
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable
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
E1239	Ped Power Wheelchair Nos
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests
E1280	Heavy duty wheelchair, detachable arms (desk or full length)
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E1300	Whirlpool, portable (over tub type), handheld shower head
E1301	Whirlpool, portable (over tub type), handheld shower head
E1310	Whirlpool, non-portable (built-in type)

## DME Supply List

Code	Code Description
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure
E1353	Regulator
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
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
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392	Portable oxygen concentrator, rental
E1399	Durable medical equipment, miscellaneous
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
E1500	Centrifuge, for dialysis
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 esrd patients
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	Unipuncture control system for hemodialysis
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 hemodialysis, replacement
E1625	Water softening system, for hemodialysis

## DME Supply List

Code	Code Description
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
E1637	Hemostats For Dialysis, Each
E1639	Scale, each
E1699	Dialysis equipment, not otherwise specified
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, p
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
E1800	Dynamic adjustable elbow extension and flexion device, includes soft interface material
E1801	Static progressive stretch/patient actualized serial 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
E1803	Dynamic adjustable elbow extension only device, includes soft interface material
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material
E1805	Dynamic adjustable wrist extension and 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
E1807	Dynamic adjustable wrist extension only device, includes soft interface material
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material
E1811	Static progressive stretch/patient actualized serial 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 resistanc
E1813	Dynamic adjustable knee extension only device, includes soft interface material
E1814	Dynamic adjustable knee flexion only device, includes soft interface material
E1815	Dynamic adjustable ankle extension and flexion device, includes soft interface material
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories

## DME Supply List

Code	Code Description
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
E1821	Replacement soft interface material/cuffs for bi-directional
E1822	Dynamic adjustable ankle extension only device, includes soft interface material
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
E1825	Dynamic adjustable finger extension and flexion device, includes soft interface material
E1826	Dynamic adjustable finger extension only device, includes soft interface material
E1827	Dynamic adjustable finger flexion only device, includes soft interface material
E1828	Dynamic adjustable toe extension only device, includes soft interface material
E1829	Dynamic adjustable toe flexion only device, includes soft interface material
E1830	Dynamic adjustable toe extension and flexion device, includes soft interface material
E1831	Static progressive stretch toe device, extension and/or flex
E1832	Static progressive stretch finger 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/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E1902	Communication board, non-electronic augmentative or alternative communication device
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software
E2000	Gastric suction pump, home model, portable or stationary, electric
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge
E2120	Pulse generator system for tympanic treatment of inner ear e
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 (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2207	Wheelchair accessory, crutch and cane holder, each

## DME Supply List

Code	Code Description
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, 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, each
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 si
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, 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
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 size wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
E2300	Wheelchair accessory, power seat elevation system, any type
E2301	Wheelchair accessory, power standing system, any type
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

## DME Supply List

Code	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
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
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
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
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
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)
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)

Code	Code Description
E2362	Power wheelchair accessory, group 24 non-sealed 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
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel 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, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each

## DME Supply List

Code	Code Description
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2402	Negative pressure wound therapy electrical pump, stationary or portable
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
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
E2513	Accessory for speech generating device, electromyographic sensor
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
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
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
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
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

## DME Supply List

Code	Code Description
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
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 att
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, monosuspension 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, supina
E3000	Speech volume modulation system, any type, including all components and accessories
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only
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
G0248	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results
G0249	Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
J7030	Normal saline solution infus

## DME Supply List

Code	Code Description
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base
K0010	Standard - weight frame motorized/power wheelchair
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	Lightweight portable motorized/power wheelchair
K0013	Custom motorized/power wheelchair base
K0014	Other motorized/power wheelchair base
K0015	Detachable, non-adjustable height armrest, replacement only, each
K0017	Detachable, adjustable height armrest, base, replacement only, each
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each
K0019	Arm pad, replacement only, each
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, h style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, replacement only, each
K0043	Footrest, lower extension tube, replacement only, each
K0044	Footrest, upper hanger bracket, replacement only, each
K0045	Footrest, complete assembly, replacement only, each
K0046	Elevating legrest, lower extension tube, replacement only, each
K0047	Elevating legrest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or legrest, replacement only, each

## DME Supply List

Code	Code Description
K0052	Swingaway, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
K0098	Drive belt for power wheelchair, replacement only
K0105	Iv hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)
K0462	Temporary replacement for patient owned equipment being repaired, any type
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
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
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each
K0730	Controlled dose inhalation drug delivery system

## DME Supply List

Code	Code Description
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
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
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
K0743	Suction pump, home model, portable, for use on wounds
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches
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
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 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, 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
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
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds

## DME Supply List

Code	Code Description
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
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
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 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
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
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 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

Code	Code Description
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, patient 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
K0899	Power mobility device, not coded by dme pdac or does not meet criteria
K1004	Low frequency ultrasonic diathermy treatment device for home use
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
K1031	Non-pneumatic compression controller without calibrated gradient pressure
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month
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, prefabricated, off-the-shelf (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, prefabricated, off-the-shelf
L0170	Cervical, collar, molded to patient model
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
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, and thoracic extension

## DME Supply List

Code	Code Description
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), includes 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
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, and 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 trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, 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
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 straps and closures, prefabricated, includes fitting and adjustment

Code	Code Description
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from 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 sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
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, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, provides intracavitary pressure to reduce load on the intervertebral disks, includes 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 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, and transverse planes, includes a 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, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated

Code	Code Description
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 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
L0488	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, 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 sacrococcygeal junction and terminates at or before the 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
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, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
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, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf
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, off-the-shelf
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 straps, stays, prefabricated, off-the-shelf

Code	Code Description
L0626	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
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, shoulder straps, pendulous abdomen design, custom fabricated
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 padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
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 load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated

Code	Code Description
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 lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
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 lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
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 to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
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 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, 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

## DME Supply List

Code	Code Description
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
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	Cervical-thoracic-lumbar-sacral-orthoses (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)
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, prefabricated, off-the-shelf, pair
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)
L0984	Protective body sock, prefabricated, off-the-shelf, each
L0999	Addition to spinal orthosis, not otherwise specified
L1000	Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee), inclusive of furnishing initial orthosis, including model

## DME Supply List

Code	Code Description
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment
L1005	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated
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
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	Thoracic-lumbar-sacral-orthosis (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

## DME Supply List

Code	Code Description
L1300	Other scoliosis procedure, body jacket molded to patient model
L1310	Other scoliosis procedure, post-operative body jacket
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated
L1499	Spinal orthosis, not otherwise specified
L1600	Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1610	Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1620	Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf
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
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1685	Hip orthosis, abduction control of hip joint, 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
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

Code	Code Description
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, off-the-shelf
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf
L1851	Knee orthosis (ko), 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
L1852	Knee orthosis (ko), 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, custom fabricated (sk)

## DME Supply List

Code	Code Description
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf
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 static 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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
L1940	Ankle foot orthosis, plastic or other material, custom fabricated
L1945	Ankle foot orthosis, 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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf
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, with or without dorsiflexion assist, 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, free ankle, 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, any type activation, includes ankle joint, any type, custom fabricated
L2006	Knee ankle foot device, any material, single or double upright, swing and 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
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated

Code	Code Description
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 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	Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
L2134	Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2136	Kafo, 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

## DME Supply List

Code	Code Description
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, pre-tibial 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
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

Code	Code Description
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, non-molded
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
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, non-corrosive 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

## DME Supply List

Code	Code Description
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, non-removable attached to shoe, longitudinal, each
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device
L3161	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, 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
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

## DME Supply List

Code	Code Description
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, mens shoe, oxford, each
L3221	Orthopedic footwear, mens shoe, depth inlay, each
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoe, 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	Non-standard size or width
L3255	Non-standard 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, tapered, 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

## DME Supply List

Code	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 browne splint (riveton), both shoes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf

Code	Code Description
L3671	Shoulder orthosis, shoulder joint 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
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, off-the-shelf
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, off-the-shelf
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 joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment
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/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated

## DME Supply List

Code	Code Description
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated
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 orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
L3912	Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf
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 joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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 joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf
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, off-the-shelf
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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

## DME Supply List

Code	Code Description
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
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 palsey 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, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, 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 and adjustment
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, includes fitting and adjustment
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 orthosis (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

## DME Supply List

Code	Code Description
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
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, off-the-shelf
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, off-the-shelf
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4392	Replacement, soft interface material, static afo
L4394	Replace soft interface material, foot drop splint
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, off-the-shelf
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 socket, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler

## DME Supply List

Code	Code Description
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
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	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
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 post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee
L5460	Immediate post surgical 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, 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
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model

## DME Supply List

Code	Code Description
L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, 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, 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, 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 socket, 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, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
L5615	Addition to lower extremity, exoskeletal 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 knee, 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
L5636	Addition to lower extremity, symes type, medial opening socket

## DME Supply List

Code	Code Description
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)
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)
L5661	Addition to lower extremity, socket insert, multi-durometer symes
L5665	Addition to lower extremity, socket insert, multi-durometer, 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, with or without perforations, with or without breathable material, for use with locking mechanism.
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair

## DME Supply List

Code	Code Description
L5678	Additions to lower extremity, below knee, joint covers, pair
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric, or equal, with or without perforations, with or without breathable material, 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/sealing 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 (sach) foot, replacement only
L5704	Custom shaped protective cover, below 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)

Code	Code Description
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
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
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)
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
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist

## DME Supply List

Code	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 system, below knee, alignable system
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L5930	Addition, endoskeletal system, high activity knee control frame
L5940	Addition, endoskeletal system, 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	Addition, endoskeletal system, below knee, flexible protective outer surface covering system
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
L5966	Addition, 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
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
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, multi-axial ankle, dynamic response foot, one piece system
L5980	All lower extremity prostheses, flex foot system

## DME Supply List

Code	Code Description
L5981	All lower extremity prostheses, flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses, axial rotation unit
L5984	All endoskeletal lower extremity prosthesis, 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)
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector
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)
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692
L6029	Upper extremity addition, test socket/interface, partial hand including fingers
L6030	Upper extremity addition, external frame, partial hand including fingers
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by I6692
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers

Code	Code Description
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb
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 post surgical 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 post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
L6384	Immediate post surgical 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 post surgical or early fitting, each additional cast change and realignment
L6388	Immediate post surgical or early fitting, application of rigid dressing only
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
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	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Code	Code Description
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of 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 of 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, figure of 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 of 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 interscapular 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
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

## DME Supply List

Code	Code Description
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 of eight type), single cable design
L6676	Upper extremity addition, harness, (e.g., figure of 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, with or without locking mechanism, each
L6693	Upper extremity addition, 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 elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L6696	Addition to upper extremity prosthesis, below elbow/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)

Code	Code Description
L6697	Addition to upper extremity prosthesis, below elbow/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, use code L6694 or L6695)
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement
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, 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	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch device
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 electric 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	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining

Code	Code Description
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 and one charger, switch control of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of terminal device
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, switch controlled
L7045	Electric hook, switch or myoelectric controlled, pediatric
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

## DME Supply List

Code	Code Description
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, six 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
L7406	Addition to upper extremity prosthesis, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)
L7499	Upper extremity prosthesis, not otherwise specified
L7510	Repair of 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
L7900	Male vacuum erection system
L7902	Tension ring, for vacuum erection device, any type, replacement only, each
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8010	Breast prosthesis, mastectomy sleeve
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal, without integral adhesive

## DME Supply List

Code	Code Description
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8032	Breast prosthesis, silicone or equal, with integral adhesive
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each
L8035	Custom breast prosthesis, post mastectomy, molded to patient model
L8039	Breast prosthesis, not otherwise specified
L8040	Nasal prosthesis, provided by a non-physician
L8041	Midfacial prosthesis, provided by a non-physician
L8042	Orbital prosthesis, provided by a non-physician
L8043	Upper facial prosthesis, provided by a non-physician
L8044	Hemi-facial prosthesis, provided by a non-physician
L8045	Auricular prosthesis, provided by a non-physician
L8046	Partial facial prosthesis, provided by a non-physician
L8047	Nasal septal prosthesis, provided by a non-physician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
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 sock, single ply, fitting, upper limb, each
L8499	Unlisted procedure for miscellaneous prosthetic services

## DME Supply List

Code	Code Description
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
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
L8600	Implantable breast prosthesis, silicone or equal
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system
L8609	Artificial cornea
L8610	Ocular implant
L8612	Aqueous shunt
L8613	Ossicula implant
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	Coch imp ext proc/contr rplc
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, 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	Imp neurosti pls gn any type
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each

## DME Supply List

Code	Code Description
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochle
L8630	Metacarpophalangeal joint implant
L8631	Metacarpal Phalangeal Joint Replacement, Two Or More Pieces,
L8641	Metatarsal joint implant
L8642	Hallux implant
L8658	Interphalangeal joint spacer, silicone or equal, each
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size
L8670	Vascular graft material, synthetic, implant
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month
L8679	Imp neurosti pls gn any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8682	Implt neurostim radiofq rec
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
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	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, replacement only
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Aoi snd proc repl excl actua
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8693	Auditory osseointegrated device, external sound processor, u
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each
L8695	External recharging system for battery for use with implanta

## DME Supply List

Code	Code Description
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system
L8699	Prosthetic implant, not otherwise specified
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
L8720	External Lower Extremity Sensory Prosthesis, Cutaneous Stimulation of Mechanoreceptors, Per Leg
L8721	Receptor sole for use with l8720, replacement, each
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
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
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, other than lithium-ion, 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/bag for use to carry external peripheral components of any type ventricular assist device, replacement only
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only

## DME Supply List

Code	Code Description
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
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
Q4001	Casting supplies, body cast adult, with or without head, plaster
Q4002	Cast supplies, body cast adult, with or without head, fiberglass
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass

## DME Supply List

Code	Code Description
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4049	Finger splint, static
S0012	Butorphanol tartrate, nasal spray, 25 mg
S0014	Tacrine hydrochloride, 10 mg
S0017	Injection, aminocaproic acid, 5 grams
S0021	Injection, cefoperazone sodium, 1 gram
S0023	Injection, cimetidine hydrochloride, 300 mg
S0028	Injection, famotidine, 20 mg
S0032	Injection, nafcillin sodium, 2 grams
S0034	Injection, ofloxacin, 400 mg
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams
S0074	Injection, cefotetan disodium, 500 mg
S0078	Injection, fosphenytoin sodium, 750 mg

## DME Supply List

Code	Code Description
S0080	Injection, pentamidine isethionate, 300 mg
S0081	Injection, piperacillin sodium, 500 mg
S0088	Imatinib, 100 mg
S0090	Sildenafil citrate, 25 mg
S0091	Granisetron hydrochloride, 1 mg (for circumstances falling under the Medicare statute, use Q0166)
S0092	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)
S0104	Zidovudine, oral, 100 mg
S0106	Bupropion HCL sustained release tablet, 150 mg, per bottle of 60 tablets
S0108	Mercaptopurine, oral, 50 mg
S0109	Methadone, oral, 5 mg
S0117	Tretinoin, topical, 5 grams
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)
S0122	Injection, menotropins, 75 IU
S0126	Injection, follitropin alfa, 75 IU
S0128	Injection, follitropin beta, 75 IU
S0132	Injection, ganirelix acetate, 250 mcg
S0136	Clozapine, 25 mg
S0137	Didanosine (ddi), 25 mg
S0138	Finasteride, 5 mg
S0139	Minoxidil, 10 mg
S0140	Saquinavir, 200 mg
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml
S0147	injection alglucosidase alfa 20 mg
S0155	Sterile dilutant for epoprostenol, 50ml
S0156	Exemestane, 25 mg
S0157	Becaplermin gel 0.01%, 0.5 gm
S0160	Dextroamphetamine sulfate, 5 mg
S0164	Injection, pantoprazole sodium, 40 mg
S0170	Anastrozole, oral, 1 mg
S0172	Chlorambucil, oral, 2 mg
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)

## DME Supply List

Code	Code Description
S0175	Flutamide, oral, 125 mg
S0176	Hydroxyurea, oral, 500 mg
S0177	Levamisole hydrochloride, oral, 50 mg
S0178	Lomustine, oral, 10 mg
S0179	Megestrol acetate, oral, 20 mg
S0182	Procarbazine hydrochloride, oral, 50 mg
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use Q0164)
S0187	Tamoxifen citrate, oral, 10 mg
S0189	Testosterone pellet, 75 mg
S0190	Mifepristone, oral, 200 mg
S0191	Misoprostol, oral, 200 mcg
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules
S0197	Prenatal vitamins, 30-day supply
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs
S0201	Partial hospitalization services, less than 24 hours, per diem
S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport
S0209	Wheelchair van, mileage, per mile
S0215	Non-emergency transportation; mileage, per mile
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)
S0265	Genetic counseling, under physician supervision, each 15 minutes
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)

## DME Supply List

Code	Code Description
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)
S0311	Comprehensive management and care coordination for advanced illness, per calendar month
S0315	Disease management program; initial assessment and initiation of the program
S0316	Disease management program, follow-up/reassessment
S0317	Disease management program; per diem
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter / stage
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter / stage
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter / stage
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)
S0500	Disposable contact lens, per lens
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens
S0512	Daily wear specialty contact lens, per lens
S0514	Color contact lens, per lens
S0515	Scleral lens, liquid bandage device, per lens
S0516	Safety eyeglass frames
S0518	Sunglasses frames
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
S0590	Integral lens service, miscellaneous services reported separately
S0592	Comprehensive contact lens evaluation
S0595	Dispensing new spectacle lenses for patient supplied frame

## DME Supply List

Code	Code Description
S0601	Screening proctoscopy
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)
S0812	Phototherapeutic keratectomy (PTK)
S1001	Deluxe item, patient aware (list in addition to code for basic item)
S1002	Customized item (list in addition to code for basic item)
S1015	IV tubing extension set
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. paclitaxel
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use cpt code)
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)
S2053	Transplantation of small intestine and liver allografts
S2054	Transplantation of multivisceral organs
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
S2060	Lobar lung transplantation
S2061	Donor lobectomy (lung) for transplantation, living donor
S2065	Simultaneous pancreas kidney transplantation
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)

## DME Supply List

Code	Code Description
S2079	Laparoscopic esophagomyotomy (Heller type)
S2080	Laser-assisted uvulopalatoplasty (LAUP)
S2082	Laup
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
S2102	Islet cell tissue transplant from pancreas; allogeneic
S2103	Adrenal tissue transplant to brain
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
S2115	Osteotomy, periacetabular, with internal fixation
S2117	Arthroereisis, subtalar
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation
S2140	Cord blood harvesting for transplantation, allogeneic
S2142	Cord blood-derived stem-cell transplantation, allogeneic
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor (s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition
S2202	Echosclerotherapy
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft

## DME Supply List

Code	Code Description
S2225	Myringotomy, laser-assisted
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2235	Implantation of auditory brain stem implant
S2260	Induced abortion, 17 to 24 weeks
S2265	Induced abortion, 25 to 28 weeks
S2266	Induced abortion, 29 to 31 weeks
S2267	Induced abortion, 32 weeks or greater
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
S2325	Hip core decompression
S2340	Chemodeneration of abductor muscle(s) of vocal cord
S2341	Chemodeneration of adductor muscle(s) of vocal cord
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral
S3005	Performance measurement, evaluation of patient self assessment, depression
S3600	STAT laboratory request (situations other than S3601)
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-D; phenylalanine (PKU); and thyroxine, total)

## DME Supply List

Code	Code Description
S3630	Eosinophil count, blood, direct
S3645	HIV-1 antibody testing of oral mucosal transudate
S3650	Saliva test, hormone level; during menopause
S3652	Saliva test, hormone level; to assess preterm labor risk
S3655	Antisperm antibodies test (immunobead)
S3708	Gastrointestinal fat absorption study
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
S3841	Genetic testing for retinoblastoma
S3842	Genetic testing for Von Hippel-Lindau disease
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3845	Genetic testing for alpha-thalassemia
S3846	Genetic testing for hemoglobin E beta-thalassemia
S3849	Genetic testing for niemann-pick disease
S3850	Genetic testing for sickle cell anemia
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to alzheimer's disease
S3853	Genetic testing for myotonic muscular dystrophy
S3854	Gene expression profiling panel for use in the management of breast cancer treatment
S3900	Surface electromyography (EMG)
S3902	Ballistocardiogram
S3904	Masters two step
S4005	Interim labor facility global (labor occurring but not resulting in delivery)
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate
S4016	Frozen in vitro fertilization cycle, case rate
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate
S4020	In vitro fertilization procedure cancelled before aspiration, case rate
S4021	In vitro fertilization procedure cancelled after aspiration, case rate
S4022	Assisted oocyte fertilization, case rate
S4023	Donor egg cycle, incomplete, case rate

## DME Supply List

Code	Code Description
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate
S4026	Procurement of donor sperm from sperm bank
S4027	Storage of previously frozen embryos
S4028	Microsurgical epididymal sperm aspiration (MESA)
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit
S4035	Stimulated intrauterine insemination (IUI), case rate
S4037	Cryopreserved embryo transfer, case rate
S4040	Monitoring and storage of cryopreserved embryos, per 30 days
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle
S4981	Insertion of levonorgestrel-releasing intrauterine system
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies
S4990	Nicotine patches, legend
S4991	Nicotine patches, non-legend
S4993	Contraceptive pills for birth control
S4995	Smoking cessation gum
S5000	Prescription drug, generic
S5001	Prescription drug, brand name
S5010	5% dextrose and 0.45% normal saline, 1000 ml
S5012	5% dextrose with potassium chloride, 1000 ml
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5108	Home care training to home care client, per 15 minutes
S5109	Home infusion therapy, repair of infusion device (e.g., pump repair)
S5110	Home care training to home care client, per session
S5111	Home care training, family; per session

## DME Supply List

Code	Code Description
S5115	Home care training, non-family; per 15 minutes
S5116	Home care training, non-family; per session
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Home care training, family; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
S5136	Companion care, adult (e.g., IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)
S5162	Emergency response system; purchase only
S5165	Home modifications; per service
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order
S5180	Home health respiratory therapy, initial evaluation
S5181	Home health respiratory therapy, NOS, per diem
S5185	Medication reminder service, non-face-to-face; per month
S5190	Wellness assessment, performed by non-physician
S5199	Personal care item, NOS, each
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## DME Supply List

Code	Code Description
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	Home infusion therapy, all supplies necessary for catheter repair
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
S5550	Insulin, rapid onset, 5 units
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units
S5553	Insulin, long acting; 5 units
S5560	Insulin delivery device, reusable pen; 1.5 ml size
S5561	Insulin delivery device, reusable pen; 3 ml size
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
S8035	Magnetic source imaging
S8037	Magnetic resonance cholangiopancreatography (MRCP)
S8040	Topographic brain mapping
S8042	Magnetic resonance imaging (MRI), low-field
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction)
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)
S8096	Portable peak flow meter
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask

## DME Supply List

Code	Code Description
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask
S8110	Peak expiratory flow rate (physician services)
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot
S8121	Oxygen contents, liquid, 1 unit equals 1 pound
S8185	Flutter device
S8186	Swivel adaptor
S8189	Tracheostomy supply, not otherwise classified
S8210	Mucus trap
S8265	Haberman feeder for cleft lip/palate
S8270	Enuresis alarm, using auditory buzzer and/or vibration device
S8301	Infection control supplies, not otherwise specified
S8415	Supplies for home delivery of infant
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
S8429	Gradient pressure exterior wrap
S8430	Padding for compression bandage, roll
S8450	Splint, prefabricated, digit (specify digit by use of modifier)
S8451	Splint, prefabricated, wrist or ankle
S8452	Splint, prefabricated, elbow
S8460	Camisole, post-mastectomy
S8490	Insulin syringes (100 syringes, any size)
S8940	Equestrian/hippotherapy, per session
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8950	Complex lymphedema therapy, each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)

## DME Supply List

Code	Code Description
S9001	Home uterine monitor with or without associated nursing services
S9007	Ultrafiltration monitor
S9024	Paranasal sinus ultrasound
S9025	Omniscardiogram/cardiointegram
S9034	Extracorporeal shockwave lithotripsy for gall stones
S9055	Procurem or other growth factor preparation to promote wound healing
S9056	Coma stimulation per diem
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9083	Global fee urgent care centers
S9088	Services provided in an urgent care center (list in addition to code for service)
S9090	Vertebral axial decompression, per session
S9097	Home visit for wound care
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
S9117	Back school, per visit
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
S9123	Nursing care, in the home; by registered nurse, per hour
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9125	Respite care, in the home, per diem
S9126	Hospice care, in the home, per diem
S9127	Social work visit, in the home, per diem
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9140	Diabetic management program, follow-up visit to non-MD provider
S9141	Diabetic management program, follow-up visit to MD provider
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)
S9150	Evaluation by ophthalmologist
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)

## DME Supply List

Code	Code Description
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## DME Supply List

Code	Code Description
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## DME Supply List

Code	Code Description
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## DME Supply List

Code	Code Description
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session
S9430	Pharmacy compounding and dispensing services
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session
S9437	Childbirth refresher classes, non-physician provider, per session
S9438	Cesarean birth classes, non-physician provider, per session
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session
S9441	Asthma education, non-physician provider, per session
S9442	Birthing classes, non-physician provider, per session
S9443	Lactation classes, non-physician provider, per session
S9444	Parenting classes, non-physician provider, per session
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
S9447	Infant safety (including CPR) classes, non-physician provider, per session
S9449	Weight management classes, non-physician provider, per session
S9451	Exercise classes, non-physician provider, per session
S9452	Nutrition classes, non-physician provider, per session
S9453	Smoking cessation classes, non-physician provider, per session
S9454	Stress management classes, non-physician provider, per session
S9455	Diabetic management program, group session
S9460	Diabetic management program, nurse visit
S9465	Diabetic management program, dietitian visit
S9470	Nutritional counseling, dietitian visit
S9472	Cardiac rehabilitation program, non-physician provider, per diem
S9473	Pulmonary rehabilitation program, non-physician provider, per diem
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem

## DME Supply List

Code	Code Description
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem
S9476	Vestibular rehabilitation program, non-physician provider, per diem
S9480	Intensive outpatient psychiatric services, per diem
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention mental health services, per diem
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## DME Supply List

Code	Code Description
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)
S9900	Services by a Journal-listed Christian science practitioner for the purpose of healing, per diem
S9970	Health club membership, annual
S9975	Transplant related lodging, meals and transportation, per diem
S9976	Lodging, per diem, not otherwise classified
S9977	Meals, per diem, not otherwise specified
S9981	Medical records copying fee, administrative
S9982	Medical records copying fee, per page
S9986	Not medically necessary service (patient is aware that service not medically necessary)
S9988	Services provided as part of a Phase I clinical trial
S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))
S9990	Services provided as part of a Phase II clinical trial
S9991	Services provided as part of a Phase III clinical trial
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
S9996	Meals for clinical trial participant and one caregiver/companion
S9999	Sales tax
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes
T1001	Nursing assessment / evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes
T1005	Respite care services, up to 15 minutes

## DME Supply List

Code	Code Description
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)
T1012	Alcohol and/or substance abuse services, skills development
T1013	Sign language or oral interpretive services, per 15 minutes
T1014	Telehealth transmission, per minute, professional services bill separately
T1015	Clinic visit/encounter, all-inclusive
T1016	Case management, each 15 minutes
T1017	Targeted case management, each 15 minutes
T1018	School-based individualized education program (IEP) services, bundled
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1021	Home health aide or certified nurse assistant, per visit
T1022	Contracted home health agency services, all services provided under contract, per day
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per hour
T1027	Family training and counseling for child development, per 15 minutes
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling
T1030	Nursing care, in the home, by registered nurse, per diem
T1031	Nursing care, in the home, by licensed practical nurse, per diem
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
T2001	Non-emergency transportation; patient attendant/escort

## DME Supply List

Code	Code Description
T2002	Non-emergency transportation; per diem
T2003	Non-emergency transportation; encounter/trip
T2004	Non-emergency transport; commercial carrier, multi-pass
T2005	Non-emergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments
T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen
T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation
T2012	Habilitation, educational; waiver, per diem
T2013	Habilitation, educational, waiver; per hour
T2014	Habilitation, prevocational, waiver; per diem
T2015	Habilitation, prevocational, waiver; per hour
T2016	Habilitation, residential, waiver; per diem
T2017	Habilitation, residential, waiver; 15 minutes
T2018	Habilitation, supported employment, waiver; per diem
T2019	Habilitation, supported employment, waiver; per 15 minutes
T2020	Day habilitation, waiver; per diem
T2021	Day habilitation, waiver; per 15 minutes
T2022	Case management, per month
T2023	Targeted case management; per month
T2024	Service assessment/plan of care development, waiver
T2025	Waiver services; not otherwise specified (NOS)
T2026	Specialized childcare, waiver; per diem
T2027	Specialized childcare, waiver; per 15 minutes
T2028	Specialized supply, not otherwise specified, waiver
T2029	Specialized medical equipment, not otherwise specified, waiver
T2030	Assisted living, waiver; per month
T2031	Assisted living; waiver, per diem
T2032	Residential care, not otherwise specified (NOS), waiver; per month
T2033	Residential care, not otherwise specified (NOS), waiver; per diem
T2034	Crisis intervention, waiver; per diem
T2035	Utility services to support medical equipment and assistive technology/devices, waiver
T2036	Therapeutic camping, overnight, waiver; each session
T2037	Therapeutic camping, day, waiver; each session

## DME Supply List

Code	Code Description
T2038	Community transition, waiver; per service
T2039	Vehicle modifications, waiver; per service
T2040	Financial management, self-directed, waiver; per 15 minutes
T2041	Supports brokerage, self-directed, waiver; per 15 minutes
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem
T2046	Hospice long term care, room and board only; per diem
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
T2049	Non-emergency transportation; stretcher van, mileage; per mile
T2101	Human breast milk processing, storage and distribution only
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4538	Diaper service, reusable diaper, each diaper
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each

## DME Supply List

Code	Code Description
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
T5001	Positioning seat for persons with special orthopedic needs
T5999	Supply, not otherwise specified
V2020	Frames, purchases
V2025	Deluxe frame
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens
V2115	Lenticular, (myodisc), per lens, single vision
V2118	Aniseikonic lens, single vision
V2121	Lenticular lens, per lens, single
V2199	Not otherwise classified, single vision lens
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens

## DME Supply List

Code	Code Description
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28 mm
V2220	Bifocal add over 3.25D
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12-2.00d cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25-4.00d cylinder, per lens
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens
V2315	Lenticular, (myodisc), per lens, trifocal
V2318	Aniseikonic lens, trifocal
V2319	Trifocal seg width over 28 mm

## DME Supply List

Code	Code Description
V2320	Trifocal add over 3.25d
V2321	Lenticular lens, per lens, trifocal
V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2499	Variable sphericity lens, other type
V2500	Contact lens, pmma, spherical, per lens
V2501	Contact lens, pmma, toric or prism ballast, per lens
V2502	Contact lens, pmma, bifocal, per lens
V2503	Contact lens, pmma, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599	Contact lens, other type
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
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

## DME Supply List

Code	Code Description
V2629	Prosthetic eye, other type
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2700	Balance lens, per lens
V2702	Deluxe lens feature
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, fresnell prism, per lens
V2730	Special base curve, glass or plastic, per lens
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2750	Anti-reflective coating, per lens
V2755	U-v lens, per lens
V2756	Eye glass case
V2760	Scratch resistant coating, per lens
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens
V2762	Polarization, any lens material, per lens
V2770	Occluder lens, per lens
V2780	Oversize lens, per lens
V2781	Progressive lens, per lens
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excl
V2783	Lens, index greater than or equal to 1.66 plastic or greater
V2784	Lens, polycarbonate or equal, any index, per lens
V2785	Processing, preserving and transporting corneal tissue
V2786	Specialty occupational multifocal lens, per lens
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens
V2790	Amniotic membrane for surgical reconstruction, per procedure
V2797	Vision supply, accessory and/or service component of another HCPCS vision code
V2799	Vision item or service, miscellaneous
V5008	Hearing screening
V5010	Assessment for hearing aid

## DME Supply List

Code	Code Description
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5020	Conformity evaluation
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5090	Dispensing fee, unspecified hearing aid
V5095	Semi-implanable middle ear hearing prosthesis
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
V5160	Dispensing fee, binaural
V5190	Hearing aid, contralateral routing, monaural, glasses
V5200	Dispensing fee, contralateral, monaural
V5230	Hearing aid, contralateral routing system, binaural, glasses
V5240	Dispensing fee, contralateral routing system, binaural
V5241	Dispensing fee, monaural hearing aid, any type
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC (in the canal)
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5250	Hearing aid, digitally programmable analog, binaural, CIC
V5251	Hearing aid, digitally programmable analog, binaural, ITC

## DME Supply List

Code	Code Description
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5254	Hearing aid, digital, monaural, CIC
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, digital, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5268	Assistive listening device, telephone amplifier, any type
V5269	Assistive listening device, alerting, any type
V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, TDD
V5273	Assistive listening device, for use with cochlear implant
V5274	Assistive listening device, not otherwise specified
V5275	Ear impression, each
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, not otherwise specified
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM neck, loop induction receiver
V5288	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type

## DME Supply List

Code	Code Description
V5290	Assistive listening device, transmitter microphone, any type
V5298	Hearing aid, not otherwise classified
V5299	Hearing service, miscellaneous
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening